U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Office of Epidemiology and Research
Division of Research

MCH Adolescent and Young Adult Health Research Network (AYAH-RN)

Funding Opportunity Number: HRSA-22-077

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: March 29, 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: December 15, 2021

MODIFIED on February 1, 2022: See next page for details

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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.

FEBRUARY 1, 2022 MODIFICATION DETAILS

- Extended the application due date by 2 weeks from March 15, 2022 to **March 29, 2022**
- Added a **Form Alert** about cross-form error messages related to the Project Abstract Summary
- Added the **Executive Level II** salary limitation amount

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Maternal and Child Health (MCH) Adolescent and Young Adult Health Research Network (AYAH-RN). The purpose of this program is to grow and extend a national, multi-site, collaborative Research Network that will accelerate the translation of research into MCH AYA practice; promote scientific collaboration; and develop additional research capacity in the AYA health field (ages 10–25). The Research Network will provide support for the establishment and maintenance of critical infrastructure necessary for efficient leadership, coordination, and translation of research on emergent and persistent public health challenges, including poorer outcomes among underserved and disadvantaged AYA populations.

Funding Opportunity Title:	MCH Adolescent and Young Adult Health Research Network (AYAH-RN)
Funding Opportunity Number:	HRSA-22-077
Due Date for Applications:	March 29, 2022
Anticipated Total Annual Available FY 2022 Funding:	$450,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to $450,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No

Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)
Eligible Applicants:	Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, January 3, 2022
Time: 1–2 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 77488438
Weblink: https://hrsa-gov.zoomgov.com/j/1613644556?pwd=N0RORzByZGVvVlhsYUhDYkZBdUFzQT09

In an attempt to more effectively utilize our TA webinar time, if you have questions about the NOFO, please send them prior to the webinar via email to Evva Assing-Murray at EAssing-Murray@hrsa.gov or Lisa Hund at LHund@hrsa.gov. We will compile and address these questions during the TA webinar.

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the MCH Adolescent and Young Adult Health Research Network (AYAH-RN). The purpose of this program is to grow and extend a national, multi-site, collaborative Research Network that will accelerate the translation of research into Maternal and Child Health (MCH) AYA practice; promote scientific collaboration; and develop additional research capacity in the AYA health field (serving adolescents and young adults ages 10–25). The Research Network will provide support for the establishment and maintenance of critical infrastructure necessary for efficient leadership, coordination, and translation of research on emergent and persistent public health challenges, including poorer outcomes among underserved and disadvantaged AYA populations.

The AYAH-RN will:

- Grow and extend a national, multi-site, collaborative Research Network that will accelerate the translation of research into MCH AYA practice;
- Improve access to, use of, and quality of AYA preventive health care, including well-visits and the integration of mental, emotional, and behavioral health into primary care and/or school-based settings;
- Address current trends among AYA and their implications for health care services delivery regarding topics such as: alignment with a changing health care system, technological advances, the changing face of substance use, demographic trends in the racial and ethnic composition of AYA populations, and the long-term impacts of COVID-19, including vaccine hesitancy and the mental, emotional, and behavioral health of AYA populations;
- Develop innovative, empirically sound strategies for increasing equity in health and safety outcomes for AYA focusing on underserved populations;[1]
- Coordinate a plan to enhance the research training and mentorship of diverse emerging MCH investigators through the use of innovative mentorship/research experiences and manuscript development;[2]

[1] The Department of Health and Human Services (HHS) characterizes underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities. For this announcement, underserved populations include low-income, racial/ethnic minorities, immigrant, female, tribal, the geographically remote, and other groups that are not already well represented in current pediatric research. See also Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(b). (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf

[2] Consistent with HRSA's mission, training and mentoring of diverse emerging MCH investigators fosters the development of a pipeline of researchers who are critical in promoting the sustainability of research activities and the work of the network.

- Improve health outcomes in the transition from adolescence to young adulthood; and
- Accelerate the dissemination and translation into practice of new and emerging research findings relating to AYA health from developmental neuroscience and other relevant fields, such as the science of puberty, prevention, and mental, emotional, and behavioral health.

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*

Research findings from the AYAH-RN address all four MCHB goals and advance the evidence base for health care providers, other practitioners, researchers, policy makers, public health systems, Title V Block Grant programs, and the MCH community to provide high quality and equitable services to all AYA populations in the United States. AYAH-RN trains/mentors early career scholars, as well as develops partnerships with parent groups, school systems, and other AYAH investments.

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

The Research Network program is authorized by the 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act) as a Special Project of Regional and National Significance (SPRANS).

Equity

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, we encourage you to develop programs that intend to reach underserved communities and improve equity among adolescents and young adults.[3]

[3] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

AYAH Background

Adolescence (ages 10–17) and young adulthood (ages 18–25) represent crucial developmental periods characterized by significant physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. This complex interaction of biopsychosocial factors shapes health trajectories across the life course and is related to short- and long-term health behaviors, including exercise, diet, oral health, safe driving, substance abuse, violence, sexual activity, and mental health.[4,5,6,7] Many of the health behaviors that are initiated in adolescence are key predictors of long-term morbidity and mortality in the United States, including tobacco, alcohol and substance use, adult obesity, and exposure to cancer risks (e.g., HPV).

Adolescents and young adults (AYA) currently comprise 20.7 percent of the U.S. population[8] but account for disproportionate rates of mortality from preventable causes of death such as motor vehicle crashes, homicide, and suicide, particularly among vulnerable and disadvantaged populations.[5] In 2019, the three leading causes of death among adolescents and young adults ages 10–24 in the United States were: 1.) accidents (unintentional injuries); 2.) intentional self-harm (suicide); and 3.) assault (homicide).[9] For decades, communities of color have disproportionately experienced violence-related morbidity and mortality, and these disparities still persist today.[10] From 2001 to 2019, non-Hispanic Black youths were 13.5 times, Hispanic youths 3.7 times, and American Indian youths 4 times more likely than non-Hispanic White youths to die of homicide.[11]

Further, AYA, especially those with chronic health conditions, face the challenge of transitioning from a pediatric to an adult model of care, often including a change in their primary care provider and specialists. Although national guidelines for health professionals have been developed to facilitate the transition process, pediatric and adult providers would benefit from additional guidance to better support young patients

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[4] National Research Council and Institute of Medicine. 2009. Adolescent health services: Missing opportunities. Washington, DC: The National Academies Press. https://doi.org/10.17226/12063.
[5] Park MJ, Scott JT, Adams SH, Brindis CD, Irwin CE. Adolescent and young adult health in the United States in the past decade: Little improvement and young adults remain worse off than adolescents. J Adolesc Health. 2014;55(1):3–16. doi: 10.1016/j.jadohealth.2014.04.003.
[6] Silk H, Kwok A. Addressing adolescent oral health: A review. Pediatr Rev 2017;38(2):61-8.
[7] Shannon CL, Klausner JD. The growing epidemic of sexually transmitted infections in adolescents: A neglected population. Curr Opin Pediatr 2018;30(1):137-43.
[8] U.S. Census Bureau, Population Division. (June 2020). Annual estimates of the resident population for selected age groups by sex for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-AGESEX). Available at: https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html. Accessed June 9, 2021.
[9] Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). Underlying cause of death 1999-2019 on CDC WONDER online database. Data are from the multiple cause of death files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Available at: http://wonder.cdc.gov/ucd-icd10.html. Accessed June 9, 2021.
[10] D'Inverno, A.S. and Bartholow, B.N. (2021). Engaging communities in youth violence prevention: introduction and contents. American Journal of Public Health, 111, S10_S16. https://doi.org/10.2105/AJPH.2021.306344
[11] Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/injury/wisqars/index.html. Accessed March 22, 2021.

