# U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

***Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center***

**Funding Opportunity Number:** HRSA-23-084

**Funding Opportunity Type(s):** New, Competing Continuation

**Assistance Listings Number:** 93.110

## Application Due Date: May 9, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**Issuance Date:** March 10, 2023

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c-21 (Title III, § 330O of the Public Health Service Act)

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center. The purpose of this program will be to support all 50 states, the District of Columbia (D.C.), jurisdictions, U.S. territories, tribal communities, and birthing facilities that are participating in the AIM program through the provision of technical assistance (TA). Such assistance is intended to increase birthing facility engagement, support bundle implementation and sustainability, manage reporting and analysis of state AIM data, and promote safe care for pregnant and postpartum people. The program will also build data capacity for participating entities to track progress on bundle implementation and support improvement of data collection and reporting to measure program impact more effectively.

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| Funding Opportunity Title: | Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center |
| Funding Opportunity Number: | HRSA-23-084 |
| Due Date for Applications: | May 9, 2023 |
| Anticipated Total Annual Available FY 2023 Funding: | $3,000,000 |
| Estimated Number and Type of Award(s): | Up to one cooperative agreement |
| Estimated Annual Award Amount: | Up to $3,000,000 per year |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 1, 2023 through August 31, 2027 (4 years) |
| Eligible Applicants: | Eligible applicants include any domestic public or private entity. Domestic faith based and community-based |

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| | organizations, tribes, and tribal organizations are also eligible to apply.<br><br>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information. |

## Application Guide

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

### Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, March 22, 2023
1 – 3 p.m. ET

Weblink:https://hrsa-gov.zoomgov.com/j/1607959715?pwd=aTRKRzdmSktPSWFDTFUyMEkyOHRZZz09

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 795 9715
Passcode: 89428450

The webinar will provide an overview of the NOFO and an opportunity for you to ask questions. HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

# Table of Contents

# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center. HRSA/MCHB seeks to expand implementation and reach of AIM program activities by funding the AIM Technical Assistance (TA) Center to support all 50 states, the District of Columbia (D.C.), jurisdictions, U.S. territories, tribal communities,[1] and birthing facilities that are participating in the AIM program through the provision of TA to increase birthing facility engagement, support bundle implementation and sustainability, manage reporting and analysis of state AIM data, and promote safe care for pregnant and postpartum people. These efforts are designed to meet the intent of the legislation which is "identifying, developing, or disseminating best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity".

This TA Center will be one of two components of the AIM Program. The second AIM component will be the HRSA-23-066 AIM Capacity program to support states, capacity to implement AIM and expand the reach, depth, and quality of AIM implementation throughout the United States.

For more details, see Program Requirements and Expectations.

**Program Goal**: The goal of this initiative is to improve maternal health and safety in the United States by increasing access to safe, reliable, quality care.

**Primary Program Objectives:**
The objectives to be accomplished during the period of performance to support AIM program's goal include:

By August 31, 2027, the AIM TA Center will:

- Increase the technical assistance provided to participating AIM states for implementing AIM patient safety bundles;
- Increase the number of hospitals and other birthing facility settings implementing patient safety bundles;
- Increase the overall number of core bundles being implemented and/or sustained;
- Support widespread implementation of the core patient safety bundles, all of which include elements focused on the provision of respectful, equitable, and supportive care; and,

[1] This NOFO uses the terms "state" and state-level for brevity, but is inclusive of an organization at the state, jurisdiction, territory, or tribal community level. Tribal community refers to an Indian tribe or tribal organization. See also the definition of "state" in PHS Act, § 2(f).

- Provide TA to support AIM states in reporting key measures by race and ethnicity, at a minimum, to evaluate disparities.

## 2. Background

### Authority

This AIM program is authorized by 42 U.S.C. § 254c-21 (Title III, § 330O of the Public Health Service Act). The AIM program aligns with HRSA's Maternal and Child Health Bureau's (MCHB) mission to improve the health and well-being of America's mothers, children, and families.

**Maternal Mortality and Severe Maternal Morbidity**
Approximately 3.6 million women give birth in the United States each year[2] and despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved. In 2020, there were 861 maternal deaths in the U.S., an increase from 754 in 2019, representing a maternal mortality rate of 23.8 per 100,000 live births.[3] In addition, thousands of women experience unintended outcomes of labor or delivery resulting in significant short- or long-term consequences to their health. In 2019, more than 28,000 women experienced severe maternal morbidity (SMM) (not including those who only received a blood transfusion).[4] Significant maternal health disparities exist in maternal mortality, SMM, and other adverse outcomes, with outcomes varying by race, ethnicity, geography, and select indicators of socio-economic status.[5] [6]

**History of the Alliance for Innovation on Maternal Health Program**
The AIM program is the national, cross-sector commitment designed to lead in the identification, development, implementation, and dissemination of maternal (patient) safety bundles for the promotion of safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and SMM rates within the United States. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care.

