

Minority Research Grant Program

Opportunity number: CMS-1W1-25-001





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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your <u>SAM.gov</u> and <u>Grants.gov</u> registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Tuesday, April 1, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

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Step 1: Review the Opportunity

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Basic information

Centers for Medicare & Medicaid Services

Office of Minority Health

Encouraging innovative health equity research to improve health outcomes for people from all minority populations.

Summary

The Minority Research Grant Program provides funding opportunities to support health equity research. The purpose of the program is to encourage innovative health services research that can directly and demonstrably contribute to improving health outcomes for people from all minority populations. This program also encourages research that focuses on reducing health disparities at the health care system-level. This research will increase interest in characterizing and analyzing the factors associated with health-related social needs.

Funding details

Type: Grant

Expected total funding for the program: \$1,275,000

Expected total awards: Up to 6

Funding range per applicant for the period of performance: Up to \$212,500

We will provide funding in a single budget period of 24 months over a twoyear period of performance.



Have questions?
See Contacts and
Support.

Key facts

Opportunity name:Minority Research Grant
Program

Opportunity number: CMS-1W1-25-001

Announcement type:New

Assistance listing: 93,779

Key dates

Application deadline: April 1, 2025

Optional letter of intent deadline: March 6, 2025

Expected award date: September 30, 2025

Expected earliest start date:

September 30, 2025

See <u>other submissions</u> for other time frames that may apply to this NOFO.

Eligibility

Eligible applicants

Only these type of organizations may apply:

- · Public and state-controlled institutions of higher education.
- · Private institutions of higher education.

Other eligibility requirements

This funding opportunity is open to the following entities:

- Historically Black colleges and universities.
- Hispanic-serving institutions.
- · Asian American and Native American Pacific Islander-serving institutions.
- Tribal colleges and universities.
- Alaska Native and Native Hawaiian-serving institutions.
- · Native American-serving nontribal institutions.
- · Predominantly Black institutions.

Completeness and responsiveness criteria

We will review your application to make sure it meets the requirements found in the <u>eligibility</u>, <u>applications contents and format</u>, and <u>application submission</u> <u>and deadlines</u> sections.

We won't consider an application that:

- Is from an organization that doesn't meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- · Is submitted after the deadline.
- Is not submitted through Grants.gov.

The Division of Grants Director or Deputy Director may choose to continue the review process for an ineligible application if it is in the best interests of the government to meet the objectives of the program.

Application limits

Your organization may submit more than one application, if each one is scientifically distinct.

Cost sharing

This program requires you to contribute 1% of the project's total cost.

You can calculate this cost sharing requirement in one of two ways.

Method 1: Start with the federal share

Calculation: Divide the federal share by 99.

For example: A federal share of \$212,500 divided by 99 equals a required match of \$2,146.

Method 2: Start with the total project cost

Calculation: Divide the total project costs by 100.

For example: A total project cost of \$214,646 divided by 100 equals a required match of \$2,146.

Types of cost sharing

You can meet your cost-sharing requirement through any combination of:

- · Cash contributed by your organization.
- · Cash contributed by partners or other third parties.
- In-kind (non-cash) contributions from third parties.

Cost-sharing commitments

You must follow through on your promise of cost-sharing funds, even if you promise more than the required minimum. We put these commitments in the Notice of Award.

You'll have to include your funds when you fill out your application forms and budget narrative, and after the award in your <u>Federal Financial Reports</u>.

If you don't provide your promised amount, we may have to decrease your award amount.

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Program description

Statutory authority

The Minority Research Grant Program (MRGP) is authorized under Section 1110 of the Social Security Act and is consistent with five executive orders:

- Executive Order 13779: White House Initiative to Promote Excellence and Innovation at Historically Black Colleges and Universities
- <u>Executive Order 13555: White House Initiative on Educational Excellence</u> <u>for Hispanics</u>
- Executive Order 13592: Improving American Indian and Alaska Native Educational Opportunities and Strengthening Tribal Colleges and Universities
- Executive Order 13515: Increasing Participation of Asian American and Pacific Islanders in Federal Programs
- Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

Purpose

The purpose of the MRGP is to test promising solutions in existing Centers for Medicare & Medicaid Services (CMS) programs, policies, or practices that affect social determinants of health (SDOH) and to learn how changes in SDOH achieve health equity. The program encourages innovative health services research that can directly and demonstrably contribute to improving health outcomes for people from all minority populations, including:

- Racial and ethnic minority groups.
- · People with disabilities.
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people [PDF].
- · People with limited English proficiency [PDF].
- Individuals residing in rural, tribal, and geographically isolated areas.
- · People living with persistent poverty or inequality.

