U.S. Department of Health and Human Services

Maternal and Child Health Bureau

Division of Child, Adolescent and Family Health and the

Division of Healthy Start and Perinatal Services

National Fetal, Infant, and Child Death Review Center

Funding Opportunity Number: HRSA-22-084

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Application Due Date: February 16, 2022

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: November 18, 2021

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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, please 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) 2022 National Fetal, Infant, and Child Death Review Center (FICDR) program. The purpose of the program is to prevent fetal, infant, and child deaths nationally by increasing the capacity of state, community and tribal fetal, infant, child, and adolescent death reviews to collect high-quality uniform data; translate data into action at the community, state, and national levels; and expand fetal, infant, and child death reviews to additional states, territories and tribes. The program will support coordinated leadership and technical assistance to state and community fetal, infant, and child fatality review teams to ensure a standardized and coordinated approach for quality fatality reviews, data collection, and dissemination of findings to inform practice and prevention strategies.

Also in this notice is the opportunity for additional funding, pending availability of funds, to enhance the capacity of the FICDR program for the collection of data by fatality review teams on Sudden Unexpected Infant Deaths (SUID) and Sudden Unexplained Deaths in Childhood (SUDC), disseminate SUID and SUDC data, and make such data available to researchers in order to inform activities for the prevention of SUID and SUDC. The application's overall score will be based on both the response to this NOFO and the response to the opportunity for additional funding; therefore, all applicants will want to respond to this opportunity for additional funding.

Funding Opportunity Title:	National Fetal, Infant, and Child Death Review Center (FICDR)
Funding Opportunity Number:	HRSA-22-084
Due Date for Applications:	February 16, 2022
Anticipated Total Annual Available FY 2022 Funding:	Total Annual Funding: $2,449,996 FICDR: $1,449,996 Additional **FICDR Expansion Activity:** Up to an additional $1,000,000

Estimated Number and Type of Award(s):	**FICDR:** Up to one cooperative agreement.
Estimated Annual Award Amount:	**FICDR with Additional Expansion Activity Funding:** Up to $2,449,996 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), is eligible to apply for this federal funding. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply for funding. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, December 2, 2021
Time: 2–3 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 07405703

Weblink: https://hrsa-gov.zoomgov.com/j/1614566867?pwd=cVR3ME14azN4U2t1MlhDNTBYU1E0dz09

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the National Fetal, Infant, and Child Death Review Center (FICDR) program, which aims to increase the capacity of community and state Child Death Review (CDR) and Fetal Infant Mortality Review (FIMR) teams to collect high-quality uniform data, translate data into action at the community, state, and national levels, and expand fetal, infant, and child death reviews to additional states, territories and tribes. This program will support coordinated leadership and technical assistance to state and community fetal, infant, and child fatality review teams on the fatality review processes to ensure a standardized and coordinated approach for quality data collection, team reviews, and dissemination of findings to inform practice and prevention strategies. Findings from these reviews will help HRSA, States, and communities better understand the circumstances preceding fetal, infant, child, and adolescent deaths in our nation and can lead to improved systems of care and service delivery as well as targeted policies or legislation that impact the maternal and child health (MCH) population.

The goals of the FICDR Program are to support a National Center to:

- Provide coordinated leadership, and cohesive guidance, training, and technical assistance to state, community, and tribal CDR and FIMR teams, including those that are Healthy Start grant recipients.
- Support a CDR and FIMR national Case Reporting System including standardized data collection and quality improvement efforts.
- Disseminate data and key findings from CDR and FIMR teams to inform prevention efforts, including innovative, user-friendly data visualization tools and data summaries.
- Facilitate the translation of CDR and FIMR data and recommendations into practice, system, and policy change at the community, state, and national levels.

Program Targets

HRSA expects the recipient to achieve the following targets during the 5 years of performance. The Program will establish a baseline in Year 1 (2022) and subsequently demonstrate the following improvements:

- By 2027, increase by 25 percent the number of tribal CDR/FIMR teams that receive technical assistance from the Center.
- By 2027, at least 90 percent of CDR teams and 50 percent of FIMR teams receiving technical assistance are entering data into the Case Reporting System.

- By 2027 at least 50 percent of CDR cases and 80 percent of FIMR cases in the Case Reporting System are documenting recommendations or interventions to prevent future deaths.
- By 2027, the Center publicly disseminates at least 20 topic-specific data summaries (12 CDR and 8 FIMR); 20 data visualization tools or dashboards (12 CDR and 8 FIMR) and at least 16 peer-reviewed journal articles or other publications using the Case Reporting System data (10 CDR and 6 FIMR).
- By 2027, increase by 10 percent the number of CDR or FIMR case reviews in the Case Reporting System noting that new or revised agency services, policies, or practices were implemented as a result of the review.

For more details, see Program Requirements and Expectations.

