U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023
Maternal and Child Health Bureau
Division of Research

Life Course Translational Research Network (LCT-RN)

Funding Opportunity Number: HRSA-23-083

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: April 10, 2023

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

Issuance Date: January 10, 2023

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Life Course Translational Research Network (LCT-RN) Program. The purpose of this program is to establish and maintain an interdisciplinary, national, multi-site research platform for scientific collaboration and infrastructure building to conduct timely, innovative, high-quality, applied life course intervention[1] research studies that have the potential to be translated into practice.

Advancing the health and well-being of maternal and child health (MCH) populations requires new knowledge, evidence, and data to support MCH programs, policy, and practice. The LCT-RN will promote child health and health equity[2] across the lifespan by implementing and translating[3] multi-site applied life course intervention research studies. Life course translational research considers the health and well-being of the whole child in the context of the family and broader ecological levels, identifies strategic opportunities to intervene, and aims to translate findings into practice to improve population health. These advancements contribute to the improvement of health outcomes for MCH populations, including children with special health care needs.

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[1] Life course intervention: interventions that apply life course theory and have the potential to modify health trajectories at the population level.

[2] Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities. The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[3] Please reference CDC's Knowledge to Action Framework which defines the translation phase as "processes needed to ensure widespread implementation of evidence-based programs, practices, and policies. These processes include making the decision to translate, transforming scientific knowledge into actionable products, developing appropriate supporting structures, and disseminating evidence-based programs, practices, or policies to potential adopters." Wilson KM, Brady TJ, Lesesne C, on behalf of the NCCDPHP Work Group on Translation. An organizing framework for translation in public health: the Knowledge to Action Framework. Prev Chronic Dis 2011;8(2):A46. https://www.cdc.gov/pcd/issues/2011/mar/10_0012.htm, Accessed on September 28, 2022.

Funding Opportunity Title:	Life Course Translational Research Network (LCT-RN)
Funding Opportunity Number:	HRSA-23-083
Due Date for Applications:	April 10, 2023
Anticipated FY 2023 Total Available Funding:	$800,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Annual Award Amount:	Up to $800,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2028 (5 years)
Eligible Applicants:	Eligibility is limited to public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following webinar:

Tuesday, January 24, 2023

2 – 3 p.m. ET

Weblink: Zoom Link

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 756 8642
Passcode: 78049209

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

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the FY 2023 Life Course Translational Research Network (LCT-RN) Program. The purpose of this program is to establish and maintain an interdisciplinary, national, multi-site research platform for scientific collaboration and infrastructure building to conduct timely, innovative, high-quality, applied life course intervention[1] research studies that have the potential to be translated[3] into practice. The LCT-RN will promote child health and health equity[2] across the lifespan. The findings from these studies are expected to inform MCHB program planning, policymaking, and evidence-based practice from a life course perspective.

Life course translational research considers the health and well-being of the whole child in the context of the family and broader ecological levels,[4] identifies strategic opportunities to intervene, and translates findings into practice to improve population health. In this funding cycle, LCT-RN will place a high priority on studies that focus on health equity and how maternal, paternal, and family physical and mental health affects child health, recognizing the importance of two-generation models[5] for influencing intergenerational health. The LCT-RN will collaborate with HRSA MCHB-funded programs to identify priority topics, implement multi-site intervention studies, and translate findings into practice.

The objectives of the LCT-RN to be completed during the 5-year period of performance are to:

- Grow and expand an interdisciplinary, national, multi-site, collaborative translational research network that will accelerate the translation of life course research into practice and reduce health disparities in MCH populations;
- Conduct at least five intervention research studies that apply life course theory, have the potential to modify health development at critical life stages, and can be translated into public health practice;

[4] For a description of ecological models see: Chapter 1: Models and Frameworks | Principles of Community Engagement | ATSDR (cdc.gov).

[5] Two-generational (or multi-generational) describes services and approaches that build family well-being by intentionally and simultaneously working with children and the adults in their lives together. The approach recognizes that families come in all different shapes and sizes and that the health and well-being of family members are interconnected. Available at: https://aspe.hhs.gov/resources-developing-implementing-two-generation-approaches.

- Develop strategic collaborations to inform research priorities and ensure activities are responsive to the needs of underserved communities;[6]

- Train and mentor at least 10 junior/new investigators annually including those from underserved communities and/or those from minority-serving institutions; and

- Disseminate research findings including at least five peer-reviewed publications per year; and evaluate the impact of research activities on programs, practices, and policy.

For more details, see Program Requirements and Expectations.

2. Background

Authority

The Life Course Translational Research Network (LCT-RN) Program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Advancing the health and well-being of maternal and child health (MCH) populations requires new knowledge, evidence, and data to support MCH programs, policy, and practice. The life course theory posits that multiple determinants, such as health care, nutrition, stress, community/family supports, and environmental exposures, operating over the life course, are critical drivers of child health outcomes.[7] MCHB recognizes the value of the Life Course Health Development (LCHD) approach and its application to practice through the administration of programs, support of research, and investment in training of the next generation of researchers.[8] The LCHD framework has been used to inform the design and implementation of multi-site intervention research studies and identify risk and protective factors to improve health equity and advance child health across the lifespan. The current challenge is how to accelerate the translation of life course theory to practice.[9]

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

[7] Halfon, N, Larson, K, Lu, M, Tullis, E, Russ, S. Lifecourse Health Development: Past, Present and Future, Maternal Child Health J. 2014; 18(2):344-365.

[8] Foney DM, DiBari J, Li R, Kogan M. Life Course Investments at the Maternal and Child Health Bureau. Pediatrics. 2022 May 1;149(Suppl 5):e2021053509B. doi: 10.1542/peds.2021-053509B. PMID: 35503312.

