

**U.S. Department of Health and Human Services**



Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

***Children and Youth with Special Health Care Needs Research Network***

**Funding Opportunity Number:** HRSA-22-076

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

**Assistance Listings (AL/CFDA) Number:** 93.110

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: April 4, 2022**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
HRSA will not approve deadline extensions for lack of registration.  
Registration in all systems may take up to 1 month to complete.

**Issuance Date: December 7, 2021**

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Children and Youth with Special Health Care Needs (CYSHCN) Research Network (CYSHCN-RN). The purpose of this program is to establish and maintain a national, multi-site, interdisciplinary research network (RN) for scientific collaboration and infrastructure building. CYSHCN-RN will provide national leadership in research to address critical knowledge gaps related to the implementation and measurement of a comprehensive, coordinated, family-centered system of services for CYSHCN and their families.

Funding Opportunity Title:	Children and Youth with Special Health Care Needs Research Network
Funding Opportunity Number:	HRSA-22-076
Due Date for Applications:	April 4, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$1,000,000.00
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Annual Award Amount:	Up to \$1,000,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)

Eligible Applicants:	<p>Eligibility is limited to domestic public or non-profit institutions of higher learning and public or private non-profit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs. See 42 CFR § 51a.3(b). Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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## **Application Guide**

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

## **Technical Assistance**

HRSA has scheduled the following technical assistance:

### *Webinar*

Day and Date: Tuesday, January 4, 2022

Time: 3 p.m. – 4 p.m. ET

Call-In Number: 1-833-568-8864

Participant Code: 76055258

Weblink: <https://hrsa-gov.zoomgov.com/j/1610377214?pwd=Z1VVYVdsY2ZFSnl3aGtES1VWU3Bldz09>

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 Children and Youth with Special Health Care Needs Research Network (CYSHCN-RN). The purpose of this program is to establish and maintain a national, multi-site, interdisciplinary research network (RN) for scientific collaboration and infrastructure building. CYSHCN-RN will provide national leadership in research to address critical knowledge gaps related to the implementation and measurement of a comprehensive, coordinated, family-centered system of services<sup>1</sup> for CYSHCN<sup>2</sup> and their families.

**Goal:** The goal of this program is to improve the lives of CYSHCN and their families, such that CYSHCN enjoy a full life, from childhood through adulthood, and thrive in systems that support their social, health, and emotional needs; and ensure dignity, autonomy, independence and active participation in their communities. The program will accomplish this by establishing and maintaining the infrastructure needed to conduct research on emergent and persistent public health challenges facing CYSHCN and their families. The network will conduct primary and secondary interdisciplinary, health systems research to address the research gaps identified in [Health System Research Priorities for Children and Youth with Special Health Needs](#).<sup>3</sup>

#### The CYSHCN-RN will:

1. Establish and maintain an infrastructure to support a national portfolio of multi-site, interdisciplinary research focused on emergent and persistent public health challenges facing CYSHCN and their families.
2. Conduct primary and secondary interdisciplinary research, of which 75 percent is expected to align with research gaps identified in [Health System Research Priorities for Children and Youth with Special Health Needs](#).
3. Conduct primary and secondary interdisciplinary research in the following areas: (1) measures of well-being and quality of life in clinical care and public health settings; (2) integration of care and services across sectors (e.g., health, school, early intervention, community, home, etc.); and (3) the effect of partnership and engagement of CYSHCN and their families on CYSHCN health and health systems outcomes.

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<sup>1</sup> Perrin, J., Romm, D., Bloom, S., et al. A family-centered, community-based system of services for children and youth with special health care needs. *Archives of Pediatrics and Adolescent Medicine*. 2007;161(10):933-935.

<sup>2</sup> McPherson, M., Arango, P., Fox, H., et al. A new definition of children with special health care needs. *Pediatrics*. 1998; 102(1, pt 1): 117-123.

<sup>3</sup> Coller RJ, Berry JG, Kuo DZ, Kuhlthau K, Chung PJ, Perrin JM, et al. Health System Research Priorities for Children and Youth with Special Health Care Needs. *Pediatrics*. 2020; 145(3).

4. Train/mentor emerging investigators from traditionally underserved backgrounds through innovative mentorship/research experiences and manuscript development.

## **2. Background**

### **About MCHB and Strategic Plan**

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

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

***Goal 2: Achieve health equity for MCH populations***

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

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

This program addresses MCHB's goals to *assure access to high quality and equitable health services to optimize health and well-being for CYSHCN and their families (Goal 1), achieve health equity for CYSHCN and their families (Goal 2), and maximize impact through leadership, partnership, and stewardship (Goal 4)*. The CYSHCN-RN will build the evidence base to assure high quality, equitable care for CYSHCN and their families by conducting research on appropriate measures of well-being and quality of life, family engagement and partnership, and models of integrated care and services.

To learn more about MCHB and the bureau's strategic plan, visit

<https://mchb.hrsa.gov/about>.

### **System of Services for Children and Youth with Special Health Care Needs**

The CYSHCN-RN Program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act). Consistent with the legislation, the CYSHCN-RN provides and promotes patient/family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs (CYSHCN), and to facilitate the development of community-based systems of services for such children and their families.

CYSHCN are defined as "those children and youth who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally."<sup>4</sup> National estimates from the 2019-2020 National Survey of Children's Health

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<sup>4</sup> McPherson, M., Arango, P., Fox, H., et al. A new definition of children with special health care needs. *Pediatrics*. 1998; 102(1, pt 1): 117-123.

indicate that almost 86 percent of CYSHCN do not receive services in a well-functioning system, as characterized by family-professional partnerships, access to a medical home, adequate financing, coordinated community-based services, screening, and transition to adult health care. Despite historic and ongoing efforts, a well-functioning system has not been realized for a large majority of this population. Research is needed to understand and address gaps in the system to inform and improve practice and policy. Current changes in the healthcare system, such as policy changes, unmet needs of the population, and inequities highlighted by the COVID-19 public health emergency underscore the need for a national, interdisciplinary health systems research network dedicated to CYSHCN and their families. For more information about relevant websites, see [Appendix A](#).

This funding announcement supports a network to address research gaps in the field, as published in [Health System Research Priorities for Children and Youth with Special Health Care Needs](#). At least 75 percent of the research conducted in this funding cycle is expected to align with these identified research gaps. Included within the 75 percent of the research gaps noted are three critical areas identified in the research agenda, and described in the MCHB *Blueprint for Change*. These include: (1) measures of well-being and quality of life in clinical care and public health settings; (2) integration of care and services across sectors (e.g., health, school, early intervention, community, home, etc.); and (3) the effect of partnership and engagement of CYSHCN and their families on CYSHCN health and health systems outcomes.

