Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND)

Announcement Type: New Competitive
Announcement Number: HRSA-11-036

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2011

Ensure your Grants.gov registration and passwords are current immediately!!
Deadline extensions are not granted for lack of registration.
Registration can take up to one month to complete.

Application Due Date: February 14, 2011

Release Date: December 18, 2010
Date of Issuance: December 18, 2010

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EXECUTIVE SUMMARY

Thank you for your interest in applying for the Leadership Education in Neurodevelopmental and Other Related Disabilities Program. Grant support is available from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. Please read the funding opportunity announcement carefully before completing the application.

Purpose:
The purpose of the Maternal and Child Health Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, neurodevelopmental and other related disabilities by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence and a culturally diverse workforce. LEND program objectives include the following: (1) advancing the knowledge and skills of the full range of child health professionals to improve health care delivery systems for children with developmental disabilities; (2) providing high-quality interdisciplinary education to health professionals which emphasizes the integration of services supported by State, local agencies, organizations, private providers and communities; (3) providing a wide range of health professionals with the skills needed to foster a community-based partnership of health resources and community leadership; (4) promoting innovative practice models that enhance cultural competency, partnerships among disciplines, and family-centered approaches to care; and (5) demonstrating that the proposed interdisciplinary training opportunities will increase diagnosis of, or rule out, individuals with autism spectrum disorder (ASD) or other developmental disabilities. Trainees in these programs should: receive an appropriate balance of academic, clinical, and community opportunities; work towards being culturally competent; and demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with autism spectrum disorders and other developmental disabilities (DD) after completion of their clinical training; and demonstrate an ability to use a family-centered approach. (Combating Autism Act of 2006, Sec. 399BB (e)(1)(A)(B)).

Eligibility:
Under PHS Act Section 399BB (e)(1)(A), as amended by the Combating Autism Act of 2006, “competitive grants or cooperative agreements are awarded to public or nonprofit agencies, including institutions of higher education, to expand existing or develop new maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs (similar to the programs developed under section 501(1)(2) of the Social Security Act) in States that do not have such a program.”

Number of Grants and Funds Available per Year:
Up to $30,563,188 may be available to fund up to 44 LEND grants. It is anticipated that the median grant award will be approximately $660,000 per budget period for up to five (5) years.

Project Period:
Approved projects will have a budget period start date of July 1, 2011. Applicants responding to this announcement may request funding for a project period of up to five (5) years.

Application Due Date: February 14, 2011
Programmatic Assistance

Additional information related to the overall program issues or technical assistance may be obtained by contacting:

Project Officers: Robyn Schulhof and Denise Sofka
Office: Division of Research, Training, and Education, Maternal and Child Health Bureau (MCHB)
5600 Fishers Lane, Room 18A-55, Rockville, MD 20857
Telephone: (301) 443-0258, (301) 443-0344
E-Mail: rschulhof@hrsa.gov; dsofka@hrsa.gov
Fax: (301) 443-4842

Business, Administrative and Fiscal Inquiries

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Gerly Sapphire Marc-Harris & Brad Barney
Grants Management Specialists
Research and Training Branch
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857
Telephone: (301) 443-2628, (301) 443-6916
E-mail: smarc-harris@hrsa.gov; bbarney@hrsa.gov
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HRSA-11-036 iii
I. Funding Opportunity Description

1. Purpose

The purpose of the Maternal and Child Health Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, neurodevelopmental and other related disabilities by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence and a culturally diverse workforce. LEND program objectives include the following: (1) advancing the knowledge and skills of the full range of child health professionals to improve health care delivery systems for children with developmental disabilities; (2) providing high-quality interdisciplinary education to health professionals which emphasizes the integration of services supported by State, local agencies, organizations, private providers and communities; (3) providing a wide range of health professionals with the skills needed to foster a community-based partnership of health resources and community leadership; (4) promoting innovative practice models that enhance cultural competency, partnerships among disciplines, and family-centered approaches to care; and (5) demonstrating that the proposed interdisciplinary training opportunities will increase diagnosis of, or rule out, individuals with autism spectrum disorder (ASD) or other developmental disabilities. Trainees in these programs should: receive an appropriate balance of academic, clinical, and community opportunities; work towards being culturally competent; and demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with autism spectrum disorders and other developmental disabilities (DD) after completion of their clinical training; and demonstrate an ability to use a family-centered approach. (Combating Autism Act of 2006, Sec. 399BB (e)(1)(A)(B)).

2. Background

Maternal and Child Health Bureau and Title V of the Social Security Act: In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in the nation for over 75 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of the nation’s children.

The mission of the Maternal and Child Health Bureau (MCHB) is to provide national leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of
the maternal and child health (MCH) population which includes all of the nation’s women, infants, children, adolescents, and their families, including fathers and children with special health care needs.

**New Emphasis in MCHB on Life Course Model as a Strategic Organizing Framework**

On October 20, 2010, MCHB released a draft concept paper on the Life Course Model to inform the development of MCHB’s next 5 year Strategic Plan. Life course development points to broad social, economic and environmental factors as underlying contributors to poor health and developmental outcomes for all children; including children with special health care needs. It also focuses on the persistent disparities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

The life course development and socio-ecological frameworks highlight the importance of positive interventions at sensitive developmental periods and address social and environmental determinants critical to improving outcomes and reducing disparities. Over the course of the next year, MCHB’s Training Program will cultivate this comprehensive, evidence-based framework into curricula, programs, and policies, assuring that health professionals trained in interdisciplinary settings address the diverse needs of children with special health care needs and their families.

**The Maternal and Child Health Training Program (MCHTP)**

The Maternal and Child Health Training Program is housed within the Maternal and Child Health Bureau’s Division of Research, Training and Education (DRTE). MCHTP provides leadership and direction in educating and training our nation’s future leaders in maternal and child health. This program is authorized under the Combating Autism Act of 2006, Sec. 399BB (e)(1)(A)(B) and administered by the Maternal and Child Health Bureau. This Act provides authority for the MCHTP to make strategic investments in public and nonprofit private institutions of higher learning for MCH leadership education. The MCHTP also has authority under the Public Health Service Act to make investments in public and nonprofit agencies, including academic institutions of higher learning, for MCH leadership education in the LEND and Developmental-Behavioral Pediatrics (DBP) Programs.

The vision for the MCH Training Program is that all children and families will live and thrive in healthy communities served by a quality workforce that helps assure their health and well-being. Within this context the training programs focus on development of professionals for leadership roles, in addition to advanced professional preparation.

**MCH Training Program Goals**

[Link to MCH Training Strategic Plan](http://www.mchb.hrsa.gov/training/documents/pdf_html/MCH_Training_Strategic_Plan_9_15_04.htm)

Goal 1: Assure a workforce that possesses the knowledge, skills, and attitudes to meet unique MCH population needs.
Goal 2: Prepare and support a diverse MCH workforce that is culturally competent and family centered.
Goal 3: Improve practice through interdisciplinary training in maternal and child health.
Goal 4: Develop effective MCH leaders.
Goal 5: Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes.
Goal 6: Develop broad-based support for MCH training.

The MCH Training Program achieves these goals by supporting:

- *Trainees* who show promise to become leaders in the MCH field in the areas of teaching, research, clinical practice, and/or administration and policymaking.
- *Faculty* in public and private nonprofit institutions of higher learning who mentor trainees and students in exemplary MCH public health practice, advance the field through research and dissemination of findings, develop curricula particular to MCH and public health, and provide technical assistance to the field.
- *Continuing education and technical assistance* to those already practicing in the MCH field to keep them abreast of the latest research and practice.

**Combating Autism Act of 2006**
Authorized in December 2006 and appropriated in December 2007, the Combating Autism Act of 2006, Public Law 109-416, is an initiative to address autism and related developmental disabilities through education, early detection, and intervention. Specifically these activities are to:

1) Increase awareness;
2) Reduce barriers to screening and diagnosis;
3) Promote evidence based interventions for individuals with ASDs or other developmental disabilities;
4) Promote guideline development for interventions; and
5) Train professionals to utilize valid and reliable screening tools to diagnose or rule out and to provide evidence based interventions for children with autism spectrum disorders and other developmental disabilities through an interdisciplinary approach (as defined in programs developed under section 501(a)(2) of the Social Security Act).

In response to the Combating Autism Act, the Maternal and Child Health Bureau has initiated programs in four areas:

1) Combating Autism Training Programs
   - Expansions of existing and creation of new Leadership Education in Neurodevelopmental Disabilities (LEND) training programs;
   - Expansions to Developmental Behavioral Pediatrics (DBP) training programs; and
   - An MCH Training Autism Resource Center cooperative agreement.

2) Combating Autism Research Programs
   - Two autism intervention research networks that focus on intervention research, guideline development and information dissemination—one network focused on physical health interventions, and the other network focused on behavioral health interventions.
   - R40 Extramural MCH Research and Secondary Data Analysis Studies grants have been awarded in the area of family support, service, transition, and intervention.
   - A Developmental Behavioral Pediatrics research network that focuses on the translation of multidisciplinary pediatric research to practice and fosters a new generation of developmental behavioral pediatric researchers.

3) Combating Autism Demonstration and Policy Programs
• Thirteen State Autism Demonstration grants are implementing State Autism Plans and creating models for how to develop systems of services for children with autism and other developmental disabilities.

• A State Public Health Coordinating Center coordinates with the State Autism Demonstration grants and develops and implements strategies for defining, supporting, and monitoring the role of state public health efforts in assuring that children and youth with autism receive early and timely identification, diagnosis, and intervention.

4) Combating Autism National Evaluation

• Information and analysis from this evaluation will contribute to the HHS Secretary’s Report to Congress on progress related to ASD and other developmental disabilities as required in the “Combating Autism Act”.

Current Status of Autism Spectrum Disorders and Other Developmental Disabilities

In the United States, approximately 17% of children under the age of 18 have been diagnosed with a developmental disability (http://www.cdc.gov/ncbddd/dd/ddsurv.htm). The most recent surveillance data collected in 2006 by the CDC’s Autism and Developmental Disabilities Monitoring Network shows that approximately 1 in 110 children have an Autism Spectrum Disorder (ASD), which reflects a 57% increase in ASD prevalence from 2002 (http://www.cdc.gov/Features/CountingAutism/). Recent studies show that boys are more likely than girls to be affected by ASDs, and white children are more likely to be diagnosed than African American or Hispanic children. On average, children are not diagnosed until between the ages of 3 ½ and 5 years, a delay which compromises the outcomes and prevents effectiveness of early intervention treatments. Misdiagnosis is also common, especially among racial and ethnic minority groups (http://iacc.hhs.gov/summary-advances/2009/index.shtml).

Other Legislation related to future HRSA and MCHB Activities

2010 Affordable Care Act (ACA)

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Health Care Act. This historic piece of legislation expands insurance coverage and access to care for more than 32 million uninsured Americans, emphasizes preventive efforts, and calls for significant reforms in the insurance market. This Act contains the following nine titles, each addressing an essential component of reform:

• Quality, affordable health care for all Americans
• The role of public programs
• Improving the quality and efficiency of health care
• Prevention of chronic disease and improving public health
• Health care workforce
• Transparency and program integrity
• Improving access to innovative medical therapies
• Community living assistance services and supports
• Revenue provisions

Home Visiting Program under ACA

Section 2951 of the Affordable Care Act provides funding for the Maternal, Infant, and Early Childhood Home Visiting Program. The Program will rely on evidence-based home visiting strategies that help
families create a nurturing environment for young children and participate in a range of services – including health, early education, early intervention and more. Home visiting programs are intended to:

- Improve maternal, prenatal, infant, and child health
- Reduce domestic violence and child maltreatment
- Improve parent knowledge and practices
- Increase referrals to community resources and support
- Improve child development and school-readiness

MCH Training Programs are encouraged to work collaboratively with entities in states and territories that are implementing Home Visiting programs to enhance the coordination and delivery of critical health, development, early learning, child abuse and neglect prevention and support services to families who live in at-risk communities.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2011–2015. Approximately $30,563,188 is expected to be available annually to fund up to 44 LEND grantees. Based on historical data and expected funding levels, it is anticipated that the median grant award will be approximately $660,000 per budget period for up to five (5) years. Please see the Support Requested section for more details. Funding beyond the first year is dependent on the availability of appropriated funds for the LEND program in subsequent fiscal years, satisfactory grantee performance, and a decision that continued funding is in the best interest of the Federal government.

Currently funded LEND grants have been receiving funds in the range of $550,000- $1.05M per year. The average number of trainees per site per year has been approximately 23 trainees.

Distribution of Currently-Funded LEND Grants in FY 2010

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<th>Number of Grants</th>
<th>Level of Funding</th>
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<tr>
<td>10</td>
<td>$550,000</td>
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<tr>
<td>4</td>
<td>$570,000-$607,000</td>
</tr>
<tr>
<td>10</td>
<td>$623,000-$691,000</td>
</tr>
<tr>
<td>9</td>
<td>$743,000-$798,000</td>
</tr>
<tr>
<td>2</td>
<td>$804,000-$819,000</td>
</tr>
<tr>
<td>3</td>
<td>$940,000-$953,000</td>
</tr>
<tr>
<td>1</td>
<td>$1,059,000</td>
</tr>
</tbody>
</table>

- 14 grants between $550,000-$607,000
- 10 grants between $623,000-$691,000
- 9 grants between $743,000-$798,000
- 6 grants between $804,000-$1,059,000
MCHB’s intent is to fund up to 44 LEND grants to ensure that there is a thorough geographic distribution of LEND grants throughout the country. Details about prior funding years are provided as a reference for LEND training budget development.

III. Eligibility Information

1. Eligible Applicants

Under PHS Act Section 399BB (e)(1)(A), as amended by the Combating Autism Act of 2006, “competitive grants or cooperative agreements are awarded to public or nonprofit agencies, including institutions of higher education, to expand existing or develop new maternal and child health interdisciplinary leadership education in neurodevelopmental and related disabilities programs (similar to the programs developed under section 501(1)(2) of the Social Security Act) in States that do not have such a program.”

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this program.

3. Other

Any application that fails to satisfy the deadline requirements in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA requires applicants for this funding opportunity announcement to apply electronically through Grants.gov. All applicants must submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification you received from Grants.gov. HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval. However, the application must still be submitted under the deadline.

Refer to HRSA’s Electronic Submission User Guide, available online at http://www.hrsa.gov/grants/userguide.htm, for detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.
Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form 424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained from the following site by:

(1) Downloading from www.grants.gov, or

(2) Contacting the HRSA Grants Application Center at:
   910 Clopper Road
   Suite 155 South
   Gaithersburg, MD 20878
   Telephone: (877) 477-2123
   HRSAGAC@hrsa.gov

Specific instructions for preparing portions of the application that must accompany Standard Form 424 Research and Related (SF-424 R&R) appear in the “Application Format” section below.

2. Content and Form of Application Submission

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, or a total file size of 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (approximately 10 MB, or 80 pages when printed by HRSA) will be deemed non-responsive. Non-responsive applications will not be considered under this funding announcement.

Application Format
Applications for funding must consist of the following documents in the following order:
SF-424 R&R – Table of Contents

⚠️ It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
⚠️ Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.

⚠️ For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
⚠️ For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
⚠️ When providing any electronic attachment with several pages, add a Table of Contents page specific to the attachment. Such pages will not be counted towards the page limit.

<table>
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<th>Application Section</th>
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<th>Instruction</th>
<th>HRSA/Program Guidelines</th>
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<tr>
<td>Senior Key Personnel Biographical Sketches</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.</td>
<td>Counted in the page limit.</td>
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<tr>
<td>Senior Key Personnel Current and Pending Support</td>
<td>Attachment</td>
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<tr>
<td>Additional Senior/Key Person Profiles</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Senior/Key Person Profile form. Single document with all additional profiles.</td>
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<tr>
<td>Additional Senior Key Personnel Biographical Sketches</td>
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<tr>
<td>Additional Performance Site Location(s)</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Performance Site Location(s) form. Single document with all additional site location(s).</td>
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<tr>
<td>Other Project Information</td>
<td>Form</td>
<td>Allows additional information and attachments.</td>
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<td>Project Summary/Abstract</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Other Project Information form, Box 7.</td>
<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.</td>
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<tr>
<td>Project Narrative</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 R&amp;R Other Project Information form, Box 8.</td>
<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.</td>
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<td>SF-424 R&amp;R Budget Period (1-5) - Section A – B</td>
<td>Form</td>
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<td>Additional Equipment</td>
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<td>SF-424 R&amp;R Budget Period (1-5) - Section C – E, Box 11. One for each budget period.</td>
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<td>Attachment</td>
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<td>Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.</td>
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<td>Bibliography &amp; References</td>
<td>Attachment</td>
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⚠️ To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.

⚠️ Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
⚠️ Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
⚠️ Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.

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<tr>
<th>Attachment Number</th>
<th>Attachment Description (Program Guidelines)</th>
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<td>Attachment 1</td>
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<td>Organizational Chart(s)</td>
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<td>Attachment 4</td>
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<td>Attachment 6</td>
<td>Summary Progress Report (Limit to 20 pages). These pages WILL be counted in the 80 page limit.</td>
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<tr>
<td>Attachment 7</td>
<td>Other relevant documents, such as budgets and budget justifications for subcontracts, etc.</td>
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Application Format

Application Face Page
Complete the SF-424 R&R that is provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

DUNS Number
All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications will not be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov.

Additionally, the applicant organization is required to register annually with the Federal Government’s Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. It is extremely important to verify that your CCR registration is active. Information about registering with the CCR can be found at http://www.ccr.gov.

Table of Contents
The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

Application Checklist
Complete the HHS Application Checklist Form HHS 5161-1 provided with the application package.

Budget
Please complete the SF 424 R&R budget forms (Sections A – J and the Cumulative Budget) for each budget period. The cumulative budget portion will be calculated automatically by the system. Please ensure that you also include, as attachments, detailed budgets and justifications for any subcontracts within your application. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form.

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for a training program and that support from this grant will provide additional funds to enable formal implementation of the Leadership Education in Neurodevelopmental Disabilities (LEND) program and/or continuation.

Awards are subject to adjustment after program and peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award.
**Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget period is for ONE year. However, the applicant must submit one-year budgets for each of the subsequent budget periods within the requested project period (five years) at the time of application. Line item information must be provided to explain the costs entered in the Research and Related Budget form. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project’s goals/objectives. Clearly describe how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

In accordance with the review criteria, reviewers will deduct points from applications for which budgets are not thoroughly justified.

