DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health, Office of Population Affairs

FUNDING OPPORTUNITY TITLE: Announcement of Anticipated Availability of Funds for One Family Planning Clinical Training Cooperative Agreement

ACTION: Notice

ANNOUNCEMENT TYPE: INITIAL COMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: PA-FPT-15-001

CFDA NUMBER: 93.260

CFDA PROGRAM: Family Planning Personnel Training

DATES: Applications are due April 10, 2015by 5 p.m. ET.

To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread. All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit

electronically through Grants.gov portal. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption, include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

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

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section IV.4 Intergovernmental Review.

To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to

http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held within 30 days from the posting of this announcement. Please visit www.hhs.gov/opa for more information.

EXECUTIVE SUMMARY:

The Office of Population Affairs (OPA) announces the anticipated availability of funds for a Fiscal Year (FY) 2015 family planning clinical training center under the authority of Title X of the Public Health Service Act. The Office of Population Affairs intends to make available approximately $500,000 - $750,000 for this award. This Notice solicits applications for one cooperative agreement to establish and operate a family planning clinical training center that will serve Title X service delivery projects nationally. The successful applicant will be responsible for the design, development, implementation and evaluation of a training program that includes four components: (1) Clinical Skills Development; (2) Clinical Protocol Development; (3) Clinical Skill Assessment; and (4) a National Clinical Training Meeting every other year of the project (2016 and 2018). The purpose of this family planning clinical training cooperative agreement is to ensure that health care practitioners providing services in Title X-funded service projects have the knowledge, skills, and attitudes to provide effective, high quality family planning clinical services.

This notice solicits applications from public and private nonprofit entities to establish and operate a family planning clinical training center. This training center will provide, but is not limited to, training and technical assistance to Title X family planning service grantees and sites which provide clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated.

All activities funded under this announcement must be consistent with the Title X statute, regulations, and legislative mandates, and are expected to be in compliance with the Program Guidelines and Program Policy Notices. Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at http://www.hhs.gov/opa/familyplanning.

I. FUNDING OPPORTUNITY DESCRIPTION:

Background:

The Office of Population Affairs provides funding for grants and contracts to support training for personnel working in Title X-funded services projects (42 U.S.C. 300, Sec 1003). The purpose of all family planning training is to ensure that personnel working in Title X family planning services projects have the skills, knowledge and attitudes necessary for the effective delivery of family planning services; and that family planning program services and management are high quality. The clinical training center for family planning provides training to ensure that clinical services are high-quality and is expected to provide training and technical assistance grounded in evidence-based principles.

From the early 1970s until the year 2000, the OPA funded certificate family planning/women's health nurse practitioner training programs to ensure the availability of health

care practitioners with expertise in family planning to work in Title X-funded clinics. Beginning in 2000, Title X began funding the "clinical specialty'' training programs, as a means to ensure that health care practitioners had the hands-on knowledge and skills to provide effective, high quality family planning services in Title X-funded service projects. Following these programs, in 2006 the family planning clinical training cooperative agreement was funded to provide preceptor training and a biannual reproductive health conference. This Notice announces the availability of funds for a new clinical training program that will continue and build upon all of the previous efforts and serve Title X-funded service providers throughout the country.

This announcement seeks applications from public and private nonprofit entities to establish and operate a Title X family planning clinical training center, which shall provide training to and ensure that health care practitioners providing services in Title X-funded service projects have the knowledge, skills and attitudes to provide effective and high-quality family planning clinical services. The clinical training center must use evidence-based information and incorporate best practices and/or evidence-informed practices in all aspects of training. The successful applicant must incorporate all applicable elements of the Centers for Disease Control and Prevention (CDC) and Office of Population Affairs (OPA) joint publication, "Providing Quality Family Planning Services" (QFP) (MMWR; 63 (No. 4)) in training design, curricula development and material creation, as appropriate. In addition, the successful applicant will maintain knowledge of the most current research and standards of care in order to act as a resource on a broad range of clinical family planning and reproductive health issues, including other training centers funded within the Title X program.

Awards will be in the form of a cooperative agreement with the grantee for up to 4 years. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance

where substantial programmatic involvement is anticipated between OAH and the grantee during performance of the project or activity. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, regular conference calls, occasional monitoring visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), **OPA substantial programmatic involvement will include:**

1) Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.
2) Consulting with the awardee throughout the preparation and dissemination of materials related to the grant.
3) Review all program materials prior to use in the project to ensure the materials are clinically and programmatically accurate and complete.

Description of training activities to be provided:

The clinical training center funded under this announcement will be expected to carry out four major elements. All elements must be provided in accordance with QFP and nationally-recognized standards of care.