#### *Measures of family well-being and quality of life*

Currently, there are insufficient health systems measures to assess outcomes that are meaningful and important to CYSHCN and their families.<sup>5,6</sup> Historically, health system measures focused on functional health outcomes rather than indicators of value from the individual and family perspective. To ensure public health and clinical interventions are family-centered, measures that are meaningful to CYSHCN and their families should be developed and adopted by researchers, practitioners, and the broader health system. Such measures could include: CYSHCN/family well-being, quality of life, family resiliency, family stress, caregiver burden, or other metrics. The identification and application of such measures are critical to improve the experience of care within a well-functioning system. Measures could also identify opportunities for improvement in research, practices, and policies serving CYSHCN and their families.

#### *Integration of Care and Services across Sectors*

Although there are studies of various care models, for example, the Chronic Care

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<sup>5</sup> Cohen E, Berry J, Sanders L, Schor E, Wise P. Status Complexicus? The Emergence of Pediatric Complex Care. *Pediatrics* 2018;141:S202.

<sup>6</sup> Perrin J. Innovative Health Care Financing Strategies for Children and Youth With Special Health Care Needs. *Pediatrics* 2017;139:s2.

Model<sup>7</sup> and the Patient- and Family-Centered Medical Home,<sup>8</sup> integration across models of care and service sectors, including health, education, home, community, and other essential services remains a key research priority.<sup>9</sup> To achieve a high functioning, family-centered system, research must be conducted to understand how models that integrate care across systems and sectors are implemented, evaluated, and scaled to meet the needs of CYSHCN, their families, and communities. Studies at the health systems level are needed to identify components and processes that lead to improved well-being and functional health outcomes.

### *Impact of Partnership and Engagement of CYSHCN and their Families on CYSHCN Health and Health Systems Outcomes*

Health systems should support shared-decision making and partnership with families at all levels within care, including direct patient care, organizational design, programs and policy.<sup>10</sup> In practice, many funded federal and state programs stress, and at times require CYSHCN and their families be active partners within all levels of health care and decision making. Yet, there is a dearth of published evidence on measures of partnership or engagement with CYSHCN and families, and the effect of these partnerships on either health or health systems outcomes.

### *Health Equity and CYSHCN*

MCHB is committed to promoting equity in health programs for mothers, children, CYSHCN and their families. For the purposes of this funding announcement, equity can be defined as *“the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”*<sup>11</sup> 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. Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to

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<sup>7</sup> Bodenheimer T, Wagner EG, Grumbach K. Improving primary care for patients with chronic illness. JAMA. 2002; 288(14): 1775-9.

<sup>8</sup> Medical Home Initiatives for Children with Special Needs Project Advisory Committee. The Medical Home. Pediatrics. 2002; 110(1 Pt 1):184-6.

<sup>9</sup> Coller RJ, Berry JG, Kuo DZ, Kuhlthau K, Chung PJ, Perrin JM, et al. Health System Research Priorities for Children and Youth with Special Health Care Needs. Pediatrics. 2020; 145(3).

<sup>10</sup> Carman KL, Dardess P, Maurer M, Sofaer S., Adams K, Bechtel C, & Sweeney J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231.

<sup>11</sup> 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>.

participate in aspects of economic, social, and civic life, as exemplified in the preceding definition of equity.<sup>12</sup> MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, strongly encourage applicants to use an equity-informed approach as they address the research priority needs of the field. We encourage applicants to develop programs that intend to reach underserved communities and improve equity among children and youth with special health care needs and their families.

The CYSHCN-RN is part of the Maternal and Child Health (MCH) Research Network portfolio. Research Networks provide support for the establishment and maintenance of critical infrastructure necessary for the efficient leadership, coordination, and translation of research on emergency and persistent public health challenges, such as those facing CYSHCN and their families. For more information about the Research Network's organizational structure, see [Appendix E](#).

## **II. Award Information**

### **1. Type of Application and Award**

Type(s) of applications sought: New and 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.

**HRSA program involvement will include:**

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

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<sup>12</sup> Executive Order 13985, at § 2(b).

**The cooperative agreement recipient's responsibilities will include:**

1. Developing and maintaining an interdisciplinary network of research entities and stakeholders, including CYSHCN and their families, that will accelerate the translation of health systems research into MCH practice, promote scientific collaboration, and build additional research capacity in systems serving CYSHCN and their families;
2. Promoting national, multisite, interdisciplinary scientific collaboration that will encourage innovative health systems research that addresses changing trends and their implications for health care services delivery among CYSHCN and their families;
3. Establishing an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including, but not limited to, health professionals (including non-clinical providers), payers, academics, public health practitioners, national experts, research entities, self-advocates, and family members, including those from underserved populations;
4. Leveraging network capacity to compete for award opportunities from other federal and private sector sources;
5. Participating in a two-day national all grantee meeting organized by MCHB for its research award recipients. This meeting may be held virtually or take place in the Washington, DC area, and will be an opportunity to share best practices, disseminate results, and discuss research priorities with MCHB leadership, staff, and stakeholders;
6. Coordinating at least one leadership meeting annually;
7. Collaborating with pertinent partners, such as other MCHB-funded CYSHCN Programs (available here: <https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs>), Title V recipients, and MCH Research Network recipients (available here: <https://mchb.hrsa.gov/research>) to ensure synergy, sharing of information, avoidance of duplication, and to promote the translation of findings into practice;
8. Providing an electronic copy of any products supported by award funds (e.g., guidelines, assessment tools, publications, books, pamphlets, PowerPoint presentations, curricula, videos) to the general public and to the MCH Research Program;
9. Developing a schedule of ongoing communication among Network members, and with the project officer(s); and
10. Presenting (virtually) select project accomplishments to MCHB at the end of the period of performance.

## **2. Summary of Funding**

HRSA estimates approximately \$1,000,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for CYSHCN-RN 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**

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

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### **3. Other**

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- The Methods section of the Project Narrative is limited to 15 pages in length. Applications that exceed this 15-page limit for the Methods section will be deemed nonresponsive and will not be considered for funding under this notice.
- HRSA will not consider any application that does not adhere to the 1" margin guidelines specified in HRSA's SF-424 Research and Related (R&R) Application Guide.

NOTE: Multiple applications from an organization are not allowable.

In order to diversify the HRSA/MCHB research funding portfolio, an individual cannot serve as the project director/principal investigator (PD/PI) on more than one existing

MCHB funded research grant/cooperative agreement. In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but HRSA expect the PD/PI to dedicate a minimum of 20 percent effort on this project to justify their commitments to the project. In addition, a PD/PI on another HRSA MCH research grant is allowed up to 10 percent effort as a co-investigator. If selected for funding, the recipient will need to verify that percent effort across all federally-funded programs does not exceed 100 percent. The application can include co-investigators as key personnel on the project. HRSA allows one PD/PI to be named on the cover page of the SF-424 R&R application, who will serve as the key point of contact.

HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-076 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### **2. Content and Form of Application Submission**

#### **Application Format Requirements**

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist, as well as the checklist provided in [Appendix B](#).

## Application Page Limitation

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-076, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-076 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 6: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

## Program-Specific Instructions

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

### i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name

- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable

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

## **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.

<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Background and Significance	(1) Need (2) Response (4) Impact
Specific Goals and Objectives	(3) Response (4) Impact (5) Resources/Capabilities
Project Design: Methods and Evaluation	(2) Response (3) Approach (4) Impact (5) Resources/Capabilities (7) Program Assurances
Plan and Schedule of Implementation and Capability of the Applicant	(3) Approach (4) Impact (5) Resources/Capabilities (6) Support Requested (7) Program Assurances
Budget and Budget Justification Narrative	(6) Support Requested– the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

## ii. **Project Narrative**

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

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

- **BACKGROUND AND SIGNIFICANCE** -- Corresponds to Section V's Review Criteria (1) [Need](#); (2) [Response](#); (4) [Impact](#)
  - Describe your knowledge and understanding of the needs of CYSHCN and their families, especially those from underserved populations, and health and non-health service systems supporting this population.
  - Describe your knowledge and understanding of the research and evidence gaps demonstrated in [Health System Research Priorities for Children and Youth with Special Health Needs](#) and other current literature.
  - Describe your knowledge and understanding of measurement science, including identifying, developing, and testing measures for applicable use in clinical or public health settings.
  - Describe your knowledge and understanding of health systems research to test the integration of services across sectors supporting CYSHCN and their families and the degree to which their partnerships affect health and health outcomes at all levels of health care.
  - Describe how the national, multi-site, collaborative Research Network will address [identified needs](#) of CYSHCN and their families, including underserved populations.
- **SPECIFIC GOALS AND OBJECTIVES** -- Corresponds to Section V's Review Criteria (2) [Response](#); (4) [Impact](#); (5) [Resources/Capabilities](#)

Include the following:

- A numbered list of goals and objectives that address the major Research Network activities listed in the [Purpose](#) section of this funding notice. Specific objectives should be succinctly stated, innovative, and direct attention to the scope of expected activities listed. Objectives should be specific, measurable, achievable, realistic, time-bound (SMART), and tied to a distinct project goal.
- A process for developing an integrated Research Network and a plan of proposed activities showing progressive implementation to ensure national level activities during the 5-year period of performance.
- A plan to collaborate with key stakeholders and partners in planning, designing, implementing, and evaluating all activities. We encourage partnerships with

family-led and family-based organizations, minority-represented community level organizations, such as minority-serving institutions, and family-led organizations that can advocate for and connect with underserved populations.

- A description of how proposed activities will build on ongoing efforts, and not be duplicative of existing funded efforts (including HRSA/MCHB projects).
- A logic model (Attachment 4) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The creation of a logic model is a requirement of the Research Network Application, as described in the Attachments Section of this NOFO (Attachment 4) and in [Appendix D](#).

Provide documentation (Letters of Agreement—Attachment 3) of participation of nationally-distributed Collaborating Research Entity (CRE) sites from across HRSA regions that will collaborate to fulfill the goals and objectives of the Research Network. Describe each CRE's characteristics including the following: patient population characteristics for CYSHCN, particularly those from underserved communities; average patient numbers; readiness to participate in primary research and data collection; interdisciplinary team-based approach to care; partnerships across sectors, e.g., education, early intervention, child welfare, etc.; and characteristics and structure of staff.

**Include letters of agreement from CRE sites in Attachment 3.** It is expected that multiple CREs are identified in the application and CREs are encouraged to recruit/engage participants, researchers, and/or early mid-career investigators from underserved populations. Please see [Appendix E](#): Research Network Organizational Structure.

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

- *PROJECT DESIGN: METHODS AND EVALUATION -- Corresponds to Section V's Review Criteria (2) [Response](#); (3) [Approach](#); (4) [Impact](#); (5) [Resources/Capabilities](#); (7) [Program Assurances](#)*

**This section has a strict 15-page limit.**

#### **A. Methods**

Describe the methodology for accomplishing the work of the Research Network and each of its distinct objectives, as described in [Appendix E](#). Provide sufficient technical detail to demonstrate the necessary steps to accomplish each objective and to convey to reviewers adequate information to assess the effectiveness and appropriateness of the proposed methodology. Indicate the specific methods that will be used to evaluate progress in meeting

each objective. List and discuss anticipated obstacles that may be encountered and indicate how these will be overcome.

Provide the following:

- A detailed plan for completing interdisciplinary primary and secondary studies in consultation with HRSA/MCHB, to fill gaps in the evidence-base and advance the field of CYSHCN and the systems serving them, including studies on emerging topics affecting CYSHCN and their families, especially from underserved populations.
- A description of how the interdisciplinary research team will function in the Research Network to accomplish objectives and meet goals. Anticipate potential problems and challenges that may arise in this process, and propose mechanisms for collaborative resolution. Successful participation in the Research Network includes the ability to work collaboratively with the CYSHCN-RN research team and CREs to achieve the goals of the Research Network, address challenges, and fulfill commitments to the project as indicated in the proposal and Letters of Agreement.

## **B. Evaluation**

Describe the following:

- A plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.
- Indicate the specific methods that will be used to evaluate progress in each activity area. List and discuss anticipated obstacles to implementing the program performance evaluation that may be encountered and describe plans to overcome these obstacles.
- The systems, processes, and staff that will support performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategies that will be used to collect, analyze, and track data to measure progress and impact/outcomes with different sociocultural groups (e.g., race, ethnicity, language, rural versus urban, socioeconomic, gender), and explain how the data will be used to inform program development and service delivery.
- For each described objective, include an evaluation measure. The

evaluation measure should be SMART and presented with the plan and schedule of implementation of the goals and objectives.

## C. Network Coordinating Center Activities

For this cooperative agreement, the recipient will perform the activities listed below.

### Infrastructure Development

Describe how you will:

- Develop and maintain a national, multi-site, interdisciplinary Research Network of entities across the country that will collaborate to advance and strengthen the infrastructure to conduct interdisciplinary health systems research to build the evidence base for CYSHCN and their families in accordance with the objectives and functions outlined in this NOFO and in [Appendix E](#).
- Establish an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including, but not limited to, health professionals (including non-clinical providers), payers, academics, public health practitioners, national experts, research entities, self-advocates, and family members, including those from underserved populations, in accordance with the guidance outlined in this NOFO.
  - *New to this competition:* at least 20 percent of the Research Network Advisory Board should be comprised of youth and young adults with special health care needs, families with CYSHCN, and/or self-advocates.
- Partner with CYSHCN and family members in the planning, design, and implementation of Research Network studies, publications, guidelines and grant writing.