**Budget for Multi-Year Award**

This announcement is inviting applications for a project period up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for a total of up to five (5) years. Submission and HRSA approval of the program’s Progress Report(s) and any other required submission or report serve as the basis for the renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal government.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect and justify the travel expenses associated with participating in meetings and other proposed trainings or workshops. Foreign travel is not an allowable expense for MCH training programs.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5000 and a useful life of one or more years).
Participant/Trainee Support Costs: Provide a detailed explanation and a table of the number and types of students (e.g., pre-doctoral, doctoral, post-doctoral) receiving Tuition/Fees/Health Insurance, Stipends, Travel and Subsistence. Refer to Guidance Appendix D for Guidelines for Fellows/Trainees.

Other Direct Costs:

Supplies: List the items that the project will use. In this category, budgets must separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes.

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Subawards/Consortium/Contractual Costs: Applicants and/or awardees are responsible for ensuring that their organization and/or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Grantees must notify potential subrecipients that entities receiving subawards must provide the grantee with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and contracts in excess of $25,000 are excluded from the actual direct cost base for purposes of this calculation.

Staffing Plan and Personnel Requirements
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 5.

Biographical Sketch Instructions
Provide a biographical sketch for key professionals contributing to the project. The information must be current, indicating the position which the individual fills and including sufficient detail
to assess the individual’s qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to one (1) page or less, including recent selected publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director’s sketch and attached to SF 424 Senior/Key Person profile form. The biographical sketch must include:

Name (Last, first, middle initial),
Title on Training Grant,
Education, and,
Professional Experience, beginning with the current position, then in reverse chronological order, a list of relevant previous employment and experience. Also, a list, in reverse chronological order, of relevant publications, or most representative, must be provided. Please provide information on one (1) page or less.

Assurances
Use Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

Certifications
Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SR-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.) If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed.

Project Abstract
Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please 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.

Please place the following at the top of the abstract:
- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
Abstract content:

PROBLEM: Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project.

GOAL(S) AND OBJECTIVES: Identify the major goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list. Objectives must be time-framed and measurable.

METHODOLOGY: Describe the programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

HP 2020 OBJECTIVES: List the primary Healthy People 2020 goal(s) that the project will address. Healthy People 2020 can be found online at http://www.healthypeople.gov/.

COORDINATION: Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

EVALUATION: Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the project in attaining goals and objectives. This section is usually one or two paragraphs in length.

ANNOTATION: Provide a three-to-five-sentence description of your project that identifies the project’s purpose, the needs and problems that are addressed, the goals and objectives of the project, the activities that will be used to attain the goals, and the materials that will be developed.

The project abstract must be single-spaced and limited to one page in length.

Program Narrative
This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory, and clearly organized to address the following sections in order for reviewers to understand the proposed project.

Use the following section headers for the Narrative:

A. PURPOSE/NEED

Briefly describe the background of the present proposal, critically evaluating the national, regional, state, and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating
the specific objectives to the potential of the project to meet the purposes of the grant program described in the program announcement at I.1. Purpose.

B. METHODOLOGY/RESPONSE

Identify the competencies expected of the graduates and the required curriculum, including didactic and experiential components. A brief syllabus, including descriptions of courses, workshops, seminars, and experiences should be included in the Appendix. Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project. Describe the roles and responsibilities of key project personnel. Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives. Include in Attachment 1 select copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

1) Goals and Objectives

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be measurable with specific outcomes for each project year which are attainable in the stated time frame. These outcomes are the criteria for evaluation of the program.

2) Long-Term Trainees

The application should include criteria for and a description of methods of trainee recruitment and selection of trainees whose career goals are consonant with the program objectives, including an interest in acquiring knowledge and skills to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD and other developmental disabilities in an interdisciplinary, family-centered, and culturally competent manner. Recruitment of qualified trainees who are culturally, racially and ethnically diverse is a priority for the MCH Training Program. The applicant should describe the plan for encouraging recruitment of trainees from culturally diverse backgrounds and for evaluating the success of the recruitment efforts. Training projects are encouraged to develop innovative means of recruiting students from underrepresented groups at the high school, community college, and undergraduate levels. Performance Measure #9 requires annual reporting on the percentage of trainees from underrepresented racial and ethnic groups. See Appendix B for the performance measures and administrative data required for this program.

There should also be a plan for tracking and reporting on the field leadership of former trainees. This data will be reported on Performance Measure #8. This plan should include longitudinal follow-up data about graduates’ employment, research, advocacy efforts, programs initiated, publications submitted, etc.

Trainees may be supported in each of the professions represented by the core faculty. Trainees from other relevant disciplines may also be supported with permission from MCHB. Since the intent of the LEND program is to promote an interdisciplinary health professions team model of
care provision, with special emphasis on improving care for children with ASD or other developmental disabilities, sufficient numbers of students from the appropriate variety of disciplines indicated are necessary both to learn and practice these principles.

Trainee support varies by discipline in accordance with standards of the profession, availability of other support, nature of training required to meet program goals, and other factors. Appendix C, Trainee/Fellow Guidelines, defines trainees and fellows and provides guidelines for support.

To be considered a long-term trainee, the trainee must have completed 300 hours or more of LEND leadership and didactic training, in addition to LEND field work requirements.

The following outline is intended as a guide for the types of trainees/fellows generally supportable in each profession and consonant with core faculty requirements:

1) Audiology—doctoral candidates. (Consideration may be given to post master’s and post doctoral clinical fellowships.)

2) Genetic counselors

3) Health Administration—master’s or doctoral candidates. Consideration may be given to post master’s and post doctoral clinical fellowships.

4) Medicine—Developmental-Behavioral pediatrics, Neurodevelopmental Disabilities, and other relevant pediatric medical specialties and subspecialties (e.g., Child Psychiatry, Pediatric Neurology, and/or Medical Genetics) can be supported as a special residency/fellowship. Family practice and physical medicine and rehabilitation may also be considered as a residency/fellowship, provided a pediatric emphasis can be demonstrated.

5) Nursing—master’s or doctoral candidates. Consideration may be given to post master’s and post-doctoral fellowships.

6) Nutrition—master’s or doctoral candidates. Consideration may be given to post master’s and post-doctoral clinical fellowships.

7) Occupational Therapy—Post-baccalaureate entry level, post-professional master’s or doctorate levels. (Consideration may be given to post-master’s and post-doctoral clinical fellowships.)

8) Parents of children with developmental disabilities and/or youth consumers with developmental disabilities.

9) Pediatric Dentistry—post-doctoral trainees in graduate pediatric dentistry programs.
10) Physical Therapy—Post-baccalaureate entry level, post-professional master’s or doctorate levels. (Consideration may be given to post-master’s and post-doctoral clinical fellowships.)

11) Psychology (in any specialization in which the focus is on child health and development) — doctoral candidates and post-doctoral clinical fellowships.

12) Social Work—master’s or doctoral candidates. Consideration may be given to post-master’s or post-doctoral candidates in a clinical sequence and to clinical fellowships.

13) Special Education—master’s or doctoral candidates.

14) Speech-Language Pathology—master’s or doctoral candidates. Consideration may be given to post-master’s and post-doctoral clinical fellowships.

Notes: (a) Other disciplines may be considered, such as law, public health, health education, public policy, etc.
(b) MCHB has refined the definition of Medium Term Trainees as those who have completed either 40-149 hours or 150-299 hours of training. This is reflected in Appendix B in the attached “MCH Training and Education Programs Data Form.”

3) Curriculum

The training program design, competencies, and curriculum must prepare interdisciplinary health professionals for the full range of childhood neurodevelopmental disabilities, with a focus on ASD and other developmental disabilities, and new leadership roles they will play in the emerging health care system for children with special health care needs and their families. The role of genetics and environmental influences should be emphasized in the curriculum. Interdisciplinary approaches to care, training and research should be emphasized.

If children with special health care needs and neurodevelopmental disabilities are to be well-served in the emerging health care system, competent leadership is needed in the disciplines specified. Refer to MCH Leadership Competencies at http://leadership.mchtraining.net/. Consequently, educational programs must prepare professionals to: provide and ensure high-quality, cost-effective, community-based, integrated services; work in new settings which emphasize primary care; work in true partnership with families; respond to the growing diversity of the population; manage information effectively; work across systems (e.g., Title V) toward integration of care; contribute to policy discussions; and address ethical and legal issues. The curriculum should train leaders to cultivate interdisciplinary practice and research in new settings, including those which emphasize primary care or uni-disciplinary or multidisciplinary methods.

The curriculum must clearly define how the training program incorporates the following content to assure an adequate base of knowledge and experience. Content and philosophy must be geared toward the purposes specified above. Programs must develop clear, measurable educational objectives for an interdisciplinary core curriculum, clinical and didactic, which
incorporate the acquisition of knowledge of:

- all aspects of neurodevelopmental and related disabilities, with a focus on ASD and other developmental disabilities;
- the social environment—the family, community, school;
- cultural competency and family-centered services;
- life course and social determinants of health;
- interdisciplinary team skills (e.g., team building, shared leadership, mutual accountability);
- leadership skills (refer to MCH Leadership Competencies, Version 3.0); and
- communication skills (e.g., verbal, written, conflict resolution).

Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care, especially in programs providing maternal and child health services, including those for children with special health care needs, with special emphasis on ASD or other developmental disabilities, in community-based, family-centered settings. Attention to the needs of children living in underserved communities is strongly encouraged.

4) Training Content

LEND applications should include training content in the following areas. Additional information on many of these areas is available at http://www.mchb.hrsa.gov/training, specifically the About Us section.

Leadership: The MCH Training Programs place a particular emphasis on leadership education. The curriculum must include content and experiences to foster development of effective leadership competencies. Leadership training prepares MCH health care professionals to move beyond excellent clinical or health administration practice to leadership, through practice, research, teaching, administration, and advocacy.

Maternal and Child Health Leadership Competencies, Version 3.0 was published in November 2009. As articulated by the MCH Leadership Competencies Workgroup, “An MCH leader inspires and brings people together to achieve sustainable results to improve the lives of the MCH population.”

A more extensive definition was also provided in the document. “An MCH leader is one who understands and supports MCH values, mission, and goals with a sense of purpose and moral commitment. He or she values interdisciplinary collaboration and diversity and brings the capacity to think critically about MCH issues at both the population and individual levels, as well as to communicate and work with others and use self-reflection. The MCH leader possesses core knowledge of MCH populations and their needs and demonstrates professionalism in attitudes and working habits. He or she continually seeks new knowledge and improvement of

abilities and skills central to effective, evidence-based leadership. The MCH leader is also committed to sustaining an infrastructure to recruit, train and mentor future MCH leaders to ensure the health and well-being of tomorrow’s children and families. Finally, the MCH leader is responsive to the changing political, social, scientific, and demographic context and demonstrates the capability to change quickly and adapt in the face of emerging challenges and opportunities.”

Graduates of MCH Leadership training programs improve the systems of care for women, mothers, children, youth, adolescents, and families. The goal of leadership training is to prepare trainees who have shown evidence of leadership attributes and who have the potential for further growth and development as leaders. In order to accomplish this goal, trainees must achieve and excel in a variety of competencies. A complete description of the competencies, including definitions, knowledge areas, and basic and advanced skills for that competency is included at http://leadership.mchtraining.net. Clearly describe how these MCH Leadership Competencies will be directly cultivated by the training curriculum.

MCH Curriculum: The graduate education must integrate leadership training into a strong MCH curriculum. Graduate education must be provided at the master’s and/or doctoral levels. Programs must have an MCH focus with an emphasis on preventive, diagnostic, treatment/management and follow-up care within the context of maternal and child health. The educational curricula, in addition to promoting excellence in scholarship and leadership, should emphasize the integration of services supported by States (including Title V), local agencies, organizations, private providers, and communities. Influences on the health status of children such as their families, the environment, and cultural values, economic, legal and political conditions, are vital components of leadership training in an MCH curriculum.

By focusing on the importance of health promotion, disease prevention, and the benefits of coordinated health care, families, practitioners, researchers, and educators can develop creative approaches for improving the health of mothers, children and families, particularly those vulnerable groups whose needs are not currently being met by systems of care. Curricula should include training in and about community-based programs and public health services that provide leadership opportunities in interdisciplinary, family-centered, comprehensive, and coordinated care.

Public Health, Title V, and Related Legislation: The curriculum must address a broad public health perspective. It should emphasize, either as discrete topics or as topics integrated in other components, appropriate didactic and experiential content relative to MCH/Title V and related legislation, such as Title X (Family Planning), XIX (Medicaid/EPSDT), and XXI (State Children’s Health Insurance Program). The curriculum should also emphasize the development, implementation and evaluation of systems of health care. At a minimum, a broad public health perspective includes, but is not limited to: community needs assessment, advocacy, public policy formulation and implementation, legislation/rule making, financing, budgeting, program administration, consultation, and program planning and evaluation.

The curriculum should also emphasize content relating to: science-based judgment, evidenced-based practice and documentation of quality outcomes and performance within an established
plan of care; expansion of the direct service roles to include consultation, and collaboration and supervision; and, various service delivery models and approaches.

**Life Course Framework:** In alignment with MCHB’s new five-year strategic plan, the LEND curriculum will address health promotion issues for children with ASD and other DD by implementing a curriculum that emphasizes child development within the life course development and socio-ecological framework. This framework emphasizes the cumulative impact of children developing within families, families existing within a community, and the community embedding within the larger society. The curriculum will prepare trainees to understand how systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes for children with ASD and other DD. Over the course of the next year, MCHB’s Training Program will cultivate this comprehensive, evidence-based framework into curricula, programs, and policies, assuring that health professionals trained in interdisciplinary settings address the diverse needs of children with special health care needs and their families.

**Interdisciplinary Training and Practice:** Central to the LEND Training Program is the interdisciplinary nature of the program. This requires that there be a core of clinical and didactic curricula and experiences which bring together all faculty and long-term trainees, in such a manner and for such periods of time as are necessary, for the interdisciplinary process to be effectively demonstrated, developed, and practiced.

Interdisciplinary practice is a team approach among professionals, consumers, and community partners, applied in the organization and delivery of health services, training, policy, and research. This approach includes:

- A supportive environment which values and utilizes the skills and expertise of each team member to arrive at outcome-driven joint decisions;
- Mutual respect among disciplines; and
- Shared leadership, incorporating accountability and responsibility for outcomes.

Curricula descriptions should clearly demonstrate how interdisciplinary training and practice will be accomplished.

**Cultural and Linguistic Competence:** The curriculum must include content about the differing social, cultural and health practices of various racial, ethnic, and economic groups, and the implications of these relative to health status and provision of health care. Training must be structured on a broad range of exemplary, interdisciplinary, comprehensive services that provide family-centered, coordinated care that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. For additional resources and information, applicants are encouraged to refer to the National Center for Cultural Competence at [http://www11.georgetown.edu/research/gucchd/nccc/](http://www11.georgetown.edu/research/gucchd/nccc/).

**Family-Centered Care:** The curriculum must also include content about family-centered care that assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone
brings to this relationship. Family-Centered Care is the standard of practice that results in high quality services.

The foundation of family-centered care is the partnership between families and professionals. The key to this partnership are the following principles:

- Families and professionals work together in the best interest of the child and the family. As the child grows, s/he assumes a partnership role.
- Everyone respects the skills and expertise brought to the relationship.
- Trust is acknowledged as fundamental.
- Communication and information sharing are open and objective.
- Participants make decisions together.
- There is a willingness to negotiate.

Based on this partnership, family-centered care:

1) Acknowledges the family as the constant in a child’s life.
2) Builds on family strengths.
3) Supports the child in learning about and participating in his/her care and decision-making.
4) Honors cultural diversity and family traditions.
5) Recognizes the importance of community-based services.
6) Promotes an individual and developmental approach.
7) Encourages family-to-family and peer support.
8) Supports youth as they transition to adulthood.
9) Develops policies, practices, and systems that are family-friendly and family-centered in all settings.
10) Celebrates successes.

**Emerging Issues:** The curriculum must reflect awareness of emerging health problems and practice issues, such as those outlined in *Healthy People 2020 National Health Promotion and Disease Prevention Objectives, Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* and recent Institute of Medicine (IOM) reports. Emerging public health issues include health disparities and changing demographics. The Home Visiting provisions under the Affordable Care Act (ACA) may provide opportunities for LENDs to collaborate with home visiting programs, thereby enhancing and expanding services for children with special health care needs. Additionally, expansion of community health centers under ACA may provide new training sites and other experiences for trainees.

**Diversity in MCH Training:** MCHB strives to develop an MCH workforce that is more reflective of the diversity of the nation. This strategy requires methods to increase the diversity of MCH faculty and students. By addressing faculty and trainee diversity, and incorporating cultural competence and family centered care into training programs, the MCH Training Program aims to improve the quality of care for the MCH population. Over time, the Program must evaluate whether the emphases on diversity, cultural competence and family centered care might also help to reduce health disparities.
A Peer Learning Collaborative was launched in 2009. With a focus on helping MCH Training Programs in developing a workforce that reflects the ethnic and racial diversity of the US population, the goals of the Collaborative are as follows: 1) Cultivate further success in site-specific efforts to increase racial and ethnic diversity within the MCH Training Program; 2) Document promising strategies for increasing racial and ethnic diversity in MCH Training Programs; 3) Identify support needed for grantees to successfully implement promising strategies; and 4) Develop diversity peer mentors among MCH Training Program grantees. Increasing workforce diversity is a priority for all DRTE training programs. LEND training should also include content and experiences to provide leadership in continued cultivation of a diverse MCH workforce.

**Research:** Applicants must document research and other scholarly activities of faculty and students relating to LEND, and must define the relevance of these activities to the training program. Each doctoral or post-doctoral student is expected to engage in one or more active research projects during his/her tenure, and to seek to disseminate findings at scientific symposia and through published articles in peer reviewed journals. Master’s level students are expected to gain knowledge and skills in research methodology and dissemination of research findings into practice. Doctoral and post-doctoral students are to prepare and present findings in peer reviewed journals and meetings. Programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

**Technology:** The curriculum shall incorporate the use of web-based technology for communication and information acquisition and processing, including distance learning modalities for lifelong learning, and continuing education. Programs should use principles of adult learning and effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools.

**Communication and Teaching:** All students are expected to achieve effective clinical communication and teaching skills, as well as presentation skills appropriate for a variety of professional and community audiences. Training should provide trainees with the opportunities to practice, demonstrate, and document effective teaching and communication for and with diverse constituencies (e.g., professional peers; parents; CYSHCN; public health leaders; etc). These experiences should incorporate multiple forms of communication and diverse venues and methods of delivery.

**5) Clinical Preparation**

Training must include those clinical and non-clinical elements and components specified below. The plan must describe each type of training activity with regard to purpose, methodology, content, time commitment, and method of evaluation.

