

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Services for Children with Special Health Care Needs

Family Engagement and Leadership in Systems of Care

Funding Opportunity Number: HRSA-23-078

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.110

Application Due Date: January 3, 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: September 22, 2022

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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, 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 Family Engagement and Leadership in Systems of Care (FELSC) program. The purpose of the FELSC program is to enhance engagement of families of children and youth with special health care needs (CYSHCN) and individuals with lived experience, within the systems that serve them. Family engagement is defined as patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care. The FELSC program will achieve this through two projects:

Project 1: providing national leadership on family engagement to support maternal and child health programs that serve CYSHCN.

Project 2: providing technical assistance to the HRSA-funded Family-to-Family Health Information Centers (F2F HICs).

You must apply for both **Project 1** and **Project 2**.

Funding Opportunity Title:	Family Engagement and Leadership in Systems of Care
Funding Opportunity Number:	HRSA-23-078
Due Date for Applications:	January 3, 2023
Anticipated FY 2023 Total Available Funding:	Up to \$600,000 (Project 1: \$300,000, Project 2: \$300,000. See Summary of Funding for full details.)
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Annual Award Amount:	Up to \$600,000 award subject to the availability of appropriated funds (Project 1: \$300,000, Project 2: \$300,000)
Cost Sharing/Match Required:	No

Period of Performance:	June 1, 2023 through May 31, 2028 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)), is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based 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 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, October 26, 2022
3–4 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 89896910

Weblink: <https://hrsa.gov.zoomgov.com/j/1616094101?pwd=STNDNGJScVNsQmpaQy9wSnlRT1dlUT09>

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Family Engagement and Leadership in Systems of Care (FELSC) cooperative agreement. The purpose of the FELSC program is to enhance engagement of families of children and youth with special health care needs (CYSHCN) and individuals with lived experience, within the systems that serve them. Family engagement is defined as patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care.¹ The FELSC program will achieve this through two projects: 1) providing national leadership on family engagement to support maternal and child health (MCH) programs that serve CYSHCN and 2) providing technical assistance and training to the 59 HRSA-funded [Family-to-Family Health Information Centers](#) (F2F HICs).² You must apply for both **Project 1** and **Project 2**.

Program Goal

The goal of this FELSC program funding opportunity is to ensure a diverse³ set of family perspectives, experiences, and voices are well-represented to shape the systems of care⁴ that serve CYSHCN.

Project 1, National Leadership on Family Engagement, will provide subject matter expertise, technical assistance and training (TA/T), and other resources to youth, family leaders, and MCH programs and stakeholders (e.g., Title V programs, health systems and health care professionals) in order to promote meaningful engagement of families at all levels of care. In addition, **Project 1** will collaborate with MCH programs, including Title V and other MCH programs, at the community, state, and national levels on policies, best practices, definitions, and measurement of family engagement of CYSHCN.

Project 2, Technical Assistance for F2F HIC Programs, will provide TA/T specifically to all 59 F2F HICs to strengthen data collection, sustainability, response to emerging needs, and how to increase their reach and engagement of diverse families.

¹ Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., Sweeney, J. "Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies." Health Affairs. 2013; 32:223-231.

² Family-to-Family Health Information Centers (HRSA-22-069) program provide information, education, technical assistance, and peer support to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them within each of the 50 states, District of Columbia, five territories, and three tribal organizations.

³ For the purpose of this NOFO, diverse families is defined as families impacted by systemic and structural barriers including poverty, racism, ableism, gender discrimination, and other forms of contemporary and historical injustices that contribute to health inequities.