through the transition period.[12] As a growing field, adolescent medicine has benefitted from an interdisciplinary approach that brings together professionals from different disciplines. Building the capacity of pediatric and adult providers to better meet the specific health and emotional needs of adolescents and young adults remains an important priority.[4]

Numerous physiological, cognitive, and emotional developmental changes occur, often out-of-sync with the rapid physical growth, during adolescence. Many youths develop physically and sexually by their mid-teens while brain development is continuing. This gap between brain development and other aspects of development opens a window, through which mental, emotional, and behavioral disorders (MEB), can emerge. Additionally, inadequate development of self-control skills can lead to heightened sensitivity to reward- and risk-seeking behaviors. Investigative work has identified numerous protective factors for fostering healthy MEB development, such as strong attachment to family; high levels of positive social behavior in family, school, and community; high social skills/competence; strong moral values; high religious belief; a positive personal disposition; positive social support; and strong family cohesion (See Appendix A for a list of relevant websites). These factors are also associated with lower levels of symptoms related to anxiety, depression, stress, and obsessive compulsive disorder in children and adolescents.[13]

The MCHB Adolescent and Young Adult Health (AYAH) Portfolio

The MCHB AYAH portfolio includes the Leadership Education in Adolescent Health (LEAH) Training Program, the AYAH National Capacity Building Center (NCBC), and the AYAH Research Network (AYAH-RN).

The MCHB AYAH portfolio strives to improve the health and well-being of adolescents and young adults and their engagement in care through a continuum of programs at the state, regional, and national levels. It is the MCHB's intent that these initiatives collaborate and/or coordinate efforts to achieve maximum reach and impact. Together, these MCHB AYAH initiatives: 1) increase access to high-quality, developmentally-appropriate care, data-driven practices, and specialized services through interdisciplinary leadership training of diverse and culturally-responsive health care providers and emerging research investigators (LEAH); 2) support the implementation of evidence-based/best practices through technical assistance to Title V programs and key MCH partners (NCBC); and, 3) develop the evidence base through research and the establishment of a national, multi-site, collaborative Research Network (AYAH-RN).

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[12] Sadun, R.E., Chung, R.J., Pollock, M.D., & Maslow, G.R. (2019). Lost in transition: Resident and fellow training and experience caring for young adults with chronic conditions in a large United States' academic medical center. Medical Education Online, 24(1). https://doi.org/10.1080/10872981.2019.1605783.

[13] Tuchman L. K. (2017). Commentary: The Science of Adolescent and Young Adult Health: A Growing Field and the Team Science Behind It. *Journal of Pediatric Psychology*, *42*(9), 1075–1076. https://doi.org/10.1093/jpepsy/jsx100.

- The MCHB AYAH portfolio collectively addresses, but is not limited to, the following key focus areas for research, training, and technical assistance: Shaping practices, programs, and policies to address physical, mental, emotional, and behavioral health[14] and well-being to include current and emerging issues such as substance abuse [e.g., alcohol, e-cigarettes, opioid abuse, legalization of marijuana], sexually transmitted infections (STIs), care for transgender youth, and/or the short and long-term impacts of COVID-19, including vaccine hesitancy among AYA populations;
- Improving collaboration among MCHB programs and other stakeholders to bridge the gap between pediatric and adult health care providers across disciplines;[15]
- Increasing access to interdisciplinary LEAH program activities to include more training opportunities and participation of a greater number of fellows/trainees;
- Improving clinical preventive services for AYA populations; and
- Expanding the knowledge and skills of the MCH, Title V, and public health workforce through training, technical assistance, and continuing education in mental, emotional, and behavioral health, well-being, and psychosocial development of AYA.

AYAH-RN

Since 2017, the AYAH-RN has conducted 22 collaborative research projects across 16 sites, enrolled 3,533 participants in primary research studies, and conducted secondary data analyses on data sets including over 85,286 individuals. The studies engaged 43 researchers, produced 29 peer-reviewed publications, mentored 19 new investigators, and reached over 1,013 researchers, clinicians, and practitioners through dissemination activities.

In FY 2022, the AYAH-RN is expected to produce or update a national research agenda that will prioritize the translation of new and emerging research into practice, improve health care access and quality, and develop innovative, empirically-sound strategies for increasing the coordination of services, especially for underserved populations. You are encouraged to plan on conducting at least one pilot intervention study[16] and to try to leverage external funding for full intervention studies in the future. Progress towards these goals will be measured annually.

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[14] National Academies of Sciences, Engineering, and Medicine (2021). School-Based Strategies for Addressing the Mental Health and Well-Being of Youth in the Wake of COVID-19. Washington, DC: *The National Academies Press.* https://doi.org/10.17226/26262.

[15] Tuchman L. K. (2017). Commentary: The science of adolescent and young adult health: A growing field and the team science behind it. *Journal of Pediatric Psychology*, *42*(9), 1075–1076. https://doi.org/10.1093/jpepsy/jsx100.

[16] For the purpose of this NOFO, a pilot study is defined as a small-scale test of the methods and procedures to be used on a larger scale. Source: National Institutes of Health, National Center for Complementary and Integrative Health. Pilot Studies: Common Uses and Misuses. Available at: https://www.nccih.nih.gov/grants/pilot-studies-common-uses-and-misuses.
An intervention is defined as a manipulation of the subject or subject's environment to modify one or more health-related biomedical or behavioral processes and/or endpoints or outcomes for children and adolescents. Examples include, but are not limited to, delivery systems (e.g., telemedicine, face-to-face interviews); strategies to change health-related behavior(s) (e.g., diet, cognitive therapy, exercise, development of new habits); treatment strategies; prevention strategies; and diagnostic strategies. A manipulation or task would be regarded as an intervention if it is used to modify a health-related biomedical or behavioral outcome. A manipulation or task used expressly for measurement, and not modification, would not be considered as an intervention. Source: National Institutes of Health, Office of Extramural Research. Frequently Asked Questions: NIH Clinical Trial Definition. Available at: https://grants.nih.gov/grants/policy/faq_clinical_trial_definition.htm#5226.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA program involvement will include:

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

The cooperative agreement recipient's responsibilities will include:

- Developing and maintaining an interdisciplinary network of research entities and stakeholders, including adolescents, parents/caregivers, health care providers, educators, researchers, policymakers, and communities, that will accelerate the translation of research into MCH practice, promote scientific collaboration, and develop additional research capacity in the fields of AYAH;
- Promoting multisite, interdisciplinary scientific collaboration that will encourage innovative research that addresses changing trends and their implications for health care services delivery among adolescents and young adults today;
- Establishing an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including but not limited to, health and educational professionals, national experts, research entity representatives, family members, and underserved AYA populations, in accordance with the guidance outlined in this NOFO;

- Leveraging network capacity to compete for award opportunities from other federal and private sector sources;
- Participating in a 2-day national all grantee meeting organized by MCHB for its research grantees. This meeting may be held virtually or take place in the Washington, DC area, and will be an opportunity to share best practices, disseminate results, and discuss research priorities with MCHB leadership, staff, and stakeholders;
- Coordinating at least one leadership meeting annually;
- Collaborating with pertinent partners, such as other MCHB AYAH Portfolio Programs (e.g., LEAH, NCBC); Title V Maternal and Child Health Services Block Grant Program; MCH Research Network recipients (available at: https://mchb.hrsa.gov/research); and community organizations that work with underserved AYA (e.g., YMCA, Boys and Girls Clubs of America, School-Based Health Alliance);
- Providing an electronic copy of any products supported by award funds (including guidelines, assessment tools, publications, books, pamphlets, PowerPoint presentations, curricula, videos, etc.) to be made available to the general public and shared with the federal project officer(s);
- Developing a schedule of ongoing communication among Network members, and with the federal project officer(s); and
- Presenting (virtually) select project accomplishments to HRSA/MCHB at the end of the period of performance.