### Research and Measurement Activities

#### Research Activities

Describe how you will:

- Conduct primary and secondary research to advance the evidence base and fill gaps in research as identified in [Health System Research Priorities for Children and Youth with Special Health Needs](#), where at least 75 percent of research conducted aligns with the research agenda.
- Design, implement, and complete several multi-site primary research studies identifying how they will address gaps in the field of the system of services for CYSHCN, especially the three critical areas discussed in the

Purpose section and further outlined below.

- Describe how the research activities in the three critical areas listed above can be interrelated and possibly build off one another.
- Develop a plan for the design and implementation of multi-site research studies addressing emerging issues affecting CYSHCN and their families, especially those from underserved populations, in consultation with HRSA/MCHB and families.
- Develop and foster partnerships with several programs serving underserved populations at the federal, state, and community level (e.g., HRSA/MCHB Children with Medical Complexity Program, Family to Family Health Information Centers, HRSA Federally Qualified Health Centers, Department of Special Education, etc.).
- Engage key audiences such as policymakers; researchers; school systems; health professionals; families; community members; and state, tribal, territorial, and local agencies that support CYSHCN and their families to advance the translation of research into practice.
- Develop and evaluate resources such as guidelines, tools, or toolkits for use in clinical practice or intervention-based research in communities.
- Update and publish, in a peer-reviewed journal, an updated national research agenda for health systems and CYSHCN within 2 years of funding—development of agenda should be in partnership with CYSHCN, families, and CREs.

#### *Quality of Life Measurement Activities*

Describe how you will:

- Within year 1, conduct an environmental scan to identify existing outcomes, measures, and gaps in measurement of health and non-health services supporting CYSHCN and their families. The scan could include, but is not limited to, the following concepts: family and child well-being, quality of life, caregiver burden, child/family resilience, etc.
- Identify and adapt existing measures to fill gaps in measurement areas listed above and found in the environmental scan.
- Design, test, and validate pilot measures to fill gaps in measurement identified in the environmental scan.
- Develop and publish a compendium of existing measures identified in the environmental scan and tested pilot measures.

#### *Care Integration Activities*

Describe how you will:

- Identify components and processes of integrated care models that lead to improved well-being and functional health outcomes. This could include testing health systems interventions that integrate care across systems, clinical and non-clinical, and evaluate the effectiveness and scalability of these models.

### *CYSHCN and Family Partnership and Engagement Activities*

Describe how you will:

- Develop shared definitions of family engagement and family partnership with stakeholder groups, including CYSHCN and their families.
- Identify and refine existing measures of family engagement and family partnership used in clinical and public health settings, and if needed, develop measures that reflect shared definitions of family engagement and family partnership.
- Test existing and newly developed measures of family engagement and partnership in clinical and public health settings to improve validity, accuracy and reliability of measures.
- Conduct research on the impact of family engagement and partnership metrics on individual health outcomes, family outcomes, and systems-level outcomes, particularly the organizational, governance, and policy levels.

### **Mentorship and Training Activities**

Describe how you will:

- Facilitate mentorship/training program for a group of early and mid-career professionals in CYSHCN health systems research, particularly those from underserved communities.
- Develop and submit a plan to recruit early and mid-career investigators, with a focus on reaching a broad, interdisciplinary pool of investigators, including but not limited to health care and public health professionals, non-clinical researchers, families, etc., particularly those individuals from underserved communities.
- Match early and mid-career investigators with CYSHCN, self-advocates and families representing underserved communities and populations.
- Develop and submit a training/mentorship curriculum and plans for implementation of the curriculum.

### **Communication Activities:**

Describe how you will:

- Schedule monthly and ad hoc meetings with the HRSA project officer to ensure ongoing communication and collaboration;
- Ensure challenges and barriers to completing proposed activities and achieving goals are discussed with HRSA project officer in a timely

manner;

- Coordinate monthly virtual meetings with the Research Network Advisory Board or Steering Committee and at least one in-person meeting annually (may be a virtual meeting if an in-person meeting is not feasible due to the pandemic); and
- Meet annually with HRSA/MCHB leadership and other key stakeholders.

## **Dissemination Activities**

Describe how you will:

- Develop and implement a communications and dissemination plan targeting broad stakeholder groups, including but not limited to: families/consumers; health care professionals; researchers; payers; policymakers; national organizations representing public health, mental health, disability, and underserved populations.
- Disseminate findings to stakeholders, including health and other service professionals, policymakers, CYSHCN and their families, particularly in underserved communities, and the greater public. Include:
  - Peer-reviewed publications: It is expected that the Research Network will produce at least three peer-reviewed publications per year. In addition, it is expected that an updated national research agenda for the Research Network will be published in a peer-reviewed journal.
  - Research Network website: It is expected that the Research Network will maintain a public Research Network website to disseminate research findings, generate interest in the Research Network, and expand Research Network membership.
  - Research acceleration: It is expected that the Research Network will disseminate findings to help accelerate the synthesis, analysis and translation of existing and future knowledge so that it can be applied to practice and policy at the state and national levels.
  - Stakeholder engagement: It is expected that the Research Network will showcase informational products and educational opportunities, including webinars, website material, plenary sessions, abstracts, conference presentations, annual Research Network meetings, and consumer materials, etc.
- **PLAN AND SCHEDULE OF IMPLEMENTATION, AND CAPABILITY OF THE APPLICANT** -- Corresponds to Section V's Review Criteria (3) *[Approach](#)*; (4) *[Impact](#)*; (5) *[Resources/Capabilities](#)*; (7) *[Program Assurances](#)*

Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interdisciplinary project personnel and collaborators. Provide a draft organizational chart as

Attachment 2 describing the leadership structure of the Research Network demonstrating collaboration between the PI, co-investigators, and the CReS. The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under “Mandatory.”

Provide an implementation schedule, as Attachment 5, for each activity described in previous sections. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

In demonstrating capability to fulfill the goals of the Research Network, describe your organization’s experience in carrying out interdisciplinary collaborative health systems research, measurement science, and related projects relating to the goals and objectives of the CYSHCN-RN. Include the publication of record of key personnel from past or ongoing projects related to this Research Network. Describe experience in working with underserved populations and key stakeholders groups.

### iii. **Budget**

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

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

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

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

NOTE: Travel outside the United States is not allowed.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R 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 Justification Narrative***

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

In addition, the Research Network requires the position descriptions (roles, responsibilities, and qualifications of proposed project staff) in the Budget Justification under Personnel costs. The budget justification is uploaded into the Budget Narrative Attachment Form. For additional information on biographical sketches for any key personnel, please see Appendix D, Frequently Asked Questions. Please note that even though the document has an OMB clearance number, it is not a standard form and your response counts against the page limit.

