U.S. Department of Health and Human Services

Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Child, Adolescent, and Family Health

Sudden Unexpected Infant Death Prevention

Funding Opportunity Number: HRSA-22-082

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 3, 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 5, 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 Sudden Unexpected Infant Death (SUID) Prevention Program The purpose of this program is to reduce overall rates of SUID and reduce racial and ethnic disparities in SUID by supporting pediatric health care practitioners to provide evidence-based counseling and education to infant caregivers and families; to guide system improvements; and to identify and support policy changes that address state- and community-specific SUID risks.

Funding Opportunity Title:	Sudden Unexpected Infant Death Prevention
Funding Opportunity Number:	**HRSA-22-082**
Due Date for Applications:	February 3, 2022
Anticipated Total Annual Available FY 2022 Funding:	**$500,000**
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to $500,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2025 (3 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. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in 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: Wednesday, November 17, 2021
Time: 1–2 p.m. ET
Phone Conference: (833) 568-8864
Meeting ID: 160 211 5730
Passcode: 92444045
Weblink: https://hrsa-gov.zoomgov.com/j/1602115730?pwd=Rkp5d0M2dlZVSEViUExibDNwYkw5QT09

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Sudden Unexpected Infant Death (SUID) Prevention Program. The purpose of the SUID Prevention Program is to reduce overall rates of SUID and reduce racial and ethnic disparities in SUID by supporting pediatric health care practitioners to provide evidence-based counseling and education to infant caregivers and families; to guide system improvements; and to identify and support policy changes that address state- and community- specific SUID risks.

For more details, see Program Expectations.

The goals of the SUID Prevention Program are to:

- Identify and promote state and community best practices in safe infant sleep and SUID prevention through a national coalition with broad representation of pediatric providers, social service providers, fatality review leaders, community organizations that represent those at highest risk for SUID, and families who have experienced a SUID;

- Increase pediatric providers' awareness, understanding, and use of fetal/infant mortality review (FIMR) and child death review (CDR) team data, findings, and recommendations that describe state- and community-specific causes of SUID and how these relate to infant caregiver/family practices, health and social services systems, and local policies; and

- Engage pediatric providers in assisting infant caregivers/families to create a safe sleep environment through assessments for SUID risk and protective factors, counseling and education, working as a member of a FIMR or CDR team and associated community action teams and advisory boards to address social service system improvements, and initiate local policy changes to better address community-specific SUID risks.

In order to achieve the goals, the recipient should meet the following objectives:

- Within 3 months of the project launch, convene and lead a national coalition that engages nationally recognized organizations with expertise in SUID, safe infant sleep practices, breastfeeding, maternal health, fatality reviews, and culturally responsive infant caregiver/family communication.

- Within 6 months of the project launch, in partnership with the coalition and HRSA, establish criteria to identify best practices including examples of successful implementation of prevention strategies that address state/community specific SUID risks achieved through collaboration among state/community FIMR/CDR teams, community action teams (CATs), State Advisory Boards or other SUID prevention groups, and pediatric providers;

- Within 6 months of project launch, promote the participation of pediatric providers in CATs.
- Within 12 months of project launch, promote and disseminate best practices and examples of successful implementation of prevention strategies; and
- By the end of the project, develop and disseminate tools and resources that assist pediatric providers in taking action based on their state/community fatality review data, findings, and recommendations, including but not limited to:
    - Assessing for SUID risk and protective factors;
    - Identifying specific challenges faced by infant caregivers/families;
    - Providing counseling and education to infant caregivers/families that is evidence-based, culturally responsive, comprehensive, and that emphasizes SUID risks that are specific to their state/community;
    - Identifying gaps and barriers in health and social service systems and local policies that propagate racial/ethnic disparities in SUID; and
    - Partnering to implement community-specific SUID prevention strategies.

2. Background

About MCHB and Strategic Plan

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

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

Goal 2: *Achieve health equity for MCH populations*

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

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

This program addresses MCHB's goals to *assure access to high quality and equitable health services to optimize health and well-being for all MCH populations (Goal 1), and achieve health equity for MCH populations (Goal 2).* The SUID Prevention Program aims to reduce overall rates of SUID and reduce racial and ethnic disparities in SUID, through assuring access to health services and systems improvements.