Training, with emphasis on ASD and other developmental disabilities, should be based on a comprehensive, exemplary, interdisciplinary clinical services model which is family-centered, and culturally and linguistically appropriate. All trainees should have applied field experiences
in such settings. Focus should be on prevention, early detection, assessment, care coordination, and treatment, including care at home and follow up, of children who have, or are at risk for, neurodevelopmental and related disabilities.

In terms of ASD, trainees should demonstrate a capacity to evaluate, diagnose or rule out, develop, and provide evidence-based interventions to individuals with ASD and other developmental disabilities. The intent is to increase the number of individuals who are able to provide information and education on ASD and other developmental disabilities to increase public awareness of developmental milestones, confirm or rule out a diagnosis of ASD and other developmental disabilities, and increase the number of individuals able to provide evidence-based interventions for individuals diagnosed with ASD or other developmental disabilities.

Training should occur within clinical settings and under the direction of the funded program, if possible, and in community-based settings with client populations representative of the cultural, social, and ethnic diversity of the community. The medical home model should also be promoted.

The project plan must describe the patient population, diagnostic categories and services, and the various functions related to the provision of such services. The plan should include a description of trainee roles in provision of clinical services, extensiveness of clinical preparation, and clinical supervision.

6) Settings

It is expected that the clinical component of the training will occur both within the primary program setting and in diverse community settings. The primary setting must provide sufficient and appropriate spaces for core faculty and student offices and for clinical and teaching activities. The training plan and settings must be structured to assure sufficient formal interaction and informal association amongst trainees and faculty across disciplines to accomplish and enhance the interdisciplinary process and practice on which the program is based. If possible, applicants are encouraged to coordinate clinical training opportunities with MCHB-funded research sites and Title V programs.

Practicum sites must provide exemplary, comprehensive, community-based services in a variety of institutional and rural/urban community-based settings focused on children with developmental disabilities and other special health care needs representative of the cultural, social, and ethnic diversity of the community. Practicum sites in underserved communities are especially recommended.

C. RESOURCES/CAPABILITIES

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included in Attachment 3 and described in the narrative.
Describe briefly the physical setting(s) in which the program will take place, including the planned location and time of LEND training activities. Provide an explanation as to how the location and time were determined and demonstrate participation across multiple disciplines.

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Include biographical sketches of faculty/staff on SF-424 R&R Senior Key Personnel form.

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. **Position descriptions** for key faculty/staff must be included in Attachment 5.

At a minimum, job descriptions should spell out specifically:

- **administrative direction** (from whom it is received and to whom it is provided);
- **functional relationships** (to whom and in what ways the position relates for training and/or service functions, including professional supervision);
- **duties and responsibilities** (what is done and how); and
- **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job).

Position descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. A position description should not exceed 1 page in length, but can be as short as one (1) paragraph in length due to page limitations.

In keeping with the specialized nature of this program, standards are specified regarding the multiple health professional disciplines which constitute the fundamental core faculty appropriate for MCH support, including their qualifications, responsibilities, and functions. It is not, however, the intent of this guidance to prescribe all details of the faculty arrangements and participants.

**Project Director**
The role of Project Director shall constitute a major professional responsibility and time commitment of the person appointed to the position. The LEND Project Director should be a Board-Certified Pediatrician or a doctorally prepared health professional (with MCHB approval) representing one of the core disciplines with a minimum of five (5) years, preferably seven (7) or more years, of experience in programs serving children with developmental disabilities, neurodevelopmental disabilities, and other special health care needs.

Historically, this position has been held by a Board-Certified Pediatrician, but other equally qualified and experienced health professionals may also be eligible for the LEND Project Directorship with HRSA/MCHB approval. The Project Director must have demonstrated leadership and expertise in working with children with neurodevelopmental disabilities. The Project Director must be the person having direct, functional responsibility for the program for which support is directed. He/she must spend a minimum of 30% effort on this project. While it
is acceptable to have co-Directors, at least one of the Directors must spend a minimum of 30% of time on the project. The Project Director has administrative responsibility for the MCH training grant.

Faculty
The highly sophisticated nature and complexity associated with interdisciplinary education demands special faculty commitment and dedication. Programs must document appropriately qualified core faculty with adequate time commitment to participate fully in all components of the training program. Grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program. Core faculty members have primary responsibility for planning, designing, implementing, supervising, and evaluating all training and service elements. Along with the Project Director, core faculty members should have experience in providing academic, clinical and/or community-based training in ASD and other developmental disabilities.

The purpose of providing grant support for faculty salaries is to assure dedicated time for meeting the objectives of the training program. Those faculty who are at an organizational level superior to that of the Project Director, or who are not subject to the Project Director’s administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may not serve as core faculty, or receive payment from project funds without special approval from the MCHB Project Officer.

Non-MCHB sources of support for core faculty may be used, in whole or in part, so long as such support does not detract from their commitment of time and function to the training program.

Core faculty must be selected from the following 14 core disciplines:

1) Audiology
2) Family
3) Genetics
4) Health Administration
5) Medicine/Pediatrics
6) Nursing
7) Nutrition
8) Occupational Therapy
9) Pediatric Dentistry
10) Physical Therapy
11) Psychology
12) Social Work
13) Speech-Language Pathology
14) Special Education

All grants must support faculty in at least seven (7) core disciplines, including at least one family faculty. Along with the Project Director, core faculty members should have experience in providing academic, clinical and/or community-based training in ASD and other developmental disabilities. An interdisciplinary focus is absolutely essential for this training program.
Parents of children with neurodevelopmental disabilities and youth consumer representatives with developmental disabilities must be paid faculty, paid staff or paid consultants to the LEND project.

In some instances, not all academic disciplines of the core faculty members listed above may be regionally located or proximal to the home institution. If so, flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. These arrangements must be clearly specified in the application.

Participation of faculty from other relevant disciplines is encouraged. It is highly desirable that additional disciplines be included in the core faculty.

Core faculty must meet at least the minimum standards of education, experience and certification/licensure generally accepted by their respective professions. Each core faculty must demonstrate leadership and must have teaching and clinical experience in pediatrics and in providing health and related services to the special health care needs of the population on which the program is focused. Core faculty must also be able to document cultural competency and knowledge and experience in family-centered care or the project must provide appropriate continuing education for faculty to achieve these competencies.

Wherever possible, programs are expected to accord recognition for each core faculty, in the form of an academic appointment in the appropriate degree granting school or department of his/her profession in the grantees and/or an affiliated institution of higher learning. This appointment is in addition to the core faculty’s appointment in the employing institute/center program.

It shall be the responsibility of the appointing academic school or department to determine the basic faculty qualifications, and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience. Core faculty may be functionally, programmatically, or academically responsible to such positions as may be specified in the approved plan and position descriptions, but must be responsible to the LEND Project Director for the time allocated to the project.

Core faculty members are the chief representatives of their respective professions in the program. As such, they:

- Individually, have primary responsibility for planning, implementing, coordinating, and assuring supervision of all training and service elements of their discipline components, with special emphasis on ASD and other developmental disabilities, and, collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees;

- Define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee;
• Serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs and provide a developmental pediatric perspective and/or a neurodevelopmental disability perspective to trainees in child health across their institution of higher learning;

• Represent their discipline on internal program, policy or governance committees;

• Provide supervision and professional leadership for others of their discipline in the program; and,

• Engage in scholarship directed toward the areas of integrated systems of quality care, capacity building, interdisciplinary training and practice, performance measures, quality assurance and improvement, leadership, policy analysis, medical home, and other important areas established by MCHB.

D. SUPPORT REQUESTED

Up to $30,563,188 may be available to fund up to 44 LEND grants. Based on historical data and expected funding levels, it is anticipated that the median grant award will be approximately $660,000 per budget period for up to five (5) years. The maximum amount allowed to be requested is $1,000,000 per budget period. See below for further instructions on how to determine a budget for your program.

Applicants should budget funds to attend an annual Combating Autism Act grantee/partner meeting in Washington, DC with key stakeholders, and participate in conference calls as needed.

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why.

• All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, number of long-term trainees (specifying the number of masters, pre-doctoral and post-doctoral trainees), proposed program activities, Title V activities, and continuing education efforts.

• Programs must fully justify their requests by describing and identifying goals, objectives, activities, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters, including the extent to which the graduates have played major leadership roles related to maternal and child health and specifically with autism spectrum disorders and other related neurodevelopmental disabilities.
Budget justifications must document the following, and must meet the minimum thresholds listed below for funding at that level. *However, the award amount depends on the size and complexity of the overall program.*

- **Up to $600,000**  Minimum of 10 Long Term Trainees AND Faculty in at least 7 disciplines
- **$600,000- $700,000** Minimum of 15 Long Term Trainees AND Faculty in at least 8 disciplines
- **$700,000- $1M** Minimum of 22 Long Term Trainees AND Faculty in at least 11 disciplines

Within each of the above ranges, additional considerations that may impact funding within that range are:

1. The applicant supports a greater number of doctoral and/or post-doctoral long-term trainees.
2. The applicant provides a Comprehensive Diversity Plan to address the following:
   - Active, successful recruitment and retention of diverse trainees from underrepresented groups.
   - Active, successful recruitment and retention of diverse faculty from underrepresented groups.
*Note: Underrepresented groups are groups based on race and ethnicity who are underrepresented in a field of study.
3. The applicant uses data to document that they are training long-term trainees in another state or geographical area that has a dearth of professionals providing early screening, diagnosis and provision of evidence-based interventions to children with ASD and other developmental disabilities.
4. The applicant demonstrates extensive and innovative collaboration, technical assistance provision, continuing education, and linkages with Title V agencies from states other than the one in which they are located.
5. The applicant demonstrates that they are developing and/or maintaining extensive and innovative clinical training sites for LEND trainees.

Grantee budgets may reflect certain economic factors that may cause amounts to be higher or lower than average costs, e.g., special program emphasis, features or accomplishments, cost of living, type of institution of higher learning, community resources, etc.

**E. EVALUATIVE MEASURES**

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. Wherever possible, the measurement of progress toward goals should
focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the LEND program must address how the major goals and objectives of the project will be achieved.

If there is any possibility that an applicant’s evaluation may involve human subjects research as described in 45 CFR part 46, the applicant must comply with the regulations for the protection of human subjects as applicable.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to gain information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. The applicant should present a plan for collecting the data elements described in Appendix B, MCHB Administrative Forms and Performance Measures.

F. IMPACT

The applicant should document the extent and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders.

Development and Dissemination of Educational Resources
As programs revise and develop new curricular materials, teaching models, and other educational resources and references in neurodevelopmental and other related disabilities in response to new research findings and developments in the field of MCH, they should disseminate these products to other relevant programs in order to promote enhanced attention to this specialized area. In the area of ASD and other developmental disabilities, programs should disseminate materials, models and resources with other stakeholders, in particular the research networks, training activities including DBPs, and the state demonstration grants funded under the Combating Autism Act of 2006.

G. SPECIFIC PROGRAM CRITERIA

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau (MCHB), such as:

1) Underserved Populations: HRSA’s Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children, adolescents, and families from communities with limited access to comprehensive care. This same special emphasis applies to
improving service delivery to children with special health care needs, including those with ASD and other developmental disabilities. Applicants are strongly encouraged to work collaboratively with State Title V agencies and other MCH training programs to maximize access to MCH services, with special emphasis on ASD or other developmental disabilities.

2) **Cultural Competency:** The Bureau’s intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

3) **Geography:** The purpose of the LEND program is to improve the health of infants, children, and adolescents who have, or are at risk for developing, neurodevelopmental and other related disabilities by preparing trainees from a wide variety of professional disciplines to assume leadership roles and to ensure high levels of interdisciplinary clinical competence. Programs should demonstrate, when applicable, how their programs are serving a state, region, or geographic area that is not served by a LEND training program. Further, if applicable, the applicant should describe how they are meeting a need in their geographic area in terms of training needed health professionals to screen, diagnose, or serve children with ASD and other developmental disabilities in the area.

4) **Coordination:** All LEND applicants are encouraged to coordinate activities and collaborate with other supported MCHB training and research programs. A map of current MCHB training investments is included in Appendix D.

Under this announcement, applicants are expected to coordinate with entities that will enhance systems of care for children with autism and other developmental disabilities.

Applicants should describe:

a) existing partnerships or new partnerships with service systems already serving children with ASD and other developmental disabilities such as Title V programs, Part C programs, and newly funded home visiting programs;

b) coordination with other federal agencies or programs addressing ASD including NIH (Centers of Excellence); CDC (ADDM Network, Learn the Signs. Act Early. Campaign); and other relevant agencies or programs; and

c) collaborations/partnerships with MCHB training and research investments, including, but not limited to, Combating Autism Act funded programs (State Demonstration projects; Research Networks; DBPs, and other LEND training programs).

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the above areas of special concern to MCHB. By noting the section and page number where you have addressed these issues in your application, you will facilitate the review of your application.
Program Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the MCH Training Program and Submission of Administrative Data

To prepare applicants for reporting requirements, administrative data collection requirements are presented in the appendices of this guidance. Applicants should be aware that in addition to the existing MCH Training and LEND-specific performance measure reporting requirements, including ASD-specific performance measures, they are responsible for completing all required information.

Attachments
Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Each attachment must be clearly labeled. Unless otherwise noted, all attachments count against the 80-page limit.

Attachment 1: Letters of Collaboration: Sample letters of agreement or similar documents defining the relationships between the proposed program and collaborating departments/ institutions, organizations, or agencies, and the responsibilities of each should be included. Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of agreement and support must be dated. List all other support letters on one page.

Attachment 2: Map(s): Provide a map which indicates the location(s) and settings of primary training activities.

Attachment 3: Organizational Chart: Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.
Attachment 4: Curriculum: Provide a syllabus or other curriculum description as appropriate for the LEND program.

Attachment 5: Position Descriptions of Key Personnel: Position descriptions that include the roles, responsibilities, and qualifications of proposed staff can be limited to a paragraph in length, not to exceed one (1) page. Because of the 80 page limit of this application, only include key personnel.

Attachment 6: Summary Progress Report: The Detailed Description of Project may be less than, but must not exceed 20 pages, including the narrative and all attachments. Applicants under this announcement have the option of submitting a report covering the preceding five (5) years for activities that are related to the program for which support is being requested. Submit the Progress Report with the application, as an attachment. The statement should include:

i. The period covered in the report.

ii. Specific Objectives: Briefly summarize the specific objectives of the project as actually funded.

iii. Results: Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important. Include summary performance measure data. Identify, in tabular form, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees; these attendees should not be counted as short-term trainees.

iv. Evaluation: Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans.

v. Title V Program Relationship: Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region.

vi. Regional and National Significance: Describe significant contributions of the program beyond the state in which it is located.

vii. Value Added: Explain how this training grant has made a difference in your program, department, university, and beyond. What accomplishments and benefits would not have been possible without this support?
Attachment 7: Other relevant documents, such as budgets and budget justifications for subcontracts, etc.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is **February 14, 2011 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The MCH Training Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

1) Concurrent Income
In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment.

2) Non-related Duties
The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3) Field Training
Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4) Other
Grant funds may **not** be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.
Applicants responding to this announcement may request funding for a project period of up to five (5) years. 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.

6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are required to submit electronically through Grants.gov. To submit an application electronically, please use the http://www.Grant.gov apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization immediately register in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization’s E-Business Point of Contact (E-Biz POC)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time.
If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant’s last electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANT XXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at http://www07.grants.gov/applicants/resources.jsp.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. All LEND Program applications will be reviewed and ranked according to the following seven (7) criteria:

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application. All LEND Program applications will be reviewed and ranked according to the following seven (7) criteria:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
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<tbody>
<tr>
<td>Criterion 1</td>
<td>Need 10 points</td>
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<tr>
<td>Criterion 2</td>
<td>Response 30 points</td>
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<tr>
<td>Criterion 3</td>
<td>Evaluative Measures 10 points</td>
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<td>Criterion 4</td>
<td>Impact 5 points</td>
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<tr>
<td>Criterion 5</td>
<td>Resources/Capabilities 20 points</td>
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<td>Criterion 6</td>
<td>Support Requested 15 points</td>
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<td>Criterion 7</td>
<td>Specific Program Criteria 10 points</td>
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<td>Total</td>
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CRITERION 1: NEED (10 points)

The extent to which the application describes need and associated contributing factors. This criterion corresponds to “PURPOSE/NEED” section of the program narrative in the guidance.

- Does the Project Purpose adequately document the critical national, regional, and local needs that the LEND training program will address pertaining to those neurodevelopmental and other related disabilities, including ASD?
• Does the applicant document a strong knowledge of health and related issues for the target population, i.e., individuals with neurodevelopmental and other related disabilities, including ASD?

CRITERION 2: RESPONSE (30 points)

The extent to which the proposed project responds to the “METHODOLOGY/ RESPONSE” section of the program narrative; and the clarity of the proposed goals and objectives. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Overall:
• Are the project goals time-framed and measurable?

Training elements (curriculum and clinical training):
• Is the overall approach to training thoughtful, logical and innovative?
• Does the applicant fully describe their leadership curriculum? Does it utilize or build on the MCH leadership competencies?
• Does the curriculum address program requirements of particular interest to MCHB? (e.g., a life course approach; interdisciplinary training and practice; cultural competence; family-centered services; emerging issues in MCH, with special emphasis on ASD and DD; improving public health practice; linkages with state MCH agencies)
• Are the clinical and research requirements appropriate for the training needs of the trainees? (e.g., Will program graduates gain knowledge to conduct research and incorporate research findings into policy and practice?)
• Are clinical rotations diverse, including inpatient, outpatient, community-based programs, community service settings and regular interactions with interdisciplinary staff, with particular focus on DD and ASD? Are these settings family-centered and do they promote cultural competency?

Trainees:
• Does the applicant present a comprehensive plan for recruiting and retaining racially, ethnically and culturally diverse trainees?

Faculty:
• Are the core faculty well-qualified and are their qualifications well-described and documented?
• Does the applicant present a comprehensive plan for recruiting racially, ethnically and culturally diverse faculty?
• Will faculty and trainees provide continuing education, consultation and technical assistance to those practicing in the field, including individuals at the state MCH level? Will any of these courses address cultural competence and/or family-centered services?
• Does the project have the required paid Family Faculty?
• Does the project include consumers that represent the families and communities that the project serves?
Organizational:
- Are the described physical resources adequate to perform the training?
- Are the organizational and administrative structures adequate to address the training program as outlined in the narrative and progress report, if provided?
- Is the setting of the project appropriate to achieve project objectives?
- Are key formal affiliation agreements included if multiple institutions or programs are contributing to the LEND training program?
- Is there evidence of planned collaboration with those outside of the university?
  - Families and/or consumers;
  - MCH or other appropriate state agencies and resources (e.g., education, child care, social services, law, early intervention, financing agencies, public policy groups, community-based organizations, professional associations, etc.);
  - Other MCH investments; and
  - Other initiatives under the Combating Autism Act (e.g., research networks, state demonstration projects, DBP programs).
- Are letters of collaboration and support included from key partners? Is a list of other partners included? (Space limitations prevent letters from all collaborators.)