Among pregnancy-related deaths for which there are data related to timing, 25% of these deaths occurred on the day of delivery or within a week after delivery.[7] AIM is designed to reduce adverse maternal health outcomes during this critical time by

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[2] https://www.cdc.gov/nchs/fastats/births.htm
[3] https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm
[4] HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). May 2022. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/faststats/smm/smmquery.jsp?radio2=on&location1=US&characteristic1=02C11&location2=&characteristic2=01C11&expansionInfoState=hide&dataTablesState=show&definitionsState=hide&exportState=hide
[5] Maternal Mortality Rates in the United States, 2020 (cdc.gov)
[6] Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014 | CDC
[7] https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html

engaging provider organizations, state-based public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based safety bundles. The core patient safety bundles developed by AIM include elements focused on the provision of respectful, equitable, and supportive care.

AIM state-based teams, which are often "perinatal quality collaboratives," commit to improving maternal health by implementing one or more bundles. These state-based teams assemble to address topics or areas of concern. Often, these concerns are based on findings from Maternal Mortality Review Committees. The teams come together to identify relevant bundle(s) for implementation; to engage birthing facilities to participate in AIM; and to work together to implement the selected bundle(s). During the implementation periods, teams connect with national maternal health partners and other state-based teams to share their learning and results.

Ultimately, AIM seeks to enroll all birthing facilities in all 50 states, the District of Columbia (D.C.), jurisdictions, U.S. territories, and tribal communities to improve outcomes for pregnant and postpartum people, as well as their infants. In 2014, HRSA awarded a cooperative agreement to implement the AIM program. Initially, eight states participated in AIM. During the program's current five-year period of performance, beginning in 2018, AIM engagement grew from 11 states and 690 participating birthing facilities to 48 states plus the District of Columbia and 1,841 participating birthing facilities.

The current AIM National Team provides technical support to the multidisciplinary state-based teams that are leading targeted rapid-cycle quality improvement (QI) via implementation of the patient safety bundles. Quality improvement in AIM consists of systematic and continuous actions through bundle implementation that lead to measurable improvement in the delivery of health care services, and in health status and outcomes for pregnant and postpartum people.

In addition to provision of technical support from the AIM National Team, state-based teams track and report process, structure, and outcome data as part of the AIM program to drive continuous improvement in the implementation of the AIM patient safety bundles. These data are reported regularly to the AIM National Team. Participating AIM states also report on birthing facility participation, bundle implementation, and day-to-day AIM operations. AIM does not collect patient-level data or potentially identifiable patient information. De-identified data from birthing facilities, including the number of participating facilities and number of live births, provide important information on the reach of the program. All reported data are in aggregate form.

In addition to the patient safety bundles developed through AIM, HRSA currently funds the AIM Community Care Initiative (CCI) to develop maternal safety bundles and resources for use by community-based organizations across the country. The Community Care for Postpartum Safety and Wellness bundle was released in September 2022 and can be viewed on the AIM CCI website.

This Notice of Funding Opportunity (NOFO) aims to address some of the lessons learned from previous periods of performance of the AIM program, including:

- Variations in data capacity and infrastructure across states, including the quality, validity, and timeliness of maternal health data and the ability to link administrative data (e.g., vital records, hospital discharge, and other administrative data).
- Gaps in accessing, collecting, and reporting data (e.g., number of deliveries occurring in participating birthing facilities).
- Limited bundle implementation: While AIM has seven core patient safety bundles available for implementation, most states have implemented only one bundle.
- Variations across states in the percentage of birthing facilities participating in AIM.

**About MCHB and Strategic Plan**

The HRSA 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:*** *Improve access to quality health services*
***Goal 2:*** *Take actionable steps to achieve health equity and improve public health*
***Goal 3:*** *Foster a health workforce and health infrastructure able to address current and emerging needs*
***Goal 4:*** *Optimize HRSA operations and strengthen program engagement*

The AIM TA Center's purpose and activities align with Goals 1, 2, and 3 of the MCHB strategic plan. MCHB is committed to promoting equity in its health programs for mothers, children, and families.

To learn more about MCHB, its programs, investments, and strategic plan, visit http://www.mchb.hrsa.gov.