**v. *Attachments***

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

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

*Attachment 2: Project Organizational Chart, Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#))*

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

*Attachment 3: 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 4: Logic Model*

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

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation. The work plan provides the “how to” steps and is not required for this application. You can find additional information on developing logic models at the following website: [https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf).

Appendix D contains helpful information in developing a logic model.

#### *Attachment 5: Implementation Schedule*

Submit an implementation schedule for each activity described in the Project Narrative. The material should be presented in a succinct manner, with a brief listing of specific milestones and expected outcomes.

#### *Attachments 6–15: Other Relevant Documents*

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management ([SAM.gov](https://SAM.gov)). For more details, visit the following

webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

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

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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

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

## 4. Submission Dates and Times

### Application Due Date

The due date for applications under this NOFO is *April 4, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

## 5. Intergovernmental Review

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

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

## 6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$1,000,000 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, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

[45 C.F.R. part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. Note that funds under this notice may not be used for travel outside the U. S.

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

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Seven review criteria are used to review and rank CYSHCN-RN applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1.	Need	10 points
Criterion 2.	Response	25 points
Criterion 3.	Approach	15 points
Criterion 4.	Impact	20 points
Criterion 5.	Resources/Capabilities	10 points
Criterion 6.	Support Requested	10 points
Criterion 7.	Program Assurances	10 points
TOTAL		100 points

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

The extent to which the application:

- Demonstrates knowledge of the needs of CYSHCN and their families, especially those from underserved populations, and the service systems supporting this population.
- Identifies research and evidence gaps in [Health System Research Priorities for Children and Youth with Special Health Needs](#) and other relevant literature to justify the need for this Research Network, particularly in the three research priority areas outlined in the Purpose section.
- Demonstrates knowledge, understanding, and work in measurement science and health systems research.

- Describes an approach to interdisciplinary, collaborative, multi-site research to address the identified needs of CYSHCN and their families and the systems that support them.

*Criterion 2: RESPONSE (25 points) – Corresponds to [Background and Significance](#); [Specific Goals and Objectives](#); [Project Design: Methods and Evaluation](#)*

*Response: Project Design (15 points)*

The degree to which the application successfully:

- Describes clear, concise, appropriate and achievable goals and objectives and their relationship to the identified project and activities that will be used to achieve stated goals.
- Describes a plan to appropriately and feasibly develop and maintain a national Research Network of entities across the country to conduct interdisciplinary health systems research that addresses the identified needs of CYSHCN and their families, including underserved populations.
- Proposes an achievable, detailed plan of primary and secondary research to advance the evidence base and fill research gaps identified in *Health Systems Research Priorities for Children and Youth with Special Health Needs*, including studies on emerging topics affecting CYSHCN and their families, especially from underserved populations.
- Proposes the design and implementation of multi-site primary research studies identifying how to address the three critical focus areas: (1) research on the measurement of CYSHCN and their family's well-being and quality of life for implementation and use in clinical and public health settings; (2) research on the integration and coordination of care and services across sectors serving CYSHCN and their families; (3) research on the impact of CYSHCN and family partnership and engagement on CYSHCN health and health systems outcomes..
- Describes the development and evaluation of resources such as guidelines, tools, or toolkits for use in clinical practice or intervention-based research in communities.

*Response: Mentorship/Training (5 points)*

The degree to which the application successfully:

- Proposes a detailed, feasible plan to facilitate mentorship/training program for diverse group of early and mid-career professionals in CYSHCN health systems research that follows the activities outlined in Mentorship and Training Activities.
- Submits a plan to recruit early and mid-career professionals focused on reaching a broad, interdisciplinary pool of investigators and researchers from underserved communities.

*Response: Developing Collaborations (5 points)*

The degree to which the application successfully:

- Describes collaboration with several partnering programs serving the CYSHCN population, particularly those from underserved communities, and includes documentation of agreement from the partnering organizations and programs.
- Describes the establishment of an interdisciplinary Research Network Advisory Board or Steering Committee comprised of a broad representation of diverse key stakeholders, including, but not limited to, health professionals (including non-clinical providers), payers, academics, public health practitioners, national experts, research entities, self-advocates, and family members, including those from underserved populations, where at least 20 percent of the Research Network Advisory Board should be comprised of youth and young adults with special health care needs, families with CYSHCN, and/or self-advocates.

*Criterion 3: APPROACH (15 points) – Corresponds to [Project Design: Methods and Evaluation](#); [Plan and Schedule of Implementation and Capability of the Applicant](#)*

The extent to which:

- The plan and methodology for establishing and managing the Research Network described in the proposal are appropriate, feasible, and high quality.
- A plan for program performance evaluation contributes to continuous quality improvement and monitors ongoing processes and progress towards meeting the goals and objectives of the project.
- A feasible implementation plan is articulated for the proposed research studies, including plans to test and validate pilot measures described in Measurement Activities, e.g., family well-being and quality of life; scale up models of integrated care across clinical and non-clinical settings; and assess health systems outcomes of family partnership and engagement.
- A plan for developing and monitoring the infrastructure and collection of data in collaboration with CREs and community partners is feasible and sustainable.

*Criterion 4: IMPACT (20 points) – Corresponds to [Background and Significance](#); [Project Design: Methods and Evaluation](#); [Plan and Schedule of Implementation and Capability of the Applicant](#)*

The strength and effectiveness of the application to ensure that:

- The proposal demonstrates national significance and impact of the Research Network to advance the field by designing, implementing, and completing research in three critical areas: (1) research on the measurement of CYSHCN and their family's well-being and quality of life for implementation and use in clinical and public health settings; (2) research on the integration and coordination of care and services across sectors serving CYSHCN and their families; (3) research on the impact of CYSHCN and family partnership and engagement on CYSHCN health and health systems outcomes.
- Planned research has an impact on CYSHCN, their families, and the communities in which they live, particularly underserved communities.

- Planned research is national in scope and project activities and results are replicable and scalable, and the program is sustainable beyond federal funding.
- Dissemination and implementation plans can facilitate and translate Research Network findings to broad audience of stakeholders including CYSHCN and their families, researchers, health and public health professionals, policymakers, and other sectors serving CYSHCN and their families.
- Plans for publishing peer-reviewed and other reports, including a revised Research Agenda, are timely and feasible.
- Plans to partner with families, self-advocates, family-led organizations, other MCH programs, Research Networks, and cooperative agreements are effective, feasible, and sustainable.