1) Clinical Skills Development

The training center will ensure that Title X health care practitioners providing direct, hands-on clinical family planning services have the most current information, skills and attitudes necessary for the effective delivery of high-quality family planning services. The successful applicant will be expected to provide training, materials and other assistance to improve the clinical skills of Title X family planning providers. This includes, but is not limited to increasing the capacity

and improving the competency of clinicians who provide family planning and reproductive health services through 1) improving the knowledge base of clinicians regarding the delivery of clinical services, e.g., data updates, releases of new evidence and other advances in clinical service provision; and 2) ensuring that continuous training and education is provided to Title X clinical providers throughout the entire project period, i.e., training must be ongoing and all delivered through webinars or other electronic modalities. All past training must be archived or available for later viewing/learning and all training must be accessible remotely through a website, web-based modality or other method which will enable users to access content remotely. The clinical training center will be expected to develop and make available clinical support tools, reflecting QFP and nationally recognized standards of care, for use in clinical settings. These tools should be in a format which is easy for family planning clinical practitioners to use and/or reference and be available online. The development and delivery of training, assistance and tools should be done using evidence-based practices and must address the needs of Title X providers in the provision of high-quality family planning services.

2) Clinical Protocol Development

The successful applicant will be expected to provide grantees and Title X providers with training, materials and other assistance in the development of clinical protocols for providing Title X family planning services in accordance with QFP. In addition, the training center must ensure that training and technical assistance will be made available to Title X service providers to help modify and adapt existing clinical protocol to changes in QFP and nationally recognized standards of care. The clinical training center will annually review its training design and materials to ensure that the guidance and supporting materials are up-to-date and align with QFP

and other nationally recognized standards of care. The development and delivery of training, assistance and tools should be done using evidence-based practices and must address the needs of Title X providers in the provision of high-quality family planning services. The successful grantee will have evidence of familiarity and an understanding of the needs of the existing Title X family planning service delivery network.

3) Clinical Skill Assessment

The successful applicant will be expected to develop and implement a plan to continuously evaluate Title X family planning clinical provider's level of clinical skill. The purpose of this assessment is to provide Grant directors, on-site managers and clinicians with methods and tools to measure the level of competency of Title X providers. The assessment of clinical skills must be conducted on-site with attention to cost-effectiveness and using state of the art technology by the training center and/or where the clinical provider's skills can be assessed and monitored without being on-site. The assessment must be based on evidence-based methodologies and implemented using tools which have evidence to support their effectiveness. The clinical training center must annually evaluate the results of these assessments to aide in the development of clinical training materials, topics for clinical training and other training tools to improve the skills of Title X family planning providers.

In addition, the successful applicant will participate in the training of clinical consultants who participate on comprehensive Title X program reviews. Participation will include assisting in the development of the training modality, curriculum, training event(s) and evaluation of the training event(s).

4) National Clinical Training Meeting

Every other year of the project period (Calendar Year 2016 and 2018), the successful applicant will conduct an in-person clinical training meeting that will provide participants with current, evidence-based information on family planning and related preventive health issues, including new or emerging national standards of care, pertinent clinical topics, clinical education and counseling issues and techniques, and other topics relevant to the delivery of family planning clinical services. The content of the training meeting must reflect QFP, nationally recognized standards of care, the needs of the Title X family planning service network and Title X statute, regulations, legislative mandates and Program Priorities.

In addition, to the Program Priorities, OPA often identifies specific focus areas and topics of importance. Each year these areas will be identified and shared with the clinical and other national training centers as appropriate. The successful applicant will address how it will incorporate these areas within the four training elements. For at least the first year of the clinical training center cooperative agreement the following focus areas are: billing and coding – ensuring that Title X Grant directors, clinic managers and clinic providers have the appropriate level of competency to ensure that Title X client services are coded and billed correctly to maximize reimbursement and cost recovery; Long Acting Reversible Contraception (LARC) – ensuring that Title X clinical providers have access to adequate training regarding counseling, insertion and removal of LARC; and Credentialing – developing a plan and outline for identifying elements of the scope of practice for FP clinicians, verifying acceptable levels of competency for clinical practice in accordance with QFP and incorporating an on-going system

for monitoring the status of providers in the Title X network. In addition, the successful applicant will implement a plan which identifies elements which inform the needs of Title X and the family planning network related to the clinical workforce. This activity will include assessing the level at which the workforce has the skills necessary to provide clinical services in accordance with QFP.

Successful applicants will provide evidence and experience in developing evidence-based strategies, implementing tested and reliable interventions, conducting background research to ensure training; assistance and tools developed under this cooperative agreement are conducted with fidelity and the ability to monitor and evaluate training and other interventions.

Program Statute, Regulations, Legislative Mandates, Program Guidelines, Program Priorities, and Key Issues

Statute: Title X of the PHS Act, 42 U.S.C. 300 *et seq.*, authorizes grants for projects to provide family planning services to persons from low-income families and others. Section 1001 of the Act, as amended, authorizes grants ''to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).'' The broad range of services should include abstinence education. Section 1003 of the Act, as amended, authorizes the Secretary of Health and Human Services to award grants to entities to provide training for personnel to carry out family planning services programs. Section 1008 of the Act, as amended, stipulates that ''none of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.''