## II. Award Information

### 1. Type of Application and Award

Type of applications sought: New, Competing Continuation

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

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

- Having experienced HRSA personnel available as participants in the planning and development of the project, including participation in and planning of any meetings conducted as part of project activities;
- Participating, as appropriate, in conference calls, meetings, and TA sessions that are conducted during the period of the cooperative agreement;
- Coordinating the partnership and communication with federally-funded maternal health programs and other federal entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement;
- Conducting an ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination;
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project; and,
- Providing consultation regarding the collection of information and administrative data designated by HRSA.

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

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Completing activities proposed in response to the Program Requirements and Expectations section of this notice of funding opportunity;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, through this cooperative agreement. Such review should start at the time of concept development and include review of drafts and final products prior to dissemination;
- Participating with HRSA in face-to-face meetings, virtual meetings, and conference calls conducted during the period of the cooperative agreement;
- Consulting with the federal project officer when scheduling any meetings that pertain to the scope of the cooperative agreement and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures, budget items, contracts, and sub-awards;
- Developing and maintaining a public website with access to all patient safety bundle tools and resources;
- Leveraging existing products or resources developed by the previously-funded entity, as well as internal and external resources, to maximize the TA Center's efficiency and effectiveness;

- Convening and leading a minimum of three face-to-face annual meetings during the period of performance for the participating states (i.e., one meeting per year for the first 3 years of the period of performance);
- Participating in evaluation activities provided by the designated HRSA evaluation contractor, if applicable;
- Providing leadership in the management of state AIM data reporting and analysis;
- Completing all administrative data and performance measure reports, as designated by HRSA and in a timely manner; and,
- Supporting HRSA's efforts to advance identified priorities for the MCH population related to addressing maternal mortality and SMM.

### 2. Summary of Funding

HRSA estimates approximately $3,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $3,000,000 total cost (includes direct and indirect costs) per year.

The period of performance is September 1, 2023 through August 31, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the AIM TA Center in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include any domestic public or private entity. Domestic faith based and community-based organizations, tribes, and tribal organizations are also eligible to apply

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

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

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

### Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-084 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

#### Application Format Requirements

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

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

#### Application Page Limit

The total number of attachment pages that count toward the page limit shall be no more than **60 pages** when we print them. HRSA will not review any pages that exceed the page limit. We will remove any pages that exceed the page limit starting with the last printed page.

These attachments don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other attachments that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-084 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Once any excess pages are removed from an application, HRSA will determine eligibility using Section 3. Eligibility Information.

**Applications must be complete and validated by Grants.gov under HRSA-23-084 before the deadline.**

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

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

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

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

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

**Program Requirements and Expectations**

It is expected that funding under this program will be used to support all states that are participating in the AIM program by providing technical assistance (TA) to increase birthing facility engagement, support bundle implementation and sustainability, manage reporting and analysis of state AIM data, and promote safe care for pregnant and postpartum people. The TA Center will also build data capacity for participating entities to track progress on bundle implementation and by supporting improvement of data collection and reporting to measure program impact more effectively.

**The AIM TA Center award recipient is expected to:**

- Support new AIM states by completing an onboarding process with them and providing orientation to the AIM program.
- Create and provide resources and tools to support current bundle implementation efforts and dissemination of the AIM Obstetric (OB) Emergency Readiness Toolkit.
- Develop new AIM core bundles, toolkits, and associated resource materials as needed to address the leading causes of maternal mortality and SMM in hospitals, birthing facilities, and other settings where pregnant and postpartum people seek medical care. The provision of resources includes supporting a seamless continuation and dissemination of existing resources, tools, etc. that have been created to-date by the current recipient, as well as reviewing and updating materials, when necessary. (Available resources can be viewed on the AIM website.) Include patients and people with lived experience (e.g., pregnant and postpartum people and their families) in development of bundles, toolkits, and associated resource materials.
- Provide TA for states and birthing facilities currently participating in AIM and any new entities that onboard as needed. The provision of TA can be offered through group TA or one-on-one via coaching, mentoring, or individual consultation. Group TA can be provided via a variety of methods such as learning collaboratives, peer learning opportunities, and skills training sessions. The AIM TA Center recipient should include patients and people with lived experience in the development of content for group TA. TA provided by the AIM TA Center to states should include:
  - Assisting AIM states with engaging birthing facilities to participate in AIM;
  - Educating providers (e.g., emergency departments, urgent care centers) on use of AIM's OB Emergency Readiness Toolkit;
  - Amplifying public awareness of maternal early warning signs;
  - Providing training on and implementation support for patient safety bundles and associated resources to promote increased adoption, implementation of all bundle elements, scalability, and sustainability;
  - Assisting AIM state leads to strengthen QI processes for AIM bundle implementation; and,
  - Addressing barriers encountered with participation in AIM.