CRITERION 3: EVALUATIVE MEASURES (10 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met; and 2) to what extent these can be attributed to the project. This section corresponds to the “EVALUATIVE MEASURES” part of the guidance.

Evaluation Plan:
- Is the evaluation plan conceptually sound?
- Are the goals clear, concise and appropriate?
- Are the objectives time-framed and measurable?
- Are activities appropriate and do they flow logically from the goals and objectives?
- Has the applicant presented a plan for tracking and reporting on the accomplishments of former trainees?
- Is it clear how the applicant will make changes to the program based on evaluation findings?

Data collection:
- Does the applicant describe who on the project will be responsible for refining, collecting, and analyzing data for the program evaluation?
- Does the applicant present a plan for collecting the data elements required by MCHB described in Appendix B, MCHB Administrative Forms and Performance Measures?
- Does the applicant present a plan for collecting data elements as they relate to the DD and ASD activities proposed?

CRITERION 4: IMPACT (5 points)
The extent and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are shared with other stakeholders. This section corresponds to the “IMPACT” section of the guidance.

- Does the proposal have an effective dissemination plan to share curricula, assessment and other tools, training approaches, research findings (if any), and successes?
- Does the plan include sharing the above mentioned items with MCH funded entities, including, but not limited to, those funded under the Combating Autism Act? (e.g., research networks, state demonstration sites, DBP programs).

**CRITERION 5: RESOURCES/CAPABILITIES (20 points)**

The extent to which the project’s personnel are qualified (by training and/or experience) to implement and carry out the project. In other words, the capabilities of the applicant organization (and quality and availability of facilities and personnel) will allow the applicant to fulfill the requirements of the proposed project. This criterion corresponds to “RESOURCES/CAPABILITIES” section of the guidance.

**Faculty:**

- Does the Project Director have a minimum 5-7 years of experience serving children with developmental disabilities?
- Are a minimum of 7 disciplines reflected in the LEND core faculty as required by the guidance?
- Are the Project Director and Faculty well qualified by training and/or expertise to conduct the training, mentor students, and serve as leaders in the field?
- Do the Project Director and Faculty demonstrate expertise in the area of ASD or other developmental disabilities?
- Do faculty members have a strong track record in recruiting, teaching, collaborating, mentoring students and serving as leaders in the field?
- Does the applicant already have established training programs and documented graduates in the discipline areas included in the application?
- Does the applicant document that ONE Project Director will spend 30% effort on this project? (*Not all effort must be supported by grant funds.)*
- Is there a paid Family Faculty on the project?

**Organizational:**

- Are the described physical resources and the setting adequate to perform the training?
- Does the applicant have the existing resources to support the types of educational methods that they describe in the proposal?
- Does the applicant university document their history in providing interdisciplinary graduate training in the disciplines identified in the program guidance for MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND)?
- Are the organizational and administrative structures adequate to address the outlined long term training program?
- Is the setting of the project appropriate to achieve project objectives?
• Are formal affiliation agreements included if multiple institutions or programs are contributing to the training program? (Due to page limitations, the applicant may have to submit listing of agreements, rather than actual copies.)

CRITERION 6: SUPPORT REQUESTED (15 points)

The proposed budget is reasonable and relational to the objectives, complexity of the activities and the anticipated results for the project. This criterion corresponds to the “SUPPORT REQUESTED” part of the guidance.

Overall:
• Are the costs outlined in the budget and required resources sections reasonable given the scope of work?
• Are the budget line items well described and justified in the budget justification?

Trainee, faculty, and staffing related costs:
• Does the applicant meet the minimum threshold of trainees and faculty disciplines outlined in the Support Requested section for their requested range of funding?
• Is the number of doctoral and post-doctoral trainee stipends reasonably described in the budget in comparison to masters-level trainee stipends?
• Are key personnel devoting adequate time to the project to achieve project objectives?

Other costs:
• Does the applicant address and justify the need for additional funds within their funding range based on the areas outlined below? (from the Support Requested section of the guidance)
  • Does the applicant plan to support a greater number of doctoral and/or post-doctoral long-term trainees?
  • Is there a comprehensive Diversity Plan included in the application with the intent of recruiting and retaining diverse trainees and faculty?
  • Does the applicant propose to train long-term trainees in another state or geographical area with a dearth of professionals serving children with ASD/DD?
  • Does the applicant provide extensive and innovative technical assistance and continuing education and/or linkages with Title V agencies located in other states?
  • Does the applicant develop and maintain extensive and innovative clinical training site for its LEND trainees?

• Are there innovative national efforts, with special emphasis on ASD and other developmental disabilities, described in the budget?
• Are there funds allocated for applicants to attend an annual grantee/partner meeting in Washington, DC?

CRITERION 7: SPECIFIC PROGRAM CRITERIA (10 points)
Throughout this application has the applicant documented a working knowledge of their intent to address areas of special concern to the Maternal and Child Health Bureau, e.g.:

- **Underserved populations**—*Is the training program designed to serve the needs of individuals from underserved populations, primarily those with ASD and other developmental disabilities?*
- **Cultural Competency**—*Will the program address issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting racially, ethnically, and culturally diverse faculty and students?*
- **Geography**—*Will the project serving a state, region, or geographic area that is not served by a LEND training program? Is the applicant meeting a need in their geographic area that is not being met in terms of training health professionals or screening/diagnosing/serving children who would otherwise go unserved?*
- **Coordination**—*Does the project describe extensive plans to link with other programs, in order to maximize access to MCH training for their trainees? This should include service systems like Title V; federal and state agencies; and MCHB funded training and research investments across all areas.*

2. **Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

**Funding Special Considerations:** HRSA wants to achieve a geographic balance among awardees in making awards under this announcement. Therefore, HRSA will consider geographic distribution when selecting which applications recommended for approval to fund.

3. **Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the project start date of July 1, 2011.
VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee’s assessment of the application’s merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant’s Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2011.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Cultural and Linguistic Competence

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by HHS. This document is available online at http://www.ohrui.gov/CLAS.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

PUBLIC POLICY ISSUANCE

HEALTHY PEOPLE 2020

Healthy People 2020 is a national initiative led by HHS that set priorities for all HRSA programs. The initiative has two major goals: (1) to increase the quality and years of a healthy life; and (2) eliminate our country’s health disparities. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2020 goals. Healthy People 2020 can be found online at http://www.healthypeople.gov/.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

National HIV/AIDS Strategy (NHAS)
The new National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, program activities should strive to support the three primary goals of the National HIV/AIDS Strategy.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:
a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars_default](http://www.whitehouse.gov/omb/circulars_default).

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to [www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

c. **Status Reports**
1) **Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report(s).** A final report is within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee’s overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at [https://grants.hrsa.gov/webexternal/home.asp](https://grants.hrsa.gov/webexternal/home.asp)

4) **Performance Reports.** The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB’s authorizing legislation.
other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

1. **Performance Measures and Program Data**
   To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection are presented in the appendices of this guidance.

2. **Performance Reporting**
   Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in the appendices of this guidance. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

   Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA’s EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

3. **Project Period End Performance Reporting**
   Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this guidance. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

d. **Transparency Act Reporting Requirements**
   Transparency Act Reporting Requirements: Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170.

VII. **Agency Contacts**
Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Gerly Sapphire Marc-Harris & Brad Barney  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11 A-02  
5600 Fishers Lane  
Rockville, MD  20857  
Telephone: (301) 443-2628, (301) 443-6916  
Fax: (301) 443-6343  
Email: smarc-harris@hrsa.gov, bbarney@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting

Project Officers: Robyn Schulhof and Denise Sofka  
Division of Research, Training, and Education, Maternal and Child Health Bureau (MCHB)  
5600 Fishers Lane, Room 18A-55  
Rockville, MD  20857  
Telephone:  (301) 443-0258, (301) 443-0344  
E-Mail:  rschulhof@hrsa.gov, dsofka@hrsa.gov  
Fax:  (301) 443-4842

Applicants may need assistance when working online to submit their application forms electronically.  For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center  
Phone: 1-800-518-4726  
E-mail: support@grants.gov

VIII. Other Resources/Information

MCH Training Program Web Site  
http://www.mchb.hrsa.gov/training

Learn the Signs, Act Early Campaign, (CDC)  
http://www.cdc.gov/ncbddd/autism/actearly/default.htm

Autism and Developmental Disabilities Monitoring (ADDM) Network, (CDC)  
http://www.cdc.gov/ncbddd/autism/addm.htm

Autism Treatment Network (ATN)  
Developmental Behavioral Pediatrics (DBP) Training Program Web Site
http://dbp.mchtraining.net

Developmental Behavioral Pediatrics Online
http://www.dbpeds.org/


MCH Leadership Competencies
http://leadership.mchtraining.net/

Healthy People 2020
http://www.healthypeople.gov/

Institute of Medicine (IOM)
“In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce”
http://www.iom.edu

Surgeon General’s Health Reports
http://www.surgeongeneral.gov/library/

Bright Futures (American Academy of Pediatrics)
http://brightfutures.aap.org/web/

National Center for Cultural Competence
http://www11.georgetown.edu/research/gucchd/nccc/

Making Websites Accessible: Section 508 of the Rehabilitation Act
http://www.section508.gov/

Title V Information System (TVIS) website:

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
**APPENDIX A: Instructions for the SF-424 (Research and Related)**

**INSTRUCTIONS FOR THE APPLICATION FACE PAGES**

Below are detailed instructions for the completion of the 424 R&R form:

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Select Type of Submission</strong>: Check the appropriate type from the submission options. Select Application for all HRSA grant programs.</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Date Submitted</strong>: Enter the date the application is submitted to the Federal agency.</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Date Received by State</strong>: State Use Only (if applicable)</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Federal Identifier</strong>: New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA).</td>
<td></td>
</tr>
</tbody>
</table>
| 5. **Applicant Information**: All items in bold are required fields and must be completed | Enter your Organization’s DUNS Number (received from Dun and Bradstreet), Enter the Legal Name. Applicant Department (if applicable) and Division (if applicable) who will undertake the assistance activity. In Street 1 enter the first line of the street address of your organization. In Street 2 enter the second line of your organization, if applicable. Enter the City, County and State, Zip Code and Country where your organization is located. Enter the Person to be Contacted on Matters Involving the Application:  
This is the POINT OF CONTACT, the person to be contacted for the matters pertaining to this specific application (i.e. principle investigator, project director, other). Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the person to be contacted on matters relating to this application. Enter the Phone and Fax number as well as the E-MAIL address of this person. **These are all required fields.** |
| 6. **Employer Identification (EIN)/ (TIN)** Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. **Type of Applicant**: Select the appropriate letter from one of the following: |  
A. State Government  
B. County Government  
C. City or Township Government  
D. Special District Government  
E. Independent School District  
F. State Controlled Institution of Higher Education  
G. Native American Tribal Government (Federally Recognized)  
H. Public/Indian Housing Authority  
I. Native American Tribal Organization (other than Federally recognized)  
J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education)  
K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education)  
L. Private Institution of Higher Education  
M. Individual  
N. For Profit Organization(other than small business)  
O. Small Business  
P. Other (specify)  
**Women Owned:** Check if you are a woman owned small business( 51% owned/controlled and operated by a woman/women)  
**Socially and Economically Disadvantaged:** Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8. **Type of Application**: Select the Type from the following list: |  
- New: A new assistance award  
- Resubmission (not applicable to HRSA) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
- **Renewal** – An application for a competing continuation – this is a request for an extension for an additional funding/budget period for a project with a projected completion.
- **Continuation**: A non-competing application for an additional funding/budget period for a project within a previously approved projected period.
- **Revision**: Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. Indicate the **Type of Revision** by checking the appropriate box:
  A. Increase Award (supplement, competing supplement)
  B. Decrease Award
  C. Increase Duration
  D. Decrease Duration
  E. Other (Enter text to Explain)

**Is Application being submitted to Other Agencies**: Indicate by checking **YES** or **NO** if the application is being submitted to HRSA only.

**What other Agencies**: Enter Agency Name (if applicable)

9. **Name of Federal Agency**: Enter the Name of the Federal Agency from which assistance is being requested.

10. **Catalogue of Federal Domestic Assistance Number (CFDA)**: Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).

11. **Descriptive Title of Applicant’s Project**: Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.

12. **Proposed Project**: Enter the project **Start Date** of the project in the Start Date Field and the project **Ending Date** in the Ending Date Field. (ex.11/01/2005 to 10/31/2008)

13. **Congressional District Applicant and Congressional District Project**: Enter your Congressional District(s) in Applicant Field. Enter the Congressional District(s) of Project, the primary site where the project will be performed. (http://www.gpoaccess.gov/cdirectory/browse-cd-05.html)

14. **Project Director/Principal Investigator Contact Information**: All items in bold are required fields and must be completed.
   - Enter the **Prefix**, **First Name**, **Middle Name** and **Last Name** and **Suffix** (if applicable) of the Project Director/Principal Investigator (PD/PI) for the project.
   - Enter the **Title** of the PD/PI and the **name of the organization** of the PD/PI.
   - Enter the name of the primary organization **Department** and **Division** of the PD/PI.
   - In **Street 1** enter the first line of the street address of the PD/PI for the project.
   - In **Street2** enter the second line of the street address for the PD/PI, if applicable.
   - Enter the **City**, **County** and **State**, **Zip Code** and **Country** of the PD/PI.
   - Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of this person. **These are all required fields**.

15. **Estimated Project Funding**:
   a. **Total Estimated Project Funding** Enter the total **Federal Funds** requested for the **BUDGET PERIOD** for which you are applying. **Enter only the amount for the year you are applying, NOT the amount for the entire project period.**
   b. **Total Federal and Non-Federal Funds**: Enter the total Federal and non-Federal funds for the **BUDGET PERIOD** for which you are applying.
   c. **Estimated Program Income**: Identify any Program Income for the **BUDGET PERIOD**.

16. **Is Application Subject to Review by State Executive Order 12372 Process**: If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.

17. **Complete Certification**: Check the “I agree” box to attest to acceptance of required certifications and assurances listed at the end of the Application.

18. **Authorized Representative** (Authorizing Official - This is the person who has the authority to sign the application for the organization) All items in bold are required fields and must be completed.

   Enter the name of Authorized Representative/Authorizing Official. Enter the **Prefix**, **First Name**, **Middle Name** and **Last Name** and **Suffix** (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO).
   - Enter the **Title** of the Authorized Representative and the **organization** of the AR/O. Enter the name of the primary organization **Department** and **Division** of the AO.
   - In **Street 1** enter the first line of the street address of the AR/O for the project.
   - In **Street2** enter the second line of the street address for the AR/O, if applicable.
   - Enter the **City**, **County** and **State**, **Zip Code** and **Country** of the AR/O.
**Zip Code** and **Country** of the AR/AO. Enter the **Phone** and **Fax** number as well as the **E-MAIL address** of AR/AO this person. **These are all required fields**.

Note: Applicant applying in paper must send their entire grant application with the signed face/covers pages to the GAC

19. **Pre-Application**
   This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement.

**INSTRUCTIONS FOR 5161 CHECKLIST** (This is used for the 424 R&R as well)

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Type of Application | Check one of the boxes corresponding to one of the following types:  
- **New**: A new application is a request for financial assistance for a project or program not currently receiving DHHS support.  
- **Non competing Continuation**: A non-competing application for an additional funding/budget period for a project within a previously approved project period  
- **Competing Continuation** (same as Renewal from 424R&R face page)  
- **Supplemental** (same as Revision from 424 R&R face page) An application requesting a change in the Federal Governments financial obligation or contingent liability from an existing obligation. |
| Part A | Leave this Section Blank |
| Part B | Leave this Section Blank |
| Part C | In the Space Provided below, please provide the requested information |
| Business Official to be notified if an award is to be made | Enter the name of Business Official to be notified if an award is to be made. Enter the **Prefix**, **First Name**, **Middle Name** and **Last Name and Suffix** (if applicable) of the Business Official and the **organization**. Enter the **Address Street1** enter the first line of the street address of the Business Official. In **Street2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County and State, Zip Code and Country** of the business official. Enter the **Telephone** and **Fax number** as well as the **E-MAIL address** of Business Official. Enter the Applicant Organizations 12 Digit DHHS EIN (if already assigned) – This should be the same information as supplied in file number 5 of the 424 R&R face page. |
| Project Director/Principle Investigator designated to direct the proposed project | Enter the name of Project Director/Principle Investigator (PD/PI) – this should be the same information as supplied on the 424 R & R face page field number 15. Enter the **Prefix**, **First Name**, **Middle Name** and **Last Name and Suffix** (if applicable). Enter the name of the primary organization and Address: **Street1** enter the first line of the street address of the AR/AO for the project. In **Street2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County and State, Zip Code and Country** of the PD/PI. Enter the **Telephone Number, E-Mail and Fax number**. **DO NOT** enter the social security number. Enter the highest degree earned for the PD/PI. |

**INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE**

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not salaries are requested. Consultants should be included if they meet this definition. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees.
<table>
<thead>
<tr>
<th>Field</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>Ex. Mr., Ms. Mrs. Rev. Enter the Prefix for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>First Name</td>
<td>This is the first (given) name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Middle Name</td>
<td>This is the middle name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Last Name</td>
<td>This is the last name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the last name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Suffix</td>
<td>Enter the Suffix (Ex. Jr., Sr., PhD.) for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Position/Title</td>
<td>Enter the Title for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Title for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Department</td>
<td>This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Department for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Organization Name</td>
<td>This is the name of the organizational for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Organization Name for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Division</td>
<td>This is the primary organizational division, office, or major subdivision of the individual. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Division for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Street 1</td>
<td>This is the first line of the street address for the individual identified as a key/senior person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Street address for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Street 2</td>
<td>This is the second line of the street address (if applicable) for the individual identified. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the second line of the Street address (if applicable) for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>County</td>
<td>Enter the County where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>State</td>
<td>Enter the state where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>Enter the Zip Code where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Enter the daytime phone number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Enter the fax number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td>Email address</td>
<td>Enter the email address for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated- This is a required field.</td>
</tr>
<tr>
<td>Credential e.g.</td>
<td>Leave this field blank.</td>
</tr>
</tbody>
</table>
agency login