[9] Lu, MC. Improving maternal and child health across the life course: where do we go from here?. Maternal Child Health J. 2014; 18(2):339-43.

The focus on translational intervention research aims to influence programs, policies, and practice. This requires collaboration among network sites and with MCHB program award recipients and other key stakeholders to integrate multidimensional systems in the design of interventions across multiple life stages. Compared to single site studies, multi-site research can have a greater collective impact on building the evidence base and accelerating the translation of life course theory to practice at sites nationwide.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*

Goal 2: *Achieve health equity for MCH populations*

Goal 3: *Strengthen public health capacity and workforce for MCH*

Goal 4: *Maximize impact through leadership, partnership, and stewardship*

The LCT-RN aims to address MCHB's goals to achieve health equity (goal 2) and be transformative by applying a life course lens to challenging and persistent MCH issues. The research network activities will advance the evidence base, translate research findings into practice (goal 4), and train the next generation of life course researchers (goal 3).

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

In addition to monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Assuring the availability of experienced HRSA/MCHB personnel or designees to participate in the planning and development of all project activities;
- Reviewing policies and procedures established for carrying out project activities;
- Participating in meetings and regular communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- Facilitating effective communication and accountability to HRSA/MCHB regarding the project, with special attention to new program initiatives and policy development that have the potential to advance the utility of the LCT-RN;
- Assisting in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- Reviewing all documents such as operating procedures, authorship guidelines, and manuscripts, prior to submission to peer-reviewed journals, etc.; and
- Participating in project activities such as meetings, webinars, presentations, publications, and other forms of disseminating information regarding project results and activities.

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

- Actively collaborating with MCHB project officers, including the activities described in Program Requirements and Expectations;
- Assuring that HRSA is identified as a funding sponsor on all written products and at meetings and conferences relevant to cooperative agreement activities;
- Collaborating with the federal project officer when hiring new key project staff, planning/implementing new activities, and in establishing relationships with federal agencies, state contacts, national organizations, and other recipients necessary for the successful completion of tasks and activities;
- Providing the federal project officer the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned under the auspices of this cooperative agreement;
- Providing to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this cooperative agreement;
- Assuring that all products developed or produced under the auspices of this cooperative agreement are fully accessible and available free to members of the public;
- Responding in a timely manner to the federal project officer's comments, questions, and requests; and

- Collaborating on rapid response requests related to emerging issues to be determined by the federal project officer on a case-by-case basis.

In addition to the instructions provided in the Program Requirements and Expectations, the appendices contain guidance regarding the research network organizational structure (Appendix A) and research-practice partnerships with MCHB-funded programs (Appendix B).

2. Summary of Funding

HRSA estimates approximately $800,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $800,000 annually (reflecting direct and indirect costs) per year.

The period of performance is **September 1, 2023 through August 31, 2028 (5 years)**. Funding beyond the first year is subject to the availability of appropriated funds for the LCT-RN in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

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

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

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

You are required to submit proof of non-profit status as Attachment 5, if applicable. A foreign applicant will need to be affiliated with a U.S. entity (i.e., university, institution)

with a U.S. EIN established and recognized by HRSA to be considered a public or nonprofit institution of higher learning or a public or private nonprofit agency.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct projects. For example, different investigators (or research teams) from the same institution can apply for the same funding opportunity.

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

Due to funding limitations and in order to diversify the HRSA/MCHB research funding portfolio, the following are additional application responsiveness criteria. Applications that do not comply with these criteria will be deemed non-responsive and will not be considered for funding under this notice.

- A PD/PI cannot have two (2) active awards at the same time from the Health Resources and Services Administration/Maternal and Child Health Bureau/Office of Epidemiology and Research/ Division of Research (HRSA/MCHB/OER/DOR). An award in a no-cost extension year is considered active and the PD/PI is not allowed to receive another award.
- In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent effort to this cooperative agreement to justify their commitment to the project.
- A current PD/PI on another HRSA MCHB research grant is allowed up to 10 percent effort as a co-investigator. If selected for funding, the recipient will need to verify that percent effort across all federally-funded programs does not exceed 100 percent. The application can include co-investigators as key personnel on the project. HRSA allows one PD/PI to be named on the cover page of the SF-424 R&R application, who will serve as the key point of contact.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for **HRSA-23-083** in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

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

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA. All sections combined

count towards the 60-page total limit, including the project and budget narratives, attachments including biographical sketches (biosketches), works cited, and letters of commitment and support required in HRSA's SF-424 R&R Application Guide and this NOFO.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in the Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-083, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and delete any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-083 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

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

Program Requirements and Expectations

For this cooperative agreement the recipient is expected to perform the activities listed below. Please provide a detailed description of the proposed activities in the narrative.