Legislative Mandates: The following legislative mandates have been part of the Title X appropriations language for the last several years. This funding opportunity announcement assumes these provisions will be carried forward in FY 2015. Title X family planning services projects should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

- "None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;" and
- "Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest."

Program Guidelines: Additional operational guidance for projects funded under Title X can be found in the Title X Program Guidelines, which consist of two documents; the April 25, 2014, MMWR *"Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs"* (QFP) and *"Program Requirements for Title X Funded Family Planning Projects."*

Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at http://www.hhs.gov/opa. All activities funded under this announcement must be consistent with

the Title X statute, regulations, and legislative mandates, and are expected to be in compliance with the Program Guidelines and Program Policy Notices..

Program Priorities: Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2015 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2015 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;

2. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and QFP. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;

3. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;

4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and

5. Demonstrating that the project infrastructure will ensure sustainability of family planning and reproductive health services throughout the proposed service area including:

   - Incorporation of certified Electronic Health Record (EHR) systems and other HIT systems that are interoperable;
   - Evidence of contracts with insurance and systems for third party billing as well as the ability to facilitate the enrollment of clients into insurance and Medicaid optimally onsite; and to report on numbers assisted and enrolled;
   - Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

Key Issues: In addition to program priorities, the following key issues have implications for Title X services projects, and should be considered in developing the project plan:

1. Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.

2. Efficiency and effectiveness in program management and operations;
3. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
4. Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities;
5. Establishment of linkages and partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
6. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;"
7. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services; and
8. Incorporation of research outcomes and evidence-based approaches that focus on family planning service delivery.

AUTHORITY: Section 1003 of the Public Health Service Act

II. AWARD INFORMATION

The Office of Population Affairs intends to make available up to $750,000 for one competing cooperative agreement. This program announcement is subject to the appropriation

of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

Grants will be funded in annual increments (budget periods) and will be approved for a project period of up to 4 years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $750,000

Anticipated Number of Awards: 1

Range of Awards: $500,000 – $750,000 per budget period

Anticipated Start Date: 1 July, 2015

Period of Performance: Not to exceed 4 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement

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

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau,

Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for a grant under this announcement. Even where states apply for a family planning services grant, local and regional entities may also apply directly to the Secretary for a family planning services grant under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply for Title X family planning services grants.

2. *Cost Sharing or Matching:* None Required

3. *Responsiveness and Screening Criteria*

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

- Evidence that it currently possesses accreditation to provide continuing education credits, hours, units or their equivalent, which are accepted in all 50 states and the District of Columbia.

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed.

Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by April 10, 2015 by 5 p.m. E.T.
2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 65pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative.
4. The total application including Appendices must not exceed 130 pages. NOTE: items noted above do not count toward total page limit.
5. Proposed budget does not exceed maximum indicated in Range of Awards.
6. The application has met the **Application Responsiveness Criteria** outlined above.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

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

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

2. Content and Form of Application Submission

Application Format

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

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

Project Narrative pages must be double-spaced.

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

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative,

including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

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

Budget Narrative

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

Electronic Submission

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

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

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

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

A. **Important Grants.gov Information**

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

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

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

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

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

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

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

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

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

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

Problem Statement

Goal(s) and Objective(s)

Proposed Intervention

Special Target Populations and Organizations

Outcomes

Project Management

Evaluation

Dissemination

Organizational Capability

Executive Summary. This section should include a brief description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed.

Problem Statement. This section should describe, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. It should detail how the project will

potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. It is recommended that applicants focus their problem statement on the specific aspects of the history, extant literature, current status, and policy considerations bearing on the program area, and the roles of the national, state, and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not directly related to the proposed interventions and activities.

Goals and Objectives. This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

Proposed Intervention. This section should provide a clear and concise description of the intervention you are proposing to use to address the need identified in the program announcement and the problem described in the "Problem Statement" above. Applicants are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research suggest this direction?). Also note any major barriers you anticipate

encountering and how your project will be able to overcome those barriers. At minimum, applicants should:

1. Indicate a plan for addressing the problems or issues nationally. Provide detailed descriptions of specific products or outcomes proposed for development or modification.
2. Demonstrate how technology will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.
3. Describe the role and makeup of potential subrecipients who are intended to be involved in completing specific tasks, and identify the percentage of level of effort (subrecipients are anticipated to provide in completing programmatic activities.
4. Provide specifics about the intervention strategies, expected outcomes, and barriers for all anticipated years of the grant.

Special Target Populations and Organizations. This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including adolescents, population in rural settings and limited-English speaking populations.