Also in this NOFO is the opportunity to receive additional funding, subject to availability of additional appropriated funds provided to HRSA in the fiscal year 2022, to enhance the capacity of the FICDR program to increase data collection, support data dissemination, and inform activities for prevention of Sudden Unexpected Infant Deaths (SUID) and Sudden Unexplained Deaths in Childhood (SUDC). Specifically, this additional funding would enhance the following base activities:

1) enhance support to States, communities and tribes to increase the use of the Case Reporting System database for fetal, infant and child death reviews of SUID and SUDC, including providing technical assistance, implementing data use agreements, and support around the fundamental infrastructure, with a focus on the inclusion of tribal communities; and
2) support data dissemination and data-informed prevention activities by making summary data publically available (e.g., providing data summaries/dashboards) on SUID and SUDC deaths across the nation, and making datasets available to researchers to better understand further needed programs to address SUID and SUDC.

For more information on the FICDR Additional funding, please see Section IV: Narrative and **Attachment 12**.

2. Background

The National Fetal, Infant, and Child Death Review Center program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

In 2019, 34,602 children under age 18 died.[1] Unintentional injury, suicide, and homicide were the leading causes of death for children 1-18 years, while congenital anomalies,

[1] Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-

preterm birth, and unintentional injury were the leading causes of deaths for infants.[2] In 2018, 22,459 stillbirths were reported in the United States.[3]

When a fetal, infant, child, or adolescent death occurs, it is important to understand the causes, risk factors, and other characteristics associated with that death to inform future prevention strategies. CDR and FIMR teams operate at the state, community, or tribal level, and convene multidisciplinary teams of professionals to conduct systematic reviews that identify causes and contributing factors at individual-, environmental-, clinical-, or systems-levels that can be addressed to prevent future deaths.

Systematic fatality reviews are integral to State Title V and Healthy Start Programs, and provide insight into gaps in services, systems, and modifiable risk factors not obtained from administrative surveillance systems. Information from these reviews can inform community, state, and federal level program planning, quality improvement, health systems integration, and policy development, to enhance health promotion and risk reduction programs for pregnant women, infants, children, and adolescents.

The National FICDR program is the only federally funded program to provide critical training and technical support to CDR and FIMR teams. The Maternal and Child Health Bureau's (MCHB's) past investment in CDR and FIMR technical support has led to higher quality fatality reviews and collection of data on fetal, infant, child, and adolescent deaths; the development and ongoing maintenance of a free, centralized, web-based Case Reporting System (CRS); and improved collaboration and sharing of best practices across CDR and FIMR teams. The work of this program has helped teams influence local, state, and national programs and policies. Some examples provided by states include requiring all licensed day care providers to know CPR; implementation of the Graduated Drivers Licensing Program; new enactment of statewide laws on child homicide sentencing; safely surrendered babies; children left in cars; and reports to the consumer product safety commission that have contributed to product recalls.

Child Death Review

HRSA has supported CDR through technical assistance and data support cooperative agreements for nearly 20 years. Currently, multidisciplinary CDR teams operate in all 50 states, the District of Columbia, and tribes in 9 states. HRSA's support has led to the development of a coordinated network of CDR Coordinators in every state; a standardized CDR process and data collection form; and a free web-based Case Reporting System (CRS). The CRS is currently used by CDR teams in 47 states, an

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2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on July 2, 2021.

[2] Data source: National Center for Health Statistics (NCHS), National Vital Statistics System. Accessed at https://www.cdc.gov/injury/wisqars/LeadingCauses.html on July 2, 2021.

[3] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Fetal Deaths 2014-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program on CDC WONDER Online Database. Accessed at http://wonder.cdc.gov/fetal-deaths-expanded-current.html on July 2, 2021.

increase from 30 states in 2009, and there are more than 240,000 fatality reviews entered into the system. This work has led to a standardized approach to the review of child deaths across the United States and there has been increased interest from American Indian and Alaska Native (AI/AN) tribes in implementing CDR teams.

Federal agencies and national organizations recognize the value of the CDR process and its data, much of which is not found in vital statistics. States and communities also retain ownership of their data in the Case Reporting System. Teams have access to standardized reports from the system and can download their own data for analysis. External researchers can also apply to use de-identified data through review and approval by a proposal review committee. In addition, the current CRS provides a key data component for several national programs and research efforts, including the Centers for Disease Control and Prevention's (CDC) Sudden Unexplained Infant Death (SUID) Initiative Case Registry and the CDC and National Institute of Health's Sudden Death in the Young (SDY) Case Registry. [4,5]

Fetal Infant Mortality Review

There are an estimated 154 community FIMR teams in 27 states, the District of Columbia, Puerto Rico, and the Commonwealth of the Northern Mariana Islands. FIMR is a community-based, action-oriented, multidisciplinary review of fetal and infant death cases focused on improving the health and well-being of women, infants, and families. This process is an important component of many of HRSA's Healthy Start Programs, aiming to inform evidence-based interventions to improve infant health in high-risk communities by guiding communities to identify and address inequities and disparities that contribute to poor reproductive outcomes and infant health. [6]

After all the data are collected, cases are de-identified to assure that the focus of the review is on system-level concerns, rather than case-specific issues. The FIMR process has been adapted to address specific health risks including maternal-fetal transmission of HIV, congenital syphilis, fetal alcohol syndrome, maternal influenza, and sleep-related infant deaths. Many FIMR teams throughout the nation have also focused on better understanding and addressing how social determinants of health contribute to racial, ethnic, and socioeconomic disparities in fetal and infant health outcomes.