⁴ <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>

The FELSC program can be implemented by a single organization or by a single organization leading multiple organizations that work as a consortium to fulfill the goals and objectives of both **Project 1** and **Project 2**. If the consortium model is chosen, Memorandum of Understanding/Agreement (MOU/A) with the participating organizations are required as part of the application and should describe the roles, responsibilities, relationships, and governance to ensure all program goals and objectives are met. [More information about applying as a consortium can be found on page 7 of this NOFO.](#)

Project Objectives

Project 1: National Leadership on Family Engagement

- By May 31, 2028, at least 90 percent of MCH programs and stakeholders receiving recipient TA and resources through this project will report they have increased ability to engage diverse families in systems of care.
- By May 31, 2024, set a baseline, and then increase by 30 percent annually the number of TA, education, and partnership building recipients/participants that report implementing best practices for increasing family engagement as identified through this project.
- By May 31, 2028, increase by 25 percent the number of youth/family members trained through this project that report participating in leadership activities in MCH systems of care.

Project 2: Technical Assistance for F2F HIC Programs

- By May 31, 2028, 90 percent of F2F HIC programs receiving TA will report that they have increased capability to engage diverse, underserved CYSHCN and their families in direct patient care, organizational design, and governance as a result of the support provided.
- By May 31, 2028, 90 percent of F2F HIC programs receiving TA through this project will report that they have increased capability to collect, monitor, and report on family engagement data.

2. Background

Authority

Project 1 and **Project 2** are authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act).

About MCHB and Strategic Plan

The HRSA 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

The FELSC program addresses MCHB Goals 1–3 by:

- advancing a well-functioning system of care in which families and health professionals partner in health care decision-making (Goal 1);
- seeking to address health inequities and meet the needs of diverse³ and underserved families (Goal 2); and
- supporting grantees in developing and providing education and training for health professionals on how to work with parents/families of CYSHCN and other MCH populations (Goal 3).

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

CYSHCN are those children and youth who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions. More than 12 million or almost 86 percent, of CYSHCN ages 1-17 years do not have access to a well-functioning system of services.⁵ They are also less likely to get care consistent with a medical home than those children and youth without special health care needs. Throughout the life course CYSHCN and their families have better outcomes when a system of services is comprehensive, coordinated, and family centered.^{6, 7, 8, 9}

⁵ Sarah E. McLellan, Marie Y. Mann, Joan A. Scott, Treeby W. Brown; A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families. Pediatrics June 2022; 149 (Supplement 7): e2021056150C. 10.1542/peds.2021-056150C

⁶ Mattson G, Kuo DZ; Committee on Psycho social Aspects of Child and Family Health; Council on Children With Disabilities. Psychosocial factors in children and youth with special health care needs and their families. Pediatrics. 2019;143(1): e20183171

⁷ Sarah E. McLellan, Marie Y. Mann, Joan A. Scott, Treeby W. Brown; A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families. Pediatrics June 2022; 149 (Supplement 7): e2021056150C. 10.1542/peds.2021-056150C

⁸ For the purposes of this NOFO, MCHB defines a well-functioning system of services characterized by family-professional partnerships, access to a medical home, adequate financing, coordinated services, screening, and transition to adult services.

⁹ <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>

Family engagement¹⁰ has been shown to improve quality of care, parent and family satisfaction, and families' communication and relationships with health care providers. Actively engaging families as equal partners in their child's care and decision-making is associated with fewer unmet health needs, problems with specialty referrals, and out-of-pocket expenses and improves patient physical and behavioral function.

Family/professional partnership at the practice level can lead to shared decision making and planning that is responsive to and reflective of the whole child and family and their priorities.

Currently, HRSA funds F2F HICs, Title V, and other MCHB programs that work to ensure that families are engaged at all levels of the health care system.

MCHB recently released [*A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families*](#) (*Blueprint for Change* or *Blueprint*), a national agenda guiding the field for research, programs, and policy in four priority areas: health equity¹¹, CYSHCN and family well-being and quality of life, access to services, and financing of services. The vision of the *Blueprint* is that "[CYSHCN] enjoy a full life, from childhood to adulthood, and thrive in a system that supports their social, health, and emotional needs, ensuring dignity, autonomy, independence and active participation in their communities." The *Blueprint* sets forth a principle that "families of CYSHCN are equal partners in developing services and supports designed for their benefit."¹²

Achieving health equity for CYSHCN and their families is a key goal in strengthening systems of care. Data from the National Survey of Children's Health (NSCH) demonstrate that race, poverty, and special health care needs often track together, for example, 43.4 percent of Black CYSHCN live in poverty compared to 36.6 percent of Black non-CYSHCN and only 10.9 percent of White non-CYSHCN.¹³ The *Blueprint for Change* elevates health equity and acknowledges that the process to achieve health equity requires removing all obstacles and barriers to health for CYSHCN.¹⁴

¹⁰ Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., Sweeney, J. "Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies." *Health Affairs*. 2013; 32:223-231.