Background

Despite decades of research and interventions to reduce and eliminate health disparities, they persist and, in some cases, are widening in minority populations.

As the United States' largest payer of health care, CMS has committed significant resources to understanding and characterizing the complicated factors that affect enrollees' care and practices across the health care system. Since the Affordable Care Act (ACA) expanded health insurance to millions of new enrollees at the start of the COVID-19 public health emergency, health care demand surged in nearly all specialty areas and geographic regions.

Health care is an open system influenced by environmental and other factors outside the direct control of the people running the system. Health disparities do not have a single cause. To understand the multiple levels that influence health, researchers have begun to incorporate the socioecological framework that highlights the aspects of the social and physical environments that impact health, and their interrelationships. Evidence shows that minority groups identified in this notice of funding opportunity experience a higher disease burden, worse quality of care, and barriers to accessing care. For example, the costs of chronic disease morbidity and mortality are increasing for the U.S. health care system, underscoring the need for concerted efforts to improve how we prevent, detect, and manage chronic diseases among priority populations.

CMS's health equity goals

CMS seeks to achieve health equity by improving quality and making care more person-centered, affordable, and accessible. This program encourages health services research that can directly contribute to improving the health of people from all minority populations and/or reducing health disparities. This research should also take into consideration the interactions between system-level health care, individual clinical care, and social determinants of health, including the role of structural systemic factors and place and neighborhood factors. In this way, the MRGP is consistent with CMS's goals of achieving health equity and improving health care quality.

The socioecological framework suggests that social needs contribute to health outcomes. These needs include:

- · Stable housing.
- · Access to nutritious food.
- Reliable transportation.
- Safety.
- · Stable and fulfilling employment.
- Education.

- · Social connectedness.
- Financial stability.

Recent studies suggest that addressing unmet social needs could reduce morbidity and mortality more than advances in medical care. In response to this evidence, the National Academies of Sciences, Engineering, and Medicine and the World Health Organization have called for integrating social and clinical care. A growing number of health care providers, as well as private and public health care payers, are implementing initiatives to address the social needs of the populations they serve.

For example, the Accountable Health Community (AHC) model, launched in 2017 by the Center for Medicare and Medicaid Innovation, aims to connect Medicare and Medicaid beneficiaries with community services to address unmet social needs. The AHC provides funding for:

- Screening for health-related social needs of Medicare and Medicaid beneficiaries.
- · Referring beneficiaries to community services.
- · Helping beneficiaries navigate community services.

Key CMS programs include <u>Medicare Part A (hospital coverage)</u>, <u>Part B (medical services)</u>, <u>Part C (Medicare Advantage)</u>, and <u>Part D (prescription drug coverage)</u>; <u>Medicaid</u>, including Medicaid Managed Care; and the <u>Children's Health Insurance Program (CHIP)</u>. Each of these programs have opportunities to explore issues related to health equity, including:

- The CMS Quality Improvement Programs.
- The Quality Payment Program.
- · Conditions of Participation.
- · Formulary and benefit design.
- Reimbursement.
- · Risk adjustment.
- Network adequacy.
- Bundled payment.
- Risk sharing.
- Value-based payment.
- Health equity implications of algorithms used in health care.
- Instrument design.
- Assessment and/or reporting of standardized data on demographic and social determinants of health.

- Interventions to address social risk factors and health-related social needs
- Cognitive testing and cross-cultural validation of questions in standardized patient assessments.
- The implications of CMS programs on environmental justice and the impacts of climate change on specific communities.

The MRGP will increase principal investigators' ability to advance the understanding of health equity in CMS programs. In turn, this enhances the capacity of CMS and other stakeholders to develop solutions and embed health equity across programs and policies. Consistent with executive orders on advancing health equity, researchers are expected to collaborate with <u>focus populations</u>, as well as health systems (such as hospitals, health plans, and community centers), when designing, implementing, and evaluating research projects on issues related to health equity, particularly SDOH.