<table>
<thead>
<tr>
<th>Project Role</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the project role from the list below</td>
<td></td>
</tr>
<tr>
<td>1. Project Director (PD)/Principle Investigator(PI)</td>
<td></td>
</tr>
<tr>
<td>2. Co-PI/Co-PI</td>
<td></td>
</tr>
<tr>
<td>3. Faculty</td>
<td></td>
</tr>
<tr>
<td>4. Post Doctoral</td>
<td></td>
</tr>
<tr>
<td>5. Post Doctoral Associate</td>
<td></td>
</tr>
<tr>
<td>6. Other Professional</td>
<td></td>
</tr>
<tr>
<td>7. Graduate Student</td>
<td></td>
</tr>
<tr>
<td>8. Undergraduate Student</td>
<td></td>
</tr>
<tr>
<td>9. Technician</td>
<td></td>
</tr>
<tr>
<td>10. Consultant</td>
<td></td>
</tr>
<tr>
<td>11. Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Project Role Category</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete if you selected &quot;Other “as a project role. For example, Engineer, social worker.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attach Biographical Sketch</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment –if applying electronically</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attach Current &amp; Pending Support</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the individual program guidance pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.</td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM**

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

<table>
<thead>
<tr>
<th>Field name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
<td>Enter the Name of the Performance Site/Organization</td>
</tr>
<tr>
<td>Street 1</td>
<td>Enter the first line of the street address of the performance site location</td>
</tr>
<tr>
<td>Street 2</td>
<td>Enter the second line of the street address of the performance site location, if applicable</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city of the performance site.</td>
</tr>
<tr>
<td>County</td>
<td>Enter the county where the performance site is located.</td>
</tr>
<tr>
<td>State</td>
<td>Select from the list of States or enter the State/province in which the performance site is located</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the zip code of the performance site location</td>
</tr>
<tr>
<td>Country</td>
<td>Enter the country of the performance site from the list</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS FOR R&R BUDGET**

**Section A & B**

**SECTION A**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget</td>
</tr>
<tr>
<td>Field Name</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of Budget Period</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
<tr>
<td>A. Senior/Key Person</td>
<td>Enter the <strong>Prefix, First/(Given) name, Middle name</strong> (if applicable), <strong>Last Name</strong> and <strong>Suffix</strong> of the senior/key person</td>
</tr>
<tr>
<td>Project Role</td>
<td>Enter the project role of the Senior/Key person.</td>
</tr>
<tr>
<td>Base Salary ($)</td>
<td>Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care. etc.</td>
</tr>
<tr>
<td>Cal. Months</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category</td>
</tr>
<tr>
<td>Acad. Months</td>
<td>Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institution does not use a 9 month academic period, indicate your institution’s definition of academic year in the budget justification)</td>
</tr>
<tr>
<td>Sum. Months</td>
<td>Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institution does not use a 3 month summer period, indicate your institution’s definition of summer period in the budget justification)</td>
</tr>
<tr>
<td>Requested Salary ($)</td>
<td>Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period</td>
</tr>
<tr>
<td>Fringe Benefits ($)</td>
<td>Enter applicable fringe benefits, if any, for each senior/key person</td>
</tr>
<tr>
<td>Funds Requested ($)</td>
<td>Enter federal funds requested for salary/wages &amp; fringe benefits for each senior/key person for this budget period for this project.</td>
</tr>
<tr>
<td>Line 9. Total Funds Requested for all Senior Key Persons in the attached Files</td>
<td>Enter the total federal funds requested for all senior/key persons listed in the attached file (these requested funds would be for key persons over and above those listed in the preceding rows/fields of section A). If applicants are applying in hardcopy please attach a table listing the key personnel over and above the 8 persons listed on the budget page using the same format appearing in the budget table and enter the total funds requested for these additional people in row 9.</td>
</tr>
<tr>
<td>Additional Senior Key Persons (attach file)</td>
<td>If applying electronically attach a file here detailing the funds requested for key personnel over and above the 8 senior/key persons already listed in this section; include all pertinent budget information. The total funds requested in this file should be entered in “the total funds requested for all additional senior/key persons in line 9 of Section A”. If applying in hardcopy please be certain to provide detailed information on the key personnel as well as funds requested in the same format appearing in the budget table. Be certain to include the total funds for these additional key persons in the total funds requested for all additional senior/key persons in line 9 of Section A.</td>
</tr>
</tbody>
</table>

**SECTION B. Other Personnel**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Personnel</td>
<td>For each project role/category identify the number of personnel proposed.</td>
</tr>
<tr>
<td>Project Role</td>
<td>If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate students, or Secretarial/Clerical, enter the appropriate project role (for example, Engineer, Statistician, IT Professional etc.) in the blanks.</td>
</tr>
<tr>
<td>Cal. Months</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category/stipend category</td>
</tr>
<tr>
<td>Acad. Months</td>
<td>Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institute does not use a 9 month academic period, indicate your institution’s definition of academic year in the budget justification)</td>
</tr>
<tr>
<td>Sum. Months</td>
<td>Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institute does not use a 3 month summer period, indicate your</td>
</tr>
</tbody>
</table>
### Requested Salary ($)
Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role.

### Fringe Benefits ($)
Enter applicable fringe benefits, if any, for each project role category.

### Funds Requested ($)
Enter requested salary/wages & fringe benefits for each project role category.

### Total Number Other Personnel
Enter the total number of other personnel and related funds requested for this project.

### Total Salary, Wages and Fringe Benefits (A & B)
Enter the total funds requested for all senior key persons, stipends and all other personnel- If applying electronically this will be computed based on the detailed information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided.

### RESEARCH AND RELATED BUDGET

#### Section C, D & E

#### SECTION C: Equipment Description

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget Attachment and attach as a separate file on the R&amp;R Budget Attachment(s) form.</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of the Budget Period</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
<tr>
<td>Equipment Item</td>
<td>Equipment is identified as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily allowable items are limited to those which will be used primarily or exclusively in the actual conduct or performance of grant activities.</td>
</tr>
<tr>
<td>Funds Requested</td>
<td>Enter the estimated cost of each item of equipment, including shipping and any maintenance costs and agreements.</td>
</tr>
<tr>
<td>Total Funds Requested for all equipment listed in the attached files</td>
<td>Enter the estimated cost of all equipment listed in any attached documents/files.</td>
</tr>
<tr>
<td>Additional Equipment</td>
<td>If the space provided can not accommodate all the equipment proposed, attach a file or document delineating the equipment proposed. If applying in hardcopy please provide this information on a separate/attached sheet. List the total funds requested on line 11 of this section.</td>
</tr>
</tbody>
</table>

#### SECTION D. Travel

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Travel Costs (Incl. Canada, Mexico)</td>
<td>Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the budget justifications section, include the purpose, destinations, dates of travel (if known), and number of individuals for each trip. If the dates of travel are known,</td>
</tr>
</tbody>
</table>
and US Possessions) specify estimated length of trip (for example, 3 days)

**Foreign Travel Costs**
Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or the U.S. Possessions. In the budget justification section, include the purpose, destination, travel dates (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (ex. 3 days)

**Total Travel Costs** The total funds requested for all travel related to this project—this should equal the total of all domestic and foreign and may be computed if applying electronically. If applying in hardcopy please enter this amount

### SECTION E: Participant/Trainee Support Costs

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees/Health Insurance</td>
<td>Enter the total amount of funds requested for participant/trainee tuition, fees, and/or health insurance. (if applicable)</td>
</tr>
<tr>
<td>Stipends</td>
<td>Enter the total amount of funds requested for participant/trainee stipends.</td>
</tr>
<tr>
<td>Travel</td>
<td>Enter the total funds requested for participant/trainee travel associated with this project (if applicable)</td>
</tr>
<tr>
<td>Subsistence</td>
<td>Enter the total funds requested for participant/trainee subsistence (if applicable)</td>
</tr>
<tr>
<td>Other</td>
<td>Describe and enter the total funds requested for any other participant/trainee costs/institutional allowances, scholarships etc. Please identify these in the space provided.</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>Enter the total number of proposed participants/trainees (those receiving stipends, scholarships, etc.)</td>
</tr>
<tr>
<td>Trainee Costs</td>
<td>Enter the total costs associated with the above categories (i.e. participants/trainees - items 1-5). If applying electronically this total will be calculated for you.</td>
</tr>
</tbody>
</table>

### SECTION F-K Budget Period

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget Attachment and attach as a separate file on the R&amp;R Budget Attachment(s) form.</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of the Budget Period</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
</tbody>
</table>

### SECTION F. Other Direct Cost

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>Enter the total funds requested for materials and supplies. In the budget justification attachment please itemize all categories for which costs exceed $1,000. Categories less than $1,000 do not have to be itemized.</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. In the budget justification include supporting information.</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td>Enter the total funds requested for consultant services. In the budget</td>
</tr>
</tbody>
</table>
justification identify each consultant, the services to be performed, travel related to this project and the total estimated costs.

<table>
<thead>
<tr>
<th>4. ADP/Computer Services</th>
<th>Enter total funds requested for ADP/computer services. In the budget justification include the established computer service rates at the proposed organization (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Subawards/Consortia/ Contractual Costs</td>
<td>Enter total funds requested for subaward, consortium and/or contractual costs proposed for this project.</td>
</tr>
<tr>
<td>6. Equipment/Facility Rental/ User Fees</td>
<td>Enter total funds requested for equipment or facility rental or users fees. In the budget justification please identify and justify these fees.</td>
</tr>
<tr>
<td>7. Alterations and Renovations (not applicable to training program grants)</td>
<td>Enter the total funds requested for alterations and renovations. In the budget justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs.</td>
</tr>
<tr>
<td>Items 8-10</td>
<td>In items 8-10 please describe any “other” direct costs not requested above. Use the Budget Justification attachment to further itemize and justify these costs. If line space is inadequate please use line 10 to combine all remaining “other direct costs” and include details of these costs in the budget justification.</td>
</tr>
<tr>
<td>Total Other Costs</td>
<td>The total funds requested for all Other Direct Costs</td>
</tr>
</tbody>
</table>

**SECTION G: Direct Costs**

*If applying electronically, this item will be computed as the sum of sections A-F. If applying in paper please enter the sum of sections A-F in this field*

**SECTION H: Indirect Costs**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Cost Type</td>
<td>Indicate the type of indirect cost. Also indicate if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate “None—will negotiate” and include information for proposed rate. Use the budget justification if additional space is needed.</td>
</tr>
<tr>
<td>Indirect Cost Rate (%)</td>
<td>Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs {F&amp;A} established with a cognizant Federal office or, in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in DHHS.</td>
</tr>
<tr>
<td>Indirect Cost Base ($)</td>
<td>Enter amount of the base for each indirect cost type.</td>
</tr>
<tr>
<td>Funds Requested</td>
<td>Enter the total funds requested for each indirect cost type.</td>
</tr>
<tr>
<td>Cognizant Federal Agency</td>
<td>Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter None.</td>
</tr>
</tbody>
</table>
SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)
Enter the total funds requested for direct and indirect costs. If applying electronically this field will be calculated for you.

SECTION J: Fee
Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If a fee is allowable, enter the fee requested in this field.

SECTION K: Budget Justification
Detailed instructions for information to include in this section will be provided in the program application guidance. Use the budget justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this attachment/section to provide the information requested/required in the program guidance. Please refer to the guidance to determine the need for and placement of (ex. in Appendix section) any other required budget tables stipulated in the guidance.

RESEARCH AND RELATED BUDGET –CUMULATIVE BUDGET

If applying electronically, all of the values on this form will be calculated based on the amounts that were entered previously under sections A through K for each of the individual budget periods. Therefore, if this application is being submitted electronically no data entry is allowed or required in order to complete this Cumulative Budget section.

If any amounts displayed on this form appear to be incorrect you may correct the value by adjusting one or more of the values that contributed to the total from the previous sections. To make such an adjustment you will need to revisit the appropriate budget period form(s) to enter corrected values.

If applying in paper form please ensure that entries in the cumulative budget are consistent with those entered in Sections A-K.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section A: Senior/Key Person</strong></td>
<td>The cumulative total funds requested for all Senior/Key personnel.</td>
</tr>
<tr>
<td><strong>Section B: Other Personnel</strong></td>
<td>The cumulative total funds requested for all other personnel.</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td>The cumulative total number of other personnel.</td>
</tr>
<tr>
<td>Total Salary, Wages, and Fringe Benefits (Section A + Section B)</td>
<td>The cumulative total funds requested for all Senior/Key personnel and all other personnel.</td>
</tr>
<tr>
<td><strong>Section C: Equipment</strong></td>
<td>The cumulative total funds requested for all equipment.</td>
</tr>
<tr>
<td><strong>Section D: Travel</strong></td>
<td>The cumulative total funds requested for all travel.</td>
</tr>
<tr>
<td>1. Domestic</td>
<td>The cumulative total funds requested for all domestic travel.</td>
</tr>
<tr>
<td>2. Foreign</td>
<td>The cumulative total funds requested for all foreign travel.</td>
</tr>
<tr>
<td><strong>Section E: Participant/Trainee Support Costs</strong></td>
<td>The cumulative total funds requested for all participant/trainee costs.</td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category.</td>
</tr>
<tr>
<td>2. Stipends</td>
<td>Enter the cumulative total funds requested for participants/trainee stipends.</td>
</tr>
<tr>
<td>3. Travel</td>
<td>The cumulative total funds requested for Trainee/Participant travel.</td>
</tr>
<tr>
<td>4. Subsistence</td>
<td>The cumulative total funds requested for Trainee/Participant subsistence.</td>
</tr>
<tr>
<td>5. Other</td>
<td>The cumulative total funds requested for any Other participant trainee costs including scholarships.</td>
</tr>
<tr>
<td>6. Number of</td>
<td>The cumulative total number of proposed participants/trainees.</td>
</tr>
</tbody>
</table>
Section F: Other Direct Costs

1. Materials and Supplies
   The cumulative total funds requested for Materials and Supplies.

2. Publication Costs
   The cumulative total funds requested for Publications.

3. Consultant Services
   The cumulative total funds requested for Consultant Services.

4. ADP/Computer Services
   The cumulative total funds requested for ADP/Computer Services.

5. Subawards/Consortium/Contractual Costs
   The cumulative total funds requested for 1) all subaward/consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project.

6. Equipment or Facility Rental/User Fees
   The cumulative total funds requested for Equipment or Facility Rental/User Fees.

7. Alterations and Renovations
   The cumulative total funds requested for Alterations and Renovations.

8. Other 1
   The cumulative total funds requested in line 8 or the first Other Direct Costs category.

9. Other 2
   The cumulative total funds requested in line 9 or the second Other Direct Costs category.

10. Other 3
    The cumulative total funds requested in line 10 or the third Other Direct Costs category.

Section G: Direct Costs A-F
   The cumulative total funds requested for all direct costs.

Section H: Indirect Costs
   The cumulative total funds requested for all indirect costs.

Section I: Total Direct and Indirect Costs
   The cumulative total funds requested for direct and indirect costs.

Section J: Fee
   The cumulative funds requested for Fees (if applicable).

INSTRUCTIONS FOR R&R SUBAWARD BUDGET ATTACHMENT(s) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the subaward budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in section K of the project budget.

SF 424 R&R OTHER PROJECT INFORMATION COMPONENT

SF 424 R&R Other Project Information:

If this is an application for a Research Grant Please Respond to All of the Questions on this page.

If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are Human Subjects Involved</td>
<td>If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.</td>
</tr>
<tr>
<td>1.a If YES to Human Subjects Involved</td>
<td>Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See: <a href="http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm">http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm</a> for a list of</td>
</tr>
</tbody>
</table>
the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects.

For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance (FWA), multiple project assurance (MPA), Single Project Assurance(SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.

<table>
<thead>
<tr>
<th>2. Are Vertebrae Animals Used</th>
<th>If activities using vertebrate animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check step 3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a. If YES to Vertebrae animals</td>
<td>Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval Date in the approval date field leave blank if approval is pending. For Animal Welfare Assurance Number, enter the Federally approved assurance number if available.</td>
</tr>
<tr>
<td>3. Is Proprietary/Privileged Information Included in the Application</td>
<td>Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: “the following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation.</td>
</tr>
<tr>
<td>4a. Does this project have an actual or potential impact on the environment?</td>
<td>If your project will have an actual or potential impact on the environment check the YES box and explain in the box provided in 4b. Otherwise check NO and proceed to question 5a.</td>
</tr>
<tr>
<td>4b. If yes, please explain</td>
<td>If you checked the YES box indicating an actual or potential impact on the environment, enter the explanation or the actual or potential impact on the environment here.</td>
</tr>
<tr>
<td>4c. If this project has an actual or potential impact on the environment has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?</td>
<td>If an exemption has been authorized or an EA or EIS has been performed check the YES box in 4d. Otherwise check the NO box.</td>
</tr>
<tr>
<td>4d. If yes please explain</td>
<td>If you checked the YES box indicating an exemption has been authorized or an EA or EIS has been performed, enter the explanation.</td>
</tr>
<tr>
<td>5a. Does the project involve activities outside of the U.S. or partnerships with international collaborators?</td>
<td>If your project involves activities outside of the U.S. or partnerships with international collaborators check the YES box and list the countries in the box provided in 5b and an optional explanation in box 5c. Otherwise check NO and proceed to item 6.</td>
</tr>
<tr>
<td>5b. If yes Identify Countries</td>
<td>If the answer to 5a is YES – identify the countries with which international cooperative activities are involved.</td>
</tr>
<tr>
<td>5c. Optional explanation</td>
<td>Use this box to provide any supplemental information, if necessary. If necessary you can provide the information as an attachment by clicking “Add Attachment” to the right of Item 11 below.</td>
</tr>
<tr>
<td>6. Project Summary/Abstract</td>
<td>Please refer to the guidance for instructions regarding the information to include in the project summary/abstract. The project summary must contain a summary</td>
</tr>
</tbody>
</table>
of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of the objectives and methods employed. The summary must NOT include any proprietary/confidential information.

If applying electronically attach the summary/abstract by clicking on “Add Attachment” and browse to where you saved the file on your computer and attach.

7. Project Narrative

Provide the project narrative in accordance with the program guidance/announcement and/or agency/program specific instructions. If you are applying electronically, to attach project narrative click “Add Attachment,” browse to where you saved the file, select the file, and click to attach.

8. Bibliography and References Cited

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically – attach the bibliography by clicking “Add Attachment” on line 8.

9. Facilities and Other Resources

This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g. machine shop, electronic shop), and the extent to which they would be available to the project.

To attach a Facilities and Other Resources file, click Add Attachment, browse to where you saved the file, select the file and then click open.