¹¹ For the purposes of this NOFO, 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.

¹² Sarah E. McLellan, Marie Y. Mann, Joan A. Scott, Treeby W. Brown; *A Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families*. *Pediatrics* June 2022; 149 (Supplement 7): e2021056150C. 10.1542/peds.2021-056150C

¹³ Amy Houtrow, Alison J. Martin, Debbi Harris, Diana Cejas, Rachel Hutson, Yasmin Mazloomdoost, Rishi K. Agrawal; *Health Equity for Children and Youth With Special Health Care Needs: A Vision for the Future*. *Pediatrics* June 2022; 149 (Supplement 7): e2021056150F. 10.1542/peds.2021-056150F

¹⁴ Amy Houtrow, Alison J. Martin, Debbi Harris, Diana Cejas, Rachel Hutson, Yasmin Mazloomdoost, Rishi K. Agrawal; *Health Equity for Children and Youth With Special Health Care Needs: A Vision for the Future*. *Pediatrics* June 2022; 149 (Supplement 7): e2021056150F. 10.1542/peds.2021-056150F

II. Award Information

1. Type of Application and Award

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

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

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

- As appropriate, participate in related meetings conducted during the period of the cooperative agreement.
- Provide ongoing review of activities and procedures to be established and implemented for accomplishing the proposed project.
- Review project information prior to dissemination.
- Review information/data on project activities.
- Review and facilitate discussions using programmatic data for F2F HIC programmatic data and other MCH programs to assist the recipient in program planning and TA/T.
- Assist with the establishment of partnerships, collaboration, and cooperation with federal and state agencies, MCHB award projects, and other contacts that may be relevant to the project's mission.

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

- Complete activities proposed in the application [Requirements and Expectations](#).
- Track and report on activities and expenditures by topic area/target audience (the categories are: national leadership on family engagement for Project 1 and F2F HICs for Project 2).
- Provide leadership, in collaboration with HRSA, in data collection for F2F HICs and other MCH programs; analysis of evidence-based data; impact and quality improvement data; relevant Healthy People data, and any relevant data trends.
- Participate in face-to-face meetings and/or conference calls with HRSA conducted, at minimum monthly, during the period of the award.
- Provide the federal project officer opportunity to review documents and products prior to dissemination.

- Collaborate with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts, and interagency agreements through conference calls and/or face-to-face meetings.

Partner with HRSA-funded programs to leverage resources and avoid duplicative efforts. The programs may include: National Center for Advancing the System of Services for Children and Youth with Special Health Care Needs, Children with Special Health Care Needs Research Network, Partnership for State Title V Maternal and Child Health (MCH) Leadership, Advancing State and Urban Maternal and Child Health (MCH), National Center for Newborn Screening System Excellence, Early Hearing Detection and Intervention (EHDI) National Technical Resource Center, Family Leadership in Language and Learning, and, other HRSA-funded resource centers serving CYSHCN and their families.

2. Summary of Funding

HRSA estimates approximately \$600,000 to be available annually (Project 1: \$300,000, Project 2: \$300,000) to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation.

You may apply for a ceiling amount of up to \$600,000 total cost (includes both direct and indirect costs) per year.

- \$300,000 shall be dedicated to Project 1: National Leadership on Family Engagement.
- \$300,000 shall be dedicated to Project 2: Technical Assistance for F2F HIC Programs.

Track and report on activities and expenditures by topic area/target audience (the categories are: national leadership on family engagement for Project 1 and F2F HICs for Project 2).