Research studies to assess the impact of CMS programs, policies, or practices that address SDOH on health disparities

We encourage you to study more than one priority area and to be innovative. We also suggest that you evaluate multisector and multilevel programs, policies, or practices that address SDOH factors, and how changes in SDOH affect health disparities among CMS enrollees.

The programs, policies, or practices you evaluate should:

- Exist already, without your influence, or be available soon, such as a policy whose effective compliant date is imminent.
- Affect health disparities related to enrollee outcomes, either explicitly (by design) or implicitly (as a more secondary, passive health impact).
- Address at least one of the following priority areas:
 - Built environment and housing instability.
 - Community-clinical linkages.
 - Food and nutrition security.
 - Social connectedness.
 - Transportation needs.
- Mandate that post-acute care settings, such as skilled nursing facilities, collect new health equity-related data including on race, ethnicity, transportation, social isolation, health literacy, and preferred language.

The research projects funded under this NOFO can assess one or more existing programs, policies, or practices and their impacts on reducing health disparities in enrollee outcomes, risk factors, or health behaviors. You, the researcher, should not influence the programs, policies, or practices you examine.

Program requirements and expectations

Applications that do not propose <u>cost sharing</u> will not receive further consideration.

Technical assistance and information for applicants

We encourage you to conduct a research project that will develop and test new methodologies, models, research interventions, and/or technologies focused on specific topics addressing social determinants of health. You should consider using beneficiary data through the Medicare Current
Beneficiary Survey (MCBS) Public Use Files, Data.gov, CrownWeb Data, Part C
& D Stratified Reporting, and the Mapping Medicare Disparities (MMD) Tool.

These data sources will enable you to study factors that contribute to disparities in health outcomes among different racial and ethnic populations enrolled in CMS programs.

We encourage you to include data analysis by:

- Race and ethnicity (HHS 2011 data standards).
- · Disability (HHS 2011 data standards).
- · Geographic location (urban or rural).
- Language preference.
- Sexual orientation.
- · Gender identity.
- Sex assigned at birth.
- · Social determinants of health:
 - Coverage type.
 - Transportation.
 - Social isolation.
 - Health literacy.

- · Housing insecurity.
- Food insecurity.
- Socioeconomic status.
- Pollution and toxins.
- Neighborhood safety.
- Effects of environmental change.

We expect you to coordinate with us, the CMS Office of Minority Health (OMH), to determine whether the questions you use to collect data align with standardized questions on social determinants of health.

Funding policies and limitations

Limitations

We do not allow the following costs:

- Pre-award costs.
- Meeting matching requirements for any other federal funds or local entities.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or tribal law, such as vocational rehabilitation or education services.
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- · Goods or services not allocable to the project.
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, such as staff salaries.
- · Construction.
- Capital expenditures for improvements to land, buildings, or equipment that materially increase their value or useful life as a direct cost, except with our prior written approval.
- The cost of independent research and development, including their proportionate share of indirect costs. See 45 CFR 75.476.
- Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order.
- Certain telecommunications and video surveillance equipment. See <u>2 CFR</u> 200.216.

- · Meals, unless in limited circumstances such as:
 - Subjects and patients under study.
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- Other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government, funding awarded under this NOFO may not be used for:
 - Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, or local legislature or legislative body.
 - Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.

For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, General Provisions for Selected Items of Cost.

See also the following program-specific limitations.

Program-specific limitations

You may not research the following topics for the MRGP:

- Genome-wide association studies.
- Studies investigating the biological mechanisms such as metabolic changes or chronic metabolic diseases on the microenvironment, including immune cells, surrounding blood vessels, or soluble factors, in racial or ethnic minorities.
- Studies that do not propose health disparity research.
- Studies not related to CMS programs as outlined in the <u>background</u> section of this NOFO.

General policies

- · Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. Indirect costs for training awards cannot exceed 8% of modified total direct costs.

To charge 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.

Method 2 — *De minimis* rate. Per <u>2 CFR 200.414(f)</u>, if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2025, the salary rate limitation is \$225,700. We will update this limitation in future years.

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 45 CFR 75.307.

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Step 2: Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to <u>SAM.gov Entity Registration</u> and select **Get Started**. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the <u>financial assistance general certifications and representations [PDF]</u>. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov.