To learn more about MCHB and the bureau's strategic plan, visit https://mchb.hrsa.gov/about.

The SUID Prevention program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

Preventing Sleep-related SUID

Each year, there are approximately 3,500 sudden unexpected infant deaths (SUID) in the United States. These deaths often occur during sleep or in the baby's sleep area.[1] Between 1990 and 1999, families responded to providers' health messaging that recommended infants be placed on their back to sleep. This resulted in significant declines in SUID rates[1]. However, in the last 20 years, the rates of SUID have remained unchanged.

The 2016 American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome (SIDS) policy statement and technical report summarized evidence-based recommendations to reduce the risk of SUID.[2] The majority of recommendations are related to infant caregiver and family practices and behaviors. These include a set of recommendations that, taken together, create safe sleep environments, including placing the infant to sleep on his/her back; in the infant's own crib, bassinet, portable crib or play yard; without blankets, soft items or crib bumpers; and sharing the same room as the caregiver, but sleeping on a separate sleep surface. Infant caregivers and families are also encouraged to breastfeed and eliminate smoking. Other recommendations are directed toward pediatric and public health providers.[3]

Challenges to following safe infant sleep recommendations include inadequate access to care, lack of culturally responsive breastfeeding supports, and cultural norms that stress maternal-infant bonding through bed-sharing. Variations in state SUID rates have been attributed to poor pre-pregnancy health, high rates of tobacco use, differential access to quality health care; socioeconomic inequity; structural racism, and lack of programs and policies that support new parents such as home visiting services and paid parental leave.[4,5,6,7,8,9]

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[1] "Safe Sleep for Infants," Presentation given at CDC Grand Rounds, 10/23/2018. Retrieved from https://www.cdc.gov/grand-rounds/pp/2018/20181023-sudden-infant-death.html.
[2] AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5):e20162938
[3] https://safetosleep.nichd.nih.gov/
[4] Mitchell, E., Yan, X., You Ren, S., Anderson, T., Ramirez, J. Lavista Ferres, J., Johnston, R. Geographic Variation in Sudden Unexpected Infant Death in the United States. J Pediatr 2020; 220:49-55.
[5] Lambert AB, Parks SE, Shapiro-Mendoza CK. National and state trends in sudden unexpected infant death: 1990–2015. Pediatrics. 2018 Mar 1;141(3).
[6] Anderson TM, Allen K, Ramirez JM, Mitchell EA. Circadian variation in sudden unexpected infant death in the United States. Acta Paediatrica. 2021 May;110(5):1498-504.
[7] Carlin R, Moon RY. Learning from national and state trends in sudden unexpected infant death. Pediatrics. 2018 Mar 1;141(3).
[8] Huang R , Yang M . Paid maternity leave and breastfeeding practice before and after California's implementation of the nation's first paid family leave program. Econ Hum Biol 2015; 16: 45 – 59.
[9] Centers for Disease Control and Prevention, Strategies to prevent obesity and other chronic diseases: the CDC guide to strategies to support breastfeeding mothers and babies. Atlanta, GA; CDC; 2013. Available at: https://www.cdc.gov/breastfeeding/pdf/bf-guide-508.pdf

Enabling infant caregivers to share the challenges they face in creating safe sleep environments with a trusted care provider can lead to shared problem solving and access to needed protective supports. However, studies suggest that while parents report receiving specific safe sleep practices such as back-sleeping, information about the full set of recommendations that taken together create a safe sleep environment, is variable[10]. Infant caretakers report that they were less likely to receive information about placing their infant to sleep in a crib, bassinet, or play yard; reducing clutter in their infants' sleep spaces; and room-sharing without bed-sharing. Nearly half of all caregivers did not recall receiving complete and accurate advice on safe sleep practices by their pediatric provider.[11] New approaches are needed to help pediatric providers more fully educate and counsel infant caregivers to adopt and consistently practice the full set of recommendations needed to create safe sleep conditions for their infants. SUID rates are highest among Native American/Alaska Native and Black populations.[12] Interventions focused on reducing risk of SUID need to consider culturally appropriate approaches.