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

#### *Implementation of a National Research Network (5 points)*

The extent to which the applicant proposes:

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

#### *Other Resources and Capabilities (5 points)*

The extent to which:

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

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

The extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- Budget line items are well described and justified in the budget justification.
- Key personnel have at least the allocated time noted in the NOFO to devote to the project to achieve project objectives.

*Criterion 7: PROGRAM ASSURANCES (10 points) – Corresponds to Section IV’s [Project Design: Methods and Evaluation; Plan and Schedule of Implementation and Capability of the Applicant](#)*

*Proposed Timeline and Evaluation (6 points)*

The extent to which the proposed project:

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

*Protection of Human Subjects (4 points)*

The extent to which the application description includes:

- Adequate protections afforded to human subjects, including children and youth, and the adequacy of measures in place to ensure the security of the research data (data security).
- Compliance with the HHS regulations for protection of human subjects (45 CFR Part 46). See the instructions in HRSA’s [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Human Subjects Section of the Research Plan.
- Plans to seek Institutional Review Board (IRB) approval (IRB approval is not required at the time of application submission, but must be received prior to initiation of any activities involving human subjects).

## **2. Review and Selection Process**

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

## **3. Assessment of Risk**

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

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

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

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

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

## VI. Award Administration Information

### 1. Award Notices

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

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 R&R Application Guide](#).

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

- All provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- Applicable statutory provisions.

## **Accessibility Provisions and Non-Discrimination Requirements**

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

## **[Executive Order on Worker Organizing and Empowerment](#)**

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote

worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

## **Requirements of Subawards**

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

## **Data Rights**

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

## **Human Subjects Protection**

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

- Refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the

application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.

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

### 3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-076&ActivityCode=UA6>. 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
<b>a) New Competing Performance Report</b>	September 1, 2022 - August 31, 2027 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
<b>b) Non-Competing Performance Report</b>	September 1, 2022 – August 31, 2023  September 1, 2023 – August 31, 2024  September 1, 2024 – August 31, 2025  September 1, 2025 – August 31, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
<b>c) Project Period End Performance Report</b>	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> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

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

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

## **VII. Agency Contacts**

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

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

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

Sarah Beth McLellan, MPH  
Public Health Analyst, Division of Services for Children and Youth with Special  
Needs  
Attn: CYSHCN-RN  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3272  
Email: [smclellan@hrsa.gov](mailto:smclellan@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](mailto:support@grants.gov)

[Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants](https://grants-portal.psc.gov/Welcome.aspx?pt=Grants)

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

HRSA Contact Center  
Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled the following technical assistance:

#### *Webinar*

Day and Date: Tuesday, January 4, 2022

Time: 3: p.m. – 4 p.m. ET

Call-In Number: 1-833-568-8864

Participant Code: 76055258

Weblink: <https://hrsa-gov.zoomgov.com/j/1610377214?pwd=Z1VVYVdsY2ZFSnl3aGtES1VWU3Bldz09>

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

### **Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 R&R Application Guide\*](#).

## Appendix A: Relevant Websites

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

### **Bright Futures**

<http://brightfutures.aap.org/https://brightfutures.aap.org/>

### **Catalyst Center**

<https://ciswh.org/project/the-catalyst-center/>

### **Got Transition**

<https://www.gottransition.org/>

### **Healthy People 2030**

<https://health.gov/healthypeople>

### **Human Subjects Assurances**

<https://www.hhs.gov/ohrp/index.html>

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

### **Inclusion across the Lifespan - Policy Implementation**

<https://grants.nih.gov/policy/inclusion/lifespan.htm>

### **Logic Models**

[https://www.cdc.gov/eval/tools/logic\\_models/index.html](https://www.cdc.gov/eval/tools/logic_models/index.html)

### **Making Websites Accessible: Section 508 of the Rehabilitation Act**

<https://www.section508.gov/create/web-content>

### **MCHB Strategic Research Issues**

<https://mchb.hrsa.gov/research/strategic-research-issues.asp>

### **National Center for Cultural Competence**

<http://nccc.georgetown.edu>

### **National Resource Center for Patient/Family-Centered Medical Home (formerly the National Center for Medical Home Implementation)**

<https://medicalhomeinfo.aap.org/>

## Appendix B: Application Completeness Checklist

<b>Funding Opportunity Number:</b> HRSA-22-076 <b>Application Due Date in Grants.gov:</b> April 4, 2022	
<b>Requirement</b>	<b>Yes</b>
Do you meet the <a href="#">eligibility criteria</a> ?	
Did you read the <a href="#">R&amp;R Application Guide</a> ( <a href="https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf">https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-rr-app-guide.pdf</a> )?	
Do you have a <a href="#">DUNS number</a> ( <a href="https://www.dnb.com/duns-number.html">https://www.dnb.com/duns-number.html</a> )?	
Did your Authorized Organization Representative (AOR) register in <a href="#">SAM</a> ( <a href="https://www.sam.gov/">https://www.sam.gov/</a> )?	
Did your AOR register in <a href="#">Grants.gov</a> ( <a href="https://www.grants.gov/">https://www.grants.gov/</a> )?	
Is your <a href="#">Abstract</a> no more than one page in length <u>and</u> single spaced?	
Does the <a href="#">Narrative Section</a> of your application fully address: <ul style="list-style-type: none"> <li>• Background and Significance?</li> <li>• Specific Goals and Objectives?</li> <li>• Project Design, Methods, and Evaluation?</li> <li>• Plan/Schedule of Implementation and Capability of Applicant?</li> <li>• Feasibility?</li> <li>• Evaluation and Technical Support Capacity?</li> <li>• Protection of Human Subjects?</li> <li>• Targeted/Planned Enrollment?</li> </ul>	
Did you confirm that your application addressed all of the <a href="#">NOFO Review Criteria</a> ?	
Is your <a href="#">Methods Section</a> within the <b>15-page limit</b> ?	
Are your <a href="#">budget</a> and <a href="#">budget justification</a> narrative completed accurately and in the yearly funding limit?	
<b>NOTE:</b> The directions offered in the HRSA <a href="#">SF-424 R&amp;R Application Guide</a> differ from those offered by <a href="#">Grants.gov</a> . Please follow the instructions included in the <a href="#">R&amp;R Application Guide</a> and, <i>if applicable</i> , the additional budget instructions in the <a href="#">NOFO</a> .	
Did you clearly label all of your <a href="#">attachments</a> ?	
Did you include the <a href="#">Biographical Sketches of Key Personnel</a> in the Application?	
Do you know your institution's <a href="#">indirect cost rate</a> ?	
Did you use no less than 12-point font and are your page margins no more at least 1 inch wide in the Narrative and Attachment Sections of the Application?	
<b>NOTE:</b> The <a href="#">Biographical Sketches of Key Personnel</a> can have .5" margins.	
Are your pages, including attachments, within the 80-page limit?	
<b>NOTE:</b> Pages which <u>do not count</u> toward the <b>80-page limit</b> include: Cover Page, <a href="#">Indirect Cost Rate Agreement</a> , <a href="#">Proof of Non-Profit Status</a> , <a href="#">Budget</a> , and Standard OMB-approved forms.	