The FIMR approach is unique and includes collecting and reviewing data from the mother's and infant's health and social service records, and when possible, a maternal, caretaker, or family interview. This allows the mother/caretaker/family to describe the conditions leading up to and following the infant's death in their own words. In 2018,

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[4] Covington TM. The US National Child Death Review Case Reporting System. Inj Prev 2011;17:Suppl I i34-i37.
[5] Shapiro-Mendoza CK1, Camperlengo LT, Kim SY, Covington T. The sudden unexpected infant death case registry: a method to improve surveillance. Pediatrics. 2012 Feb;129(2):e486-93.
[6] Strobino DM, Baldwin KM, Grason H, Misra DP, McDonnell KA, Liao M. Allston AA. The relation of FIMR programs and other perinatal systems initiatives with maternal and child health activities in the community. Matern Child Health J 2004;8(4):239-49

about 62% of FIMR teams attempted to complete a family interview and the average completion rate for those interviews was 28%.[7]

The FIMR model also includes a community-based, two-tiered process. First, the Case Review Team (CRT) aims to identify system-level issues that may have contributed to a fetal or infant death. Second, the Community Action Team (CAT), uses the CRT recommendations to develop and implement responsive and effective interventions and policies to prevent future deaths. The FIMR methodology can then evaluate the impact of the CAT's interventions on reducing future fetal and infant deaths.

Alignment with the MCHB Strategic Plan

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*

This program addresses MCHB's goals to achieve health equity for MCH populations and strengthen public health capacity and workforce for MCH. To learn more about MCHB and the bureau's strategic plan, visit https://mchb.hrsa.gov/about.

Health Equity

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, the definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities. A health equity approach is integral to any fatality review process.

The definition of health equity is "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas;

[7] National Center for Fatality Review and Prevention. A Report on the Status of Fetal & Infant Mortality Review in the United States, 2018. 2020. Accessed at https://www.ncfrp.org/wp-content/uploads/Status_FIMR_in_US_2018.pdf on August 18, 2021.

and persons otherwise adversely affected by persistent poverty or inequality."[8] See Appendix for more information on health equity.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation or New

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

HRSA program involvement will include:

- Assure the availability of the services of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
- Support of the dissemination of publications completed under the cooperative agreement, and cooperation on the referral of inquiries and requests for publications and other information.
- Participate on the recipient's Steering Committee(s) and the researcher proposal review committee.
- Assist in establishing relationships with federal agencies, state contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved scope of work.
- Participate in the design, direction, and evaluation of activities, meetings, and selection of CDR and FIMR approaches and mechanisms.
- Review and approve a revised annual work plan, as needed.
- Provide guidance to the recipient to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement, especially as related to emerging issues such as public health emergencies.
- Review and provide feedback on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned (including concepts, drafts, and final versions).
- Assure the integration of CDR and FIMR activities into MCHB programmatic and data reporting efforts.
- Identify a CDR project officer and a HRSA FIMR liaison from the Division of Healthy Start and Perinatal Services to work directly on the FIMR work.
- Coordinate efforts among HRSA's project officer, the HRSA FIMR liaison, and the award recipient.

[8] 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.

The cooperative agreement recipient's responsibilities will include:

- Assure that HRSA is identified as a funding sponsor on all written products (including products using the Case Reporting System) and during meetings and conferences relevant to cooperative agreement activities.
- Utilize a strategy to improve relevant MCH health outcomes and systems, including those impacted by emerging public health issues or emergencies, through collaboration with HRSA and organizations and systems that serve the MCH population.
- Collaborate with the federal project officer and HRSA FIMR liaison when hiring new key project staff and planning/implementing new activities.
- Consult with the federal project officer and HRSA FIMR liaison before scheduling any meetings that pertain to the scope of work and at which HRSA staff attendance would be appropriate.
- Provide the federal project officer and HRSA FIMR liaison a revised work plan for approval at the beginning of each year of the cooperative agreement, as needed.
- Provide the federal project officer and HRSA FIMR liaison 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.
- Provide to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this cooperative agreement.
- Participate in the implementation of recipient performance measures, including the collection of information and administrative data.
- Assure that all products developed or produced partially or in full under the auspices of this cooperative agreement are fully accessible and available free to members of the public.
- Produce quarterly activity summaries and participate in meetings with HRSA staff twice a year, either virtually or in person**.**
- Provide summary aggregate data to HRSA upon request, particularly when related to emergent issues.
- Respond in a timely manner to the federal project officer's and HRSA FIMR liaison's comments, questions, and requests.
- Collaborate on rapid response requests related to emerging issues to be determined by the federal project officer on a case-by-case basis.