Since 2009, HRSA has invested in SUID reduction and safe infant sleep promotion by evolving the focus of the program to address emerging issues. Beginning in 2014, HRSA supported the Safe Infant Sleep Systems Integration Program that established a coalition, the National Action Partnership to Promote Safe Sleep (NAPPSS), composed of multi-disciplinary stakeholders that focused on integrating previously separate health messages related to safe sleep promotion and breastfeeding. Beginning in 2017, the NAPPSS coalition focused on health equity by ensuring messages and resources were informed by and reflected the needs of the American Indian/Alaska Native and Black communities where infants were at highest risk of SUID.

With this funding opportunity, HRSA will help pediatric providers to more effectively communicate relevant safe sleep messages and promote protective factors to infant caregivers and families. This education will be based, in part, on the data, findings, and recommendations of state/community FIMR and CDR teams.[13][14] Common among FIMRs, and a growing trend among CDRs, Community Action Teams (CATs), which are comprised of pediatric providers, social service leaders, and community change agents, translate fatality review findings into practical strategies to prevent future infant deaths.

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[10] Hirai AH, Kortsmit K, Kaplan L, et al. Prevalence and Factors Associated With Safe Infant Sleep Practices. Pediatrics. 2019;144(5):e20191286

[11] Mahoney P, Solomon BS, McDonald EM, Shields WC, Gielen AC. Disclosure of Infant Unsafe Sleep Practices by African American Mothers in Primary Care Settings. JAMA Pediatr. 2019;173(9):878–879. doi:10.1001/jamapediatrics.2019.1687

[12] Parks SE, Erck Lambert AB, Shapiro-Mendoza CK. Racial and Ethnic Trends in Sudden Unexpected Infant Deaths: United States, 1995-2013. Pediatrics. 2017 Jun;139(6):e20163844. doi: 10.1542/peds.2016-3844. Epub 2017 May 15. PMID: 28562272; PMCID: PMC5561464

[13] Child Death Review (CDR) is the multidisciplinary review of individual child deaths to help communities understand why children die and equip them to effectively prevent future fatalities. Fetal and Infant Mortality Review (FIMR) is the community-based, action oriented process of reviewing fetal and infant death cases to improve maternal and infant health outcomes.

[14] Cindy W. Christian, Robert D. Sege, The Committee on Child Abuse and Neglect, The Committee on Injury, Violence, and Poison Prevention and The Council on Community Pediatrics, Pediatrics 2010;126;59

Supporting pediatric providers to offer more culturally responsive care, helping pediatric providers learn how to use public health approaches to inform their clinical care and identifying gaps and barriers in local systems and policies that propagate racial/ethnic disparities in SUID will be an important step forward to eliminating disparities in SUID.

Health Equity

Equity is the 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; and persons otherwise adversely affected by persistent poverty or inequality[15].

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.[16]

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.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, 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:

- Providing the assistance of experienced HRSA personnel available as participants in the planning and development of the project;

[15] 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

[16] *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.

- Providing ongoing oversight to ensure compliance with the application requirements and expectations outlined in the Purpose, Program Expectations, Project Narrative (see Sections I.1, IV.2, and IV.2.ii), and Reporting (see Section VI.3);
- Participating and collaborating in the planning, implementation, and evaluation of program activities under this cooperative agreement;
- Assessing and evaluating to determine program needs to meet the scope of the project described in the NOFO on an ongoing basis;
- Reviewing information on project activities, reports, and any other products prior to dissemination as well as providing review of and advisory input and clearance of final publications, tools, audiovisuals, and other materials produced under the auspices of this cooperative agreement;
- Participating in the planning and scheduling of meetings conducted during the period of the cooperative agreement;
- Assisting the recipient in identifying and facilitating linkages with federal interagency and state contacts as necessary for the successful completion of tasks and activities identified in the approved scope of the project;
- Participating in the design, direction, and evaluation of innovative activities; and
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the Program Expectations section of this notice of funding opportunity (NOFO);
- Participating in regularly scheduled biweekly and/or monthly virtual meetings; as well as in face-to-face meetings and conference calls with HRSA conducted during the period of performance;
- Seeking HRSA project officer input prior to selecting and hiring new key personnel;
- Working closely with the HRSA project officer when developing, planning, and implementing new activities;
- Consulting with the HRSA project officer in conjunction with scheduling meetings that pertain to the scope of the project and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures, budget items, and information/publications prior to dissemination;
- Completing, in a timely fashion, all administrative data and performance measure reports, as designated by HRSA;
- Responding to the project officer's comments, questions, and requests in a timely manner in order to collaborate on short-term, long-term, and ongoing activities, as well as rapid-response requests within the approved work plan.
- Collaborating on emerging issues to be determined by the federal project officer on a case-by-case basis.
- Providing the HRSA project officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products) and providing the HRSA project

officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
- Assuring seamless transfer of all web-based and non-web-based materials developed and stored throughout this cooperative agreement within 90 days of the period of performance expiration;
- Collaborating and communicating with the HRSA Program staff and other key stakeholders including the American Academy of Pediatrics (AAP) and the National Center for Fatality Review and Prevention;
- Identifying HRSA as a funding sponsor on all written products including meeting presentations and conferences relevant to cooperative agreement activities;
- Including the required acknowledgement and disclaimer information on all products supported by HRSA award funds, including manuscripts with or without MCHB personnel listed as co-author; and
- Supporting all related activities outlined in this NOFO.

2. Summary of Funding

HRSA estimates approximately $500,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $500,000 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, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the SUID Prevention 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

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

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; and/or
- Fails to satisfy the deadline requirements referenced in Section IV.4.
- Exceeds the 50 page limit

NOTE: Multiple applications from an organization are not allowable.

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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-22-082 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 Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA. 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-22-082, 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 50 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-22-082 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 7: Other Relevant Documents*.

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

Program Expectations

National Coalition

The recipient will convene and lead a coalition comprised of nationally recognized organizations with expertise from leaders in pediatric care (pediatricians, family medicine physicians, pediatric nurse practitioners, nurses), social services (community workers, home visitors, early childhood educators, child welfare workers), fatality reviews, culturally responsive infant caregiver/family communication, families who have experienced a SUID, and those who represent communities at highest risk of SUID The recipient will lead the coalition to:

- Identify and assess evidence-based, culturally responsive, education and counseling tools (e.g., scripts, discussion guides, automated reminders) for health care and other service providers
  - Support pediatric providers' engagement in CATs to use the information learned from state/community CDR and FIMR data to address risk and protective factors for SUID
  - Identify the range of specific challenges faced by infant caregivers and families as well as gaps and barriers in health and social service systems that propagate racial/ethnic disparities in SUID; and consider opportunities to establish local policies to reduce community risks
  - Disseminate and promote resources that assist pediatric providers to:
    - Translate their state/community fatality review data and findings into effective safe sleep education;
    - Guide system improvements; and
    - Propose policy changes to better address specific SUID risks in their state/communities.

Fatality Review and Community Action Teams

The recipient will identify and disseminate best practices in effective collaboration among state/community FIMR/CDR teams, CATs/State Advisory Boards, and pediatric providers for the development and successful implementation of prevention strategies that address community-specific SUID risks. Specifically, the recipient will:

- Identify states/communities with effective partnerships among fatality review teams, CATs/State Advisory Boards, and pediatric providers where data and findings drive public health and clinical interventions to reduce SUID;
- Define practices, policies, or other factors that contribute to the successes of these partnerships.

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 and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

- 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 convening a coalition of national organizations with expertise from leaders in pediatric care, social services, fatality reviews, culturally responsive infant caregiver/family communication, families who have experienced a SUID, and those who represent communities at highest risk of SUID to identify and promote best practices in SUID prevention; the need for engaging pediatric providers in state and community fatality reviews to develop safe sleep educational tools, system improvements and policy innovations that take into consideration state/community specific causes and health disparities related to SUID; and the need for engaging pediatricians in assisting infant caregivers/families to create a safe sleep environment through assessments for SUID risk and protective factors, counseling and education. The needs assessment should demonstrate an expert understanding of the following:

  - Describe racial, ethnic, age, and socioeconomic disparities related to SUID and the root causes of these disparities;
  - Describe the role of pediatric health care and service providers in providing safe sleep education and counseling;
  - Describe existing tools and resources available to help pediatric providers engage with FIMR and CDR teams and effectively advance these partnerships to support SUID prevention;
  - Describe tools and approaches that are comprehensive and reflect current evidence-based findings, expert recommendations and specifically address state/community causes of SUID; and
  - Describe gaps in educational and counseling tools, resources, and approaches to SUID prevention.