2. Summary of Funding

HRSA estimates approximately $450,000 to be available annually to fund one (1) 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 $450,000 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 September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Research Network 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.

Please note that if indirect costs are requested, you must submit a copy of the latest negotiated rate agreement. This project supports an infrastructure from which to conduct research, but is not a research project in and of itself, therefore, it is not eligible for research indirect rates. The indirect costs rate refers to the "Other Sponsored

Program/Activities" rate and to neither the research rate, nor the education/training program rate. Those applicants without an established indirect cost rate for “other sponsored programs” may only request 10 percent of salaries and wages, and must request an “other sponsored programs” rate from Cost Allocation Services (CAS).

III. Eligibility Information

1. Eligible Applicants

Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Domestic faith-based and community-based organizations, tribes, and tribal organizations are 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
- Fails to satisfy the deadline requirements referenced in Section IV.4
- The **Methods section of the Project Narrative is limited to 12 pages in length.** Applications that exceed this 12-page limit for the Methods section will be deemed nonresponsive and will **not** be considered for funding under this notice. Applications must also adhere to the 1” margin guidelines specified in HRSA’s *SF-424* Research and Related (*R&R) Application Guide.*

NOTE: Multiple applications from an organization with the same DUNS number or Unique Entity Identifier (UEI) are allowable if the applications propose separate and distinct projects.

In order to diversify the HRSA/MCHB research funding portfolio, an individual cannot serve as the project director/principal investigator (PD/PI) on more than one existing HRSA/MCHB/OER/DoR grant/cooperative agreement. In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent effort to this cooperative agreement to justify their commitment to the project. In addition, a PD/PI on another HRSA MCH research grant is allowed up to 10 percent effort as a co-investigator. If selected for funding, the recipient will need to verify that percent effort across all federally-funded programs does not exceed 100 percent. The application can include co-investigators as

key personnel on the project. HRSA allows one PD/PI to be named on the cover page of the SF-424 R&R application, who will serve as the key point of contact.

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 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-077 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R 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 R&R Application Guide* for the Application Completeness Checklist, as well as the checklist provided in Appendix B.

Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes project and budget narratives, and attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. **The Methods section of the Project Narrative is limited to 12 pages in length.**

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-22-077, 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 80 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-22-077 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) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 7-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R 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 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 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. See **Form Alert** in Section IV.1 Application Package. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Abstract content: The following describes the section headers and content.

- Funding Opportunity Number: HRSA-22-077
- Applicant Name: XXX
- Descriptive Title of Applicant's Project: XXX
- Project Abstract

Provide the information below in the Project Abstract field (4,000 characters or less):

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- PROBLEM: Briefly state the principal needs and problems that are addressed by the project.
- GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the period of performance. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

- PROPOSED ACTIVITIES AND TARGET POPULATION(S): Describe the programs and activities used to attain the objectives, the target population(s) addressed, and comment on innovations and other characteristics of the proposed plan.
- COORDINATION: Describe the coordination planned with, and participation of, appropriate national, regional, state, and/or local health agencies, interdisciplinary professional groups and providers, and/or organizations that function as stakeholders or partners in the proposed project.
- PRODUCTS: Provide a brief description of the anticipated products of this Research Network, including modes of dissemination of project activities and findings.
- EVALUATION: Briefly describe the evaluation methods used to assess program outcomes as well as the effectiveness and efficiency of the project in attaining goals and objectives.
- KEY TERMS: From Appendix C select: (a) significant content terms that describe your project (maximum of 10 content terms), (b) targeted populations (select all that apply), and (c) age ranges (select all that apply), and include at the end of your abstract.

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**
Background and Significance	(1) Need (2) Response (4) Impact
Specific Goals and Objectives	(2) Response (4) Impact (5) Resources/Capabilities
Project Design: Methods and Evaluation	(2) Response (3) Approach (4) Impact (5) Resources/Capabilities (7) Program Assurances

Narrative Section	Review Criteria
Plan and Schedule of Implementation, and Capability of Applicant	(3) Approach (4) Impact (5) Resources/Capabilities (6) Support Requested (7) Program Assurances
Budget and Budget Justification Narrative	(6) Support Requested

ii. *Project Narrative*

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

Use the following section headers for the narrative:

BACKGROUND AND SIGNIFICANCE *-- CORRESPONDS TO SECTION V'S REVIEW CRITERIA #1 NEED, #2 RESPONSE, AND #4 IMPACT*

Describe how you will accomplish the following:

- Address current demographic and health trends among AYA, identify gaps, and their implications for health care services delivery regarding topics such as: alignment with a changing health care system, technological advances, the changing face of substance use, demographic trends in the racial and ethnic composition of AYA populations, and the short and long-term impacts of COVID-19, including vaccine hesitancy and the mental, emotional, and behavioral health of AYA populations;
- Develop innovative, empirically sound strategies for increasing equity in health and safety outcomes for AYA focusing on underserved populations;
- Improve health outcomes in the transition from adolescence to young adulthood; and
- Examine models of how care systems (i.e., primary care and/or school-based settings) can be best accessed and utilized by adolescents and young adults from underserved populations.

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

Include the following:

- A numbered list of goals and objectives to be accomplished during the period of performance that address the major Research Network activities listed in the Purpose section of this notice. Specific objectives should be succinctly stated and innovative, and directly relate to the scope of expected activities listed. Objectives should be specific, measurable, achievable, realistic, time-bound (SMART), and tied to a distinct project goal;
- A detailed plan for completing proposed research studies in consultation with HRSA/MCHB, focusing on underserved AYA populations, including:
    - Your plan to collaborate with partners, such as other MCHB AYAH Portfolio Programs (e.g., LEAH, NCBC); Title V Maternal and Child Health Services Block Grant Program; MCH Research Network recipients (available at: https://mchb.hrsa.gov/research); and community organizations that work with underserved AYA (e.g., YMCA, Boys and Girls Clubs of America, School-Based Health Alliance); and
    - How the Research Network will review proposed studies from network members and determine which studies will be supported by Network infrastructure;
- A plan to disseminate and translate research findings among relevant partners and key stakeholders;
- A description of how proposed activities could build upon ongoing efforts, and not be duplicative of existing funded efforts (including HRSA/MCHB projects);
- Identification of meaningful support and collaboration with key stakeholders and partners in planning, designing, implementing, and evaluating all activities. We encourage partnerships with community level organizations such as minority-serving institutions and family-led organizations that can advocate for and connect with underserved populations; and
- 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. The creation of a logic model is a requirement of the Research Network Application, as described in the Attachments Section of this NOFO *(**Attachment 1**)*. HRSA's expectations and goals for the Research Network logic model are further illustrated in Appendix D of this NOFO.

Provide documentation (letters of agreement) of participation of nationally-distributed sites or Collaborating Research Entities (CREs) from across HRSA regions that will collaborate to fulfill the goals and objectives of the Research Network, with descriptions

of each CRE's characteristics, including target population characteristics, average patient numbers, or services currently delivered, and characteristics and structure of staff. **Include letters of agreement from CRE sites in *Attachment* 2.** It is expected that multiple CREs are identified in the application and CREs are encouraged to recruit/engage participants, researchers, and/or trainees from underserved population(s). Please see Appendix E: Research Network Organizational Structure.