2. Summary of Funding

HRSA estimates approximately $1,449,996 to be available annually to fund one recipient. Of the funds allocated to the recipient, $360,000 should be directed toward non-data-related FIMR activities. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation.

The recipient may be awarded an additional $1,000,000 per year in each of the 5 budget years, subject to availability of funds, to implement the additional FICDR expansion activity to **increase data collection, support data dissemination, and inform activities for prevention of SUID and SUDC**, as described in Section IV:

Narrative and **Attachment 12**. The actual amount available will not be determined until the enactment of final appropriations.

You may apply for a ceiling amount of up to $2,449,996 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Fetal, Infant, and Child Death Review Center program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

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

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

NOTE: Multiple applications from an organization are not allowable.

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.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-084 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 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the number of pages listed in the table below when printed by HRSA.

FICDR Base Award	80 pages
Additional FICDR Expansion Activity *(Attachment 12)*	10 additional pages

The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application

package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-084, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 90 pages as described above, will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-084 before the deadline.

The page limit for the base award plus the additional expansion activity includes the project narrative, budget narrative, and any other descriptive information. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

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 **Attachments 13–15:** Other Relevant Documents.

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

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

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
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the 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.

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need
  Briefly describe the purpose of the proposed project that is consistent with Section I: Purpose of this NOFO.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need
  The needs assessment should help reviewers understand the need for training and technical support for CDR and FIMR teams and should exhibit an expert understanding of CDR and FIMR processes, needs, and the activities included in this cooperative agreement notice as well as the expected outcomes. Specifically, include the following:

- Describe the status of and need for technical support and training among states, communities, and tribes, including State Title V agencies and MCH programs as they develop, implement, sustain, and improve CDR and FIMR.
- Describe the national target audiences.
- Describe the current gaps and challenges in the field.
- Cite current demographic data and relevant citations to support the information provided, including data on disparities.

- METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response, #3 Evaluative Measures, and #4 Impact

  - Propose clear and feasible methods including goals and objectives to meet the expectations described in this NOFO and the activities described below.
  - Incorporate a health equity approach throughout all the activities of this program (e.g., publishing findings for at-risk populations, contextualizing findings within the context of systemic racism and structural inequities, and/or disaggregating data by factors such as race/ethnicity and disability status).
  - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal.
  - Propose methodological approaches that encompass all 5 years of the project and identify the outcomes you expect to achieve by the end of the period of performance.
  - Include development of effective tools and strategies for training, outreach, collaborations, clear communication, and information sharing/dissemination to key target audiences.
  - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
  - Address the methods to establish and maintain memoranda of understanding (MOUs) or data-sharing agreements (**Attachment 8**) with state, community, or tribal teams that is culturally responsive, and ensures case confidentiality and web security.
  - Describe how and to what extent the proposed project activities will directly contribute to the understanding of fetal, infant, child, adolescent, and maternal health and improving the health status of these populations.

  Ensure the following **core activities** are integrated into the proposal:

  Provide coordinated leadership, and cohesive guidance, training, and technical assistance on data collection and the fatality review process to state, community, and tribal CDR and FIMR teams, including those that are Healthy Start grant recipients.

  - Assess FIMR and CDR team training and technical support needs, including an annual review of the MCHB Title V Information System reports.
  - Provide training and technical support to state and community CDR and FIMR teams on the fatality review process.
  - Develop and update online resources and materials to support fatality review teams, including standardized curricula and educational materials, relevant

technical guidance documents, toolkits, checklists, webinars, and other materials.
- Identify innovative strategies to support the work of CDR and FIMR teams, such as establishing a peer-to-peer learning network.
- Implement at least one Quality Improvement collaborative.
- Coordinate necessary meetings with CDR and FIMR coordinators, including annual national or regional meetings with CDR state coordinators and an annual national meeting of FIMR coordinators.
- Conduct an ongoing evaluation to monitor Center activities and track the effectiveness of technical support activities.
- Assist with state and community programs in understanding how CDR and FIMR can be used to address emerging issues related to adverse maternal, infant, and child outcomes.
- Establish CDR and FIMR Steering Committee(s) to help identify and guide Center priorities and activities.
- Increase collaboration between CDR and FIMR teams and other fatality review processes, in particularly with Maternal Mortality Review Committees. Identify areas where the programs can share data and findings, disseminate recommendations, and collaborate on activities.
- Work with states to improve engagement between CDR teams and schools.
- Implement a pilot with CDR teams to include a family interview, with a focus on deaths due to suicides, opioids, firearms, or emerging issues.
- Increase tribal outreach and participation by developing rapport with tribes, identifying methods for tribal data collection and leveraging existing relationships with tribes (e.g., Tribal Epidemiology Centers and Indian Health Service).