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 June 1, 2023 through May 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the FELSC program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 450b)), is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based 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 funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowed. However, organizations have the ability to come together as a consortium to submit a joint application for this cooperative agreement. The application must identify the lead organization as the proposed award recipient, and additional information on the partner organization(s) must be included in the Work Plan, Evaluation, and Technical Capacity, and Organizational Information sections of the Project Narrative. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A) to be executed by the consortium members. The proposed draft MOU/A must be in writing and submitted as *Attachment 4*, along with documentation confirming the support of all consortium members for the project as set forth in the MOU/A.

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-23-078 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 in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-078, it will 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.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit 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-23-078 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 9-14: 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

Successful applicants must propose methods and strategies with input from diverse³ families¹⁵ and those with lived experience to implement the following activities during the period of performance.

Project 1: National Leadership on Family Engagement

Regarding technical assistance and training (TA/T), the successful recipient will:

- 1) Provide national leadership through TA/T and education to a variety of stakeholders (e.g., Title V, health systems, and health care professionals) on the implementation of policies, practices, and measurement of family engagement.¹⁶
The recipient will:
 - a. Conduct an environmental scan to assess existing approaches to strengthen family engagement including evidence-based strategies, and tools. The environmental scan should inform TA/T and include:

¹⁵ For the purpose of this NOFO, diverse families are defined as families impacted by systemic and structural barriers including poverty, racism, ableism, gender discrimination, and other forms of contemporary and historical injustices that contribute to health inequities.

¹⁶ Applicants should ensure that developed tools and products are culturally sensitive, delivered in a variety of formats, supportive of diversity, equity and inclusion, and relevant to the MCH field.

- i. An assessment of barriers to family engagement and existing gaps, with a focus on underserved populations. Include specific findings for Title V and other MCH programs serving CYSHCN.
 - ii. A catalogue of existing resources on defining family engagement, evidence-based and informed practices for engaging families and youth, addressing health equity and tools for family and youth recruitment and engagement.
- b. Promote shared definitions and metrics for family engagement across MCH programs.
- c. Provide TA to MCH programs and other stakeholders in implementing best practices to expand engagement of diverse families.
- d. Create an online public facing platform that shares best practices and resources with existing and grantee-developed trainings, tools, and resources for families, MCH programs, and other stakeholders.
- e. Develop a plan for national dissemination of successful project innovations, trainings, evaluation results, and reports. Communicate with a broad array of stakeholders to ensure developed resources, tools, and trainings are disseminated through multiple, varied platforms. Develop and disseminate information about project and collaborative activities.
- f. Implement youth and family leadership development programs and peer-to-peer learning opportunities for family leaders in MCH programs. Efforts should focus on increasing representation/engagement of youth and families from underrepresented and diverse communities.
- g. Develop a mechanism to track TA requests by recipient type (e.g., MCHB grantee, health care agency) and topic (e.g., national leadership, data reporting, transition).
- h. Develop a mechanism to track family engagement activities and leadership opportunities that youth and family members with lived experience have participated in as a result of this investment.
- i. Develop and convene annually at least one learning collaborative involving a minimum of five multi-disciplinary teams (e.g., Title V, education, providers, and families) to address barriers to family engagement across systems and promote shared definitions, approaches and measurement. The proposed topics should align with the [Blueprint for Change](#).
- i. Monitor, analyze, and report emerging state and federal trends, policies, regulations and other relevant data and policies impacting the health of CYSHCN and their families.