You can see step-by-step instructions at the Grants.gov <u>Quick Start Guide for Applicants.</u>

Need help? See Contacts and Support.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to <u>Grants Search at Grants.gov</u> and search for opportunity number CMS-1W1-25-001.

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Step 3: Prepare Your Application

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Application contents and format

Component	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
<u>Attachments</u>	Insert each in the Other Attachments form.
Other required forms	Upload using each required form.

See requirements for other submissions.

Your organization's authorized organizational representative (AOR) must certify and submit your application.

We will provide instructions on document formats in the following sections. See <u>completeness and responsiveness criteria</u> to understand what may disqualify your application from consideration.

Project abstract

Limit to one page. May be single spaced. Follow other <u>formatting</u> requirements for the project narrative.

Write a one-page summary of your proposed project including its purpose and outcomes. Do not include any proprietary or confidential information. We will use this document for information sharing and public information requests if you get an award. Include:

- The name of your organization.
- The names of any subrecipients or sub-awardee organizations, if applicable.
- Project goals.
- · Total budget amount.
- · A description of how you will use funds.

Project narrative

The project narrative is the most important part of your application and should clearly describe your proposed project. You must address the proposed goals, measurable objectives, and milestones in accordance with the instructions in the following sections.

In your project narrative, you must provide a concise, complete description of your proposed project, including proposed goals, measurable objectives, and milestones you will complete during the project. This also includes information on the investigator's ability to carry out the project.

The project narrative requires the following six sections. See the <u>merit review</u> <u>criteria</u> for the full descriptions of these sections and to see how reviewers will assess and score your project narrative.

- Overall impact.
- · Significance.
- · Approach.
- Innovation.
- · Investigator(s).
- · Environment.

You must also acknowledge the cost-sharing requirement.

Required format for project narrative

Page limit: 25

Endnotes are not included in the page limit.

File name: Project narrative

File format: PDF

Font size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing for project abstract, tables, and footnotes: Single spaced

Spacing for main content: Double-spaced

Margins: 1-inch

Page size: 8.5 x 11

Include consecutive page numbers throughout.

Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See <u>other required forms</u>.

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- HHS now uses the definitions for <u>equipment</u> and <u>supplies</u> 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.

To create your budget narrative, see <u>detailed instructions and a template</u> on our website.

In your budget narrative, you will:

- Identify a PI/PD who will dedicate sufficient time and effort to manage and provide oversight of the grant program.
- Include a yearly breakdown of costs for each line item in your SF-424A.
- Describe the proposed costs for each activity or cost within the line item.
- Define the proportion of the requested funding designated for each activity.
- Justify the costs, including how you calculated them.
- Explain how you separate costs and funding administered directly by you, as the lead agency, from funding you subcontract to other partners.
- Be clear about how costs link to each activity and the goals of this program.
- Attest that there will be no overlap of scope of work, budget, or commitment of personnel.
- Include funds for one staff person to attend up to two 2-day meetings per year in the Washington, DC, or Baltimore area for ombudsman activities.
- Include the items mentioned in the <u>budget narrative section of the merit</u> review.

To create your SF-424A and budget narrative, see detailed instructions in Guidance for Preparing a Budget Request and Narrative on our website.

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Required format for budget narrative

Page limit: None

File name: Budget narrative

File format: PDF

Font size: 12-point font

Margins: 1-inch

Page size: 8.5 x 11

Include consecutive page numbers throughout.

Attachments

You will upload attachments in Grants.gov using the Other Attachments form.

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your <u>cognizant agency for indirect costs</u>. If you use the *de minimis* rate, you do not need to submit this attachment.

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications.

Resumes should describe the employees' qualifications and should be five pages or less. For more information on creating a biographical sketch, please see the <u>Biosketch Format Pages</u>, <u>Instructions</u>, <u>and Samples</u> from the National Institutes of Health.

Business assessment of applicant organization

Maximum 12 pages, single spaced.

We must assess your organization's risk before we can make an award. This analysis includes your organization's:

- Financial stability.
- · Quality of management systems.
- · Internal controls.
- Ability to meet the management standards prescribed in 45 CFR Part 75.

For us to complete your assessment, you must review, answer, and attach the completed business assessment questions found on our website in <u>Business</u>
<u>Assessment of Applicant Organization [PDF]</u> on our website.

Project work plan and timeline

Maximum 5 pages, single spaced.