1. **Infrastructure development:**
    - Develop and maintain a national network of research entities/members that will collaborate to advance and strengthen the evidence base in disease prevention and health promotion through an improved understanding of risk factors across the life course and translation of findings to improve child health;
    - Promote multisite, interdisciplinary scientific collaboration that will encourage innovative intervention research that applies life course theory to address priority MCH topics;
    - Establish a Network Coordinating Center (NCC) to serve as the administrative center of the Research Network, providing leadership and maintaining a partnership with multiple Collaborating Research Entities/Sites (CREs). See Appendix A for details.
    - Establish an interdisciplinary governance body (e.g. Research Network Advisory Committee or Steering Committee) of research entities from across the country that will comprise a broad representation of diverse key stakeholders, which may include, but is not limited to: clinicians, national experts, investigators from Minority Serving Institutions (MSIs),[10] community-based organizations, research entities, and family members, including those from MCH and other vulnerable populations;
    - Establish a training program with at least 10 diverse early-stage investigators per year to develop the next generation of interdisciplinary life course researchers from diverse backgrounds; and
    - Develop and implement strategies to sustain the Network infrastructure and to expand the scientific knowledge generated from this grant, including submitting at least three grant applications annually to secure external funding outside of MCHB's research program.
2. **Network Research Activities:**
    - Conceptualize or update and publish a national research agenda for life course intervention research in a peer-reviewed journal;

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

- Plan and implement at least five applied multi-site intervention research studies[1] that investigate the impact of maternal, paternal, and family health (including physical and mental health) on child health;
- Clearly state how the proposed studies incorporate life course theory and methodologies, how findings can inform public health programs and/or practice, and how findings can be translated into public health practice;
- Ensure health equity is a central focus in all research studies; address the needs of underserved communities, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations;
- Develop and foster research-practice partnerships and collaborations with specific MCHB programs, such as Healthy Start, MIECHV, and Title V programs (Appendix B) award recipients; develop at least one pilot or intervention study collaboratively that has the potential to be translated and adopted to inform MCHB-funded programs;
- Coordinate/collaborate with MCHB-funded Research Network/Single Investigator Innovation Program (RN/SIIP) award recipients as appropriate. A list of the MCH RN/SIIP recipients are available at: https://mchb.hrsa.gov/research;
- Engage key stakeholders such as researchers, clinicians, families including fathers, policymakers, and community-based organizations in planning and implementation of research studies, and to advance the translation of life course research into practice;
- Develop at least two resources such as guidelines, tools, and toolkits to support families and relevant professionals in the health, community, and education sectors; and
- Assess the impact of the LCT-RN through a formal evaluation, including collecting data on performance measures and evaluating how study findings can inform policy development and be incorporated into MCHB programs. See Evaluation section for more details.

3. **Communication:**
   - Schedule monthly and ad hoc meetings with the HRSA project officers for ongoing communication and collaboration, and to ensure challenges and barriers to achieving proposed goals are discussed with HRSA in a timely manner;
   - Coordinate monthly virtual meetings with Research Network Advisory Board or Steering Committee and at least one meeting annually (either an in-person or virtual meeting, as appropriate);
   - Meet annually with HRSA/MCHB leadership and other key stakeholders;

- Participate in a RN/SIIP recipient meeting organized by MCHB. This meeting may be held virtually or take place in the Washington, DC area, and will be an opportunity to share best practices, disseminate results, and discuss research priorities with MCHB leadership, staff, and stakeholders; and
- Present (virtually) select project accomplishments to HRSA/MCHB at the end of the period of performance.

4. **Dissemination:**
   - Publish at least five peer-reviewed publications per year that are attributable to HRSA funding in scientific journals and present research findings at national meetings;
   - Develop and maintain a public website for engaging multiple stakeholders;
   - Host at least two public webinars annually for providers, researchers, and the general public on life course intervention research;
   - Disseminate information on Research Network activities, research findings, and resources to a broad audience including researchers, clinicians, policymakers, educators, families, and MCH populations; and
   - Translate research findings into formats that are beneficial for researchers, policymakers, clinicians, program planners and/or the general public and can inform MCHB programs, policy, and practice.

Program-Specific Instructions

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

i. *Project Abstract*

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

NARRATIVE GUIDANCE

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

Narrative Section	**Review Criteria**
I. Background and Significance	(1) Need (4) Impact
II. Specific Goals and Objectives	(2) Response (4) Impact (5) Resources/Capabilities
III. Project Design: Methods and Evaluation	(2) Response (3) Approach (4) Impact (5) Resources/Capabilities (7) Program Assurances
IV. Plan and Schedule of Implementation, and Capability of Applicant	(3) Approach (4) Impact (5) Resources/Capabilities (6) Support Requested (7) Program Assurances
Budget and Budget Justification Narrative	(6) Support Requested

ii. ***Project Narrative***

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

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

Section I: BACKGROUND AND SIGNIFICANCE *-- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #1 NEED AND #4 IMPACT*

- Describe the national significance of an interdisciplinary research network that translates life course theory into practice. Identify gaps in current knowledge, as well as issues of concern and needs of underserved communities.
- Describe how an interdisciplinary multi-site research network can address the identified needs, including the needs of underserved communities, such as low-

income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations.

- Describe how proposed activities will align with priority topics including health equity and the impact of maternal, paternal, and family health (including physical and mental health) on child health.

Section II: SPECIFIC GOALS AND OBJECTIVES *-- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #2 RESPONSE, #4 IMPACT, AND #5 RESOURCES/ CAPABILITIES*

- Briefly state the goals and objectives to be accomplished during the period of performance that address the major activities listed in the Program Requirements and Expectations section of this notice. Specific objectives should directly relate to the scope of expected activities, be specific, measurable, attainable, realistic, time-bound, inclusive, and equitable (SMARTIE), and tied to a distinct project goal.

Section III: PROJECT DESIGN: METHODS AND EVALUATION *-- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #2 RESPONSE, #3 APPROACH, #4 IMPACT, #5 RESOURCES/CAPABILITIES, AND #7 PROGRAM ASSURANCES*

A. Methods:

MCHB/OER highly recommends the Methodology section be no more than 12 pages.