Regarding partnerships and collaboration, the successful recipient will:

- 2) Create and convene a project advisory committee to develop a national agenda to promote family engagement across systems of care and inform the work of this program. You should provide a tentative list of advisory committee members in their application. The committee should be comprised of but not limited to the following categories of expertise:
 - a. Majority of members should be family leaders representing diverse communities (e.g., F2F HICs and state Title V-identified family and youth leaders.).
 - b. CYSHCN youth.
 - c. Organizations with expertise in MCH, and/or CYSHCN (newborn screening, early hearing detection and intervention (EHDI) and other national organizations and associations).
 - d. Health care professionals with expertise in care of CYSHCN.
 - e. Organizations representing new partnerships (e.g., community-based organizations serving CYSHCN and their families, father led organizations, etc.)
 - f. Members with expertise in diversity, equity, inclusion, and accessibility.
- 3) Promote strategies to build and strengthen partnerships and collaboration among MCH programs, family and youth leaders, and other key MCH stakeholders.
- 4) Identify and engage with individuals/organizations who serve CYSHCN (beyond MCHB-funded programs), and diverse, medically underserved communities, including mental/behavioral health organizations.

Project 2: Technical Assistance for F2F HIC Programs

Regarding technical assistance and training (TA/T), the successful recipient will:

- 1) Provide ongoing education, TA/T, and access to national resources to HRSA-22-069 (F2F HIC) recipients on policies and practices to meet statutory requirements of F2F HIC programs. The recipient will:
 - a. Provide strategies to F2F HICs for improving diversity, equity, inclusion, and accessibility in family and youth leader recruitment and engagement activities. These strategies could be included in the F2F HIC's required Diversity, Equity, and Inclusion plans.
 - b. Support F2F HICs in convening youth and family advisory councils.
 - c. Support F2F HICs in implementing organizational assessments to address program sustainability.
 - d. Track F2F HICs' TA needs.

- e. Develop and implement targeted support to meet the unique needs of F2F HICs located within U.S. territories and tribes. The recipient will:
 - i. Tailor family engagement strategies to population needs.
 - ii. Develop and maintain partnerships with key stakeholders located within the geographic/service area and neighboring jurisdictions.
 - iii. Collaborate with Title V CYSHCN programs and other MCH stakeholders working to address CYSHCN needs within the geographic/service area and neighboring jurisdictions.
 - f. Convene an annual family engagement meeting of the F2F HICs to provide opportunities for collaboration, sharing of best practices, and align family engagement efforts around [Blueprint for Change](#) principles and strategies.
- 2) Support F2F HICs in developing and implementing an evaluation plan to monitor/track and evaluate progress in meeting (a) project goals and objectives; and (b) overarching program objectives, listed above.
- 3) Develop and implement targeted support for new F2F HIC directors and grantees. The recipient will:
- a. Assess F2F HIC director training needs.
 - b. Support data collection and reporting on family engagement measures for new F2F HIC grantees:
 - i. Support F2F HIC recipients, in collecting, compiling, and reporting feedback survey data on TA/T provided by the F2F HICs to families and professionals and in analyzing F2F HIC data on number of families and professionals served.

Regarding partnerships and collaboration, the successful recipient will:

- Support F2F HICs in developing meaningful partnerships with key stakeholders:
 - a. Enhance and track partnerships with key stakeholders (e.g., Title V, family partners, providers, family-based organizations, and other federal programs).
 - b. Increase the participation of youth and family members from underrepresented and diverse communities in F2F HICs activities.

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

For **Project 1** briefly describe the purpose of the proposed project and summarize how you will provide leadership, TA/T on policy, practice and measurement, family leadership development strategies and best practices for engaging diverse CYSHCN families, key stakeholders, and other MCH programs.

For **Project 2** briefly describe the purpose of the proposed project and summarize how you will provide coordination, subject matter expertise, and TA/T to F2F HICs on best practices for family engagement, building family engagement infrastructure and implementing new data collection and reporting practices on family engagement.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria [1 Need](#) and [4 Impact](#)*

Describe the target population of families of CYSHCN served by the proposed projects. The description should include specific needs for families in engaging and accessing health and related services as identified by families of CYSHCN, and other key stakeholders.

Describe the short-term needs of F2F HICs, state Title V, and other MCH programs.

Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome.

Include the following project-specific information:

Project 1: demonstrate an understanding of how to provide TA promoting meaningful engagement of families at all levels of care through collaboration with MCH programs at the community, state, and national levels on policies and best practices.