Your project work plan and timeline should document activities, reasonable and achievable milestones, and timeframes that will enable you to achieve your project's goals. Also list who will be responsible for each activity.

See the <u>merit review criteria</u> to understand how reviewers will assess and score your project work plan and timeline.

Letters of agreement, endorsement, or support

We require a letter indicating support from the president or another official from your institution. We also require letters indicating support from collaborating organizations outlining their contributions, roles, responsibilities, and commitments on the project.

You may include individual letters of agreement, endorsement, or support, including those related to roles and responsibilities and collaboration, as appropriate.

Memoranda of understanding

Include documentation of the collaborative relationships between relevant institutions.

Institutional Review Board (IRB) approval plan

Describe your plans to apply for IRB approval. You will not be funded if you do not receive IRB approval after award.

Other required forms

You will need to complete four other required forms. Submit the following required forms through Grants.gov. You can find them in the NOFO <u>application</u> <u>package</u> or review them and their instructions at <u>Grants.gov Forms</u>.

Form	Submission requirement
Application for Federal Assistance (SF-424)	With the application. See <u>extra</u> <u>instructions</u> in the next section.
Budget Information for Non- Construction Programs (SF-424A)	With the application.
Disclosure of Lobbying Activities (SF-LLL)	With the application.
Project/Performance Site Location(s) Form	With the application.

Extra instructions for SF-424: Application for Federal Assistance

Special instructions include:

- To write your Descriptive Title of Applicant's Project in Item 15, see <u>Extra</u> <u>Instructions for SF-424</u> on our website.
- Check No to item 19c. State review under <u>Executive Order 12372</u> does not apply.
- Your authorized organizational representative (AOR) must electronically sign this form. The AOR is the person who can make legally binding commitments for your organization. When the AOR authorizes an application, they agree to assume all award obligations.

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Step 4: Learn About Review and Award

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Application review

Initial review

We review each application to make sure it meets basic requirements.

We will review your application to make sure that it meets the <u>completeness</u> <u>and responsiveness criteria</u>. If your application does not meet these criteria, we will not move it to the merit review phase.

We will not review any pages that exceed the page limit.

Merit review

A merit review panel reviews all applications that pass the initial completeness and responsiveness review. The members use the following criteria. For more information, see Merit Review and Selection Process on our website.

Criterion	Total number of points = 100
Project narrative	75 points
Budget narrative	15 points
Project work plan and timeline	10 points

Criteria

Project narrative (75 points)

1. Overall impact (15 points)

Considering all the components of your application, reviewers will provide an impact score indicating the project's potential to contribute to advancements in health equity in CMS programs.

The reviewers will assess your responses to the following questions in your project narrative:

- How does the project clearly describe research that is relevant to CMS programs? (3.75 points)
- How does the project propose to advance health care quality for <u>the</u> <u>targeted underserved communities</u>? (3.75 points)

- How does the project address equity issues that lead to advancing practices fairly? If not applicable, how does the project expect to reduce disparities? (3.75 points)
- How will you use ethical principles when collecting, maintaining, using, and disseminating data and information on the health status of populations and their determinants of health (for example, factors contributing to health promotion, disease prevention and control, and availability and use of health services)? (3.75 points)

2. Significance (15 points)

The reviewers will assess your responses to the following questions in your project narrative:

- How does the project address an important health-equity-related problem? (3 points)
- What is the scientific basis for your project? How will the project address
 a health equity issue identified as a priority for CMS? (3 points)
- What are the project goals? How do the goals integrate diversity and inclusion efforts with population health, patient care, quality, and safety? (3 points)
- How will achieving the project's aims improve knowledge or technical capability, or enhance quality, access, or outcomes for populations participating in the research design? (3 points)
- How do you plan to collaborate with other organizations that participate in CMS programs, such as (3 points):
 - <u>Five-Star Quality Rating System</u> (such as nursing homes, <u>home</u>
 <u>health agencies</u>, <u>hospitals</u>, <u>dialysis facilities</u>, Medicare Advantage
 health plans).
 - Merit-Based Incentive Payment System and Alternative Payment Models.
 - Home- and community-based services.
 - Conditions of participation.
 - · Federally Qualified Health Centers.
 - Critical access/safety-net hospitals.
 - Hospitals.
 - Health systems.
 - Marketplace managed care organizations.
 - Medicare and/or Medicaid managed care organizations.