- METHODOLOGY -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact

  The Methodology section should help reviewers understand how your proposed project methods will address the stated needs, goals, objectives, expectations, and requirements of this NOFO.

  - Propose clear and feasible methods with Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal as stated in the NOFO.
  - Address how your proposed project will build upon accomplishments and incorporate lessons learned from previous projects funded under this program as described in the Background section.
  - Describe how you will incorporate a health equity approach throughout all activities of this program, including your methodology for identifying and assessing existing safe infant sleep educational and counseling tools for health care and other service providers.

- Describe how you will identify gaps in representation in the national coalition. Address how you will recruit members to ensure a broad representation of nationally recognized organizations with expertise from leaders in pediatric care (pediatricians, family medicine physicians, pediatric nurse practitioners, nurses), health and social services providers (community health workers, home visitors, early childhood educators , child welfare workers), fatality review leaders, experts in culturally responsive infant caregiver/family communication, families who have experienced a SUID, and those who represent communities at highest risk of SUID.

- Describe how the coalition will be engaged to identify challenges faced by infant caregivers/families, gaps in health and social service systems, and local policies that propagate racial/ethnic disparities in SUID and impact community risks. Describe how the coalition will identify state/community specific risk and protective factors and develop tools and resources for pediatric providers.

- Describe your methods to leverage FIMR and CDR teams, and their associated Community Action Teams/State Advisory Boards, and/or other prevention-oriented teams to learn how they have successfully engaged pediatric providers in meaningful collaboration with communities with significant racial/ethnic disparities in SUID. Describe how the program will incorporate current evidence and expert recommendations into all activities.

- WORK PLAN -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact
  Describe the activities or steps across the entire period of performance that you will use to achieve each of the objectives proposed in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. Identify meaningful collaboration with key stakeholders in planning, designing, and implementing all activities. Describe how you will include local and community organizations and coalition members. The work plan, logic model, and timeline are all part of **Attachment 1**.

  Logic Models

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

  - Goals of the project (e.g., reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
  - Target population (e.g., the individuals to be served);

- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional 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. Discuss how you will seek to accelerate improvements in outcomes that have stagnated despite previous efforts to address them. Describe the approaches that you will use to resolve such challenges.

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

  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project as described in the logic model and work plan. 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. Identify measures you will use to assess performance and progress towards the objectives outlined in the Purpose section. Document your plans/ability to collect and report data on those performance measures as part of your annual progress report. This includes plans for establishing baseline data and targets. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources/Capabilities

  Succinctly describe your organization's current mission, structure, and scope of recent and in-progress activities, and how these elements contribute to your organization's ability to implement the program requirements and meet program expectations. Include an organizational chart. Describe how your organization will follow the approved plan, as outlined in the application.

  Describe your organization's experience in convening and engaging cross-sector national, state, and local partners, community members, and families. Discuss

how this experience can be applied to address disparities among populations at greater risk of SUID. Explain your organization's experience in supporting pediatric and other health care and service providers to apply evidence and expert recommendations to risk assessments and counseling, particularly related to SUID.

Provide a staffing plan for the proposed project describing current experience, expertise, skills, and knowledge of staff, contractors, and providers.

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.

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.

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*.

v. *Program-Specific Forms*

Program-specific forms are not required for this 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. Also, include the required logic model in this attachment. Provide a timeline that describe the sequential order of activities in the project to demonstrate that the objectives of the project will be accomplished

within the period of performance. If you will make sub-awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: 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 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 2**, 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 4: 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 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachments 7–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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 3, 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 SUID Prevention Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $500,000 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 4.1 of HRSA's *SF-424 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.

Six review criteria are used to review and rank SUID Prevention 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 demonstrates an understanding of:

- Racial/ethnic, age, and socioeconomic disparities in SUID and the root causes of these disparities;
- The role of pediatric and other health care and service providers in providing counseling to infant caregivers about safe sleep behaviors and environments;
- The existing tools and resources available to help pediatric and other service providers engage with FIMR and CDR teams;
- The existing tools and comprehensive resources that reflect evidence-based findings and expert recommendations, and that specifically address state/community contributors to SUID; and
- The gaps in educational counseling and assessment tools, resources, and approaches to SUID prevention.

Criterion 2: RESPONSE (30 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 (20 points), Work Plan and Resolution of Challenges (10 points).