Project 2: discuss any relevant challenges or barriers faced by F2F HICs in meeting the needs of the target population. Describe the types of TA/T, resources and other supports F2F HICs need in order to overcome these challenges.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion [2 Response](#)*

Describe how you will implement the proposed projects. Discuss the innovative methods you will use to address the stated needs and meet each of the previously described [Program Requirements and Expectations](#) of this NOFO.

You are required to design activities to achieve national-level impact centered on new and emerging evidence-based/informed practices and ensure all activities have input from diverse families and those with lived experience. Describe how you will operationalize the activities listed under **Project 1** and **Project 2** in the [Program Requirements and Expectations](#) section.

Project 1:

- 1) Describe how you will develop and provide training and resources to youth and family leaders on engaging in all levels of care and facilitating meaningful family engagement and leadership opportunities. Describe how you will track TA requests and family engagement activities. Describe how you will conduct an environmental scan to assess existing approaches to measurement of family engagement, evidence-based strategies, and tools. Describe how you plan to conduct a learning collaborative(s).
- 2) Describe how you will establish or strengthen meaningful partnerships and collaborations with key stakeholders, including MCHB grantees and families of CYSHCN to design and carry out project activities. Describe how you will define a meaningful partnership and how the baseline for the number of partnerships will be calculated. Specifically discuss how you will reach and work with organizations serving and families from diverse and underserved communities. Include the role of key stakeholders within work plan activities and the project's organizational structure. Describe how you will create and convene a project advisory committee, and how the advisory committee will provide guidance on project activities. Submit a list of proposed advisory committee members.

Project 2:

- 3) Describe how you will provide TA/T to F2F HICs operating within U.S. territories and tribes. Describe how you will develop and implement targeted support for new F2F HIC Directors.
- 4) Describe how you will support the F2F HICs in developing meaningful partnerships with key stakeholders, including youth and family leaders from diverse and underserved communities. Include how you will support the F2F HICs in tracking partnerships with Title V and other key stakeholders.

In addition, provide the following information pertaining to both **Project 1** and **Project 2:**

- Identify priority principles and strategies within the [Blueprint for Change](#) and propose a plan for working with families and key stakeholders to implement.
- Discuss efforts to engage individuals with lived experience (e.g., youth with special health care needs), family leaders, and diverse families in the development and implementation of methods chosen. As appropriate, include

development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

- Provide evidence of meaningful partnerships by including memoranda of understanding/agreement (MOU/MOA) or letters of agreement with partnering organizations. If applicable, MOU/MOAs and letters of agreement must be included in the application in *Attachment 4*. Report on the number of partnerships (including name and type of organization) and demonstrate partner involvement in activities via the project work plan. Also, report on specific areas to build new partnerships or strengthen existing ones. Example of partners include, but need not be limited to the following: state Title V programs, state newborn screening programs, early hearing detection and intervention (EHDI) programs, and other state public health agencies; newborn screening family education programs, health care professionals providing care to CYSHCN, child-focused programs, primary care organizations; and patient/family support organizations, particularly those that serve diverse, medically underserved populations including: provider organizations, patient navigator programs, federal agencies and HRSA programs/award recipients.
- Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
- *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 time line that includes each activity and identifies responsible staff. Your work plan should clearly identify activities under **Project 1** and **Project 2**. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

Logic Models

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at [ACF HHS: Logic Model Tip Sheet](#).

▪ ***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.

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

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and program objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the 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 (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Describe how you will measure and monitor progress on the program objectives.

In addition, recipients are expected to collect and report annually on the following measures (separated by project where specified):

- Number of project advisory committee meetings
- Number of family/youth representatives on advisory committee
- Number of families/youth trained
- Number of TA requests received and addressed (for Project 1 and Project 2)
- Number of trainings provided to MCH organizations (for Project 1 and Project 2)

Propose performance measures that would show additional impact on reach of diverse families.