- Create and provide materials and/or tailored implementation resources for lower resourced areas and/or special populations[8] (e.g., U.S. territories and tribal communities). This may include providing support to states who are supporting birthing facilities with low birth volume, or other challenges, to participate in AIM and subsequently meet the two current requirements established by the Centers for Medicare and Medicaid Services for the Birthing Friendly[9] hospital designation: (1) participating in a structured state or national Perinatal Quality Improvement Collaborative; and (2) implementing patient safety practices or bundles as part of these QI initiatives.
- Provide opportunities for collaboration and networking across all participating AIM states, to include the leads for the AIM implementation teams and, potentially, birthing facility QI coordinators and other local AIM staff/members, to collectively problem-solve and share strategies through brainstorming sessions and peer-to-peer learning opportunities. These opportunities should be offered both in-person and virtually, as necessary.
- Plan, host, and facilitate an annual meeting for states participating in AIM, at a minimum to include the leads of the AIM implementation teams, AIM partners, AIM TA Center staff, and HRSA staff. The annual meeting is intended to support the provision of TA, peer-to-peer learning, and networking. The AIM TA Center recipient should include patients and people with lived experience in the meeting planning and as presenters/moderators.
- Support the quality and management of AIM data by building states' capacity to track bundle implementation progress at the facility level; providing TA to improve data collection and use; and, supporting development and release of state profiles and impact statements.
- Manage reporting and analysis of process, structure, and outcome data to drive continuous improvement in the implementation of bundles by state-based teams.
- Report to HRSA, on a biannual basis, information including, at a minimum, the total number of birthing facilities in each participating state (including the number that are hospital-based versus free-standing birthing facilities), the number, and percent of birthing facilities within each state that are participating in the AIM program and reasons for any changes in the numbers of total and participating facilities.

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[8] Lower resourced areas and/or special populations refers to areas that may lack the necessary infrastructure or capacity to support participation in AIM and/or groups whose needs may not be fully addressed by the standard AIM resources.

[9] https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1#:~:text=To%20build%20on%20the%20White,and%20safety%20of%20maternity%20care

- Develop and sustain partnerships with relevant national maternal health organizations and key stakeholder groups to support TA efforts for states participating in AIM. To view a list of current AIM partners, visit the AIM website.
- Develop and implement a plan for dissemination of AIM materials and resources to ensure key audiences receive information, to include sustaining the 508 compliant, public-facing, freestanding website or developing a new website that can act as a repository of all existing and new AIM resources, publications, meeting recordings, etc.
- Increase opportunities for sustainability of AIM activities beyond the period of federal funding. This includes assisting states to support their participating birthing facilities to move from successful bundle implementation to integration of bundle elements into their standard practice.

The AIM TA Center award recipient will report on the following performance measures:

- # of individual technical assistance events;
- # of trainings conducted with states;
- % of trainings (regardless of topic) that incorporate an equity and respectful or culturally responsive care component;
- # of states participating in AIM;
- # of birthing facilities participating in AIM;
- # of core patient safety bundles implemented by participating birthing facilities;
- # of patient safety bundles developed through the TA Center;
- # of resources, toolkits, etc. developed through the TA Center; and,
- # of state profiles and impact statements developed through support of the TA Center.

It is HRSA's expectation that if you are the award recipient for the AIM TA Center, you will continue a collaborative relationship with other federally funded programs that support maternal health that have been established by HRSA, to include HRSA's AIM Community Care Initiative (CCI). This initiative is developing maternal safety bundles and resources for use in community-based organizations across the country.

You will also be expected to continue a collaborative relationship with HRSA's funded Maternal Health Learning and Innovation Center (MHLIC). The MHLIC directly supports twenty-one HRSA-funded collaborating partners in eighteen states and three rural regions with information and capacity-building resources and has created a resource center to catalogue and disseminate best practices related to maternal health improvement, including the HRSA funded State Maternal Health Innovation programs.

MHLIC's central goal is to provide a continuum of learning opportunities that enhance the capacity of all maternal health practitioners across the country. In addition, you would be expected to continue collaboration with the Agency for Healthcare Research and Quality's initiatives to integrate teamwork and communication tools into the AIM patient safety bundles and associated program infrastructure, as well as development of measure(s) for respectful care.

HRSA also recommends that the award recipient for the AIM TA Center collaborate with the Centers for Disease Control and Prevention (CDC) funded National Network of Perinatal Quality Collaboratives (NNPQC) to ensure efforts to provide TA to AIM state leads, of which most are perinatal quality collaboratives, are not duplicated. The NNPQC is funded to support Statewide Perinatal Quality Collaboratives in making measurable improvements in statewide health care and health outcomes for mothers and babies. The AIM TA Center should also work closely with the CDC on any efforts to use the Levels of Care Assessment Tool (LOCATe®). In addition, HRSA recommends the AIM TA Center also collaborate with Indian Health Service for implementation of AIM within tribal communities and support Centers for Medicare and Medicaid Services with the advancement of their Birthing Friendly hospital designation.