To assist you in demonstrating a plan for collaboration with programs serving underserved populations, please refer to Appendix F: Collaboration Plan Guidance.

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

A. Methods:

This section has a strict 12-page limit.

Describe the methodology for accomplishing the work of the Research Network and each of its distinct objectives. Provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective and to convey to reviewers adequate information to assess the effectiveness and appropriateness of the proposed methodology. Indicate the specific methods that will be used to evaluate progress in meeting each objective. List and discuss anticipated obstacles that may be encountered and indicate how these will be overcome.

It is important that you describe how the interdisciplinary team will function in partnership/collaboration within the Research Network to accomplish goals and objectives. Anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution.

Successful participation in the Research Network includes the ability to work collaboratively to achieve the goals of the Research Network, address challenges, and fulfill commitments to the project as indicated in the proposal and Letters of Agreement.

In addition, describe plans to disseminate findings to stakeholders, including health professionals, policymakers, family members, adolescents/young adults, and the greater public. Discuss your plans for:

- **Peer-reviewed publications**: It is expected that the Research Network will produce at least three peer-reviewed publications per year. In addition, it is expected that a new or updated national research agenda for the Research Network will be published in a peer-reviewed journal;
- **Research Network website**: It is expected that the Research Network will maintain a publicly available Research Network website to disseminate research findings, generate interest in the Research Network, and expand Research Network membership;

- **Research acceleration**: It is expected that the Research Network will disseminate findings to help accelerate the synthesis, analysis, and translation of existing and future knowledge so that it can be applied to practice and policy at the state and national levels; and
- **Stakeholder engagement**: It is expected that the Research Network will showcase informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Research Network meetings, and consumer materials, etc.

B. Evaluation:

Describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards achievement of the goals and objectives of the project.

Indicate the specific methods that will be used to evaluate progress in each activity area. List and discuss anticipated obstacles to implementing the program performance evaluation that may be encountered and describe plans to overcome these obstacles. Describe how you will develop and monitor the data infrastructure in collaboration with CREs and community partners.

Describe the systems, processes, and staff that will support performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategies and systems that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different demographic groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development activities, program improvement efforts, and service delivery. Describe a plan to recruit participants from underserved populations in research studies.

For each described objective, include an evaluative measure. The evaluative measure should be SMART with a timeline for evaluation and should be consistent with the plan and schedule of implementation.

C. Network Coordinating Center Activities:

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

Infrastructure Development:

- Develop and maintain a national, multi-site, collaborative Research Network of research entities from across the country that will collaborate to advance and strengthen the evidence base on AYAH in accordance with the objectives and

functions outlined in this NOFO; and

- Establish an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including but not limited to, health and educational professionals, national experts, research entity representatives, family members, and underserved AYA populations, in accordance with the guidance outlined in this NOFO.

Research Network Activities:

- In consultation with HRSA/MCHB leadership; design, implement, and complete several research studies in consultation with HRSA/MCHB, focusing on underserved AYA populations. At least one pilot intervention study[16] is encouraged;
- Develop and implement strategies on how to leverage external private and public funding for full intervention studies as well as sustain the Research Network infrastructure;
- Establish a process to evaluate proposed pilot studies/research from Network members to determine if they will be supported by the Research Network;
- Address the needs of underserved populations, such as low-income, racial/ethnic minorities, immigrants, individuals who have limited access to services, and/or other underserved populations[3]
- Engage family members and adolescents/young adults in the planning, design, and implementation of Research Network studies;
- Conceptualize, or update and publish, in a peer-reviewed journal, a national research agenda for AYAH;
- Develop and foster partnerships and collaborations with other MCHB AYAH Portfolio Programs (e.g., LEAH, NCBC); Title V Maternal and Child Health Services Block Grant Program; MCH Research Network recipients (available at: https://mchb.hrsa.gov/research); and community organizations that work with underserved AYA (e.g., YMCA, Boys and Girls Clubs of America, School-Based Health Alliance). We encourage partnerships with community-level organizations such as minority-serving institutions and family-led organizations that can advocate for and connect with underserved populations;
- Develop and implement a dissemination plan for communicating research findings to diverse stakeholders;
- Engage key stakeholders such as policymakers; researchers; families; adolescents/young adults; relevant professionals in the health, community, and education sectors; and state, tribal, territorial, and local agencies that support underserved adolescents and young adults;
- Develop resources such as guidelines, tools, or toolkits for use with adolescents/young adults and their families and among relevant professionals in the health, community, and education sectors;

- Develop and implement strategies to sustain the Research Network infrastructure;
- Train and mentor diverse emerging MCH investigators; and
- Develop and maintain a publicly available website for engaging multiple stakeholders.

Communications:

- Schedule monthly and ad hoc meetings with the HRSA project officer to ensure ongoing communication and collaboration;
- Ensure challenges and barriers to completing proposed activities and achieving goals are discussed with HRSA project officer in a timely manner;
- Coordinate monthly virtual meetings with the Research Network Advisory Board or Steering Committee and at least one in-person meeting annually (may be a virtual meeting if an in-person meeting is not feasible due to the pandemic); and
- Meet annually with HRSA/MCHB leadership and other key stakeholders.

Dissemination:

- Disseminate information on Research Network activities and research findings to a broad audience including researchers, policymakers, educators, relevant professionals in the health, community, and education sectors, families, and adolescents/young adults; and
- Translate research findings into formats that are beneficial to the constituents/research community and can inform policy and practice.

Consistent with HRSA's mission to improve access to quality services for underserved populations, the Research Network should ensure that its activities will be responsive to the cultural and linguistic needs of underserved populations. Examples of cultural and linguistic responsiveness include, but are not limited to, partnering with programs that serve these populations, ensuring community representation with regard to study protocol development and dissemination of materials, and when possible hiring bilingual/bicultural staff for the project to work directly with participants. These services should be family-centered, accessible to consumers, and reflect the needs of the populations described above.

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

Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators, as well as compliance with the HHS regulations for protection of human subjects (45 CFR Part 46). Provide a draft organizational chart as ***Attachment 3*** describing the leadership structure of the Research Network demonstrating collaboration between the PI, co-investigators, and the CREs.

In addition, provide an implementation schedule for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

In demonstrating capability to fulfill the goals of the Research Network program, describe your organization's significant experience in carrying out interdisciplinary collaborative research and the publication record of key personnel from past or ongoing projects relating to the goals and objectives of the Research Network. Describe experience in working with underserved populations and key stakeholder groups, as available.

Include reference citations for publications and works cited following the end of the Project Narrative, not as an attachment.

Logic Models:

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation. The work plan

provides the "how to" steps and is **not** required for this application. 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.

iii. *Budget*

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

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

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

  The budget should reflect travel expenses associated with participating in meetings related to MCH research efforts and other proposed trainings or workshops. The following annual in-person meetings are required for the Research Network (may be virtual meetings if in-person meetings are not feasible):[17]

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

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

  As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Extending Government Funding Act (P.L. 117-70), "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." Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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

iv. *Budget Justification Narrative*

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

In addition, the Research Network program requires the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. Biographical sketches for any key personnel must be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov. Due to the HRSA **80-page limit**, it is recommended that all biographical sketches are no more than **2 pages** in length and must follow the HRSA font/margin requirements. *NOTE: The biographical sketch may not exceed five pages per person. This OMB form does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov.* For details on how to format the biographical sketch visit: https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx. Please note that even though the document has an OMB clearance number, it is **not** a standard form and your response counts against the page limit.