- **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 implement the program requirements and meet program expectations. Include an organizational chart. Discuss how your organization will include and financially compensate individuals with lived experience to plan, implement, and evaluate the project. 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. Describe mechanisms the organization will use to budget and track activities by project (Project 1 and Project 2).

iii. **Budget**

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

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

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), 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." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424](#)

[Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

The FELSC program requires a budget that tracks activities and expenditures for two project areas:

- Project 1 has \$300,000 total,
- Project 2 has \$300,000 total.

In your budget narrative describe mechanisms you will use to track activities by project and topic area (the categories are: national leadership on family engagement for Project 1 and F2F HICs for Project 2).

In addition, the FELSC program requires the following:

- Award-related Meetings: You should include sufficient funding to support one (1) F2F HIC TA meeting (in-person, virtual, or hybrid) annually.
- Stipends: For the learning collaborative(s) you should include funding for stipends for participants involved.
- Subject Matter Expertise: You can include funding for an external consultant(s) (e.g., diversity, equity, and inclusion).
- Access Accommodations: You should include the cost of access accommodations as part of your project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.
- Evaluation Activities: Data collection activities and procedures required by the award recipient's evaluation should be accounted for and included within the scope of the budget (e.g., baseline and period data collection per award year).

v. **Program-Specific Forms**

Program-specific forms are not required for application.

vi. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) 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](#). Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

If a consortium is proposed for this program the roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A) to be executed by the consortium members. The proposed draft MOU/A must be in writing and submitted, along with documentation confirming the support of all consortium members for the project as set forth in the MOU/A.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: For Multi-Year Budgets--5th Year Budget,

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit;

however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 8: Proof of Non-profit Status (Does not count against the page limit)

Attachments 9–14: 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 when you have: an active federal award, an active application, or an active 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 registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

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

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

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 application due date under this NOFO is **January 3, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application 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 in HRSA’s [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA’s [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$600,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Provide payments for clinical services;
- Purchase service delivery equipment;
- International travel; or
- Entertainment, fundraising and/or support for lobbying/advocacy efforts

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](#).

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. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

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

Criterion 1: NEED (10 points) – Corresponds to Section IV’s [Introduction](#) and [Needs Assessment](#)

For both **Project 1** and **Project 2**, the extent to which the application demonstrates the problem and associated contributing factors to the problem:

- Describes the needs of the community and organizations to be served. Identifies and describes short-term needs of F2F HICs, state Title V, and other MCH programs.
- Uses and cites recent and relevant demographics to support the information provided.
- Demonstrates understanding of the importance of engaging diverse families.
- Demonstrates knowledge of current strategies and investments at federal and state levels to improve family engagement and what is needed in the field.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

The extent to which the proposed activities for **Project 1** and **Project 2** respond to the “[Purpose](#)” included in the program description. The strength of the proposed goals and

objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining each of the project objectives. In addition, the thoroughness, feasibility, and applicability of the methods and activities proposed for each Project (see [Program Requirements and Expectations](#) of this NOFO for a full description of what to address). Ensure that the following is described:

Methodology - 25 points

For **Project 1** and **Project 2**, the extent to which the application:

- Incorporates activities that are centered on new and emerging evidence based/informed practices capable of achieving national level impact.
- Describes innovative methods that will be used to address the stated needs; discusses why the methodology chosen is appropriate for this project; and include efforts to involve patients, families, and medically underserved communities.
- Demonstrates meaningful partner involvement in activities, including via MOU/MOAs and letters of agreement.
- Identifies priority principles and strategies within the [Blueprint for Change](#) and describes an implementation plan that includes working with families and key stakeholders.
- Develops a plan for project sustainability after the period of federal funding ends.

Work Plan and Logic Model - 10 points

The extent to which the application:

- Includes a work plan with activities that are clearly linked to the **Project 1** and **Project 2** goals and objectives and are aligned with the needs assessment, proposed budget, and the applicant organization's capacity.
- Proposes a logical connection between project assumptions, the target population, inputs, activities, outputs, and project outcomes.