- Network of Quality Improvement and Innovation Contractors.
- Rural health clinics.

3. Approach (15 points)

The reviewers will assess your responses to the following questions in your project narrative:

- What are the key research questions and aims, and how do the proposed methodologies and analysis address them? (2 points)
- How will the investigators ensure a robust and unbiased approach?
 (2 points)
- What is the target population and setting, including the size of the target population, the proportion that is expected to be reached by the study, and the rationale for this figure? (2 points)
- What is the data collection and analysis plan? (2 points)
- How will investigators measure success, such as benchmarks, outcome measures, or reduction in disparities? (2 points)
- What challenges do you anticipate, and what potential mitigation strategies will you pursue? (2 points)
- How will the investigator protect human subjects from research risks, particularly people who are historically or systematically disadvantaged, and what are your plans to obtain IRB approval? (3 points)

4. Innovation (10 points)

The reviewers will assess your responses to the following questions in your project narrative:

- How will the proposed project improve or develop new policy or program ideas that advance equity for the <u>target populations</u>? (5 points)
- How will the proposed project creatively address the social determinants of health (as identified by initiatives such as <u>Healthy People 2030</u>)?
 (5 points)

5. Investigator(s) (10 points)

The reviewers will assess your responses to the following questions in your project narrative:

- What skills does the PI have to support the success of the proposed project? (2.5 points)
- What are staff members' capabilities, and how are their training, experience, and/or accomplishments well suited to the project?
 (2.5 points)

- How will staff be organized, and what will their responsibilities and roles be? (2.5 points)
- If the project has multiple principal investigators, how will they combine their expertise and lead the project together? (2.5 points)

6. Environment (10 points)

The reviewers will assess your responses to the following questions in your project narrative:

- How will your institutional infrastructure, organizational resources, and management capacity help the project succeed? What facilities, equipment, and financial management systems are needed to conduct the project, and are they adequate and available? (2.5 points)
- What are the unique aspects of your institution that will enable the project's success? (2.5 points)
- What is your plan for budget and performance monitoring? How does the PI plan to monitor the proposed budget and progress of the research?
 (2.5 points)
- What collaborative relationships supporting the proposed research project have been or may be established between your organization and other organizations? Are roles and responsibilities well defined?
 (2.5 points)

Budget narrative (15 points)

The reviewers will assess how well you did the following in the budget section of your application:

- The proposed budget and budget narrative are carefully developed and reflect an efficient and reasonable use of funds. (3.75 points)
- Indirect costs (overhead and administrative costs) are reasonable, with funding focused on operations rather than administration. You requested the <u>8% indirect cost rate</u>, per the requirements of the grant program. (3.75 points)
- The proposed budget reflects a promising investment, given the expected impact of the research. (3.75 points)
- The evaluation considers whether you have the organizational infrastructure and management capacity to conduct the research project, and the budget reflects all costs of staffing the research project.
 (3.75 points)

Project work plan and timeline (10 points)

The reviewers will assess the quality of your project work plan and timeline. They should document activities, reasonable and achievable milestones, and timeframes that will enable you to achieve your project's goals. They should also list who will be responsible for each activity.

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov Responsibility/Qualification to check this history for all awards likely to be over \$250,000. 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 45 CFR 75.205.

Selection process

CMS selects recipients at our sole discretion unless the authorizing statute says otherwise. Our selections are not subject to administrative or judicial review, per Section 1115A(d)(2)(B) of the Social Security Act.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.

We may:

- Fund applications in whole or in part.
- · Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

If you are successful, your authorized organizational representative (AOR) will receive an email notification from GrantSolutions. You can then retrieve your Notice of Award (NoA). We will email you if your application is incomplete or unresponsive.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

By drawing down funds, you accept the terms and conditions of the award. The NoA incorporates the requirements of the program and funding authorities, the grant regulations, the HHS Grants Policy Statement [PDF], and the NOFO.

If you want to know more about NoA contents, go to <u>Notice of Award</u> on our website.

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Step 5: Submit Your Application

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Application submission and deadlines

See the section on <u>finding the application package</u> to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See the section on <u>getting registered</u>. You will have to maintain your registration throughout the life of any award.

Deadlines

Optional letter of intent

Due by March 6, 2025.