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: Logic Model

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

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

Appendix D contains an example of a logic model.

Attachment 2: Letters of Agreement/Letters of Support

Provide any documents that describe working relationships between your agency and other agencies and programs cited in the proposal. Documents that confirm actual or

pending contractual agreements should clearly describe the roles of the collaborators and any deliverables. Include only letters that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and letters of support must be dated.

Attachment 3: Project Organizational Chart, Including Partners and Collaborators

Provide a project organizational chart that describes the functional structure of the Research Network. The chart should provide the following information for key personnel: Institution, Responsibilities, and Activities.

Attachment 4: List of Citations for Key Publications

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

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

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

Check with your sponsored programs office for further information about the indirect cost rate. Your institution's indirect cost rate is negotiated by the institution with HHS. Limitations on indirect cost rates are discussed earlier in this NOFO.

Attachments 7–15: Other Relevant Documents, as Necessary

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

3. 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 it 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 R&R 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 *March 29, 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 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Research Network is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $450,000 per year (**inclusive of direct and indirect costs**). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of Further Extending Government Funding Act (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable funding 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.

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

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

Criterion 1: NEED (10 points) *– Corresponds to Background and Significance*

The extent to which the application:

- Demonstrates awareness of previous work in the topic area of this project, including citation of relevant literature and justification of the need for the Research Network;
- Identifies gaps in the evidence base on health care services delivery (i.e., primary care and/or school-based settings) and utilization regarding topics such as: alignment with a changing health care system, technological advances, the changing face of substance use, demographic trends in the racial and ethnic composition of AYA populations, and the short and long-term impacts of COVID-19, including vaccine hesitancy and the mental, emotional, and behavioral health of AYA populations; and
- Describes an approach to interdisciplinary, collaborative, multi-site research to address the identified needs of target populations, including the needs of underserved populations.

Criterion 2: RESPONSE (20 points) *– Corresponds to Background and Significance; Specific Goals and Objectives; Project Design: Methods and Evaluation*

The degree to which the application:

- Responds to and describes its abilities to implement all activities described in the "Purpose" section for this competition;
- Describes clear, concise, and appropriate SMART goals and objectives and their relationship to the identified project;
- Includes project aims that will advance scientific knowledge, technical capability, and/or clinical practice or other services, and act as a catalyst in developing methodology, treatments, practice, services, or preventive intervention(s) that advance the field;
- Describes collaboration with multiple partnering programs serving underserved populations, such as MCHB AYAH Portfolio Programs (e.g., LEAH, NCBC); Title V Maternal and Child Health Services Block Grant Program; MCH Research Network recipients (available at: https://mchb.hrsa.gov/research); and community organizations that work with underserved AYA (e.g., YMCA, Boys and Girls Clubs of America, School-Based Health Alliance); and includes documentation of agreement from the partnering programs;
- Clearly articulates the project activities and intended results in a logic model; and
- Develops innovative, empirically-sound strategies for addressing disparities in treatment, and access to care, especially for underserved populations.

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

The extent to which:

- The plan and methodology for establishing and managing the Research Network, data infrastructure, pilot study/research proposals, and collaboration with CREs and community partners described in the proposal are appropriate, feasible, and of high quality;
- A clear implementation plan is articulated for the proposed pilot intervention study or studies, if applicable;
- Experience and familiarity with data gathering procedures as they relate to collaborative multi-site research are well described;
- Scalable evaluative measures are included for each described objective with a timeline for evaluation consistent with the plan and schedule of implementation; and
- Innovative theoretical concepts, approaches/methodologies, and/or instrumentation seek to shift current research practice or service paradigms.

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

The extent to which the application describes:

- The national significance and impact of the Research Network and how the coordination of multi-site research can advance the field by developing guidelines, fostering the adoption of innovative models, and disseminating findings;
- How the Research Network will evaluate and determine which pilot study/research proposals have scientific merit and will be supported by the network;
- How the project will have an impact on health care delivery strategies, and the physical, mental, emotional, and behavioral health and well-being of AYA, including underserved adolescents and families;
- How project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding;
- The effectiveness of the dissemination plan to facilitate the translation of Research Network findings to a broad audience of researchers, health professionals, policymakers, educators, and families; and
- The feasibility of the applicant's plan for delivering at least three peer-reviewed publications each year and engaging other funded MCH programs and partners pertinent to the Research Network.

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

Implementation of a National Research Network (5 points)

The extent to which the applicant proposes:

- Key personnel such as co-investigators, study coordinator, data manager, Network Coordinating Center (NCC) staff and other key personnel for the successful implementation of a national Research Network responsive to the goals of the program. We encourage the inclusion of an investigator or at least one co-investigator from a minority-serving institution or underserved community. For a full description of the Research Network organizational structure, refer to Appendix E; and
- The PI, key personnel, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the Research Network and demonstrate current and/or past success in publishing their research findings.

Other Resources/Capabilities (5 points)

The extent to which:

- The applicant has the existing resources/facilities to achieve project objectives and to successfully support the proposed Research Network; and
- The partnering programs demonstrate the ability and commitment to collaborate with the applicant organization and ability to recruit from their patient population for Research Network research studies.

Criterion 6: SUPPORT REQUESTED (10 points) *– Corresponds to Budget and Budget Justification Narrative*

The extent to which:

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

Criterion 7: PROGRAM ASSURANCES (10 points) *– Corresponds to Project Design: Methods and Evaluation and Plan and Schedule of Implementation and Capability of Applicant*

1) ***Proposed Timeline and Evaluation (6 points)***

The extent to which the proposed project:

- Provides a clear, detailed, and feasible timeline for the proposed activities;
- Establishes a feasible and well-designed plan to provide assurance that the research can be implemented as proposed and follows the timeline provided; and
- Anticipates and addresses potential barriers to project progress, such as challenges in recruiting hard-to-reach populations or difficulties in securing external funding.

2) ***Protection of Human Subjects (4 points)***

The extent to which the application description includes:

- Adequate protections afforded to human subjects, including children and youth, and the adequacy of measures in place to ensure the security of the research data (data security);
- Compliance with the HHS regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Human Subjects Section

of the Research Plan; and
- Plans to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission, but must be received prior to initiation of any activities involving human subjects).

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of **September 1, 2022**. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

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

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, 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 R&R 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-22-077&ActivityCode=U8D. 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
New Competing Performance Report	September 1, 2022 through August 31, 2027 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
Non-Competing Performance Report	September 1, 2022 – August 31, 2023 September 1, 2023 – August 31, 2024 September 1, 2024 – August 31, 2025 September 1, 2025 – August 31, 2026	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
Project Period End Performance Report	September 1, 2026 – August 31, 2027	Period of performance start 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.

4) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

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

VII. Agency Contacts

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

Tonya Randall
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4259
Fax: (301) 443-6343
Email: TRandall@hrsa.gov

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

Evva Assing-Murray, PhD and Lisa Hund, MPH
Program Officers, Division of Research, Office of Epidemiology and Research
Attn: MCH Adolescent and Young Adult Health Research Network (AYAH-RN)
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4113 and (301) 945-3075
Email: EAssing-Murray@hrsa.gov and LHund@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: https://grants-

portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through 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: Monday, January 3, 2022
Time: 1–2 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 77488438
Weblink: https://hrsa-gov.zoomgov.com/j/1613644556?pwd=N0RORzByZGVvVlhsYUhDYkZBdUFzQT09

In an attempt to more effectively utilize our TA webinar time, if you have questions about the NOFO, please send them prior to the webinar via email to Evva Assing-Murray at EAssing-Murray@hrsa.gov or Lisa Hund at LHund@hrsa.gov. We will compile and address these questions during the TA webinar.