Support a CDR and FIMR national Case Reporting System (CRS), including standardized data collection and data quality improvement efforts.

- Support a secure web-based CRS for CDR and FIMR teams that includes the functionality for teams to enter and download data, run standardized reports, document prevention interventions implemented and impact achieved. In addition, include the functionality to add new modules to capture data around deaths as funding allows, on topics of interest or to address emerging and time-sensitive events.
- Establish and maintain data-sharing agreements with CDR and FIMR teams using the CRS.
- Provide training and technical support on accessing and using the CRS.
- Initiate and maintain a process to monitor CRS data quality and provide technical support and training to teams to improve the timeliness, completeness of data elements, and proportion of deaths reviewed.
- Develop an annual summary comparing the types and proportions of CDR deaths in the CRS to vital statistics and other administrative data.
- Collaborate with states to increase the proportion of SUID deaths reviewed, with a focus on states not funded by the CDC's SUID case registry.

Disseminate data and key findings from CDR and FIMR teams to inform prevention, including innovative, user-friendly data visualization tools and data summaries.

- Use effective, culturally aligned communication, messaging, and outreach and ensure all products address health equity.
- Maintain a public website clearinghouse for training materials, tools, curricula, online courses, publications, and other virtual training and technical support resources.
- Collect and feature lessons learned from community and state programs to improve the quality of processes and effectiveness of CDR and FIMR.
- Disseminate reports, products, and project outputs to key target audiences, including state, federal, and national partners.
- Use communication tools including a listserv, newsletters, and webinars designed to facilitate information sharing, self-learning, and collaborative technical assistance.
- Publish findings in peer-reviewed journals, annual reports, and topic-specific fact sheets, as well as conduct webinars summarizing findings.
- Produce user-friendly data summaries for a variety of audiences, including audiences with limited data expertise.
- Create data visualization tools (e.g., data dashboards) to effectively communicate on health risks for children for varied audiences including fatality teams, Title V, public health, providers, and families.
- Implement a timely process to facilitate researcher access to CRS data using a standardized review process and a proposal review committee to review and approve requests from researchers to use the CRS data.

Facilitate the translation of CDR and FIMR data and recommendations into practice, system, and policy change at the community, state, and national levels.

- Promote and increase the use of fatality data as a foundation for efforts to prevent child deaths at the community, state, and national levels.
- Provide technical assistance and training to CDR and FIMR teams on the development, implementation, and tracking of actionable recommendations to prevent future fetal, infant, child, and adolescent deaths, using subject matter experts as needed.
- Document recommendations based on CDR or FIMR data that were used to support public health policy changes and practices that advanced child health safety at the community, state, or national level.[9]
- Promote the use of review findings and cross-cutting strategies identified by states, communities, and tribes to implement prevention efforts that impact risk factors identified through fatality reviews.
- Produce content that displays the use of evidence-based prevention strategies (e.g., webinars, publications).
- Implement a pilot with CDR teams to incorporate a Community Action Team.

[9] Document policy changes may include, for example, disseminating CDR and/or FIMR data or policy recommendations to inform the public about emerging risks (e.g., child deaths related to new products); expanding local ordinances (e.g., requiring barriers surrounding open water); new state laws that are supportive of CDR and FIMR processes (e.g., permitting state to share CDR and FIMR data with the Center); and national awareness (e.g., advancing the care of children during national disasters).

- Educate national public and private organizations on the use of the CDR and FIMR process and findings from reviews to help subject matter experts develop high-impact strategies for improving child survival.
- Support CDR and FIMR teams' capacity to collaborate with local providers and communities to translate CDR and FIMR data and recommendations into practice and system change to reduce disparities in infant mortality and injury-related child and adolescent mortality.
- Increase partnerships at the federal, state and community levels such as HRSA MCHB programs to inform prevention (e.g., Title V, Home Visiting, Healthy Start, and HRSA's Special Projects of Regional and National Significance-funded health promotion and injury prevention efforts).
- Engage with other federal agencies, national partners and organizations to promote the use of review findings by national and community groups, including other federal agencies and various MCHB programs or initiatives, to inform prevention activities and policy changes.[10]

Additional Funding: FICDR Expansion Activity

Ensure the following additional expansion activity is included in the proposal. The additional funding narrative must be no longer than 10 pages (**Attachment 12**).

Provide a plan to increase data collection, support data dissemination, and inform activities for prevention of SUID and SUDC. The project narrative for the additional expansion activity should include a statement of the problem; Goals and Objectives, Methodology, Evaluation, and Timeline. The plan should address how to:

1) Enhance support to State, communities and tribes to increase use of the Case Reporting System (CRS) database for fetal, infant and child death reviews with a particular focus on SUID and SUDC deaths, and with a focus on teams not currently supported by the CDC's SUID registry, including tribes. Activities include technical assistance provision, developing and implementing data use agreements with teams, and support around the fundamental infrastructure of fatality review and the CRS; and,

2) Support increased data dissemination and data-informed prevention activities by
    a. making summary data publically available (e.g., providing user-friendly data summaries / dashboards) on SUID and SUDC deaths across the nation, and
    b. making datasets available to researchers using the model proposed in the general activities to better understand SUID and SUDC in order to inform programs intended to prevent these deaths.

- WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response

[10] Select examples of such agencies and organizations include the Centers for Disease Control and Prevention programs (e.g., National Center for Injury Prevention and Control, Division of Reproductive Health), the Substance Abuse and Mental Health Administration, the National Institutes of Health, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, CityMatch, the Association of Maternal and Child Health Programs, SafeKids, and the Children's Safety Network.

- Provide a work plan as **Attachment 1** that describes the activities or steps that you will use to achieve each of the proposed objectives and covers the entire period of performance.
- Provide a timeline as **Attachment 2** that includes each activity and identifies responsible staff.
- Describe an effective plan for managing the project, including its personnel, resources, and activities. Describe how you will maintain communication among any subcontractors and how they will ensure consistent and timely, high-quality work regardless of which organization is leading the specific task.
- Submit a logic model as **Attachment 3** that presents the conceptual framework for the project and explains the links among program elements. It should link the goals to the activities and outcomes. You can find information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, including challenges working with partner organizations and target audiences; approaches that you will use to resolve such challenges; challenges implementing innovations; and challenges related to measuring the impact of the program.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #4 Impact, and #5 Resources and Capabilities

  Instructions for this section are divided into two sub-sections: EVALUATION and PERSONNEL AND TECHNICAL SUPPORT CAPACITY

  – EVALUATION

  - Provide a plan for assessing the achievement of the project's process and outcome objectives and for evaluating changes in the specific problems and the contributing factors. The evaluation plan should focus primarily on outcomes over which the project has influence and for which you can produce data on an annual basis.
  - The program performance evaluation should monitor ongoing processes and the progress towards goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
  - Describe the data collection strategy to collect, analyze, and track data to measure program process and impact/outcomes and explain how the data will be used to inform program development and implementation.
  - Include the process to assess Case Reporting System data completeness and timeliness.

- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

– PERSONNEL AND TECHNICAL SUPPORT CAPACITY

- Name the proposed project director and describe their qualifications and experience. The project director should demonstrate extensive experience at the national level working on issues relevant to fetal and infant mortality reviews and child death reviews.
- Identify all other project personnel, including those individuals for whom support is not requested. Describe and document state or national-level expertise and experience of key project staff, including any consultants in death reviews. Demonstrate that the proposed project personnel have the ability and experience to conduct a project that is national in scope; provide leadership to the field of fetal, infant, and child fatality reviews; and work collaboratively with partners from a variety of organizations and professional disciplines
- Include a staffing plan and job descriptions as **Attachment 4**. In the staffing plan, HRSA expects you to:
  - Indicate at least 2.0 FTE of effort to database management, data analysis, and data quality and timeliness improvement.
  - Indicate at least 0.75 FTE that focuses on communication of data and data-informed policy and prevention strategies, and produces user-friendly data products (e.g., data summaries, data visualization tools) for varied audiences, including audiences with limited data expertise.
- Describe the experience and capacity to establish and maintain MOUs or data-sharing agreements with states, community, or tribal teams, ensure case confidentiality, create technical assistance modules and materials, manage a Case Reporting System and web security.
- Identify sufficient staff support to conduct the work of the project.
- Provide a summary curriculum vitae (biographical sketch), maximum of two pages, for each key personnel member as part of **Attachment 5**.
- Demonstrate capacity for project monitoring, and conducting process and outcome evaluations.
- Ensure that you will perform a substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party should be clear and well justified.

▪ ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities

- Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
- Include an organizational chart as **Attachment 6**.
- Describe the resources available for carrying out the project and conducting its activities, including the capability for collecting and storing data in a secure

way, the ability to conduct virtual trainings, as well as facilities and physical space, equipment, and information technology resources. You should include resources contributed by other agencies or organizations and describe their purpose.
- Demonstrate the capacity to establish and maintain MOUs or Data Sharing Agreements with states or community teams, ensuring case confidentiality and web security, as well as database management and security.
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects 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.

Additional Expansion Activity: A separate SF-424 budget and budget justification are required for the FICDR additional expansion activity. You may request up to $1,000,000 inclusive of indirect costs for the proposed additional funding.

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 National Fetal, Infant, and Child Death Review Program expects the following: $360,000 of the funds allocated to the recipient should be directed towards non-data FIMR-related activities such as providing technical support to states, particularly state Title V agencies, and communities, including Healthy Start sites; and $1,000,000 of the funds should be directed toward the FICDR additional expansion activity.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

The budget justification narrative should clearly describe each cost element and explain how it relates to the project's objectives. In addition, the National Fetal, Infant, and Child Death Review Program requires the following:

Travel: The budget should include travel to DC for a kickoff meeting at the beginning of Year 1. The budget should also include expectations for travel for Steering Committee members to at least one in-person meeting in the Washington, DC area.