## **Appendix C: Key Terms for Project Abstracts**

### **a) Content Terms (maximum of 10)**

#### **Health Care Systems & Delivery**

- Access to Health Care
- Capacity & Personnel
- Clinical Practice
- Family-Centered Care
- Health Care Quality
- Health Care Utilization
- Health Disparities
- Health Equity
- Health Information Technology
- Home Visiting
- Innovative Programs and Promising New Practices
- Measurement Science
- Perinatal Regionalization
- Systems of Services
- Telehealth

#### **Primary Care & Medical Home**

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

#### **Insurance & Health Care Costs**

- Cost Effectiveness
- Health Care Costs
- Insurance Coverage

#### **Prenatal/Perinatal Health & Pregnancy Outcomes**

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

- Pregnancy
- Prenatal Care
- Preterm

### **Nutrition & Obesity**

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

### **Parenting & Child Development**

- Cognitive & Linguistic Development
- Family Engagement
- Family-Professional Partnership
- Fathers
- Parent-Child Relationship
- Parenting
- Physical Growth
- Social & Emotional Development
- Well-being & Quality of Life (Child & Family)

### **School Settings, Outcomes & Services**

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

### **Screening & Health Promotion**

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

### **Illness, Injury & Death**

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

### **Mental/Behavioral Health & Well-being**

- Bullying & Peer Relationships
- Depression
- Mental Health & Well-being
- Risk Behaviors
- Smoking
- Stress
- Substance Use
- Violence & Abuse

### **Special Health Care Needs & Disabilities**

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- Asthma
- Children with Medical Complexity
- Chronic Illness
- Developmental Disabilities
- Special Health Care Needs (Child/Youth)
- Youth with Special Health Care Needs Transition to Adulthood

### **Life Course & Social Determinants**

- Neighborhood
- Life Course
- Social Determinants of Health

**b) Targeted Population(s) (as many as apply):**

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

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

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

## Appendix D: Logic Model

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

1. Identify the Problem(s), Target Population(s), and Program Purpose:
  - What problem does the program address?
  - Target population(s):
    - Who does the program target?
    - Who gets the intervention, and (if different) who is the intervention eventually supposed to impact?
    - Are there primary and secondary target populations?
  - Program Purpose:
    - How does the program offer a solution?
    - What does the program do to address the problem?
2. Identify Activities and Clarify Outputs:
  - Activities:
    - What does the program do?
    - What services does the program deliver?
  - Products:
    - What does the program create?
    - What are the outputs of the program?
3. Identify Program Outcomes:
  - Short-Term and Intermediate Outcome(s):
    - May include changes in skills, attitudes, knowledge or changes in behaviors and decision-making.
    - Should directly result from program outputs.
  - Long-Term Outcome(s):
    - May include changes related to health status, health conditions, or systems changes.
    - Should directly result from short-term/intermediate outcomes

## Appendix E: Research Network Organizational Structure

The Research Network will consist of a Network Coordinating Center (NCC) and multiple Collaborating Research Entities/Sites (CREs).<sup>13</sup> The NCC is the administrative center of the Research Network, providing leadership and maintaining a partnership with its CREs. An example of this structure is depicted in the following diagram:



<sup>13</sup> This figure was designed for use in this NOFO. This structure ensures that all Research Network activities encompass a general approach to address population needs to accelerate, upstream, together. **Accelerate:** An acknowledgement that although progress has been made in a variety of areas, much remains to be done. Research Networks must continue to innovate, grow the evidence base, and strive to address health disparities in MCH populations—whether those are defined by race, place, age, or gender. **Upstream:** A consideration of the social determinants of health—a broader and expansive way of looking at contributors to health beyond health care. Research Networks must think about primary prevention, but recognize the importance of secondary and tertiary prevention for some MCH populations. **Together:** A need to strategically engage stakeholders who understand the needs and priorities of the MCH population. Research Networks must collaboratively develop solutions to current and emerging health and development challenges.

## **Research Network Organizational Structure**

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

- Support the Research Network infrastructure for partnership among CREs;
- Facilitate the process for the development, selection, implementation, and oversight of scientific research studies;
- Coordinate a plan to enhance the research training and mentorship of early to mid-career investigators through the use of innovative mentorship/research experiences and manuscript development;
- Coordinate the dissemination of findings to other MCHB recipients, health professionals, researchers, policymakers, family members, and the greater public;
- Establish and foster partnerships with programs and organizations serving underserved populations, and recruit study participants from these populations;
- Establish a plan to ensure parent, family and community partnership and engagement, particularly across underserved populations, in Research Network activities, which could include developing this application for submission, setting and refining the research agenda, designing data collection tools, analyzing and interpreting results, and disseminating findings; and
- Collaborate with pertinent partners, such as the other MCH Research Network recipients (available here: <https://mchb.hrsa.gov/research>), Title V MCH Services Block Grant recipients, and other MCHB programs, as relevant.

### **The NCC will:**

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

### **The CREs will:**

- Participate in Research Network subcommittees and agree to attend Research Network monthly teleconferences and in-person meetings (may be virtual meetings if in-person meetings are not feasible due to the pandemic);
- Participate in the development of concept and protocol requirements associated with observational and clinical trial studies to be conducted through the Research Network;

- Agree to participate in observational studies and clinical trials, including subject enrollment, data collection, patient record maintenance, adherence to good clinical practice, compliance with protocol requirements, randomization methods for assignment of patients to experimental or control groups or randomization of care delivered to different conditions;
- Participate in Research Network activities that enhance the research training and mentorship of early to mid-career investigators, including those from underserved communities and/or those from minority-serving institutions; and
- Participate in dissemination and translation activities, including increasing the number of tools/resources and relevant interventions accessible to professionals in the health and other service sectors to advance systems for CYSHCN and their families.

#### Research Network Advisory Board or Steering Committee

The Research Network Advisory Board or Steering Committee will be comprised of a diverse body of representatives of interdisciplinary professionals in the field, and should include the CREs, HRSA/MCHB, CYSHCN, family or community members, [State Title V Maternal and Child Health Services Block Grant \(Title V\) programs](#), and non-clinical health professionals. Members should include health systems and measurement science researchers and represent diverse and underserved populations. The PI will serve as Chair of the Network Advisory Board or Steering Committee.