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

Tips for Writing a Strong Application

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

Appendix A: Relevant Websites

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

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

Centers for Disease Control and Prevention, Adolescent and School Health, Protective Factors Resources
https://www.cdc.gov/healthyyouth/protective/resources.htm

Healthy People 2030
https://health.gov/healthypeople

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

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

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

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

Developing Accessible Web Content : Section 508 of the Rehabilitation Act
https://www.section508.gov/create/web-content

MCHB Strategic Research Issues
https://mchb.hrsa.gov/research/strategic-research-issues.asp

National Academies of Sciences, Engineering, and Medicine: School-Based Strategies for Addressing the Mental Health and Well-Being of Youth in the Wake of COVID-19
https://www.nap.edu/catalog/26262/school-based-strategies-for-addressing-the-mental-health-and-well-being-of-youth-in-the-wake-of-covid-19

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

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

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

Appendix B: Application Completeness Checklist

Funding Opportunity Number: HRSA-22-077 **Application Due Date in Grants.gov:** March 29, 2022	
Requirement	**Yes**
Do you meet the eligibility criteria?	
Did you read the *R&R Application Guide* (https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf)?	
Do you have a DUNS number (https://www.dnb.com/duns-number.html)?	
Did your Authorized Organization Representative (AOR) register in SAM (https://www.sam.gov/)?	
Did your AOR register in Grants.gov (https://www.grants.gov/)?	
Have you used the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package to submit your abstract and ensured that your abstract is written in plain language and contains no more than 4,000 characters?	
Does the Narrative Section of your application fully address: • Background and Significance? • Specific Goals and Objectives? • Project Design, Methods, and Evaluation? • Plan/Schedule of Implementation and Capability of Applicant? • Feasibility? • Evaluation and Technical Support Capacity? • Protection of Human Subjects? • Targeted/Planned Enrollment?	
Did you confirm that your application addressed all of the NOFO Review Criteria?	
Is your Methods section within the **12-page limit**?	
Are your budget and budget justification narrative completed accurately and in the yearly funding limit? **NOTE:** The directions offered in the HRSA *SF-424 R&R Application Guide* differ from those offered by Grants.gov. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions in the **NOFO**.	
Did you clearly label all of your Attachments?	
Did you include the Biographical Sketches of Key Personnel in the Application?	
Do you know your institution's indirect cost rate?	
Did you use no less than 12-point font and are your page margins no more at least 1 inch wide in the Narrative and Attachment Sections of the Application? **NOTE:** The Biographical Sketches of Key Personnel can have .5" margins.	
Are your pages, including attachments, within the 80-page limit?	

NOTE: Pages which do not count toward the **80-page limit** include: Cover Page, Indirect Cost Rate Agreement, Proof of Non-Profit Status, Budget, and Standard OMB-approved forms.	

Appendix C: Key Terms for Project Abstracts

a) Content Terms (maximum of 10)

Health Care Systems & Delivery

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

Primary Care & Medical Home

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

Insurance & Health Care Costs

- Cost Effectiveness
- Health Care Costs
- Insurance Coverage

Prenatal/Perinatal Health & Pregnancy Outcomes

- Cesarean
- Labor & Delivery
- Low Birthweight
- Perinatal
- Postpartum
- Pregnancy

- Prenatal Care
- Preterm

Nutrition & Obesity
- Breastfeeding
- Nutrition & Diet
- Obesity & Weight
- Physical Activity

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

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

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

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

Mental/Behavioral Health & Well-being
- Bullying & Peer Relationships
- Depression
- Mental Health & Well-being
- Risk Behaviors

- Smoking
- Stress
- Substance Use
- Violence & Abuse

Special Health Care Needs & Disabilities

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

Life Course & Social Determinants

- Neighborhood
- Life Course
- Social Determinants of Health

b) Underserved Communities (as many as apply):

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

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

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

Appendix D: Logic Model

Below is an example of a logic model. There are many versions of logic models; however, for the purpose of this NOFO your logic model should, at a minimum, address the following areas:

1. Identify the Problem(s), Target Population(s), and Program Purpose:
   - What problem does the program address?
   - Target population(s):
     - Who does the program target?
     - Who gets the intervention, and (if different) who is the intervention eventually supposed to impact?
     - Are there primary and secondary target populations?
   - Program Purpose:
     - How does the program offer a solution?
     - What does the program do to address the problem?

2. Identify Activities and Clarify Outputs:
   - Activities:
     - What does the program do?
     - What services does the program deliver?
   - Products:
     - What does the program create?
     - What are the outputs of the program?

3. Identify Program Outcomes:
   - Short-Term and Intermediate Outcome(s):
     - May include changes in skills, attitudes, knowledge or changes in behaviors and decision-making.
     - Should directly result from program outputs.
   - Long-Term Outcome(s):
     - May include changes related to health status, health conditions, or systems changes.
     - Should directly result from short-term/intermediate outcomes

The following logic model illustrates HRSA's expectations and goals for the MCH AYAH-RN.

Program Inputs (Eligible Entities, Stakeholders & Key Resources)

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

STAKEHOLDERS: MCH AYAH practitioners, organizations, state and local entities, and families with adolescents and young adults

KEY RESOURCES: AYAH research experts, MCHB/OER guidance, families, public and private funds.

<table>
<tr><th colspan="2">PROGRAM PROCESS
What is the planned work for the program?</th><th colspan="2">PROGRAM OUTCOMES
What are the program's intended results?</th></tr>
<tr><th>ACTIVITIES
(What will program inputs do?)</th><th>OUTPUTS / PRODUCTS
(What will be created as a result of the activity?)</th><th>SHORT-TERM / INTERMEDIATE
(What will change as a result of the product/system implemented?)</th><th>LONG-TERM / IMPACT
(What will change if short-term / intermediate outcomes are achieved?)</th></tr>
<tr><td>MCHB AYAH portfolio collaborates on important topics affecting the health of adolescents and young adult populations around research initiatives, data-driven training curricula and modalities, and the implementation of these evidence-based/best practices through technical assistance to Title V programs and key MCH partners and stakeholders</td><td>Increase in knowledge and skills of AYA providers and researchers</td><td>Increase in the evidence base around adolescent and young adult health on the individual, professional, and community level, and translation of this research into training and implementation of best practices for Title V programs and key MCH partners and stakeholders</td><td>Expand/strengthen research/practice infrastructure that supports AYA

Improve access to services and quality of care for vulnerable and underserved AYA, including those in rural, urban, and other high-risk areas

Build the capacity of the research/practice community to optimally serve AYA and respond to their emerging and relevant needs.</td></tr>
<tr><td>Create and maintain a national, multi-site, interdisciplinary RN focused on adolescent and young adult health</td><td>National, multi-site, interdisciplinary RN identifying intervention(s) focused on adolescent and young adult health is established</td><td rowspan="3">Increase collaboration and coordination of research focusing on health and well-being of adolescents and young adults

Increase the number of studies examining intervention(s) to improve care for AYA</td><td rowspan="3">Advance the evidence base on effective intervention(s) to improve adolescent and young adult health and well-being