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

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

## NARRATIVE GUIDANCE

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

| Narrative Section | Review Criteria |
|---|---|
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response and (4) Impact |

| Narrative Section | Review Criteria |
|---|---|
| Work Plan | (2) Response and (4) Impact |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and<br>(5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities |
| Budget and Budget Narrative | (6) Support Requested |

### ii. *Project Narrative*

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*

  Briefly describe the purpose of the proposed project that is consistent with Section I: Purpose.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

  - Briefly describe maternal health outcomes at the national level that support the need for states to participate in AIM. The brief description should include information that is not simply repeated from the background section of this NOFO. Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the overall needs that could be served by the proposed project.

  - Describe challenges and barriers that states may encounter when participating in AIM, as well as needs that the current structure of AIM has not been able to address.

  - Describe the major technical assistance, training, and education needs for states to effectively participate in AIM.

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

  - Propose effective and feasible methods that will be used to address the stated needs and meet each of the previously described expectations for the AIM TA Center as outlined in the Program Requirements and Expectations section. Approaches should encompass all 4 years of the project and identify the outcomes you expect to achieve by the end of the period of performance.

  - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable.

  - Describe how you will support new states who choose to participate in AIM, including your process for onboarding any new states to AIM.

  - Describe how you will support states to expand participation of birthing facilities to spread the utilization of AIM across the country.

  - Describe your plan for supporting seamless use and dissemination of existing tools and resources that have been created to date by the current TA recipient, as well as development of new effective tools and resources, to support current bundle implementation efforts; dissemination of the AIM OB Emergency Readiness Toolkit; and development of new AIM core bundles.

  - Describe your plan for creating and providing materials and/or tailored implementation resources for lower resourced areas and/or special populations, as well as your plan for assisting states as they support birthing facilities with low birth volume to participate in AIM and subsequently meet the requirements established by the Centers for Medicare and Medicaid Services for the Birthing Friendly hospital designation.

  - Describe the process for identifying the types of TA needed by states participating in AIM and how you propose to deliver the TA (e.g., group and/or one-on-one). Refer to the required activities outlined in the Program Requirements and Expectations section of the NOFO.

  - Describe how you will provide opportunities for collaboration and networking across all participating AIM states and how you will develop and sustain partnerships with relevant national maternal health organizations to support TA efforts and intensify efforts for AIM participation, including AIM Community Care Initiative, the MHLIC, and NNPQC.

  - Describe how you will plan, host, and facilitate an annual meeting for states participating in AIM.

- Describe how you will support the management of AIM data by building states' capacity to track bundle implementation progress at the facility level; providing TA to improve structure, process, and outcome measure collection and use; and, supporting development, review and release of state profiles and impact statements.
- Describe how you will manage reporting and analysis of process, structure, and outcome data to drive continuous improvement in the implementation of bundles by state-based teams.
- Describe how you will collect information from participating states on a biannual basis including the total number of birthing facilities in the state (including the number that are hospital-based versus free-standing birthing facilities), the number, and percent of birthing facilities within each state that are participating in the AIM program, and reasons for changes in the numbers of participating and total facilities, and how you will submit a biannual report to HRSA.
- Describe your plan for dissemination of AIM materials and resources to ensure key audiences receive project information. The plan should include developing or sustaining a 508 compliant, public-facing, freestanding website that can act as a repository of AIM resources, publications, meeting recordings, etc. Describe whether such expertise is internal to the recipient or will be acquired externally (e.g., contract). Include a discussion about your ability to host and store multi-media TA products.
- Describe plans to include patients and people with lived experience (e.g., pregnant, and postpartum people and their families) within the planning and implementation of AIM activities, development of content for group TA, and as presenters/moderators at the annual meetings.
- Describe how you plan to integrate a health equity approach into all TA Center activities, including culturally competent TA for participating AIM states and key stakeholders, that is representative of diverse populations and/or those that experience health disparities related to maternal mortality and SMM.
- Describe your plan for how you will evaluate any of your proposed activities that relate to health equity and disparities.
- Propose a plan for project sustainability after the period of federal funding ends. The plan should include assisting states to support their participating birthing facilities as they move from successful bundle implementation to integration of bundle elements into their standard practice.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact.*

  - Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a timeline that includes each activity and identifies responsible staff.

  - As appropriate, identify meaningful support and collaboration with key stakeholders, including those with lived experience, in planning, designing, and implementing all activities, including developing the application.