- Describe the methodology for accomplishing the work of the Research Network and each of its distinct objectives. See Program Requirements and Expectations. Provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective and to convey to reviewers adequate information to assess the effectiveness and appropriateness of the proposed methodology;
    - It is expected that multiple Collaborating Research Entities (CREs) are identified in the application and CREs are encouraged to recruit/engage participants, researchers, and trainees from underserved communities. Please see Appendix A: Research Network Organizational Structure.
    - Successful participation in the Research Network includes the ability to work collaboratively to achieve the goals of the Research Network, anticipate potential problems and challenges that may arise and propose mechanisms for collaborative resolution.
- Describe a detailed plan for completing proposed research studies, including how the Research Network will review proposed studies from research entities/members and determine which studies will be supported by Network infrastructure;

- Describe plans for collaboration with key stakeholders and partners in planning, designing, implementing, and evaluating all activities. Guidance regarding research-practice partnerships is provided in Appendix B, and collaboration plans should include:
    - Collaboration with MCHB programs, such as Healthy Start, MIECHV, and Title V award recipients to develop strong research-practice partnerships to identify research priorities targeting the needs of priority population, and meaningfully translate the research findings to practice;
    - Collaboration with other MCHB research investments; and
    - Partnerships with MSIs and/or community-based organizations that can advocate for and connect with underserved communities.
- Provide letters of commitment from key stakeholders including but not limited to CREs and MCHB program award recipients from across HRSA regions. Provide a description of each collaborators' characteristics, including target population characteristics, average patient numbers, or services currently delivered, and characteristics and structure of staff. Also describe the mutual benefits to be gained as a result of the proposed partnerships. Include letters of commitment in Attachment 2;
- Describe plans to disseminate findings to stakeholders, including health professionals, policymakers, family members, and the greater public. Specifically include plans for:
    - **Peer-reviewed publications:** It is expected that the Research Network will produce at least five peer-reviewed publications per year. In addition, it is expected that a new or updated national research agenda for the Research Network will be published in a peer-reviewed journal;
    - **Research Network website:** It is expected that the Research Network will maintain a publicly available Research Network website to disseminate research findings, generate interest in the Research Network, and expand Research Network membership;
    - **Research acceleration:** It is expected that the Research Network will disseminate findings to the MCH field to help accelerate the synthesis, analysis, and translation of evidence so that it can be applied to practice and policy at the state and national levels; and
    - **Stakeholder engagement:** It is expected that the Research Network will partner with collaborators to showcase informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Research Network meetings, and consumer materials, as well as to support the translation of research findings into practice and policy.

- Describe how proposed activities could build upon ongoing efforts and are not duplicative of existing funded efforts (including HRSA/MCHB projects).

B. Evaluation

- Describe the systems, processes, and staff that will support performance measurement, evaluation, and continuous quality improvement, including a description of how the organization will collect and manage data;
- As appropriate, describe the data collection strategies and systems that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different demographic groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development activities, program improvement efforts, and service delivery;
- Assess the impact of Research Network activities on policies, programs, and practice, and the scalability of interventions influencing population health; and
- Ensure that evaluations adhere to the HHS Evaluation Policy and to evaluation standards and best practices described in OMB Memorandum M-20-12.
- Include the following subsections:
    - Process Evaluation/Performance Measurement: Describe your plan for monitoring, measuring, and tracking program performance including the program and performance goals outlined in the Purpose section. For each described objective, include at least one performance measure as described in the Reporting section. Include plans for the timely collection and reporting of all performance measures, including proposed baseline measures, targets and a timeline for evaluation that is consistent with the plan and schedule of implementation.
    - Outcome Evaluation: Describe your outcome evaluation plans and specific methods for assessing progress toward the program and performance goals. Include a clear description of the program goals that will be evaluated, when and how often you will examine your data for indications of progress or challenges in your work toward those goals. Describe how you will develop and monitor the data infrastructure in collaboration with CREs and community partners. Describe plans for reporting or presenting the evaluation findings and how reports or presentations will be shared with HRSA.
    - Continuous Quality Improvement: Describe your plans for incorporating information learned in your ongoing monitoring and evaluation. Include a plan for regular review of data and evaluation reports to identify areas of strength and challenges in your work toward the program and performance goals. Include a plan for action when challenges are

identified that will allow you to improve your progress toward the performance goals.

Section IV: PLAN AND SCHEDULE OF IMPLEMENTATION, AND CAPABILITY OF APPLICANT -- *CORRESPONDS TO SECTION V'S REVIEW CRITERIA #3 APPROACH, #4 IMPACT, #5 RESOURCES/CAPABILITIES, #6 SUPPORT REQUESTED, AND #7 PROGAM ASSURANCES.*

- Describe the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators;
- Provide a draft organizational chart as Attachment 3 describing the leadership structure of the Research Network demonstrating collaboration between the PI, co-investigators, project manager, and the CREs;
- Describe compliance with the Department of Health and Human Services (HHS) regulations for protection of human subjects (45 CFR part 46) (http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html);
    - Refer to instructions provided in HRSA's SF-424 R&R Application Guide, Appendix: Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
    - IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects.
    - All institutions that are engaged in nonexempt human subjects research as part of the project, including foreign applicants, must be covered by a Federalwide Assurance (FWA) approved by the Office for Human Research Protections (OHRP). Instructions on how to submit an FWA application, if awarded, can be found on OHRP's website at https://www.hhs.gov/ohrp/register-irbs-and-obtain-fwas/fwas/index.html.
- Provide a work plan with an implementation schedule for each activity described in previous sections. The timeline should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes;
- Discuss any challenges that are likely to happen in creating and implementing the research activities described in the Project Design: Methods and Evaluation, and how you will resolve these challenges. Discuss alternative strategies should any of these potential challenges arise;
- Demonstrate capability to fulfill the goals of the Research Network program, including descriptions of your organization's experience in carrying out interdisciplinary collaborative research, and the investigators' experience in working with underserved communities and key stakeholder groups, as applicable; and
- Demonstrate the qualifications of key personnel. We encourage the inclusion on the interdisciplinary governance body of an investigator or co-investigator from an MSI (see page 9).