Personnel: Include the required personnel FTE as noted in Section ii. Project Narrative -Evaluation and Technical Support Capacity

v. *Program-Specific Forms*

Program-specific forms are not required for application.

vi. *Attachments*

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Timeline

Attach a timeline that reflects the activities in the work plan.

Attachment 3: Logic Model

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide*)

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

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 4** not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 6: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project including subcontractors and other significant collaborators as well as the project's Steering Committee.

Attachment 7: Letters of Support

Include letters of support and letters from organizations that impact or are impacted by this work and individuals indicating willingness to serve on the project's Steering Committee. These letters must be signed and dated. Include only letters of support that specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment). List all other support letters that do not indicate a specific commitment to the project on one page.

Attachment 8: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 9: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 10: Proposed or Current MOUs or Data Use template used with CDR and FIMR teams **(Does NOT count in page limit)**

If there is a different form used/ proposed for CDR and FIMR, you can submit one form and then note what the differences are in the other form. Note that these MOUs or data use agreements are not scored during the objective review.

Attachment 11: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) Period covered – Specify the dates of the period of performance.
(2) Specific objectives - Briefly summarize the specific objectives of the project.
(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 12: Additional FICDR Expansion Activity

Provide a plan for the Additional FICDR Expansion Activity as described in *Section IV: Narrative*. The attachment may be up to 10 pages in length.

Attachments 13–15: Other Relevant Documents

Include here any other documents that are relevant to the application.

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

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

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless 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.gov 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.

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

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 16, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The National Fetal, Infant, and Child Death Review Center 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 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,449,996 per year (inclusive of direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives,

and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 5.1 of HRSA's *SF-424 Two-Tier Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like 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 critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Six review criteria are used to review and rank the FICDR program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application completely and effectively describes and demonstrates:

- The purpose of the proposed project and how the project will improve the health status of mothers, infants, children, and adolescents.
- The status of and need for technical support and training to states, communities, and tribes, including State Title V agencies and MCH programs as they develop, implement, sustain, and improve CDR and FIMR.
- National target audiences.
- Current gaps and challenges in the field.
- Up-to-date demographic data (including data on disparities) and relevant citations to support the information provided.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
This section addresses the methodology, work plan, and resolution of challenges. The weighting of the review of these sections should be as follows: Methodology (25 points), Work Plan (5 points), and Resolution of Challenges (5 points).

METHODOLOGY (25 points):

- The quality and reasonableness of the overall goals and SMARTIE objectives for the proposed project, the description of how the proposed project will address the public health need and how the proposed project will incorporate a health equity approach in the activities of this program.
- The quality, clarity, and feasibility of the proposed approach to address the core activities for each goal, as listed in the Section IV's Methodology:
    - Provide coordinated leadership and cohesive guidance, training, and technical assistance to state, community, and tribal CDR and FIMR teams, including those that are Healthy Start grant recipients.
    - Support a CDR and FIMR national Case Reporting System including standardized data collection and quality improvement efforts.
    - Disseminate data and key findings from CDR and FIMR teams to inform prevention, including innovative, user-friendly data visualization tools and data summaries.
    - Facilitate the translation of CDR and FIMR recommendations into practice, system, and policy change at the community, state, and national levels.
- Methodological approaches extend across the 5 years of the project, are national in scope, and contribute to strengthening state and community capacity to perform complete and accurate FIMR and CDR reviews.
- The proposed methods include effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and dissemination of products to key target audiences.
- Clear plans for engaging partners are demonstrated, and the membership and role of the Steering Committee are clear and ensure meaningful input and engagement from key stakeholders.
- The strength of partnerships as demonstrated by letters of support and commitment (**Attachment 7**).

- The methods adequately describe the ability to establish and maintain MOUs or data-sharing agreements with state or community teams, and ensure case confidentiality and web security.
- A narrative and plan must adequately describe a succinct, effective, high quality, and feasible approach for the additional enhancement activity (**Attachment 12**) to enhance the capacity to increase data collection, support data dissemination, and inform activities for prevention of SUID and SUDC as described in Section IV: Narrative**.**

Work Plan (5 points):
The extent to which the application demonstrates:

- The quality and feasibility of the proposed work plan (**Attachment 1**) and timeline (**Attachment 2).** These should effectively describe the activities or steps to be used in achieving each of the objectives proposed in the methodology section.
- An effective plan for managing the project, activities, personnel and resources, maintaining communication among any subcontractors, and ensuring consistent and timely, high-quality work.
- The quality of a logic model (**Attachment 3**) that effectively demonstrates the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.