  - You must submit a work plan in table format as *Attachment 1*, to include all the information and activities detailed in the narrative section of the application.

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

  - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

  - Describe specific challenges likely to be encountered in providing TA, training, and educational activities to states participating in AIM and plans to overcome them.

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

  Provide a performance measurement and evaluation plan that demonstrates how the recipient will fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section.

  *Evaluation*

  - Describe the plan for the program performance evaluation that will contribute to continuous QI and support routinely evaluating and improving the quality of services provided. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

  - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will

collect and manage data for reporting performance outcomes (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting.

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

*Technical Support Capacity*

- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Please note experiences related to supporting data-driven maternal safety and quality improvement initiatives that address maternal health, maternal mortality, and SMM.

- Describe the use of a management information system to monitor proposed scope of the cooperative agreement.

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

  - Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to support the development and management of the AIM TA Center. Include a project organizational chart as *Attachment 5* that clearly shows how your organization is structured.

  - Describe your organization's capacity and expertise to provide AIM training and education including the scope of TA, training, educational, and support activities your organization currently engages in and your experience managing collaborative federal awards at the national level.

  - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*.

  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

### iii. *Budget*

*Corresponds to Section V's Review Criterion #6 Support Requested*

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

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

### iv. *Budget Narrative*

*See Section 4.1.v. of HRSA's SF-424 Application Guide. Corresponds to Section V's Review Criterion #6 Support Requested*

In addition, applications for the AIM TA Center are required to:

Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of performance (Years 1–4).

Line item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the "other" category is justified. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

### v. *Attachments*

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

*Attachment 1: Work Plan*

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

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide)*

Attach a staffing plan that includes the roles, responsibilities, and qualifications of proposed project staff, The staffing plan should list staff titles and information on time allocation for all key personnel on proposed activities (number of FTEs fulfilling the role). Keep each job description to one page in length as much as is possible. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. If a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

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

*Attachment 5: Project Organizational Chart*

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

*Attachment 6: Indirect Cost Rate Agreement (Does not count against the page limit)*

*Attachments 7–15: Other Relevant Documents*

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

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

Effective April 4, 2022:

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

You must register with SAM and continue to maintain active SAM registration with current information at all times 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 a different applicant.

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

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

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

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

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

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

### 4. Submission Dates and Times

#### Application Due Date

The due date for applications under this NOFO is ***May 9, 2023 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 Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide,* Section 8.2.5 for additional information.

### 5. Intergovernmental Review

The AIM TA Center is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

### 6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $3,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

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

Six review criteria are used to review and rank the AIM TA Center applications. Below are descriptions of the review criteria and their scoring points.

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

- Describes the purpose of the proposed project and the major technical assistance, training, and education needs for states to effectively participate in AIM.
- Describes maternal health outcomes at the national level that support the need for participation in AIM and cites demographic data, when possible, to support the information provided.
- Demonstrates insight in identifying existing needs with participation in AIM.
- Describes challenges and barriers that states may encounter when participating in AIM, as well as needs that the current structure of AIM has not been able to address.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

This section addresses the Methodology, Work Plan, and Resolution of Challenges. The weighting of the review of these sections should be as follows: Methodology (20 points), Work Plan (10 points), and Resolution of Challenges (5 points).

Methodology (20 points)

The extent to which the proposed project responds to the Purpose section included in the program description, as well as the Program Requirements and Expectations. Specifically, the extent to which the application (across the 4 years of the project) effectively:

- Describes quality, effective, and feasible methods the applicant will use to address the stated needs and meet each of the previously described in the Program Requirements and Expectations section. Methods should encompass all 4 years of the project and outcomes should be identified that are expected by the end of the period of performance.
- Provides Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives, as applicable, and their relationship to the proposed project.
- Describes support for all new states who choose to participate in AIM, including the process for onboarding any new states to AIM.
- Describes support for states to expand participation of birthing facilities to spread the utilization of AIM across the country.
- Describes a plan for supporting a seamless use and dissemination of existing AIM bundles, tools, and resources to support current bundle implementation efforts, as well as development of new effective core bundles, tools, and resources, including dissemination of the AIM OB Emergency Readiness Toolkit.
- Describes a plan for creating and providing materials and/or tailored implementation resources for lower resourced areas and/or special populations (e.g., U.S. territories and tribal communities), as well as a plan for assisting states to support birthing facilities with low birth volume to participate in AIM and subsequently meet the requirements established by the Centers for Medicare and Medicaid Services for the Birthing Friendly hospital designation.
- Describes the process for identifying the types of TA needed by states participating in AIM and how the applicant proposes to deliver the TA (e.g., group and/or one on one). Refer to the required activities outlined in the Program Requirements and Expectations section of the NOFO.
- Describes a plan to provide opportunities for collaboration and networking across all participating AIM states and how the applicant will develop and sustain partnerships with relevant national maternal health organizations to

support TA efforts and intensify efforts for AIM participation, including AIM Community Care Initiative, the MHLIC, and NNPQC.