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

Logic Models

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at ACF HHS: Logic Model Tip Sheet.

iii. *Budget*

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

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

In addition, the maximum number of budget periods allowed is 5. A budget period represents 12 months of project effort.

The budget should reflect travel expenses associated with participating in meetings related to MCH research efforts and other proposed trainings or workshops. The following annual meetings are expected for the Research Network (may be virtual meetings if in-person meetings are not feasible):[11]

- Research Network leadership/strategy/steering committee meeting including PI, co-PIs, HRSA/MCHB leadership and PO(s), and
- Attendance for up to two people (the PI and one key personnel) for 2 days at the HRSA MCHB Research Network & Single Investigator Innovation Program Grantee Meeting in the Washington, D.C. metropolitan area.

NOTE: Travel outside of the United States is not supported.

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

iv. *Budget Justification Narrative*

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

In addition, the Research Network program requires the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key personnel must be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov. Due to the HRSA **60-page limit**, it is recommended that all biographical sketches are no more than two pages in length and must follow the HRSA font/margin requirements. NOTE: *The biographical sketch may not exceed five pages per person. This OMB "form" does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov*. For details on how to format the biographical sketch visit: https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx. Please note that even though the document has an OMB clearance number, it is **not** a standard form and your response counts against the page limit.

[11] If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your project officer.

v. *Attachments*

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

Attachment 1: Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Specific guidance is provided in *Section IV: Plan and Schedule of Implementation, and Capability of Applicant*.

While HRSA does not endorse any organization/website, the following reference may be helpful when developing a logic model: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Attachment 2: Letters of Commitment/Letters of Support

Provide any documents that describe working relationships between your agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the collaborators, demonstrate how the partnership will enable the award recipient to achieve stated objectives, and list any deliverables. Include only letters that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of commitment and letters of support must be dated.

Attachment 3: Project Organizational Chart, Including Partners and Collaborators

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

Attachment 4: List of Citations for Key Publications

A list of citations for key publications by your key personnel that are relevant to the proposal can be included. Do not list unpublished theses, or abstracts/manuscripts submitted (but not yet accepted) for publication.

Attachment 5: Proof of Non-Profit Status, if Applicable (Not counted in the page limit)

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

Check with your sponsored programs office for further information about the indirect cost rate. Your institution's indirect cost rate is negotiated by the institution with HHS.

Attachments 7–15: Other Relevant Documents, as Necessary

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

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

Effective April 4, 2022:

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***April 10, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The LCT-RN Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to five years, at no more than $800,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used

under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Seven review criteria are used to review and rank Research Network applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1.	Need	10 points
Criterion 2.	Response	20 points
Criterion 3.	Approach	20 points
Criterion 4.	Impact	20 points
Criterion 5.	Resources/Capabilities	10 points
Criterion 6.	Support Requested	10 points
Criterion 7.	Program Assurances	10 points
TOTAL		100 points

Criterion 1: NEED (10 points) *– Corresponds to Section IV's Background and Significance*

Needs Assessment (6 points)

The extent to which the application:

- Demonstrates in-depth knowledge of previous work in the topic area of this program, including citation of relevant literature and compelling justification of the need for the Research Network;
- Identifies current research gaps in the evidence base related to applied life course intervention research, and for which prevailing policy and practice environments call for increased attention given their potential to improve health outcomes for MCH populations; and
- Identifies the needs of underserved communities such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations that can be addressed from a life course perspective.

Research Priorities (4 points)

The extent to which the project:

- Proposes focused research topics that align with the priorities described in the Purpose section; and
- Demonstrates a commitment to health equity as a central focus in all Research Network activities.

Criterion 2: RESPONSE (20 points) *– Corresponds to Section IV's Specific Goals and Objectives; Project Design: Methods and Evaluation*

Methodology (10 points)

The degree to which the application:

- Describes clear, concise, and appropriate goals and SMARTIE objectives, and how the proposed project will address the public health needs;
- Clearly articulates the project activities and intended results;
- Proposes at least five intervention studies and describes how the studies will address health outcomes across the life course and have the potential to be translated into practice; and
- Describes an effective plan to establish a training program to develop the next generation of diverse and skilled life course researchers.

Research-Practice Partnerships (10 points)

- Describes meaningful research-practice partnerships with specific MCHB programs, such as Healthy Start, MIECHV, and Title V award recipients;
- Identifies collaborations that aim to identify gaps in evidence to inform research agendas and priorities and identify opportunities to conduct research; and
- Describes plans to develop at least one pilot or intervention study that has the potential to be translated and adopted to inform MCHB-funded programs.

Criterion 3: APPROACH (20 points) *– Corresponds to Section IV's Project Design: Methods and Evaluation; Plan and Schedule of Implementation; Capability of Applicant*

Program Planning and Implementation (12 points)

The extent to which the application describes and demonstrates:

- A plan for establishing and sustaining a Research Network and collaborations with CREs and community partners that is appropriate, feasible, and high-quality;
- A comprehensive plan to collaborate with other stakeholders, including institutions serving underserved populations, such as community-based organizations, MSIs, and MCHB-funded researchers;

- A plan to meaningfully engage family members and people with lived experience on the Advisory Board/Steering Committee;
- A clear and feasible plan to design and implement multi-site life course translational research studies that demonstrates familiarity with multi-site data gathering procedures and describes appropriate data infrastructure; and
- A clear plan for how program activities will lead to anticipated outcomes as outlined in a logic model.