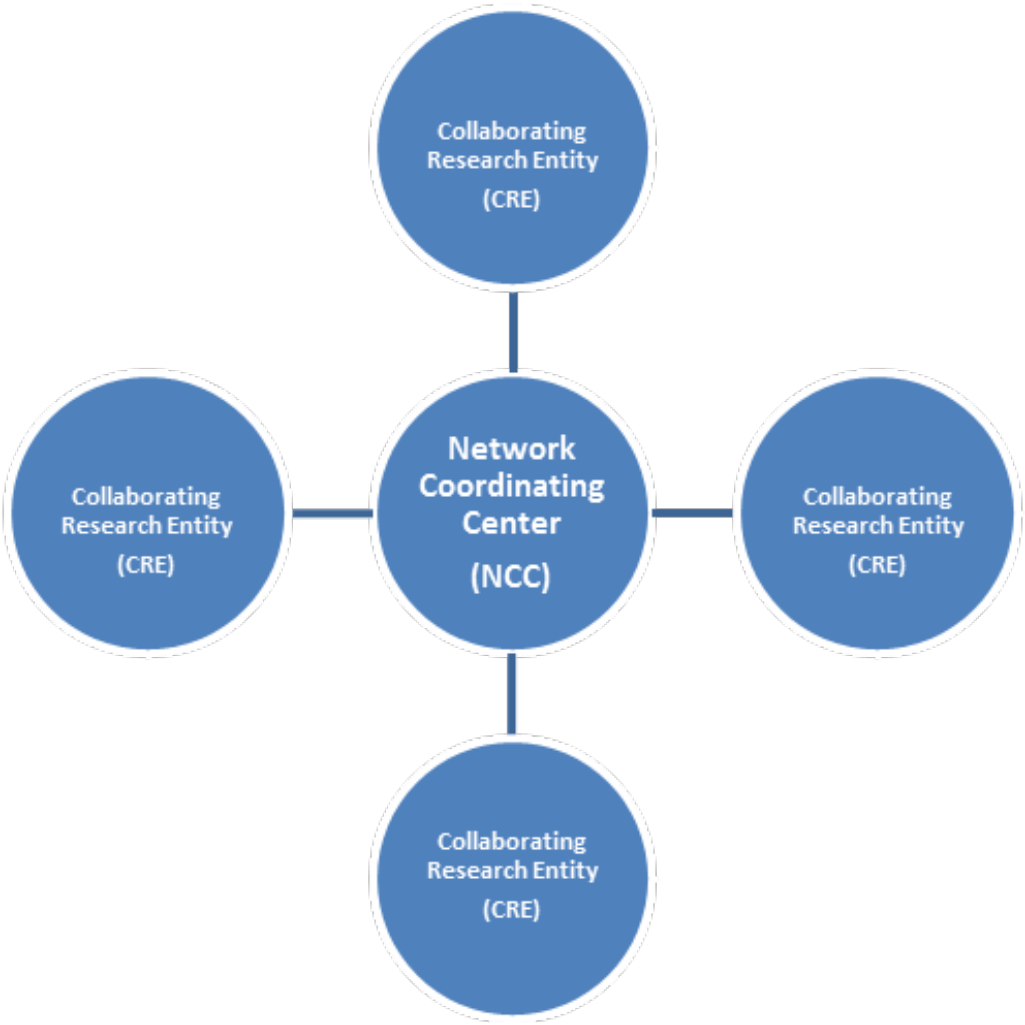
Increase the implementation of evidence-based intervention(s) into practice</td></tr>
<tr><td>Form an interdisciplinary Network Steering Committee / Advisory Board composed of diverse professionals and family members</td><td>Interdisciplinary and diverse Network Steering Committee / Advisory Board established, and annual in-person meetings convened</td></tr>
<tr><td>Engage community, family members and adolescents in RN studies</td><td>Community, family members, and adolescents engaged as</td></tr>
</table>

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	**OUTPUTS / PRODUCTS (What will be created as a result of the activity?)**	**SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)**	**LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)**
	members of the Network Steering Committee Input from community, family members, and adolescents incorporated in the design and implementation of studies		
Create or update a national research agenda to inform AYAH practice	National research agenda to inform AYAH practice is published		
Design and implement at least one pilot intervention study[16] to promote AYA health and well-being	At least one pilot intervention study designed and implemented		
Develop and implement a dissemination plan for communicating research findings to diverse stakeholders	Dissemination plan with a timeline and list of proposed products is established Manuscripts accepted or published in peer-reviewed journals each year Non-peer-reviewed publications aimed at stakeholders beyond the scientific research community (e.g., tools, toolkits, reports, blogs, web posting, videos, infographics, lay summary of research publications)	Increase the number and breadth of resources on AYAH available to help clinicians, researchers, and community members	
Engage and collaborate with key stakeholders (e.g., health and educational professionals, national experts, research entities, family members, and underserved AYA populations) in translating and communicating the translation of research into practice	Activities conducted to engage key stakeholders Resources developed include the input of key stakeholders and are shared broadly and in varying formats	Increase active contribution and incorporation of key stakeholders' views into activities advancing AYAH intervention(s) Key stakeholders are informed by the study findings to change	Increase the translation and communication of research findings into practice

PROGRAM PROCESS What is the planned work for the program?		PROGRAM OUTCOMES What are the program's intended results?	
ACTIVITIES (What will program inputs do?)	**OUTPUTS / PRODUCTS (What will be created as a result of the activity?)**	**SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)**	**LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)**
		policies and practices in the field	
Develop and evaluate resources such as guidelines, tools, study protocols, or toolkits for use in AYAH practice	Resources developed, evaluated, and utilized in AYAH practice or intervention-based research in community settings	Increase the number of evidence-based tools/resources accessible to clinicians, the community, and families for promoting AYA health and well-being	Increase application of tools/resources by clinicians, the community, and families, and incorporation into models of care and best practices
Prepare and submit grant applications for external funding opportunities outside of HRSA/MCHB's research grant program	Grant applications completed and submitted for external funding opportunities	Increase the capacity of grantees to expand/sustain research initiated by the AYAH-RN	Increase research sustainability and contribute to the evidence base on AYA health and well-being Increase and strengthen the capacity of the research community that focuses on adolescent and young adult health and well-being
Develop and maintain a public website for engaging multiple stakeholders and communicating program accomplishments	Publically available website representing the work of the AYAH-RN developed and maintained	Increase the number of resources for promoting adolescent and young adult health and well-being to help clinicians, researchers, and community members	
Provide leadership in education and train and mentor diverse, emerging investigators in AYAH research (e.g., investigators from minority-serving institutions or underserved communities)	Diverse, emerging investigators trained/mentored in AYAH research	Increase the number of diverse, emerging investigators trained/mentored in AYAH research	

Appendix E: Research Network Organizational Structure

The Research Network will consist of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs).[18] The NCC is the administrative center of the Research Network, providing leadership and maintaining a partnership with its CREs. An example of this structure is depicted in the following diagram:



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

Research Network Organizational Structure

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

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

The NCC will:

- Manage the CREs in implementing study protocols and participating in Research Network activities;
- Coordinate the review of pilot study/research proposals from Network members to ensure scientific merit and relevance to the Network;
- Collaborate with at least one CRE from a minority-serving institution and/or representing underserved communities/populations;
- Develop a data acquisition system to collect intake, treatment, and outcome data for all study participants, according to protocol-specific requirements; and
- Provide additional support, such as quality control, to ensure the successful completion of the scientific goals of a research project and other Research Network activities. You should include budgets for CRE travel support to Research Network meetings in your application.