- Describes a plan for how the applicant will host and facilitate an annual meeting for states participating in AIM.
- Describes a plan for supporting the management of AIM data that includes building states' capacity to track bundle implementation progress at the facility level; providing TA to improve structure, process, and outcome measure collection and use; and, supporting development, review and release of state profiles and impact statements.
- Describes the plan for managing reporting and analysis of process, structure, and outcome data to drive continuous improvement in the implementation of bundles by state-based teams.
- Describes a plan for how the applicant will collect information from participating states on a biannual basis including the total number of birthing facilities in the state (including the number that are hospital-based versus free-standing birthing facilities), the number, and percent of birthing facilities within each state that are participating in the AIM program, and reasons for changes in the numbers of participating and total facilities. Describes a plan for submitting a biannual report to HRSA that includes the information collected.
- Describes a plan to include patients and people with lived experience (e.g., pregnant and postpartum people and their families) within the planning and implementation of AIM activities, development of content for group TA, and as presenters/moderators at the annual meetings.
- Describes a plan to incorporate a health equity approach, including culturally competent TA, for participating AIM states, and key stakeholders, that is representative of diverse populations and/or those that experience health disparities related to maternal mortality and SMM.
- Describes a plan for project sustainability after the period of federal funding ends. The plan should include assisting states as they support their participating birthing facilities in moving from successful bundle implementation to integration of bundle elements into their standard practice.

Work Plan (10 points)

The extent to which the application effectively:

- Includes a work plan that is adequate, meaningful, and feasible; includes all activities or steps to be used in achieving each of the objectives proposed in

the Methodology section; and includes a timeline that identifies each activity and corresponding responsible staff.

- Provides an effective plan to manage the project activities, personnel, and resources; maintain communication among subrecipients (if applicable); and ensure consistent and timely, high-quality work.

Resolution of Challenges (5 points)
The extent to which the application effectively:

- Describes challenges likely to be encountered in designing and implementing the activities described in the work plan and the reasonableness of creative, quality, and workable approaches to resolving identified challenges.
- Describes specific challenges likely to be encountered in providing TA, training and educational activities to states participating in AIM and how the application describes plans to overcome them.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. Specifically, the extent to which the application effectively:

- Describes a plan for the program performance evaluation that will contribute to continuous QI; will monitor ongoing processes and the progress towards the goals and objectives of the project; and will support routinely evaluating and improving the quality of services provided. The plan should include systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data for reporting performance outcomes (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting. The plan should also include evaluation of the applicant's proposed activities that relate to health equity and disparities.

- Describes capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.

- Describes potential obstacles for implementing the program performance evaluation and a plan to address those obstacles.

- Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describes

experiences supporting data-driven maternal safety and quality improvement initiatives that address maternal health, maternal mortality, and SMM.

- Describes a management information system to monitor the proposed scope of the cooperative agreement.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan*
The extent to which the application effectively:

- Describes how the program objectives identified in the Purpose section and the performance measures identified in the Program Requirements and Expectations are likely to be achieved.

- Describes a plan for dissemination of AIM materials and resources to ensure key audiences receive project information. The plan should include developing or sustaining a 508-compliant, public-facing, freestanding website that can act as a repository of AIM resources, publications, meeting recordings, etc. The applicant should also describe whether such expertise is internal or will be acquired externally (e.g., contract) and describe their ability to host and store multi-media TA products.

- Describes how the proposed project, as outlined in the narrative, and work plan has a feasible and significant impact on public health and will be effective, if funded. This includes the effectiveness of plans for dissemination of project results, the impact results may have on maternal health, including addressing disparities, the extent to which project results may be national in scope, the extent to which the project incorporates a health equity approach, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

*Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information*
This criterion includes two sub-criterion weighted as: Evaluation and Technical Support Capacity (15 points) and Organizational Information (10 points).

Evaluation and Technical Support Capacity (15 points)
The extent to which the application effectively:

- Describes how project personnel are qualified by training and/or experience to implement and carry out the project and fulfill the needs and requirements of the proposed project, including collecting and managing data for reporting performance outcomes.

- Describes the systems and processes they will use to support AIM data reporting and analysis, QI, and bundle implementation.

Organizational Information (10 points)
The extent to which the application effectively:

- Describes the organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to conduct the required activities as outlined in the Methodology section of the Project Narrative. Includes a project organizational chart as *Attachment 5*.