Evaluation (8 points)

The extent to which the application describes and demonstrates:

- Appropriate performance measures for each described objective, with a timeline for evaluation consistent with the plan and schedule of implementation;
- Specific methods for assessing progress and a clear description of the program's evaluation goals;
- Evaluation activities that will identify impact on programs, practice and policy, as applicable; and
- An adequate plan for continuous quality improvement.

Criterion 4: IMPACT (20 points) *– Corresponds to Section IV's Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant*

Dissemination and Translation (10 points)

- The effectiveness of the dissemination plan to facilitate the translation of Research Network findings to a broad audience of researchers, health professionals, policymakers, educators, and families;
- The feasibility of the applicant's plan for delivering at least five peer-reviewed publications each year; and
- The strength of the applicant's plan for developing, evaluating, and disseminating at least two resources for use in clinical practice or intervention-based research in communities.

Public Health Impact (10 points)

The extent to which the application describes:

- A compelling strategy for how evidence generated through multi-site research will accelerate the translation of life course theory to programs, policies, and practice;
- Approaches/methodologies, and/or instrumentation that seek to shift current research practice or service paradigms; and
- How the project will impact the health and well-being of children and families, with a focus on two-generation models for influencing intergenerational health.

Criterion 5: RESOURCES/CAPABILITIES (10 points) *– Corresponds to Section IV's Specific Goals and Objectives; Project Design: Methods and Evaluation; Plan and Schedule of Implementation, and Capability of Applicant; Biographical Sketches*

Implementation of a National Research Network (5 points)

The extent to which:

- The Network Coordinating Center (NCC) provides the necessary governance and structure for the successful implementation of a national Research Network. For a full description of the Research Network organizational structure, refer to Appendix A; and
- The PI, key personnel, and collaborators are well-qualified by training and expertise to lead the Research Network in implementing multisite research. We encourage the inclusion on the interdisciplinary governance body of an investigator or co-investigator from an MSI.

Other Resources/Capabilities (5 points)

The extent to which:

- The applicant has the existing resources/facilities to achieve project objectives and to successfully support the proposed Research Network; and
- The CREs and other partners demonstrate the ability and commitment to collaborate with the applicant organization and ability to recruit from their target populations for Research Network research studies.

Criterion 6: SUPPORT REQUESTED (10 points) *– Corresponds to Section IV's Plan and Schedule of Implementation, and Capability of Applicant; Budget and Budget Justification Narrative*

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Budget line items are well described and justified in the budget justification; and
- Key personnel have adequate time devoted to the project to achieve project objectives.

Criterion 7: Program Assurances (10 points) *– Corresponds to Section IV's Project Design: Methods and Evaluation; and Plan and Schedule of Implementation and Capability of Applicant*

Proposed Timeline and Addressing Challenges (6 points)

The extent to which the proposed project:

- Provides a clear, detailed, and feasible timeline for the proposed activities;

- Establishes a feasible and well-designed work plan to provide assurance that the research can be implemented as proposed and follow the timeline provided;
- Provides details on the targeted/planned enrollment of study populations; and
- Anticipates and addresses potential barriers to project progress, such as challenges in recruiting hard-to-reach populations.

Protection of Human Subjects (4 points)

The extent to which the application describes:

- Adequate human subjects protections in compliance with the HHS regulations for protection of human subjects (45 CFR part 46), including specific provisions relevant for children/youth and other vulnerable populations, and the adequacy of measures to ensure the security of research data (data security); and
- Plans to seek and obtain Institutional Review Board (IRB) approval prior to initiation of any activities involving human subjects.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

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

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients

under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

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

Human Subjects Protection

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

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please

be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Core 3, Capacity Building 4, Capacity Building 5, Capacity Building 6, Financial Form 1, Financial Form 6, Financial Form 7, Financial Form 8, Products and Publications. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection *(OMB Number: 0915-0298 | Expiration Date: 08/31/2025).*The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	9/1/2023-8/31/2028 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	9/2/2024 – 8/31/2025 9/2/2025 – 8/31/2026 9/2/2026 – 8/31/2027	Beginning of each budget period	120 days from the available date
c) Project Period End Performance Report	9/2/2027 – 8/31/2028	Period of performance end date	90 days from the available date

2) **Progress Report(s).** The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.
4) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

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

VII. Agency Contacts

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

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-3243
Email: dgibson@hrsa.gov

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

Jessica DiBari, PhD, MHS and Deborah Quint Shelef, MPH
Office of Epidemiology and Research
Division of Research
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 443-4690
Email: LCTRN@hrsa.gov

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

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

Self-Service Knowledge Base

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

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

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendices

Appendix A: Research Network Organizational Structure

The Research Network will consist of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs).[12] The NCC is the administrative center of the Research Network, providing leadership and maintaining a partnership with its CREs. An example of this structure is depicted in the following diagram:

[12] This figure was designed for use in this NOFO. This structure ensures that all Research Network activities encompass a general approach to address population needs to accelerate, upstream, together. **Accelerate:** An acknowledgement that although progress has been made in a variety of areas, much remains to be done. Research Networks must continue to innovate, grow the evidence base, and strive to address health disparities in MCH populations—whether those are defined by race, place, age, or gender. **Upstream:** A consideration of the social determinants of health—a broader and expansive way of looking at contributors to health beyond health care. Research Networks must think about primary prevention, but recognize the importance of secondary and tertiary prevention for some MCH populations. **Together:** A need to strategically engage stakeholders who understand the needs and priorities of the MCH population. Research Networks should collaboratively develop solutions to current and emerging health and development challenges.