The CREs will:

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

Research Network Advisory Board or Steering Committee

The Research Network Advisory Board or Steering Committee will be comprised of representatives of the NCC and CREs, HRSA/MCHB, and, new to this competition, at least two community members (e.g., family advocates). The PI will serve as Chair of the Network Advisory Board or Steering Committee. All major scientific issues (e.g., research direction, approval of study proposals and designs, development of applicable policies and procedures (including those relating to human subject protections) are addressed through discussions among the Research Network Advisory Board or Steering Committee and through recommendations for approval, where appropriate, to HRSA/MCHB project officers and leadership. The NCC is responsible for ensuring that all participating CREs are informed of and abide by these actions. The Research Network Advisory Board or Steering Committee will meet monthly by telephone or other online platforms, and in-person at least once a year in the Washington, D.C. area, if possible (may be a virtual meeting if an in-person meeting is not feasible). The PI will meet annually with HRSA/MCHB leadership. The PI is also expected to build relationships with other key stakeholder organizations, such as other MCHB Research Network and Single Investigator Innovation Programs, Title V MCH Services Block Grant programs, clinical interest groups, state and local education districts, and federal

partners, such as the HHS Centers for Medicare and Medicaid Services, and U.S. Department of Education agencies, as applicable, to brief them on the existence and progress of the Research Network and to engage them in translating Research Network findings into practice and policy.

Data Collection and Management

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

Appendix F: Collaboration Plan Guidance

The following information will assist you in demonstrating a plan for collaboration with programs serving underserved populations and the expected documentation that would demonstrate commitment of both your organization and the partnering programs. Examples of collaboration with HRSA's Health Center Program and the MIECHV Program are given. For collaboration with other non-federal programs, provide similar documentation.

HRSA's Health Center Program

- The **HRSA Health Center Program**: Submit a letter of agreement from a Primary Care Association (PCA) that will serve as the mediator for research involving recruitment from Health Centers. The PCA will document a commitment to working with your organization in identifying Health Centers that demonstrate the patient population needed to support Research Network research endeavors. They will support staff leadership and commitment to the project and collaborate with your organization to fulfill the purpose of the Research Network program. The PCA will facilitate the arrangements between your organization and the Health Centers.

- Link to find Primary Care Associations: https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html

- Establish subcontract arrangements between your organization and Health Centers identified by the PCA for Research Network participation that will provide funding for Health Center Program liaison(s), such as a research project coordinator. The Health Center Program liaison will facilitate the research coordination and recruitment of Health Center patients for Research Network research studies.

HRSA's MIECHV Program

- The **HRSA MIECHV program**: Submit a letter of agreement from a state MIECHV program that will facilitate connections with MIECHV local implementing agencies (LIAs). The state MIECHV program must document a commitment to working with your organization in the identification of LIAs that demonstrate the patient population needed to support Research Network research endeavors. They will support staff leadership and commitment to the project and collaboration with your organization to fulfill the purpose of the Research Network program. The state MIECHV program will facilitate arrangements between your organization and the MIECHV LIAs.

- Link to find MIECHV state MIECHV programs: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets

- Establish subcontract arrangements between your organization and the MIECHV LIAs that will provide funding for a LIA liaison. The LIA liaison will facilitate the research coordination and recruitment of participants served by the MIECHV LIAs for Research Network research studies.

Appendix G: Frequently Asked Questions (FAQs)

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

2. **How can I download the complete application package for the Research Network NOFO?**
   You can download the application by searching for the application number HRSA-22-077 on Grants.gov:
   1) *Click on the hyperlink for HRSA-22-077.*
   2) *Click on the last blue tab entitled "PACKAGE."*
   3) *Scroll down and click on the "Preview" hyperlink under the "Actions" column.*
   4) *Select the "Download Instructions" button in the right-hand corner. This will download the application.*

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

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

5. **What are the key take-home messages about Grants.gov?**
   1) *Make sure that the AOR from your university/organization is registered in Grants.gov NOW. This process can take up to 1 month and it is better to complete it and have it out of the way before starting any funding application.*
   2) *Read the instructions on Grants.gov carefully and allow time for corrections. Enter information in fields even if it is 0 or the form will remain incomplete. Required fields are highlighted in yellow.*
   3) *There are resources available on the Grants.gov website to help you navigate the system. Please visit Grants.gov to access these resources.*
   4) *Some business practices will change with the introduction of the SF-424 R&R Form.*
      - *With the HRSA SF-424 R&R, you will be reporting faculty and staff time in calendar month equivalents.*
      - *Budget details about subcontracts will now be described in a section of the SF-424 R&R called subawards.*

- *New applications will now fill out detailed budgets for each of the years in the period of performance. Therefore, submit detailed budgets for each of the 5 years.*

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

7. **We are a foreign organization interested in applying for the Research Network. Are foreign entities eligible to apply?**
   The Research Network is a domestic grant program and open only to U.S. entities that meet the eligibility criteria as outlined in the NOFO.

8. **We are trying to apply for the announced grant, but our organization does not have an Indirect Cost Rate Agreement. What should we do?**
   According to the HRSA SF-424 R&R Application Guide (as aligned with the Uniform Administrative Requirements at 45 CFR part 75), "any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. The HRSA SF-424 R&R Application Guide also contains information on how to negotiate the indirect cost rate.

9. **How do I know what my institution's indirect cost rate is?**
   The applicant institution's indirect cost rate is negotiated by the institution with HHS. Your sponsored programs office will be able to provide further information about the indirect cost rate.

10. **Is there a requirement regarding minimum or maximum effort for the PI?**
    - *In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent effort to this cooperative agreement to justify their commitment to the project.*

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

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

13. Which format should we follow for the biographical sketch?

Include biographical sketches for persons occupying key positions. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Given the 80-page limit, it is recommended that biographical sketches be no more than 2 pages in length per person. Please use the MCHB biographical sketch form found here: https://mchb.hrsa.gov/research/documents/FORM-Biographical-Sketch-for-Research-Grant-Applicants-Jan2020-2023.docx. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit. The biographical sketch may not exceed five pages per person. This OMB form does count against your page limit and can be attached to RESEARCH & RELATED Senior/Key Person Profile (OMB Number 4040-0001) found in the application package on Grants.gov.

14. Are there page limits for the submitted application?

*The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's SF-424 R&R Application Guide and this NOFO. Standard OMB-approved forms (including the new Project Abstract Summary) that are included in the workspace application package do not count in the page limit.*

15. Are there any page limitations to the narrative?

*The NOFO requires a **12-page limit** for Project Design: Methods and Evaluation, of the narrative. Preliminary studies can be included if applicable and would be included in the 12-page limit as described above. Please consult the NOFO and/or the HRSA SF-424 R&R Application Guide, referenced throughout the NOFO, for more specific information.*

16. Are there font/margin requirements?

Follow HRSA guidelines, which call for 1" margins and 12-point font. More information on specifications regarding fonts and margins can be found in the HRSA SF-424 R&R Application Guide.

17. Where do I include the staffing plan?

The staffing plan information is included in the budget narrative attachment that should be uploaded into the budget form Box K.

18. When will you announce your other research NOFOs?

Please join our listserv at http://mchb.hrsa.gov/research to receive an alert whenever our NOFOs are released.

19. Whom should I talk to if I have further questions?

Please contact:

- *For programmatic questions, the program officers listed in the NOFO via email.*

- *For budget questions, the grants management specialist listed in the NOFO via email.*

20. Can I send the point of contact/project officer my project proposal/abstract/project summary to review?

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

21. Does HRSA offer extensions for submitting applications?

If you experience system glitches or a qualified emergency you can request an exemption/waiver for your application which is subject to HRSA's discretion. Please submit your exemption request in writing to DGPWaivers@hrsa.gov.