10. Equipment

List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. To attach an Equipment file click “Add Attachment “ and select the file to be attached.

11. Other Attachments

Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. Click “Add Attachment” and select the file for attachment from where you saved the file.

ATTACHMENTS FORM

Use this form to add files/attachments required in the program guidance whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization’s Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the program guidance.
APPENDIX B: MCHB Administrative Forms and Performance Measures

The following Administrative Forms and Performance Measures are assigned to this MCHB program.

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services
- Form 5, Number of Individuals Served (Unduplicated) By Type of Individual and Source of Primary Insurance Coverage
- Form 6, Maternal & Child Health Discretionary Grant Project Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 07, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities
- Performance Measure 08, The percentage of graduates of MCHB long-term training programs that demonstrate field leadership after graduation
- Performance Measure 09, The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups
- Performance Measure 10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training
- Program Performance Measure 59, The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs
- Program Performance Measure 60, The percent of long-term trainees who, at 1, 5 and 10 years post training, work in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.)
- Program Performance Measure 63, The degree to which LEND programs incorporate medical home concepts into their curricula/training
- Program Performance Measure 84, The percent of long-term training graduates who are engaged in work related to MCH populations
- Program Performance Measure 85, The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation
- Training Data Form
- Products, Publications and Submissions Data Form
# FORM 1

**MCHB PROJECT BUDGET DETAILS FOR FY ______**

1. **MCHB GRANT AWARD AMOUNT**

2. **UNOBLIGATED BALANCE**

3. **MATCHING FUNDS**
   (Required: Yes [ ] No [ ] If yes, amount)
   - A. Local funds
   - B. State funds
   - C. Program Income
   - D. Applicant/Grantee Funds
   - E. Other funds:

4. **OTHER PROJECT FUNDS** (Not included in 3 above)
   - A. Local funds
   - B. State funds
   - C. Program Income (Clinical or Other)
   - D. Applicant/Grantee Funds (includes in-kind)
   - E. Other funds (including private sector, e.g., Foundations)

5. **TOTAL PROJECT FUNDS** (Total lines 1 through 4)

6. **FEDERAL COLLABORATIVE FUNDS**
   (Source(s) of additional Federal funds contributing to the project)
   - A. Other MCHB Funds (Do not repeat grant funds from Line 1)
     1) Special Projects of Regional and National Significance (SPRANS)
     2) Community Integrated Service Systems (CISS)
     3) State Systems Development Initiative (SSDI)
     4) Healthy Start
     5) Emergency Medical Services for Children (EMSC)
     6) Traumatic Brain Injury
     7) State Title V Block Grant
     8) Other:
     9) Other:
     10) Other:
   - B. Other HRSA Funds
     1) HIV/AIDS
     2) Primary Care
     3) Health Professions
     4) Other:
     5) Other:
     6) Other:
   - C. Other Federal Funds
     1) Center for Medicare and Medicaid Services (CMS)
     2) Supplemental Security Income (SSI)
     3) Agriculture (WIC/other)
     4) Administration for Children and Families (ACF)
     5) Centers for Disease Control and Prevention (CDC)
     6) Substance Abuse and Mental Health Services Administration (SAMHSA)
     7) National Institutes of Health (NIH)
     8) Education
     9) Bioterrorism
     10) Other:
     11) Other:
     12) Other:

7. **TOTAL COLLABORATIVE FEDERAL FUNDS**
INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____

Line 1. Enter the amount of the Federal MCHB grant award for this project.

Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year’s award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.

Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.

Line 5. Displays the sum of lines 1 through 4.

Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) other than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

   Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

   If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds.

Line 7. Displays the sum of lines in 6A.1 through 6C.12.
<table>
<thead>
<tr>
<th></th>
<th>FY____</th>
<th>FY____</th>
<th>FY____</th>
<th>FY____</th>
<th>FY____</th>
<th>FY____</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MCHB Grant Award Amount</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td></td>
<td>Line 1, Form 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unobligated Balance</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td></td>
<td>Line 2, Form 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Matching Funds (If required)</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td></td>
<td>Line 3, Form 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other Project Funds</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td></td>
<td>Line 4, Form 2</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Total Project Funds</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
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<tr>
<td></td>
<td>Line 5, Form 2</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Total Federal Collaborative Funds</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
<td>$_____</td>
</tr>
<tr>
<td></td>
<td>Line 7, Form 2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.
# FORM 4

**PROJECT BUDGET AND EXPENDITURES**

By Types of Services

<table>
<thead>
<tr>
<th>TYPES OF SERVICES</th>
<th>FY _____</th>
<th>FY _____</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Direct Health Care Services</strong>&lt;br&gt;(Basic Health Services and Health Services for CSHCN.)</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td><strong>II. Enabling Services</strong>&lt;br&gt;(Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td><strong>III. Population-Based Services</strong>&lt;br&gt;(Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td><strong>V. TOTAL</strong></td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR THE COMPLETION OF FORM 4
PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, II or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and II are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I    Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II    Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III   Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.
Line IV: **Infrastructure Building Services** - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Infrastructure Building Services** are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V: **Total** – Displays the total amounts for each column, budgeted for each year and expended for each year completed.
### FORM 5

**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)**

**By Type of Individual and Source of Primary Insurance Coverage**

**For Projects Providing Direct Health Care, Enabling or Population-based Services**

**Reporting Year________**

<table>
<thead>
<tr>
<th>Table 1</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnant Women Served</strong></td>
<td>(a) Number Served</td>
<td>(b) Total Served</td>
<td>(c) Title XIX %</td>
<td>(d) Title XXI %</td>
<td>(e) Private/Other %</td>
<td>(f) None %</td>
<td>(g) Unknown %</td>
</tr>
<tr>
<td>Pregnant Women (All Ages)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14</td>
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<td><strong>CSHCN Infants, Children and Youth Served</strong></td>
<td>(a) Number Served</td>
<td>(b) Total Served</td>
<td>(c) Title XIX %</td>
<td>(d) Title XXI %</td>
<td>(e) Private/Other %</td>
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HRSA-11-036 70
Table 4

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<tr>
<th>Women Served</th>
<th>(a) Number Served</th>
<th>(b) Total Served</th>
<th>(c) Title XIX %</th>
<th>(d) Title XXI %</th>
<th>(e) Private/Other %</th>
<th>(f) None %</th>
<th>Unknown % (g)</th>
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<td>Women 25+</td>
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Table 5

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<th>Other</th>
<th>(a) Number Served</th>
<th>(b) Total Served</th>
<th>(c) Title XIX %</th>
<th>(d) Title XXI %</th>
<th>(e) Private/Other %</th>
<th>(f) None %</th>
<th>Unknown % (g)</th>
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<td>Men 25+</td>
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TOTAL SERVED: ________________
INSTRUCTIONS FOR THE COMPLETION OF FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates, in a note.

Note that ages are expressed as either x to y, (i.e., 1 to 25, meaning from age 1 up to age 25, but not including 25) or x – y (i.e., 1 – 4 meaning age 1 through age 4). Also, symbols are used to indicate directions. For example, <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, the Line Reporting Year displays the year for which the data applies.

2. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services would generally be included in the top three levels of the MCH pyramid (the fourth, or base level, would generally not contain direct services) and would include individuals served by total dollars reported on Form 3, Line 5.

3. In Column (b), the total number of the individuals served is summed from Column (a).

4. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling or population-based services, who have as their primary source of coverage:
   Column (c): Title XIX (includes Medicaid expansion under Title XXI)
   Column (d): Title XXI
   Column (e): Private or other coverage
   Column (f): None
   Column (g): Unknown

These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.
PROJECT:

I. PROJECT IDENTIFIER INFORMATION
   1. Project Title:  
   2. Project Number:  
   3. E-mail address:  

II. BUDGET
   1. MCHB Grant Award $___________  
      (Line 1, Form 2)
   2. Unobligated Balance $___________  
      (Line 2, Form 2)
   3. Matching Funds (if applicable) $___________  
      (Line 3, Form 2)
   4. Other Project Funds $___________  
      (Line 4, Form 2)
   5. Total Project Funds $___________  
      (Line 5, Form 2)

III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)
   [ ] Direct Health Care Services  
   [ ] Enabling Services  
   [ ] Population-Based Services  
   [ ] Infrastructure Building Services  

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE
   A. Project Description  
      1. Problem (in 50 words, maximum):  
         2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)
            Goal 1:  
            Objective 1:  
            Objective 2:  
            Goal 2:  
            Objective 1:  
            Objective 2:  
            Goal 3:  
            Objective 1:  
            Objective 2:
Goal 4:
   Objective 1:
   Objective 2:

Goal 5:
   Objective 1:
   Objective 2:

3. Activities planned to meet project goals

4. Specify the primary *Healthy People 2010* objectives(s) (up to three) which this project addresses:
   a.
   b.
   c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met)
B. Continuing Grants ONLY
   1. Experience to Date (For continuing projects ONLY):

   2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION
INSTRUCTIONS FOR THE COMPLETION OF FORM 6
PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information
Project Title: Displays the title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number)
E-mail address: Displays the electronic mail address of the project director

Section II – Budget
These figures will be transferred from Form 1, Lines 1 through 5.

Section III – Types of Services
Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)
A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.
B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
2. Provide website and number of hits annually, if applicable.

Section V – Key Words
Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation
Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.
FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. Project Service Focus
   [ ] Urban/Central City  [ ] Suburban  [ ] Metropolitan Area (city & suburbs)
   [ ] Rural  [ ] Frontier  [ ] Border (US-Mexico)

2. Project Scope
   [ ] Local  [ ] Multi-county  [ ] State-wide
   [ ] Regional  [ ] National

3. Grantee Organization Type
   [ ] State Agency
   [ ] Community Government Agency
   [ ] School District
   [ ] University/Institution Of Higher Learning (Non-Hospital Based)
   [ ] Academic Medical Center
   [ ] Community-Based Non-Governmental Organization (Health Care)
   [ ] Community-Based Non-Governmental Organization (Non-Health Care)
   [ ] Professional Membership Organization (Individuals Constitute Its Membership)
   [ ] National Organization (Other Organizations Constitute Its Membership)
   [ ] National Organization (Non-Membership Based)
   [ ] Independent Research/Planning/Policy Organization
   [ ] Other _______________________________________________________

4. Project Infrastructure Focus (from MCH Pyramid) if applicable
   [ ] Guidelines/Standards Development And Maintenance
   [ ] Policies And Programs Study And Analysis
   [ ] Synthesis Of Data And Information
   [ ] Translation Of Data And Information For Different Audiences
   [ ] Dissemination Of Information And Resources
   [ ] Quality Assurance
   [ ] Technical Assistance
   [ ] Training
   [ ] Systems Development
   [ ] Other
5. Demographic Characteristics of Project Participants

Indicate the service level:

<table>
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<tr>
<th></th>
<th>Direct Health Care Services</th>
<th>Population-Based Services</th>
<th>Enabling Services</th>
<th>Infrastructure Building Services</th>
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<tr>
<th>RACE (Indicate all that apply)</th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>White</th>
<th>More than One Race</th>
<th>Unrecorded</th>
<th>Total</th>
<th>Hispanic or Latino</th>
<th>Not Hispanic or Latino</th>
<th>Unrecorded</th>
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6. Clients’ Primary Language(s)

__________________________________
__________________________________
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7. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)
   [ ] Policy Makers/Public Servants
   [ ] Consumers
   [ ] Providers/Professionals

b. Number of Requests Received/Answered: ___/____

c. Number of Continuing Education credits provided: ______

d. Number of Individuals/Participants Reached: ______

e. Number of Organizations Assisted: ______

f. Major Type of TA or Training Provided:
   [ ] continuing education courses,
   [ ] workshops,
   [ ] on-site assistance,
   [ ] distance learning classes
   [ ] other
INSTRUCTIONS FOR THE COMPLETION OF FORM 7
PROJECT SUMMARY

Section 1 – Project Service Focus
Select all that apply

Section 2 – Project Scope
Choose the one that best applies to your project.

Section 3 – Grantee Organization Type
Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus
If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants
Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.
Section 6 – Clients Primary Language(s)
Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Resource/TA and Training Centers (Only)
Answer all that apply.
07 PERFORMANCE MEASURE

Goal 1: Provide National Leadership for MCHB (Promote family participation in care)
Level: Grantee
Category: Family/Youth/Consumer Participation

GOAL
To increase family/youth/consumer participation in MCHB programs.

MEASURE
The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.

DEFINITION
Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. Please check the degree to which the elements have been implemented.

HEALTHY PEOPLE 2010 OBJECTIVE
Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.

DATA SOURCE(S) AND ISSUES
Attached data collection form is to be completed by grantees.

SIGNIFICANCE
Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, State and national levels.

Family/professional partnerships have been: incorporated into the MCHB Block Grant Application, the MCHB strategic plan. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89) and part of the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.
DATA COLLECTION FORM FOR DETAIL SHEET #07

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

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<th>0</th>
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<th>2</th>
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<th>Element</th>
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<tr>
<td></td>
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<td>1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program’s activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.</td>
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<td>2. Culturally diverse family members/youth/consumers facilitate the program’s ability to meet the needs of the populations served.</td>
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<td>3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.</td>
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<td>4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.</td>
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<td>5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.</td>
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<td>6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project’s continuous quality improvement efforts.</td>
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<td>7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.</td>
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<td>8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.</td>
</tr>
</tbody>
</table>

0=Not Met  
1=Partially Met  
2=Mostly Met  
3=Completely Met

Total the numbers in the boxes (possible 0-24 score) ________

NOTES/COMMENTS:
### 08 PERFORMANCE MEASURE

**Goal 1: Provide National Leadership for Maternal and Child Health**
(Provide both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide)

**Level:** Grantee  
**Category:** Training

| GOAL | To increase the percentage of graduates of long-term training programs that demonstrate field leadership five years after graduation. |
| MEASURE | The percentage of graduates of MCHB long-term training programs that demonstrate field leadership after graduation. |
| DEFINITION | Attached is a checklist of four elements that demonstrate field leadership. For each element, identify the number of graduates of MCHB long-term training programs that demonstrate field leadership five years after graduation. Please keep the completed checklist attached.  
“Field leadership” refers to but is not limited to providing MCH leadership within the clinical, advocacy, academic, research, public health, public policy or governmental realms. Refer to attachment for complete definition.  
Cohort is defined as those who graduate in a certain project period. Data form for each cohort year will be collected five years following graduation. |

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 1.7: (Developmental) Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

Related to Objective 23.8: (Developmental) Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.

**DATA SOURCE(S) AND ISSUES**

Attached data collection form to be completed by grantees.

**SIGNIFICANCE**

An MCHB trained workforce is a vital participant in clinical, administrative, policy, public health and various other arenas. MCHB long-term training programs assist in developing a public health workforce that addresses MCH concerns and fosters field leadership in the MCH arena.
A. The total number of graduates, five years following completion of program ____

B. The total number of graduates lost to follow up ____

C. The total number of respondents (A-B) ____

D. Number of respondents demonstrating MCH leadership in at least one of the following areas below ____

E. Percent of respondents demonstrating MCH leadership in at least one of the following areas below ____

Please use the notes field to detail data sources and year of data used.
(Individual respondents may have leadership activities in multiple areas below)

1. Number of trainees that have participated in academic leadership activities ____
   - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
   - Conducted research or quality improvement on MCH issues
   - Taught/mentored in my discipline or other MCH related field
   - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
   - Procured grant and other funding in MCH areas
   - Conducted strategic planning or program evaluation

2. Number of trainees that have participated in clinical leadership activities ____
   - Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
   - Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc)
   - Taught/mentored in my discipline or other MCH related field
   - Conducted research or quality improvement on MCH issues
   - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
   - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

3. Number of trainees that have participated in public health practice leadership activities ____
   - Provided consultation, technical assistance, or training in MCH areas
   - Procured grant and other funding in MCH areas
   - Conducted strategic planning or program evaluation
   - Conducted research or quality improvement on MCH issues
   - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
   - Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation (provided testimony, educated legislators, etc)
4. Number of trainees that have participated in public policy & advocacy leadership activities

- Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
- Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)

NOTES/COMMENTS:
<table>
<thead>
<tr>
<th><strong>09 PERFORMANCE MEASURE</strong></th>
<th>The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 2: Eliminate Health Barriers and Disparities (Train an MCH Workforce that is culturally competent and reflects an increasingly diverse population)</strong></td>
<td>To increase the percentage of trainees participating in MCHB long-term training programs who are from underrepresented racial and ethnic groups.</td>
</tr>
<tr>
<td><strong>Level: Grantee</strong></td>
<td>The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.</td>
</tr>
<tr>
<td><strong>Category: Training</strong></td>
<td>The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.</td>
</tr>
</tbody>
</table>

**DEFINITION**

**Numerator:**
Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs reported to be from underrepresented racial and ethnic groups. (Include MCHB-supported and non-supported trainees.)

**Denominator:**
Total number of long-term trainees (≥ 300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.)

**Units:** 100  
**Text:** Percentage

The definition of “underrepresented racial and ethnic groups” is based on the categories from the U.S. Census.

**HEALTHY PEOPLE 2010 OBJECTIVE**
Related to Objective 1.8: In the health professions, allied and associated health professions, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups.

**DATA SOURCE(S) AND ISSUES**
Data will be collected annually from grantees about their trainees. MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs.

References supporting Workforce Diversity:
SIGNIFICANCE

HRSA’s MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Training a diverse group of professionals is necessary in order to provide a diverse public health workforce to meet the needs of the changing demographics of the U.S. and to ensure access to culturally competent and effective services. This performance measure provides the necessary data to report on HRSA’s initiatives to reduce health disparities.
DATA COLLECTION FORM FOR DETAIL SHEET #09

Report on the percentage of long-term trainees (≥300 contact hours) who are from any underrepresented racial/ethnic group (i.e., Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, two or more race (OMB). Please use the space provided for notes to detail the data source and year of data used.

- Report on all long-term trainees (≥ 300 contact hours) including MCHB-funded and non MCHB-funded trainees
- Report race and ethnicity separately
- Trainees who select multiple ethnicities should be counted once
- Grantee reported numerators and denominator will be used to calculate percentages

Total number of long-term trainees (≥ 300 contact hours) participating in the training program. (Include MCHB-supported and non-supported trainees.)