Resolution of Challenges - 5 points

For **Project 1** and **Project 2**, the extent to which the application:

- Describes challenges/barriers in increasing family engagement at all levels of health care within systems serving CYSHCN and their families.
- Addresses challenges the applicant is likely to encounter in designing and implementing the activities described in the work plan, and proposed approaches to resolve such challenges.
- Addresses challenges the applicant is likely to encounter in providing TA/T and educational activities to F2F HICs, state Title V programs, and other stakeholders.

Criterion 3: EVALUATIVE MEASURES (20 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. The capacity to address program requirements for data collection, measurement, and evaluation. 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. See [Program Requirements and Expectations](#) of this NOFO for a full description of what to address.

Evaluation Plan – 10 points

For **Project 1** and **Project 2**, the extent to which the application:

- Develops and implements an evaluation plan to monitor/track and evaluate progress in meeting (a) project goals and objectives; and (b) overarching program objectives, listed above.
- Describes potential obstacles for implementing the program performance evaluation and your plans to address those obstacles.

Data Infrastructure and Collection; Data Use and Challenges – 10 points

For **Project 1** and **Project 2**, the extent to which the application:

- Describes the systems and processes that will support the FELSC's performance management requirements through effective tracking of performance outcomes, including a description of how the applicant organization will:
 - Collect, analyze, track and manage data for each project (e.g., assigned skilled staff, data management software) that allows for accurate and timely reporting of performance outcomes.
 - Define and report on meaningful partnerships (including name and type of organization).

- Explains how the data will be used to inform program development and service delivery.
- Explains how the applicant organization will use program data to measure process and impact/outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s [Needs Assessment](#), [Work Plan](#),

For **Project 1 and Project 2**, the extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which 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. See [Program Requirements and Expectations](#) of this NOFO for a full description of what to address.

Specifically, the extent to which the application:

- Describes the role of key stakeholders within work plan activities and the project’s organizational structure.
- Describes how collected data and project results will be disseminated to key stakeholder audiences.
- Incorporates activities to achieve impact at a national level.
- Demonstrates that the proposed plans are supported and can be accomplished and sustained throughout the proposed period of performance.
- Proposes a comprehensive plan for project sustainability after the period of federal funding ends to include how the applicant or other partners will sustain key elements of the project, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#), and [Organizational Information](#)

For **Project 1 and Project 2**, the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

The extent to which the application:

- Demonstrates experience and expertise in working with individuals with lived experience, family-led organizations, state Title V programs, and other MCH programs, to provide TA/T and education on a national scale.

- Succinctly describes the applicant organization’s current mission and structure, scope of current activities and how these elements all contribute to the organization’s ability to conduct the program requirements and meet program expectations.
- Describes current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Staff include families with lived experience who have expertise in the systems that serve them (F2F HIC and Title V).
- Includes identified consultant(s) that would bring value to the project (e.g., Diversity Equity and Inclusion Consultant).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s [Budget and Budget Narrative](#)

For **Project 1** and **Project 2**, the reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the organization has a clear plan to budget and track spending of **Project 1** and **Project 2**.
- The extent to which key personnel have adequate time devoted to each 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 June 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 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 (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 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 **Project 1** are available at <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-23-078&ActivityCode=U40.1> and for **Project 2** <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-23-078&ActivityCode=U40.2>. The type of report required is determined by the project year of the award’s period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	June 1, 2023—May 31, 2028 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date

Type of Report	Reporting Period	Available Date	Report Due Date
b) Non-Competing Performance Report	June 1, 2023 – May 31, 2024 June 1, 2024 – May 31, 2025 June 1, 2025 – May 31, 2026 June 1, 2026 – May 31, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	June 1, 2027 – May 31, 2028	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298).

- 2) **Progress Report(s)**. The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Marc Horner
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-4888
Email: mhorner@hrsa.gov

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

Jessica Teel
Senior Public Health Analyst, Division of Services for Children with Special Health Needs
Attn: Family Engagement and Leadership in Systems of Care Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 945-5133
Email: jteel@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
Phone: 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
Phone: (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](#).