All major scientific issues (e.g., research direction, approval of study proposals and designs, development of applicable policies and procedures (including those relating to human subject protections) are addressed through discussions among the Research Network Advisory Board or Steering Committee and through recommendations for approval, where appropriate, to HRSA/MCHB project officers and leadership. The NCC is responsible for ensuring that all participating CREs are informed of and abide by these actions. The Research Network Advisory Board or Steering Committee will meet monthly by telephone or other online platforms, and in-person at least once a year in the Washington, D.C. area, if possible (may be a virtual meeting if an in-person meeting is not feasible). The PI will meet annually with HRSA/MCHB leadership. The PI is also expected to build relationships with other key stakeholder organizations, such as other MCHB Research Network and Single Investigator Innovation Programs, Title V MCH Services Block Grant programs, clinical interest groups, state and local education districts, and federal partners, such as the HHS Centers for Medicare and Medicaid Services, and U.S. Department of Education agencies, as applicable, to brief them on the existence and progress of the Research Network and to engage them in translating Research Network findings into practice and policy.

#### Data Collection and Management

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

## Appendix F: Collaboration Plan Guidance

The following information will assist you in demonstrating a plan for collaboration with programs serving underserved populations and the expected documentation that would demonstrate commitment of both your organization and the partnering programs.

Examples of collaboration with HRSA's Health Center Program and the MIECHV Program are given. For collaboration with other non-federal programs, provide similar documentation.

### HRSA's Health Center Program

- The [\*\*HRSA Health Center Program\*\*](#): Submit a letter of agreement from a [Primary Care Association \(PCA\)](#) that will serve as the mediator for research involving recruitment from Health Centers. The PCA will document a commitment to working with your organization in identifying Health Centers that demonstrate the patient population needed to support Research Network research endeavors. They will support staff leadership and commitment to the project and collaborate with your organization to fulfill the purpose of the Research Network. The PCA will facilitate the arrangements between your organization and the Health Centers.
- Link to find Primary Care Associations:  
<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html>
- Establish subcontract arrangements between your organization and Health Centers identified by the PCA for Research Network participation that will provide funding for Health Center Program liaison(s), such as a research project coordinator. The Health Center Program liaison will facilitate the research coordination and recruitment of Health Center patients for Research Network research studies.

### HRSA's MIECHV Program

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

- Link to find MIECHV state MIECHV programs: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>
- Establish subcontract arrangements between your organization and the MIECHV LIAs that will provide funding for a LIA liaison. The LIA liaison will facilitate the research coordination and recruitment of participants served by the MIECHV LIAs for Research Network research studies.

## Appendix G: Frequently Asked Questions (FAQs)

### 1. Where do I find application materials for the Research Network?

*All application materials are available through Workspace on [Grants.gov](#).*

### 2. How can I download the complete application package for the Research Network NOFO?

*You can download the application by searching for the application number HRSA-22-076 on Grants.gov:*

- 1) *Click on the hyperlink for HRSA-22-076.*
- 2) *Click on the last blue tab entitled “PACKAGE.”*
- 3) *Scroll down and click on the “Preview” hyperlink under the “Actions” column.*
- 4) *Select the “Download Instructions” button in the right-hand corner. This will download the application.*

### 3. What is Grants.gov?

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

### 4. Is there anything that we need to do immediately to better prepare for our new grant application?

*Yes, make sure that the Authorized Organization Representative (AOR) at your university or institution has registered the university/organization and himself/herself in [Grants.gov](#). In order to submit your application, your university or institution and your AOR MUST be registered in [Grants.gov](#). When your AOR registers in Grants.gov, he/she will receive a Credential User Name and Password which will allow that individual to submit application forms in [Grants.gov](#).*

### 5. What are the key take-home messages about Grants.gov?

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

**6. What types of institutions can apply?**

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

**7. We are a foreign organization interested in applying for the Research Network. Are foreign entities eligible to apply?**

*The Research Network is a domestic grant program and open only to U.S. entities that meet the eligibility criteria as outlined in the NOFO.*

**8. We are trying to apply for the announced grant, but our organization does not have an Indirect Cost Rate Agreement. What should we do?**

*According to the [HRSA SF-424 R&R Application Guide](#) (as aligned with the Uniform Administrative Requirements at [45 CFR part 75](#)), “any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than \$35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. The HRSA SF-424 R&R Application Guide also contains information on how to negotiate the indirect cost rate.*

**9. How do I know what my institution’s indirect cost rate is?**

*The applicant institution’s indirect cost rate is negotiated by the institution with HHS. Your sponsored programs office will be able to provide further information about the indirect cost rate.*

**10. Is there a requirement regarding minimum or maximum effort for the PI?**

*In general, the NOFO does not specify any minimum or maximum time requirement for the PD/PI, but we expect the PD/PI to dedicate a minimum of 20 percent FTE to this cooperative agreement to justify their commitment to the project. In addition, under Review Criteria 5 and 6 of the NOFO, it states that applications will be assessed regarding:*

- Key personnel such as co-investigators, study coordinator, data manager, and other NCC staff are identified. Applications that do not propose a PI, co-investigator, and other key personnel for the successful implementation of a national Research Network will not receive full points in this section of the NOFO.*
- The PI, staff, and collaborators are well-qualified by training and/or expertise to develop the infrastructure of the Research Network and to accomplish the activities of the Research Network as described in this NOFO.*
- The PI and other key personnel demonstrate current and/or past success in publishing the findings of their research.*
- The applicant has the existing resources/facilities to achieve project objectives and to successfully support the Research Network described in the proposal.*
- The partnering programs demonstrate the ability and commitment to collaborate with the applicant organization and ability to recruit from their*

*patient population for Research Network research studies.*

- *Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.*
- *Budget line items that are well described and justified in the budget justification narrative.*
- *Time allocated by key personnel is appropriate to achieve project objectives.*

**11. Can someone who is currently a PI on another agency grant be a PI of the Research Network?**

*Yes, however, if selected for funding, the new recipient will need to verify that percent effort across all federally-funded grants does not exceed 100 percent FTE.*

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

*No more than one application per institution is allowable.*

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

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

**14. Are there page limits for the submitted application?**

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

**15. Are there any page limitations to the narrative?**

*The NOFO requires a 15-page limit for [Project Design: Methods and Evaluation](#), of the narrative. Preliminary studies can be included if applicable and would be included in the 15-page limit as described above. Please consult the NOFO and/or the [HRSA SF-424 R&R Application Guide](#), referenced throughout the NOFO, for more specific information.*

**16. Are there font/margin requirements?**

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

**17. Where do I include the staffing plan?**

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

**18. When will you announce your other research NOFOs?**

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

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

*Please contact:*

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

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

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

**22. Does HRSA offer extensions for submitting applications?**

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