Outcomes. This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. HHS/OASH will not fund any

project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the "impact" of the intervention. For example, a change in a client's financial, health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

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

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

Evaluation. This section should describe the methods that you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities for which you are applying. You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the "lessons learned."

Dissemination. This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products will be posted on a HHS/OASH sponsored website as determined by the HHS/OASH project officer. Therefore, applicants should propose other innovative approaches to informing parties who might be interested in using the results of the project

to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OASH expects that nationwide dissemination of products and knowledge will occur.

Organizational Capability Statement. Each application must include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. The applicant should also include evidence that it currently possesses accreditation to provide continuing education credits, hours, units or their equivalent, which are accepted in all 50 states and the District of Columbia.

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

Budget Narrative

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

Appendices

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

Project Work Plan. A Project Work Plan should be provided that identifies the specific activities to be conducted and projected number of individuals participating in each of these proposed activities The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all four (4) years of the project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each

year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Biographical Sketches for Key Staff

Organizational Chart

Letters of Commitment from Subrecipient Organizations and Agencies

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

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

3. Submission Dates and Times

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

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

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

4. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, ''Intergovernmental Review of Federal Programs,'' as implemented by 45 CFR part 100, ''Intergovernmental Review of Department of Health and Human Services Programs and Activities.'' As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A–87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A–122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at http://www.whitehouse.gov/omb/circulars/.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government or a documented plan, in accordance with the applicable policy and regulation. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $181,500. This amount reflects an individual's base salary exclusive of fringe and

any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $181,500, their direct salary would be $90,750 (50% FTE), fringe benefits of 25% would be $22,687.50, and a total of $113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $181,500 50% of time will be devoted to the project	
Direct salary	**$90,750**
Fringe (25% of salary)	**$22,687.50**
Total amount	**$113,437.50**

Appropriate salary limits will apply as required by law.

6. Other Submission Requirements: None

V. APPLICATION REVIEW INFORMATION

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

(1) The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations at 42 CFR §59.205, including incorporation of the Recommendations for Quality Family Planning (QFP), evidence of familiarity national professional standards of care relevant to Title X clinical service delivery and the ability to translate evidence-based information into training activities; (25 points);

(2) The capacity of the applicant to make rapid and effective use of the grant assistance, including evidence of effectively managing a national clinical training program that has carried out the four components as described in this announcement; (25 points);

(3) The administrative and management capability and competence of the applicant and the competence of the applicant project staff in relation to the services to be provided, including demonstration of academic, clinical, and teaching competence of proposed faculty. In addition, the capacity of the applicant to design, develop, implement and evaluate the project's clinical activities provided at a national level. (25 points);

(4) The extent to which the training program promises to fulfill the family planning services delivery needs of the area to be served, which may include among other things:

(a) Development of a capability within family planning service projects to provide pre- and in-service training to their staff;

(b) Improvement of the family planning services delivery skills of family planning and health services personnel;

(c) Expansion of family planning services, particularly in rural areas, through new or improved approaches to program planning and deployment of resources, including clinicians; (15 points total for this section)

(5) The extent to which the training program will increase the delivery of services to people, particularly low-income groups, with a high percentage of unmet need for family planning services (10 points).

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth 42 CFR §59.206.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. Final award decisions will be made by the Deputy Assistant Secretary for Population Affairs (DASPA) or designee. In making these decisions, the following additional criteria will be taken into consideration:

a. The extent to which projects best promote the purposes of Sections 1001(family planning services) and 1003 (family planning training) of the Public Health Service Act, within the limits of funds available for such projects.

Review of Risk Posed by Applicant

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

(1) Applicant's financial stability;

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

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

(4) Reports and findings from audits performed; and

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

3. Anticipated Announcement and Award Dates

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

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

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

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or

implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

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

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

Smoke- and Tobacco-free Workplace

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

Acknowledgement of Funding

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

Trafficking in Persons

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

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. To be considered for an award under this funding opportunity, you must provide detailed budget information on the cost of the required conference or meeting in accordance with this HHS policy. You may be contacted for additional information if your application is not sufficient to meet HHS policy requirements.

Pilot Whistleblower Protection

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

Same-sex Spouses, Marriages, and Households

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

Programmatic Reporting

The grantee is required to submit a comprehensive 12-month annual progress report within 90 days following the end of each budget period, except for the final budget period. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Financial Reporting

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

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

Non-competing Continuation Applications and Awards

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

FFATA and FSRS Reporting

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

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

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

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

Robin Fuller

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: robin.fuller@hhs.gov

For information on program requirements, contact the program office.

David Johnson

240-453-2841

david.johnson@hhs.gov

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

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

Budget Narrative

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

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices [Project work plan, Biographical sketches for key staff, organizational staff]



Susan B. Moskosky, MS, WHNP-BC
Acting Director, Office of Population Affairs