METHODOLOGY (20 points):

- The extent to which the application incorporates innovative approaches that focus on effectively addressing health equity in the activities of this program.
-
    - Provide coordinated leadership in the development, recruitment, and active engagement of a coalition that represents nationally recognized organizations with expertise from leaders in pediatric care (pediatricians, family medicine physicians, pediatric nurse practitioners, nurses), social services (community workers, home visitors, early childhood educators, child welfare workers), fatality reviews, culturally responsive infant caregiver/family communication, families who have experienced a SUID, and those who represent communities at highest risk of SUID;
    - Demonstrate the strength of partnerships through letters of support and commitment (**Attachment 4**);

    - Proposed a detailed approach to identifying and assessing examples of successful implementation of prevention strategies that address community-specific SUID risk.;
- The extent to which methodological approaches extend across the 3 years of the project, are national in scope, and contribute to strengthening SUID prevention.

Work Plan and Resolution of Challenges (10 points):
The extent to which the application demonstrates:

- The quality and feasibility of the proposed work plan (**Attachment 1**) and timeline (**Attachment 1).** 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.
- A logic model (**Attachment 1**) that effectively explains the relationship among the goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.
- 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 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 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 Workplan
The extent to which the application demonstrates:

- Expected project results that are applicable, national in scope, and will improve the health of the MCH population.
- An effective dissemination and promotion plan to achieve a national impact.
- An approach that supports increased involvement by pediatric providers in FIRM/CDR teams and associated community action teams and advisory boards to better use CDR/FIMR data, findings and recommendations to develop education and counseling for infant caregivers/families, address social service

system improvements, and initiate local policy changes to better address community-specific SUID risks.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information
This section addresses Evaluation and Technical Support Capacity and Organizational Information. The weighing of these sections should be as follows: Evaluation and Technical Support Capacity (15 points), Organizational Information (15 points).

Evaluation and Technical Support Capacity (15 points)

The extent to which the organization demonstrates:

- A project director identified by name with significant national experience as well as demonstrated leadership in the field of SUID prevention; with experience working collaboratively with state and national partners from a variety of professional disciplines, including families and family representatives who have experienced or live in communities at particularly high risk for SUID; and with a commitment to, and track record in, addressing health equity **(Attachment 3)** ;
- Key project personnel are qualified by training and experience related to the proposed activities of the project, including staff with:
    - Significant experience in convening and leading cross-sector national, state, and local partners;
    - Significant national and state-level experience with fatality reviews;
    - Significant expertise in culturally responsive provider-family communication; and
    - Significant experience in developing and disseminating tools to state public health providers or professional organizations resulting in system changes and policy innovations.
- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 2**), 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 as noted in the biographical sketches (**Attachment 3**).
- The applicant is able to perform 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 (15 points)

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

- An organization with expertise and knowledge in the focus areas of this NOFO.
- Sufficient administrative experience, acumen, and resources to appropriately administer sub-contracts or sub-awards to funded partners and ensure

sufficient monitoring and oversight of those activities.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (**Attachment 5**).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative
The reasonableness of the proposed budget for each year of 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 the project.
- The extent to which 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.

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.

Data Rights

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

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.

- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

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-22-082&ActivityCode=UF7.

   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 to June 30, 2025 *(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, 2022 to June 30, 2023 July 1, 2023 to June 30, 2024	Beginning of each budget period (Years 2–3, as applicable)	120 days from the available date

Type of Report	Reporting Period	Available Date	Report Due Date
c) Project Period End Performance Report	July 1, 2024 to June 30, 2025	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:

Janene Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10N190A
Rockville, MD 20857
Telephone: (301) 443-8325
Email: JDyson@hrsa.gov

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

Maureen Perkins, MPH
Public Health Analyst, Division of Child, Adolescent, and Family Health
Maternal and Child Health Bureau

Health Resources and Services Administration
5600 Fishers Lane, Room 18N38D
Rockville, MD 20857
Telephone: (301) 443-9163
Email: mperkins@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: Wednesday, November 17, 2021
Time: 1–2 p.m. ET
Dial In: 833 568 8864
Meeting ID: 160 211 5730
Passcode: 92444045
Weblink: https://hrsa-gov.zoomgov.com/j/1602115730?pwd=Rkp5d0M2dlZVSEViUExibDNwYkw5QT09

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*.