Research Network Organizational Structure

The NCC will be located at the principal investigator's (PI) institution, which is the recipient of the cooperative agreement. The NCC provides the core administrative and operational functions that include the following:

1) Support the Research Network infrastructure for partnership among CREs;
2) Facilitate the process for the development, selection, implementation, and oversight of scientific research studies;
3) Coordinate a plan to enhance the research training and mentorship of diverse emerging investigators through the use of innovative mentorship/research experiences and manuscript development;
4) Coordinate the dissemination of findings to other HRSA/ MCHB-funded recipients, health professionals, researchers, policymakers, family members, adolescents/young adults, and the greater public;
5) Establish and foster partnerships with programs and organizations serving underserved communities, and facilitate the recruitment of study participants from these populations;
6) Establish a plan to ensure parent, family, and/or consumer involvement across populations, including underserved communities, in Research Network activities; and
7) Collaborate with pertinent partners, such as the other MCH Research Network recipients (available here: https://mchb.hrsa.gov/research), Title V MCH Services Block Grant recipients, and other MCHB programs, as relevant.

The NCC will:

- Manage the CREs in implementing study protocols and participating in Research Network activities;
- Coordinate the review of pilot study/research proposals from Network members to ensure scientific merit and relevance to the Network;
- Collaborate with at least one CRE from a minority-serving institution and/or an institution representing underserved communities;
- Develop a data acquisition system to collect intake, treatment, and outcome data for all study participants, according to protocol-specific requirements;
- Provide additional support, such as quality control, to ensure the successful completion of the scientific goals of a research project and other Research Network activities. You should include budgets for CRE travel support to Research Network meetings in your application; and
- The NCC is also expected to build relationships with other key stakeholder organizations, such as other MCHB Research Network and Single Investigator Innovation Programs, Title V Program award recipients, clinical interest groups, state and local education districts, and federal partners, such as the HHS Centers for Medicare and Medicaid Services, and U.S. Department of Education agencies, as

applicable, to brief them on the existence and progress of the Research Network and to engage them in translating Research Network findings into practice and policy.

The CREs will:

- Participate in Research Network subcommittees and agree to attend Research Network monthly teleconferences and in-person meetings (may be virtual meetings if in-person meetings are not feasible);
- Participate in the development of concept and protocol requirements associated with observational and clinical trial studies to be conducted through the Research Network;
- Agree to participate in observational studies and clinical trials, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice, compliance with protocol requirements, randomization methods for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Propose pilot studies/research to be supported by the Network that is relevant to the Network's research agenda and goals;
- Participate in Research Network activities that enhance the research training and mentorship of junior/new investigators, including those from underserved communities and/or those from minority-serving institutions; and
- Participate in dissemination and translation activities to increase the number of tools/resources and relevant intervention(s) accessible to diverse key stakeholders, including but not limited to, health and educational professionals, national experts, research entities, family members, and underserved communities.

Research Network Advisory Board or Steering Committee

The NCC will establish a governing body (e.g., Research Network Advisory Board or Steering Committee) comprised of representatives of the NCC and CREs, HRSA/MCHB, and new to this competition, at least two community members (e.g., family advocates, members of community-based organizations). The PI will serve as Chair of the Network Advisory Board or Steering Committee. All major scientific issues (e.g., research direction, approval of study proposals and designs, development of applicable policies and procedures; including those relating to human subject protections) are addressed through discussions among the Research Network Advisory Board or Steering Committee and through recommendations for approval, where appropriate, to HRSA/MCHB project officers and leadership. The NCC is responsible for ensuring that all participating CREs are informed of and abide by these actions. The Research Network Advisory Board or Steering Committee will meet monthly by telephone or other online platforms, and in-person at least once a year in the Washington, D.C. area, if possible (may be a virtual meeting if an in-person meeting is not feasible). The PI will meet annually with HRSA/MCHB leadership.

Data Collection and Management

The NCC will facilitate data gathering, data management training, and data quality assurance according to developed study protocols. NCCs must ensure that CREs follow the Research Network policies and procedures to (1) monitor adverse events; (2) report data and other information to the NCC; and (3) ensure good clinical practice or other applicable regulatory requirements.

Appendix B: Research-Practice Partnerships with MCHB Program Award Recipients

For this award, applicants are expected to identify and collaborate with MCHB program award recipients such as Healthy Start, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Title V Maternal and Child Health Services Block Grant Program (Title V). A list of awardees in each state is available at MCHB's Awarded Grants. The following information will assist you in developing a plan for collaboration with MCHB program award recipients and the expected documentation to demonstrate commitment of both your organization and the partnering programs.

Proposed collaborations should aim to 1) jointly determine gaps in evidence to inform research agendas and priorities, 2) identify opportunities to conduct research collaboratively, and 3) use research results to inform programs, practices, and policy. Through this process, research can be targeted to address priority needs, and meaningfully translated to improve health outcomes in priority populations.

Applications should include the following as appropriate:

- Description of how awardees will develop research-practice partnerships with MCHB program award recipients, including local community-based partners and/or other public health practitioners, such as Title V programs or local health departments;
- Letter(s) of commitment from the partners(s) indicating how they anticipate collaborating with the awardee (such as, convening stakeholders to identify priority research topics, facilitating and/or participating in research activities, and/or supporting the dissemination and implementation of findings); and
- Description of whether subawards will be established to support the proposed collaboration.