Resolution of Challenges (5 points):

- The extent to which the application demonstrates sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolving identified challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity
The extent to which the application demonstrates:

- The strength and effectiveness of the proposed methods to monitor and evaluate the project's results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- A data collection strategy and explanation of how the data will be used to inform program development and implementation.
- An understanding of potential obstacles for implementing the performance evaluation and a plan to address those obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity
The extent to which the application demonstrates:

- Expected project results are applicable, national in scope, and will improve the health of the MCH population.
- How the project will improve data quality and timeliness, and deliver data training and technical support to FIMR and CDR teams around the country.
- Plans to document policy/practice changes at the state or community level due to FIMR and CDR.
- How appropriate communications materials, products, and resources will be developed for and disseminated to national target audiences, and used to improve the health and well-being of the MCH population.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information.

This criterion includes two subcriteria weighted as: Evaluation and Technical Support Capacity (15 points) and Organizational Information (10 points).

Evaluation and Technical Support Capacity (15 points)

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

- A project director identified by name with significant national experience as well as demonstrated leadership in the field of maternal, fetal, infant fatality reviews; and experience working collaboratively with state and national partners from a variety of organizations and professional disciplines.
- Key project personnel with experience related to the proposed activities of the project, including staff with:
    - significant national and state-level experience with fatality reviews and training and technical support.
    - an understanding of the unique needs and challenges faced in increasing uptake of the web-based data registry by CDR and FIMR teams.
    - expertise with web-based case reporting systems, implementing and maintaining data sharing agreements, ensuring confidentiality, web security, data programming and data security.
    - experience with communicating data and data-informed polices and production of user-friendly data products.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 4**), including the extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The quality of the description of the experience, knowledge, and skills of project personnel to achieve project objectives is demonstrated through biographical sketches (**Attachment 5**).
- An appropriate number of staff, including the FTE recommended in Section IV: Evaluation and Technical Support to carry out the activities of this program and the extent to which key personnel have adequate time devoted to the staff based on the proposed activities.

- The applicant performs a major substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party are clear and well justified.

Organizational Information (10 points)

The extent to which the application completely and effectively describes and demonstrates:

- Capabilities of the applicant organization and the quality and availability of facilities and personnel to carry out required program activities and meet the requirements of the proposed project.
- An organization with expertise and knowledge in the focus areas of this NOFO.
- Sufficient administrative experience, acumen, and resources to appropriately administer subcontracts or subawards to funded partners and ensure sufficient monitoring and oversight of those activities.
- Sufficient available resources – staff, space, information technologies, and equipment – to carry out the project activities and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (**Attachment 6**).
- The effectiveness of the capacity to establish and maintain MOUs or data-sharing agreements with states or community teams or programs, ensuring case confidentiality and web security as well as database management and security.

Criterion 6: SUPPORT REQUESTED (10 points) – – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each of the 5 years in the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- The budget narrative sufficiently provides explicit, itemized details that clearly explain proposed costs and details how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.
- The budget and narrative document specify that $360,000 of these funds support non-data activities related to the support of FIMR teams.

- The budget and budget narrative for the additional enhancement activity is feasible and reasonable given the scope of work described in **Attachment 12**.

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 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 July 1, 2022 See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a 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

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, 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.

3. Reporting

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

1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-084&ActivityCode=UG7. 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	July 1, 2022 - June 30, 2023 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	July 1, 2023 - June 30, 2024 July 1, 2024 - June 30, 2025 July 1, 2025 - June 30, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	July 1, 2026 - June 30, 2027	Period of performance end date	90 days from the available date

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

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget

period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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:

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

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

Contact for overall NOFO questions and CDR questions:
Diane Pilkey, RN, MPH
Senior Nurse Consultant
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room N52
Rockville, MD 20857
Telephone: (301) 500-9637
Email: dpilkey@hrsa.gov

Contact for FIMR questions:
Mary Emanuele, RN
Senior Public Health Analyst
Division of Healthy Start and Perinatal Services (DHSPS)
Maternal and Child Health Bureau
Health Resources and Services Administration

5600 Fishers Lane, Room 18N21
Rockville, MD 20857
Telephone: (301) 443-1292
Fax: (301) 594-0878
Email: memanuele@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers 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 the 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
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, December 2, 2021
Time: 2–3 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 07405703
Weblink: https://hrsa-gov.zoomgov.com/j/1614566867?pwd=cVR3ME14azN4U2t1MlhDNTBYU1E0dz09

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

Tips for Writing a Strong Application

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

Appendix

Promoting equity is essential to the Department's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).[11]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[12].

The National Institutes of Health have designated the following U.S. health disparity populations:

- Blacks/African Americans
- Hispanics/Latinos
- American Indians/Alaska Natives
- Asian Americans
- Native Hawaiians and other Pacific Islanders
- Sexual and gender minorities
- Socioeconomically disadvantaged populations
- Underserved rural populations

See National Institute on Minority Health and Health Disparities, *Health Disparity Populations* (April 1, 2021, https://www.nimhd.nih.gov/about/overview/.

Definition of Underserved Communities: "[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, as exemplified by the list in the preceding definition of 'equity.'"[13]

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[11] 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.
12 *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.
13 Executive Order 13985, at § 2(b).