<table>
<thead>
<tr>
<th>Ethnic Categories</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of long-term training participants who are Hispanic or Latino (Ethnicity)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of long-term trainees who are American Indian or Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>Number of long-term trainees who are of Asian descent</td>
<td></td>
</tr>
<tr>
<td>Number of long-term trainees who are Black or African-American</td>
<td></td>
</tr>
<tr>
<td>Number of long-term trainees who are Native Hawaiian or Pacific Islanders</td>
<td></td>
</tr>
<tr>
<td>Number of long-term trainees who are two or more races</td>
<td></td>
</tr>
</tbody>
</table>

NOTES/COMMENTS:

Total number of long-term trainees (≥ 300 contact hours) participating in the training program. (Include MCHB-supported and non-supported trainees.)
### 10 PERFORMANCE MEASURE

**Goal 2: Eliminate Health Barriers & Disparities**
(Develop and promote health services and systems of care designed to eliminate disparities and barriers across MCH populations)

**Level:** Grantee  
**Category:** Cultural Competence

<table>
<thead>
<tr>
<th>GOAL</th>
<th>The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE</td>
<td>The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.</td>
</tr>
</tbody>
</table>

**DEFINITION**

Attached is a checklist of 15 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-45. Please keep the completed checklist attached.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; sited from DHHS Office of Minority Health--http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11)

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones,
Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees’ progress in developing cultural and linguistic competence.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to the following HP2010 Objectives:

16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

23.9: (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees. There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.

SIGNIFICANCE

Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and
ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.
DATA COLLECTION FORM FOR DETAIL SHEET #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Strategies for advancing cultural and linguistic competency are integrated into your program’s written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Community and family members from diverse cultural groups are partners in planning your program.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Community and family members from diverse cultural groups are partners in the delivery of your program.</td>
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<td></td>
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</tr>
<tr>
<td>7.</td>
<td>Community and family members from diverse cultural groups are partners in evaluation of your program.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8.</td>
<td>Staff and faculty reflect cultural and linguistic diversity of the significant populations served.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9.</td>
<td>Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 = Not Met  
1 = Partially Met  
2 = Mostly Met  
3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) __________

NOTES/COMMENTS:
<table>
<thead>
<tr>
<th><strong>59 PERFORMANCE MEASURE</strong></th>
<th>The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong></td>
<td>To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.</td>
</tr>
<tr>
<td><strong>MEASURE</strong></td>
<td>The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.</td>
</tr>
<tr>
<td><strong>DEFINITION</strong></td>
<td>Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1. If a value of ‘1’ is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as ‘1.’</td>
</tr>
<tr>
<td><strong>HEALTHY PEOPLE 2010 OBJECTIVE</strong></td>
<td>1-7. Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention. 7-2. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems… 7-11. Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs. 23-8, 23-10. Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies and provide continuing education to develop competency in the essential public health services.</td>
</tr>
<tr>
<td><strong>DATA SOURCES AND ISSUES</strong></td>
<td>The training program completes the attached table which describes the categories of collaborative activity.</td>
</tr>
</tbody>
</table>
SIGNIFICANCE

As a SPRANS, a training program enhances the Title V State block grants that support the MCHB goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own communities. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders.

This measure will document a training program’s abilities to:

1) collaborate with State Title V and other agencies (at a systems level) to support achievement of the MCHB Strategic Goals and CSHCN Healthy People 2010 action plan;
2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care;
3) reinforce the importance of the value added to LEND program dollars in supporting faculty leaders to work at all levels of systems change; and
4) internally use this data to assure a full scope of these program elements in all regions.
DATA COLLECTION FORM FOR DETAIL SHEET PM #59

Indicate the degree to which your training program collaborates with State Title V (MCH) agencies and other MCH or MCH-related programs using the following values:

0= The training program does not collaborate on this element.
1= The training program does collaborate on this element.

If your program does collaborate, provide the total number of activities for the element.

<table>
<thead>
<tr>
<th>Element</th>
<th>0</th>
<th>1</th>
<th>Total Number of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples might include:</td>
<td></td>
<td></td>
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<tr>
<td>Clinics run by the</td>
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<tr>
<td>training program and/or</td>
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<tr>
<td>in collaboration with</td>
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<td></td>
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<tr>
<td>other agencies</td>
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<tr>
<td>2. Training</td>
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<td></td>
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<tr>
<td>Examples might include:</td>
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<tr>
<td>Training in Bright</td>
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<tr>
<td>Futures...; Workshops</td>
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<td></td>
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<tr>
<td>related to adolescent</td>
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<tr>
<td>health practice; and</td>
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<tr>
<td>Community-based</td>
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<tr>
<td>practices. It would not</td>
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<tr>
<td>include clinical</td>
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<tr>
<td>supervision of long-term</td>
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<td></td>
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<tr>
<td>trainees.</td>
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<tr>
<td>3. Continuing Education</td>
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<tr>
<td>Examples might include:</td>
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<tr>
<td>Conferences; Distance</td>
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<tr>
<td>learning; and Computer-</td>
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</tr>
<tr>
<td>based educational</td>
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<tr>
<td>experiences. It would</td>
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<tr>
<td>not include formal</td>
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<tr>
<td>classes or seminars for</td>
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<tr>
<td>long-term trainees.</td>
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<tr>
<td>4. Technical Assistance</td>
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<td></td>
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<tr>
<td>Examples might include:</td>
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<tr>
<td>Conducting needs</td>
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<tr>
<td>assessments with State</td>
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<tr>
<td>programs; policy</td>
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<tr>
<td>development; grant</td>
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<tr>
<td>writing assistance;</td>
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<tr>
<td>identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services.</td>
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<tr>
<td>5. Product Development</td>
<td></td>
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<tr>
<td>Examples might include:</td>
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<tr>
<td>Collaborative development of journal articles and training or informational videos.</td>
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<tr>
<td>6. Research</td>
<td></td>
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</tr>
<tr>
<td>Examples might include:</td>
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<tr>
<td>Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program’s faculty.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total Score (possible 0-6 score) ________  
Total Number of Collaborative Activities ________
**PERFORMANCE MEASURE**

The percent of long-term trainees who, at 1, 5 and 10 years post training, work in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.).

**GOAL**

To increase the percent of long-term trainees who, upon completing their training, work in an interdisciplinary manner to serve the MCH population.

**MEASURE**

The percent of long-term trainees who, at 1, 5 and 10 years post training work in an interdisciplinary manner to serve the MCH population.

**DEFINITION**

**Numerator:** The number of trainees indicating that they continue to work in an interdisciplinary setting serving the MCH population.

**Denominator:** The total number of trainees responding to the survey

**Units:** 100 **Text:** Percent

In addition, data on the total number of the trainees and the number of non-respondents for each year will be collected.

Long-term trainees are defined as those who have completed a long-term (300+ hours) leadership training program, including those who received MCH funds and those who did not.

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-7: Increase proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.

16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

23-9: Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

**DATA SOURCE(S) AND ISSUES**

The trainee follow-up survey is used to collect these data.

**SIGNIFICANCE**

Leadership education is a complex interdisciplinary field that must meet the needs of MCH populations. This measure addresses one of a training program’s core values and its unique role to prepare professionals for comprehensive systems of care. By providing interdisciplinary coordinated care, training programs help to ensure that all MCH populations receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families.
<table>
<thead>
<tr>
<th><strong>PERFORMANCE MEASURE</strong></th>
<th>The degree to which LEND programs incorporate medical home concepts into their curricula/training.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL</strong></td>
<td>To increase the number of LEND programs that incorporate medical home concepts into their interdisciplinary training programs.</td>
</tr>
<tr>
<td><strong>MEASURE</strong></td>
<td>The degree to which LEND programs incorporate medical home concepts into their curricula/training.</td>
</tr>
<tr>
<td><strong>DEFINITION</strong></td>
<td>A medical home is defined by the AAP as an approach to care that is “accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent. This is the definition that the MCHB uses. Attached is a checklist of 6 elements that are part of the medical home concept. Please check the degree to which the elements have been incorporated by on a scale of 0-4. Please keep the completed checklist attached. [Note: A baseline will be established and incremental goals set for the future.]</td>
</tr>
<tr>
<td><strong>HEALTHY PEOPLE 2010 OBJECTIVE</strong></td>
<td>Related to 16.22 (developmental): Increase the proportion of CSHCN who have access to a medical home.</td>
</tr>
<tr>
<td><strong>DATA SOURCE(S) AND ISSUES</strong></td>
<td>Data is collected via the data collection form that measures what elements of a medical home have been incorporated into its training program curricula.</td>
</tr>
<tr>
<td><strong>SIGNIFICANCE</strong></td>
<td>Providing primary care to children in a “medical home” is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventative care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. The inclusion of medical home concepts in interdisciplinary training will ensure that professionals serving children with special health care needs and their families provide the best type of care possible and involve the individual and/or his or her family in decision-making and care.</td>
</tr>
</tbody>
</table>
DATA COLLECTION FORM FOR DETAIL SHEET PM #63

Using the following scale of 0-4, please rate your training program’s attention to medical home concepts in the six elements noted.

0=Not Taught
1=Taught at an awareness level—concept is presented
2=Taught at a knowledge level—reading, discussion and assignments on the concept
3=Taught at the skill level—students observe aspects of and get a chance to practice elements of a medical home
4=Concept woven throughout training program: information, knowledge and practice

<table>
<thead>
<tr>
<th>Element</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of providing accessible care is incorporated into your curricula and clinical training experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family-centered care is included in your curricula and clinical training experiences and trainees are taught to include families in health care decisions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The importance of providing continuous, comprehensive care and the skills to do so are incorporated in your curricula and clinical training experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainees are taught and encouraged to provide coordinated care across a range of disciplines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural and linguistic competence is a regular part of the training experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty/staff who have expertise in providing a medical home are readily accessible to your program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Score (possible 0-24) ______
### 84 PERFORMANCE MEASURE

**Goal 2: Eliminate Health Barriers and Disparities**  
**Level: Grantee**  
**Category: Training**  

<table>
<thead>
<tr>
<th><strong>GOAL</strong></th>
<th>The percent of long-term training graduates who are engaged in work related to MCH populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEASURE</strong></td>
<td>The percent of long-term training graduates who are engaged in work related to MCH populations.</td>
</tr>
</tbody>
</table>
| **DEFINITION** | **Numerator:**  
Number of trainees reporting they are engaged in work related to MCH populations  
**Denominator:**  
The total number of trainees responding to the survey  
**Units:** 100  
**Text:** Percent  
Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) leadership training program, including those who received MCH funds and those who did not.  
**MCH Populations:** Includes all of the Nation’s women, infants, children, adolescents, and their families, including and children with special health care needs (MCHB Strategic Plan: FYs 2003-2007) |

### HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1-1.16).  
Related to Goal 7 – Educational and community-based programs: Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Specific objectives: 7-7 through 7-11.  
Related to Goal 23 – Public Health Infrastructure: Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively. Specific objectives: 23-8 through 23-10

### DATA SOURCE(S) AND ISSUES

A revised trainee follow-up survey that incorporates...
the new form for collecting data on the involvement of MCH training program graduates in work related to MCH populations will be used to collect these data.

Data Sources Related to Training and Work Settings/Populations:


**SIGNIFICANCE**

HRSA’s MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care.
DATA COLLECTION FORM FOR DETAIL SHEET # 84

Long-term training graduates who report working with the maternal and child health population (i.e., women, infants, children, adolescents, and their families, including and children with special health care needs) 5 years after completing their training program.

NOTE: If the individual works with more than one of these groups only count them once.

A. The total number of graduates, 5 years following completion of program  

B. The total number of graduates lost to follow-up  

C. The total number of respondents (A-B) = denominator  

D. Number of respondents who report working with an MCH population  

E. Percent of respondents who report working with an MCH population  

Use the notes field to detail data source used and information that provides significant context for the data.
85 PERFORMANCE MEASURE

Goal 5: Generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes

Level: Grantee
Category: Training

GOAL
To increase the number of MCH long-term training programs that actively promote the transfer and utilization of MCH knowledge and research to the policy arena through the work of faculty, trainees, alumni, and collaboration with Title V.

MEASURE
The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.

DEFINITION
Attached is a checklist of six elements that demonstrate policy engagement. Please check the degree to which the elements have been implemented. The answer scale is 0-18. Please keep the completed checklist attached.

Policy development, implementation and evaluation in the context of MCH training programs relates to the process of translating research to policy and training for leadership in the core public health function of policy development.

Actively – mutual commitment to policy-related projects or objectives within the past 12 months.

HEALTHY PEOPLE 2010 OBJECTIVE
Related to Goal 23: Public Health Infrastructure
“Ensure that Federal, tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.

Related to Objective 23.9: (Developmental)
Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

Related to Objective 23.17: (Developmental)
Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.

DATA SOURCE(S) AND ISSUES
- Attached data collection form to be completed by grantee.
- Data will be collected from competitive and continuation applications as part of the grant application process and annual reports. The elements of training program engagement in policy...
development, implementation, and evaluation need to be operationally defined with progress noted on the attached draft checklist with an example described more fully in the narrative application.

SIGNIFICANCE

Policy development is one of the three core functions of public health as defined in 1988 by the Institute of Medicine in *The Future of Public Health* (National Academy Press, Washington DC).

In this landmark report by the IOM, the committee recommends that “every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy.” Academic institutions such as schools of public health and research universities have the dual responsibility to develop knowledge and to produce well-trained professional practitioners.

This national performance measure relates directly to Goal 5 of the National MCHB Training Strategic Plan to “generate, translate, and integrate new knowledge to enhance MCH training, inform policy, and improve health outcomes”.

DATA COLLECTION FORM FOR DETAIL SHEET #85

Using a scale of 0-3, please rate the degree to which your training program has addressed the following policy development, implementation and evaluation elements.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provide multiple didactic opportunities for training on policy development and advocacy to increase understanding of how the policy process works at the federal, state and local levels.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provide multiple opportunities within the practicum/field/clinical experience portion of the training curriculum for knowledge and skills building in policy development, implementation and evaluation.</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A process is in place for assessing the policy knowledge and skills of trainees.</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Research findings are disseminated and effectively communicated directly to public health agency leaders and policy officials with attention to how these findings add to the evidence-base for policy decisions and resource allocation.</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Faculty or staff contributes to the development of guidelines, regulations, legislation or other public policy at the local, state, and/or national level.</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Participate in developing and strengthening local, state, and/or national MCH advocacy networks and initiatives. Examples include MCH coalitions, teen pregnancy prevention initiatives, family advocacy groups, or advocacy groups in professional organizations.</td>
</tr>
</tbody>
</table>

0=Not Met  
1=Partially Met  
2=Mostly Met  
3=Completely Met  

Total the numbers in the boxes (possible 0-18 score) ___________
MCH TRAINING AND EDUCATION PROGRAMS DATA FORM

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

<table>
<thead>
<tr>
<th>Personnel (Do not list trainees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Faculty</td>
</tr>
<tr>
<td>Staff</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

---

A ‘central’ role refers to those that regularly participate in on-going training activities such as acting as a preceptors; teaching core courses; and participating in other core leadership training activities that would be documented in the progress reports.
Trainee Information (Long–term Trainees Only)

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (both supported and non-supported trainees).

Total Number of long-term trainees participating in the training program* __________

Name
Ethnicity
Race
Gender
Address (For supported trainees ONLY)
  City
  State
  Country
Discipline(s) upon Entrance to the Program
Degree(s)
Position at Admission (position title and setting)
Degree Program in which enrolled
Received financial MCH support? [ ] Yes [ ] No  Amount: $______________
Type: [ ] Undergraduate [ ] Pre-doctoral [ ] Post-doctoral
      [ ] Part-time student  [ ] Full-time student

Epidemiology training grants ONLY
Length of time receiving support: __________
Research Topic or Title__________________________________________________________

*All trainees participating in the program, whether receiving MCH stipend support or not.
Former Trainee Information (Long-term trainees and former trainees of the Pipeline and Certificate Programs)

The following information is to be provided for each long-term trainee who completed the Training Program 5 years prior to the current reporting year.

Definition of Former Trainee = Grant supported trainees who completed the program 5 years ago

☐ Project does not have any trainees who have completed the Training Program 5 years prior to current reporting year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Graduated</th>
<th>Degree(s) Earned with MCH support (if applicable)</th>
<th>Was University able to contact the trainee?</th>
<th>City of Residence</th>
<th>State of Residence</th>
<th>Country of Residence</th>
<th>Current Employment Setting (see pick list below*)</th>
<th>Working in Public Health organization or agency (including Title V)? (Yes/No)</th>
<th>Working in MCH? (Yes/No)</th>
<th>Working with underserved populations or vulnerable groups**? (Yes/No)</th>
<th>Met criteria for Leadership in PM 08? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Employment pick list
  - Student
  - Schools or school system includes EI programs, elementary and secondary
  - Post-secondary setting
  - Government agency
  - Clinical health care setting (includes hospitals, health centers and clinics)
  - Private sector
  - Other (specify)

** The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e. Immigrant Populations...
Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) Source: Center for Vulnerable Populations Research. UCLA. http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html
MCH TRAINING PROGRAM GRADUATE FOLLOW-UP QUESTIONS

Contact / Background Information

*Name (first, middle, last):

Previous Name (if used while enrolled in the training program):

*Address:

City State Zip

Phone:

Primary Email:

Permanent Contact Information (someone at a different address who will know how to contact you in the future, e.g., parents)

*Name of Contact:

Relationship:

*Address:

City State Zip

Phone:

What year did you graduate/complete the MCH Training Program? ________

Degree(s) earned while participating in the MCH Training Program ____________(a pick list will be provided—same as the one provided in the EHB faculty information form)

Ethnicity: (choose one)

Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

__ Hispanic
__ Not Hispanic

Race: (choose one)

__ American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe:

__ Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).

__ Black or African American refers to people having origins in any of the Black racial groups of Africa.

__ Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

__ White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.

__ More than One Race includes individuals who identify with more than one racial designation.

__ Unrecorded is included for individuals who do not indicate their racial category.
Survey
Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.

1. What best describes your current employment setting:
   __ Student
   __ Schools or school system (includes EI programs, elementary and secondary)
   __ Post-secondary setting
   __ Government agency
   __ Health care setting (includes hospitals, health centers and clinics)
   __ Private sector
   __ Other: please specify: __________________________

2. Do you currently work in a public health organization or agency (including Title V)? Y/N

3. Does your current work relate to Maternal and Child Health (MCH) populations (i.e. women, infants and children, adolescents, and their families including fathers and children and youth with special health care needs)?
   __ yes
   __ no

4. Does your current work relate to underserved or vulnerable populations (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc)
   __ yes
   __ no

5. Have you done any of the following activities since completing your training program?
   __ a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
   __ b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)
   __ c. Provided consultation or technical assistance in MCH areas
   __ d. Taught/mentored in my discipline or other MCH related field
   __ e. Conducted research or quality improvement on MCH issues
   __ f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations, etc.)