Application

Due by April 1, 2025, no later than 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last ontime submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov unless we give you an exemption for a paper submission. See the section on getting registered.

For instructions on how to submit in Grants.gov, see the <u>Quick Start Guide for Applicants</u>. Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed other than checking "No" on the SF-424 box 19c.

Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of expert reviewers needed to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the letter to <a>OMHGrants@cms.hhs.gov.

In your email, include:

- · The funding opportunity number and title.
- · Your organization's name and address.
- A contact name, phone number, and email address.
- · An expression of your interest.
- · The proposed regions of participation.
- · A brief description of your organization.

See the deadline for letters of intent.

Assurance of compliance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov.

You and all subrecipients, including contractors, must also submit an <u>Assurance of Compliance, HHS-690 [PDF]</u>. You will find instructions on how to submit it at the bottom of the form.

To learn more, see the HHS Office for Civil Rights website.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	25 pages
☐ Budget narrative	Use the Budget Narrative Attachment form.	None
Attachments (7 total)	Insert each in a single Attachments form.	
☐ Indirect cost agreement		None
☐ Resumes and job descriptions		None
Business assessment of applicant organization		12 pages
☐ Project work plan and timeline		5 pages
Letters of agreement, endorsement, or support		None
☐ Memoranda of understanding		None
☐ IRB approval plan		None
Other required forms (4 total)	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		None
☐ Budget Information for Non- Construction Programs (SF-424A)		None
Disclosure of Lobbying Activities (SF- LLL)		None
☐ Project/Performance Site Location(s)		None

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Step 6: Learn What Happens After Award

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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.
- · We incorporate this NOFO by reference.
- The rules listed in 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
 - · 2 CFR 200.1, Definitions, Equipment.
 - 2 CFR 200.1, Definitions, Supplies.
 - 2 CFR 200.313(e), Equipment, Disposition.
 - 2 CFR 200.314(a), Supplies.
 - 2 CFR 200.320, Methods of procurement to be followed.
 - 2 CFR 200.333, Fixed amount subawards.
 - 2 CFR 200.344, Closeout.
 - 2 CFR 200.414(f), Indirect (F&A) costs.
 - 2 CFR 200.501, Audit requirements.
- The HHS <u>Grants Policy Statement (GPS) [PDF]</u>. This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the <u>HHS Administrative and</u> <u>National Policy Requirements [PDF]</u>.

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Reporting

If you are successful, you will have to submit financial and performance reports. Reporting requirements include:

- · Progress reports.
- · Federal Financial Report (FFR).
- Federal Funding Accountability and Transparency Act (FFATA).
- Federal Awardee Performance and Integrity Information System (FAPIIS).
- · Payment Management System (PMS).
- · Audit reporting (Federal Audit Clearinghouse).
- Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification.

For more information on reporting, see <u>Post-Award Reporting Requirements</u> on our website.

Continued eligibility

Continued funding is contingent on satisfactory progress, compliance with the terms and conditions, and the availability of funds.

For CMS to issue you continuation funding, you must demonstrate satisfactory progress. If we issue all the funding in the first year, then you must continue to show satisfactory progress to maintain access to your funds.

At any time, we could decrease funding or terminate your award if you fail to perform the requirements of the award. <u>See 45 CFR 75.372</u>, Termination.

Satisfactory progress for award recipients includes:

- · Publications.
- · Presentations.
- Standardized data collection that aligns with HHS data standards for:
 - Disability.
 - Language preference.
 - Gender identity.
 - Assigned sex at birth.
 - Sexual orientation.
 - Race.
 - Ethnicity.

- · Appropriate questions on social determinants of health.
- Analysis that includes demographic and SDOH data to conduct root cause analysis of disparities and results of solutions that you tested.

Nondiscrimination and assurance

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

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Agency contacts

Program and eligibility

Brian Young

OMHGrants@cms.hhs.gov

Financial and budget

Sharron Jernigan

OMHGrants@cms.hhs.gov

Review process and application status

Brian Young

OMHGrants@cms.hhs.gov

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

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

Reference websites

- U.S. Department of Health and Human Services (HHS)
- · CMS Grants and Cooperative Agreements
- · Grants.gov Accessibility Information
- Code of Federal Regulations (CFR)
- United States Code (U.S.C.)

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