Appendix C: Research Program Application Completeness Checklist

Funding Opportunity Number: HRSA-23-083 **Application Due Date in Grants.gov:** April 10, 2023	
Requirement	**Yes**
Do you meet the eligibility criteria?	
Did you read the *R&R Application Guide* (https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf)?	
Do you have a Unique Entity Identifier (UEI) that's been assigned by System for Award Management (SAM)?	
Did your Authorized Organization Representative (AOR) register in SAM (https://www.sam.gov/)?	
Is your Abstract in plain language, no more than 4,000 characters and single spaced?	
Does the Narrative Section of your application fully address: • Background and Significance? • Specific Goals and Objectives? • Project Design, Methods, and Evaluation? • Plan/Schedule of Implementation and Capability of Applicant? • Feasibility? • Evaluation and Technical Support Capacity? • Protection of Human Subjects? • Targeted/Planned Enrollment?	
Did you confirm that your application addressed all of the NOFO Review Criteria?	
Are your budget and budget justification narrative completed accurately and in the yearly funding limit? **NOTE:** The directions offered in the HRSA *SF-424 R&R Application Guide* differ from those offered by *Grants.gov.* Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions in the NOFO	
Did you clearly label all of your Attachments?	
Did you include the Biographical Sketches in the Application?	
Do you know your institution's indirect cost rate?	
Did you use no less than 12-point font and are your page margins at least 1 inch wide in the Narrative and Attachment Sections of the Application? **NOTE:** The Biographical Sketches of Key Personnel can have .5" margins.	

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

Appendix D: Frequently Asked Questions

1. **Where do I find application materials for the Research Network?**
   All application materials are available on Grants.gov.

2. **How can I download the complete application package for the Research Network NOFO?**
   You can download the application by searching for the application number HRSA-23-083 on Grants.gov:
   - Click on the hyperlink for HRSA-23-083.
   - Click on the last blue tab entitled "PACKAGE."
   - Scroll down and click on the "Preview" hyperlink under the "Actions" column.
   - Select the "Download Instructions" button in the right-hand corner. This will download the application.

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

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

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

       Budget details about subcontracts are described in a section of the SF-424 R&R called subawards.

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

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

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

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

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

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

11. **Can someone who is currently a PI on another agency grant be a PI of the Research Network?**
    Yes, however, if selected for funding, the new recipient will need to verify that percent effort across all federally funded grants does not exceed 100 percent.

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

13. **Which format should we follow for the biographical sketch?**
    Please use the MCHB biographical sketch form found here: https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit. See Appendix F for Guidance on Biographical Sketches.

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

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

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

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

16. **Are there any page limitations to the narrative?**
    *There is no page limitation to the narrative. The NOFO strongly recommends a **12-page limit** for Project Design: Methods and Evaluation of the narrative. Preliminary studies can be included if applicable. Please consult the NOFO and/or the HRSA SF-424 R&R Application Guide, referenced throughout the NOFO, for more specific information.*

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

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

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

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

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

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

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

Appendix E: Key Terms for Project Abstracts

a) Content Terms (maximum of 10)

Health Care Systems & Delivery

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

Primary Care & Medical Home

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

Insurance & Health Care Costs

- Cost Effectiveness
- Health Care Costs
- Insurance Coverage

Prenatal/Perinatal Health & Pregnancy Outcomes

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

Nutrition & Obesity

- Breastfeeding

- Nutrition & Diet
- Obesity & Weight
- Physical Activity

Parenting & Child Development

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

School Settings, Outcomes & Services

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

Screening & Health Promotion

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

Illness, Injury & Death

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

Mental/Behavioral Health & Well-being

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

Special Health Care Needs & Disabilities

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

Lifespan & Social Determinants

- Neighborhood
- Lifespan
- Social Determinants of Health

b) Underserved Communities (as many as apply):

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

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

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

Appendix F: Guidance on Biographical Sketches

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

- **Race/Ethnicity Data:** Provide race and ethnicity data for the PI and all key personnel (optional) according to the chart on the MCHB Biographical sketch form. The race/ethnicity chart can be modified to include only the relevant rows and columns. This information allows MCHB to determine to what extent individuals of different backgrounds are participating. This information, in addition to other information including career stage, geographic location of the institution, and educational level, assists MCHB in ensuring that federal grant and cooperative agreement awards are reaching a broad diversity of populations.
- **Personal Statement**: Briefly describe why you are well suited for your role(s) in this network. The relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise. You may also list up to four peer-reviewed publications that highlight your experience and qualifications for this project.
- **Positions and Honors:** List in chronological order previous positions, ending with your current position. List relevant honors. Include current membership on any federal government public advisory committee.
- **Contribution to Science:** Briefly describe one to three of your most important contributions to science. For each contribution, detail the background that frames the scientific problem, the central finding(s), and the impact of the findings to the field or the how the findings apply to health or technology, and your specific role in the work. For each contribution, list up to **four** peer-reviewed publications or other relevant products. The description of each contribution should be no longer than half a page, including figures and citations.
- **Research Support:** List both selected ongoing and completed research projects for the past 3 years (federal or non-federally-supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly name the overall goals of the projects and your responsibilities.
- **Do not confuse "Research Support" with "Other Support."**
    - *"Research Support"* highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers to judge your qualifications for your role in the proposed project.
    - *"Other Support"* information is required for all applications that are selected to receive an award to show other sources of federal grant support for the applicant. HRSA staff will request complete and up-to-date "other support" information from you

after peer review. This information will be used to check that your research has not already been federally funded.

Appendix G: Relevant Websites

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

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

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

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

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

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

Logic Models
https://www.cdc.gov/eval/tools/logic_models/index.html

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

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

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

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