- Describes the capabilities of the applicant organization, as well as proposed partners, and the quality, expertise, experience, and availability of personnel to fulfill the needs and requirements of the proposed project, including supporting AIM data collection and reporting, assisting with AIM data analysis, following the approved plan, properly accounting for federal funds, and documenting all costs to avoid audit findings. Includes a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*.

- Describes the organization's capacity and expertise to provide AIM TA, training, and education, including the scope of TA, training, and educational activities the applicant currently engages in and its experience managing collaborative federal awards at the national level.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Narrative*
The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
The extent to which the application effectively:

- Outlines costs, in the budget and required resources sections, are reasonable given the scope of work.

- Describes key personnel have adequate time devoted to the project to achieve project objectives.

**2. Review and Selection Process**

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also

consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

### 3. Assessment of Risk

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

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

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

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

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

## VI. Award Administration Information

### 1. Award Notices

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

## 2. Administrative and National Policy Requirements

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

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

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

**Accessibility Provisions and Non-Discrimination Requirements**

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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

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

**Executive Order on Worker Organizing and Empowerment**

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

**Requirements of Subawards**

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

**Data Rights**

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-

sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

### 3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023, will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this program are Core 3, Capacity Building 1, Capacity Building 4, Capacity Building 6, Capacity Building 8, Financial Forms 1, Financial Forms 6, Financial Forms 7, Products and Publications Form, and TA and Collaboration Form. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

| Type of Report | Reporting Period | Available Date | Report Due Date |
|---|---|---|---|
| **a) New Competing Performance Report** | September 1, 2023 – August 31, 2027<br><br>*(administrative data and performance measure projections, as applicable)* | Period of performance start date | 120 days from the available date |
| **b) Non-Competing Performance Report** | September 1, 2023 – August 31, 2024<br><br>September 1, 2024 – August 31, 2025<br><br>September 1, 2025 – August 31, 2026 | Beginning of each budget period (Years 2–4, as applicable) | 120 days from the available date |
| **c) Project Period End Performance Report** | September 1, 2026 – August 31, 2027 | Period of performance end date | 90 days from the available date |

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection

1) **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.

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

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

## VII. Agency Contacts

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

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7858
Email: dcolwander@hrsa.gov

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

Cassandra Phillips, MPH
Public Health Analyst, Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Attn: ATAC
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 945-3940
Email: wellwomancare@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

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

HRSA Contact Center
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** - See TA details in Executive Summary.

**Tips for Writing a Strong Application** - See Section 4.7 of HRSA's *SF-424 Application Guide*.

## Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

| **Standard Form Name** ***(Forms themselves do not count against the page limit)*** | **Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)*** | **# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form* |
|---|---|---|
| Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States, etc.) | *My attachment =___ pages* |
| Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District | *My attachment =___ pages* |
| Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt? | *My attachment =___ pages* |
| Attachments Form | Attachment 1: Work Plan | *My attachment =___ pages* |
| Attachments Form | Attachment 2: Staffing Plan and Job Descriptions for Key Personnel | *My attachment =___ pages* |
| Attachments Form | Attachment 3: Biographical Sketches of Key Personnel | *My attachment =___ pages* |
| Attachments Form | Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts | *My attachment =___ pages* |
| Attachments Form | Attachment 5: Project Organizational Chart | *My attachment =___ pages* |

| **Standard Form Name** *(Forms themselves do not count against the page limit)* | **Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)* | **# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form* |
|---|---|---|
| Attachments Form | Attachment 6: Indirect Cost Rate Agreement (Does not count against the page limit) | *My attachment =___ pages* |
| Attachments Form | Attachment 7 | *My attachment =___ pages* |
| Attachments Form | Attachment 8 | *My attachment =___ pages* |
| Attachments Form | Attachment 9 | *My attachment =___ pages* |
| Attachments Form | Attachment 10 | *My attachment =___ pages* |
| Attachments Form | Attachment 11 | *My attachment =___ pages* |
| Attachments Form | Attachment 12 | *My attachment =___ pages* |
| Attachments Form | Attachment 13 | *My attachment =___ pages* |
| Attachments Form | Attachment 14 | *My attachment =___ pages* |
| Attachments Form | Attachment 15 | *My attachment =___ pages* |
| Project Narrative Attachment Form | Project Narrative | *My attachment =___ pages* |
| Budget Narrative Attachment Form | Budget Narrative | *My attachment =___ pages* |
| # of Pages Attached to Standard Forms | | Applicant Instruction: Total the number of pages in the boxes above. |
| **Page Limit for HRSA-23-084 is 60 pages** | | **My total = ____ pages** |

## Appendix B: Additional Information for Applicants

- Equity: "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[10]

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

- Health Equity: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.

[10] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.