The term “underserved” refers to “Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e, Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) Source: Center for Vulnerable Populations Research. UCLA.
http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html
training manuals, issue briefs, best practices documents, standards of care)

__ g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)

__ h. Procured grant and other funding in MCH areas

__ i. Conducted strategic planning or program evaluation

__ j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation (provided testimony, educated legislators, etc))

__ k. None

6. If you checked any of the activities above, in which of the following settings or capacities would you say these activities occurred? (check all that apply)

__ a. Academic
__ b. Clinical
__ c. Public Health
__ d. Public Policy & Advocacy

(end of survey)

Confidentiality Statement
Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.
Medium Term Trainees

DEFINITION: Medium term trainees are trainees with 40 - 299 contact hours in the current reporting year.

<table>
<thead>
<tr>
<th>Medium-term Trainees with 40-149 contact hours during the past 12-month grant period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number ____</strong></td>
</tr>
<tr>
<td><strong>Disciplines (check all that apply):</strong></td>
</tr>
<tr>
<td>☐ Audiology</td>
</tr>
<tr>
<td>☐ Dentistry-Pediatric</td>
</tr>
<tr>
<td>☐ Dentistry – Other</td>
</tr>
<tr>
<td>☐ Education/Special Education</td>
</tr>
<tr>
<td>☐ Family/Parent/Youth Advocacy</td>
</tr>
<tr>
<td>☐ Genetics/Genetic Counseling</td>
</tr>
<tr>
<td>☐ Health Administration</td>
</tr>
<tr>
<td>☐ Medicine-General</td>
</tr>
<tr>
<td>☐ Medicine-Adolescent Medicine</td>
</tr>
<tr>
<td>☐ Medicine-Developmental-Behavioral Pediatrics</td>
</tr>
<tr>
<td>☐ Medicine-Neurodevelopmental Disabilities</td>
</tr>
<tr>
<td>☐ Medicine-Pediatrics</td>
</tr>
<tr>
<td>☐ Medicine-Pediatric Pulmonology</td>
</tr>
<tr>
<td>☐ Medicine – Other</td>
</tr>
<tr>
<td>☐ Nursing-General</td>
</tr>
<tr>
<td>☐ Nursing-Family/Pediatric Nurse Practitioner</td>
</tr>
<tr>
<td>☐ Nursing-Midwife</td>
</tr>
<tr>
<td>☐ Nursing – Other</td>
</tr>
<tr>
<td>☐ Nutrition</td>
</tr>
<tr>
<td>☐ Occupational Therapy</td>
</tr>
<tr>
<td>☐ Parent</td>
</tr>
<tr>
<td>☐ Physical Therapy</td>
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<tr>
<td>☐ Psychiatry</td>
</tr>
<tr>
<td>☐ Psychology</td>
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<tr>
<td>☐ Public Health</td>
</tr>
<tr>
<td>☐ Respiratory Therapy</td>
</tr>
<tr>
<td>☐ Social Work</td>
</tr>
<tr>
<td>☐ Speech-Language Pathology</td>
</tr>
<tr>
<td>☐ Other (Specify)</td>
</tr>
</tbody>
</table>
## Medium Term Trainees with 150-299 contact hours

The totals for gender, ethnicity, race and discipline must equal the total number of medium term trainees with 150-299 contact hours.

### Total Number

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>______</td>
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</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic:</th>
<th>Not Hispanic:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

### Race

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native:</td>
<td>______</td>
</tr>
<tr>
<td>Asian:</td>
<td>______</td>
</tr>
<tr>
<td>Black or African American:</td>
<td>______</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander:</td>
<td>______</td>
</tr>
<tr>
<td>White:</td>
<td>______</td>
</tr>
<tr>
<td>More than One Race:</td>
<td>______</td>
</tr>
<tr>
<td>Unrecorded:</td>
<td>______</td>
</tr>
</tbody>
</table>

### Discipline

<table>
<thead>
<tr>
<th>Number</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Audiology</td>
</tr>
<tr>
<td>______</td>
<td>Dentistry-Pediatric</td>
</tr>
<tr>
<td>______</td>
<td>Dentistry – Other</td>
</tr>
<tr>
<td>______</td>
<td>Education/Special Education</td>
</tr>
<tr>
<td>______</td>
<td>Family/Parent/Youth Advocacy</td>
</tr>
<tr>
<td>______</td>
<td>Genetics/Genetic Counseling</td>
</tr>
<tr>
<td>______</td>
<td>Health Administration</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-General</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-Adolescent Medicine</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-Developmental-Behavioral Pediatrics</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-Neurodevelopmental Disabilities</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-Pediatrics</td>
</tr>
<tr>
<td>______</td>
<td>Medicine-Pediatric Pulmonology</td>
</tr>
<tr>
<td>______</td>
<td>Medicine – Other</td>
</tr>
<tr>
<td>______</td>
<td>Nursing-General</td>
</tr>
<tr>
<td>______</td>
<td>Nursing-Family/Pediatric Nurse Practitioner</td>
</tr>
<tr>
<td>______</td>
<td>Nursing-Midwife</td>
</tr>
<tr>
<td>______</td>
<td>Nursing – Other</td>
</tr>
<tr>
<td>______</td>
<td>Nutrition</td>
</tr>
<tr>
<td>______</td>
<td>Occupational Therapy</td>
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<tr>
<td>______</td>
<td>Parent</td>
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<tr>
<td>______</td>
<td>Physical Therapy</td>
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<td>______</td>
<td>Psychiatry</td>
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<tr>
<td>______</td>
<td>Psychology</td>
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<tr>
<td>______</td>
<td>Public Health</td>
</tr>
<tr>
<td>______</td>
<td>Respiratory Therapy</td>
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<tr>
<td>______</td>
<td>Social Work</td>
</tr>
<tr>
<td>______</td>
<td>Speech-Language Pathology</td>
</tr>
<tr>
<td>______</td>
<td>Other (Specify): ______</td>
</tr>
</tbody>
</table>

### TOTAL Number of Medium term Trainees: _________
Short Term Trainees

DEFINITION: Short-term trainees are trainees with less than 40 contact hours in the current reporting year. (Continuing Education participants are not counted in this category)

Total number of short term trainees during the past 12-month grant period________

Indicate disciplines (check all that apply)

☐ Audiology
☐ Dentistry-Pediatric
☐ Dentistry – Other
☐ Education/Special Education
☐ Family/Parent/Youth Advocacy
☐ Genetics/Genetic Counseling
☐ Health Administration
☐ Medicine-General
☐ Medicine-Adolescent Medicine
☐ Medicine-Developmental-Behavioral Pediatrics
☐ Medicine-Neurodevelopmental Disabilities
☐ Medicine-Pediatrics
☐ Medicine-Pediatric Pulmonology
☐ Medicine – Other
☐ Nursing-General
☐ Nursing-Family/Pediatric Nurse Practitioner
☐ Nursing-Midwife
☐ Nursing – Other
☐ Nutrition
☐ Occupational Therapy
☐ Parent
☐ Physical Therapy
☐ Psychiatry
☐ Psychology
☐ Public Health
☐ Respiratory Therapy
☐ Social Work
☐ Speech-Language Pathology
☐ Other (Specify)
Technical Assistance/Collaboration Form

DEFINITION: Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.

Provide the following summary information on the **ALL** TA provided

<table>
<thead>
<tr>
<th>Total Number of Technical Assistance/Collaboration Activities</th>
<th>TA Activities by Type of Recipient</th>
<th>Number of TA Activities by Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other Divisions/ Departments in a University</td>
<td>Local _____</td>
</tr>
<tr>
<td></td>
<td>Title V (MCH Programs)</td>
<td>Within State _____</td>
</tr>
<tr>
<td></td>
<td>State Health Dept.</td>
<td>Another State _____</td>
</tr>
<tr>
<td></td>
<td>Health Insurance/ Organization</td>
<td>Regional _____</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>National _____</td>
</tr>
<tr>
<td></td>
<td>Medicaid agency</td>
<td>International _____</td>
</tr>
<tr>
<td></td>
<td>Social Service Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Juvenile Justice or other Legal Entity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State Adolescent Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developmental Disability Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early Intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Gov. Agencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mixed Agencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional Organizations/Associations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family and/or Consumer Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foundations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Programs/ Hospitals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other  Please Specify</td>
<td></td>
</tr>
</tbody>
</table>
B. Provide information below on the **5-10 most significant** technical assistance/collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

<table>
<thead>
<tr>
<th>Title</th>
<th>Topic of Technical Assistance/Collaboration</th>
<th>Recipient of TA/Collaborator</th>
<th>Intensity of TA</th>
<th>Primary Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A (select one)</td>
<td>List B (select all that apply)</td>
<td>a. Other Divisions/Departments in a University</td>
<td>1. One time brief (single contact)</td>
<td>1. Local</td>
</tr>
<tr>
<td>A. Clinical care related (including medical home)</td>
<td>1. Women’s/Reproductive/Perinatal Health</td>
<td>b. Title V (MCH Programs)</td>
<td>2. One time extended (multi-day contact provided one time)</td>
<td>2. Within State</td>
</tr>
<tr>
<td>B. Cultural Competence Related</td>
<td>2. Early Childhood Health/Development (birth to school age)</td>
<td>c. State Health Dept.</td>
<td>3. On-going infrequent (3 or less contacts per year)</td>
<td>3. Another State</td>
</tr>
<tr>
<td>C. Data, Research, Evaluation Methods (Knowledge Translation)</td>
<td>3. School Age Children</td>
<td>d. Health Insurance/Organization</td>
<td>4. On-going frequent (more than 3 contacts per year)</td>
<td>4. Regional</td>
</tr>
<tr>
<td>D. Family Involvement</td>
<td>4. Adolescent</td>
<td>e. Education</td>
<td></td>
<td>5. National</td>
</tr>
<tr>
<td>F. Healthcare Workforce Leadership</td>
<td>6. Autism</td>
<td>g. Social Service Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Policy</td>
<td>7. Emergency Preparedness</td>
<td>h. Mental Health Agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Prevention</td>
<td>8. Health Information Technology</td>
<td>i. Juvenile Justice or other Legal Entity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Oral Health</td>
<td>l. Early Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Patient Safety</td>
<td>m. Other Govt. Agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Respiratory Disease</td>
<td>n. Mixed Agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Vulnerable Populations*</td>
<td>o. Professional Organizations/Associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Racial and Ethnic Diversity or Disparities</td>
<td>p. Family and/or Consumer Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Other</td>
<td>q. Foundations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>r. Clinical Programs/Hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>s. Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example</td>
<td>G- Policy</td>
<td>11- Oral Health</td>
<td>E - Education</td>
<td>2</td>
</tr>
</tbody>
</table>

"Vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.
C. In the past year have you provided technical assistance on emerging issues that are not represented in the topic list above? YES/ NO.

If yes, specify the topic(s):_______________________________________________________________
Continuing Education Form

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community.

A. Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants
Total Number of CE Sessions/Activities

Number of CE Sessions/Activities by Primary Target Audience
  Number of Local CE Activities
  Number of State CE Activities
  Number of CE Activities in Another State
  Number of Regional CE Activities
  Number of National CE Activities
  Number of International CE Activities

Number of CE Sessions/Activities for which Credits are Provided
For **up to 10** of the most significant CE activities in the past project year, list the title, topics, methods, number of participants, duration and whether CE units were provided. In the field notes, briefly state why these were the most significant CE events (e.g., most participants reached; key topic addressed, new collaboration opportunity, emerging issues, diversity of participants (other than healthcare workers etc))

<table>
<thead>
<tr>
<th>Title</th>
<th>Topic: List A select one</th>
<th>Topic: List B: select all that apply</th>
<th>Primary Target Audience</th>
<th>Method*</th>
<th>Number of Participants</th>
<th>Continuing Education Credits Provided? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clinical Care-Related (including medical home)</td>
<td>1. Women’s Reproductive/Perinatal Health</td>
<td>1. Local</td>
<td>A. In-person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Cultural Competence-Related</td>
<td>2. Early Childhood Health/Development (birth to school age)</td>
<td>2. State</td>
<td>B. Distance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Data, Research, Evaluation Methods (Knowledge Translation)</td>
<td>3. School Age Children</td>
<td>3. Another state</td>
<td>C. Mixed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Family Involvement</td>
<td>4. Adolescent</td>
<td>4. Regional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Interdisciplinary Teaming</td>
<td>5. CSHCN/Developmental Disabilities</td>
<td>5. National</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Policy</td>
<td>7. Emergency Preparedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Prevention</td>
<td>8. Health Information Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Systems Development/Improvement</td>
<td>9. Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Oral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Patient Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Respiratory Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Vulnerable Populations*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Racial and Ethnic Diversity or Disparities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* "Vulnerable groups" refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. Center for Vulnerable Populations Research. UCLA. [http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html](http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html)
C. In the past year have you provided continuing education on emerging issues that are not represented in the topic list above? YES/ NO. If yes, specify the topic(s):____________________________________________________________
## Products, Publications and Submissions Data Collection Form

### Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-reviewed publications in scholarly journals – published</td>
<td></td>
</tr>
<tr>
<td>(including peer-reviewed journal commentaries or supplements)</td>
<td></td>
</tr>
<tr>
<td>Peer-reviewed publications in scholarly journals – submitted</td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
</tr>
<tr>
<td>Book chapters</td>
<td></td>
</tr>
<tr>
<td>Reports and monographs (including policy briefs and best practices reports)</td>
<td></td>
</tr>
<tr>
<td>Conference presentations and posters presented</td>
<td></td>
</tr>
<tr>
<td>Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)</td>
<td></td>
</tr>
<tr>
<td>Electronic products (CD-ROMs, DVDs, audio or videotapes)</td>
<td></td>
</tr>
<tr>
<td>Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)</td>
<td></td>
</tr>
<tr>
<td>Newsletters (electronic or print)</td>
<td></td>
</tr>
<tr>
<td>Pamphlets, brochures, or fact sheets</td>
<td></td>
</tr>
<tr>
<td>Academic course development</td>
<td></td>
</tr>
<tr>
<td>Distance learning modules</td>
<td></td>
</tr>
<tr>
<td>Doctoral dissertations/Master’s theses</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Part 2
Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “*.”

<table>
<thead>
<tr>
<th>Data collection form: Peer-reviewed publications in scholarly journals – published</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Title: ________________________________________________________________________</td>
</tr>
<tr>
<td>*Author(s): ________________________________________________________________</td>
</tr>
<tr>
<td>*Publication: ______________________________________________________________</td>
</tr>
<tr>
<td>*Volume: ______ *Number: ______ Supplement: _____ *Year: ______ *Page(s):_______</td>
</tr>
<tr>
<td>*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___</td>
</tr>
<tr>
<td>*To obtain copies (URL): ___________________________________________________</td>
</tr>
<tr>
<td>Key Words (No more than 5): ______________________________________________</td>
</tr>
<tr>
<td>Notes: ______________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data collection form: Peer-reviewed publications in scholarly journals – submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Title: ________________________________________________________________________</td>
</tr>
<tr>
<td>*Author(s): ________________________________________________________________</td>
</tr>
<tr>
<td>*Publication: ______________________________________________________________</td>
</tr>
<tr>
<td>*Year Submitted: ______</td>
</tr>
<tr>
<td>*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___</td>
</tr>
<tr>
<td>Key Words (No more than 5): ______________________________________________</td>
</tr>
<tr>
<td>Notes: ______________________________________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data collection form: Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Title: ________________________________________________________________________</td>
</tr>
<tr>
<td>*Author(s): ________________________________________________________________</td>
</tr>
<tr>
<td>*Publisher: ______________________________________________________________</td>
</tr>
<tr>
<td>*Year Published: ______</td>
</tr>
<tr>
<td>*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___</td>
</tr>
<tr>
<td>Key Words (No more than 5): ______________________________________________</td>
</tr>
<tr>
<td>Notes: ______________________________________________________________________</td>
</tr>
</tbody>
</table>
Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: ________________________________________________________________
*Chapter Author(s): ___________________________________________________________
*Book Title: __________________________________________________________________
*Book Author(s): ______________________________________________________________
*Publisher: ___________________________________________________________________
*Year Published: ______
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (no more than 5): _____________________________________________________
Notes: _______________________________________________________________________

Data collection form: Reports and monographs

*Title: _______________________________________________________________________
*Author(s)/Organization(s): _____________________________________________________
*Year Published: ______
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _______________________________________________
Key Words (no more than 5): _____________________________________________________
Notes: _______________________________________________________________________

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _______________________________________________________________________
*Author(s)/Organization(s): _____________________________________________________
*Meeting/Conference Name: _____________________________________________________
*Year Presented: ______
*Type: ☐ Presentation ☐ Poster
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _______________________________________________
Key Words (no more than 5): _____________________________________________________
Notes: ________________________________________________________________________

### Data collection form: Web-based products

*Product: ________________________________

*Year: ________

*Type:  
- blogs
- podcasts
- Web-based video clips
- wikis
- RSS feeds
- news aggregators
- social networking sites
- Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): ________________________________________________________

Key Words (no more than 5): _____________________________________________________
Notes: ________________________________________________________________________

### Data collection form: Electronic Products

*Title: _____________________________________________

*Author(s)/Organization(s): _______________________________________________________

*Year: ________

*Type:  
- CD-ROMs
- DVDs
- audio tapes
- videotapes
- Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _________________________________________________

Key Words (no more than 5): ______________________
Notes: ________________________________________________________________________

### Data collection form: Press Communications

*Title: ________________________________________________________________________

*Author(s)/Organization(s): _______________________________________________________

*Year: ________

*Type:  
- TV interview
- Radio interview
- Newspaper interview
- Public service
- Editorial article
- Other (Specify)
announcement

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _________________________________________________

Key Words (no more than 5): _________________________________________________

Notes: ________________________________________________________________________

Data collection form: Newsletters

*Title: ________________________________________________________________

*Author(s)/Organization(s): _______________________________________________________

*Year: ______

*Type:   □ Electronic   □ Print   □ Both

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _________________________________________________

*Frequency of distribution: □ weekly □ monthly □ quarterly □ annually □ Other (Specify)

Number of subscribers: __________________________________________________________

Key Words (no more than 5): _________________________________________________

Notes: ________________________________________________________________________

Data collection form: Pamphlets, brochures or fact sheets

*Title: ________________________________________________________________________

*Author(s)/Organization(s): _______________________________________________________

*Year: ______

*Type:   □ Pamphlet   □ Brochure   □ Fact Sheet

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _________________________________________________

Key Words (no more than 5): _________________________________________________

Notes: ________________________________________________________________________

Data collection form: Academic course development

*Title: ________________________________________________________________________

*Author(s)/Organization(s): _______________________________________________________

HRSA-11-036  126
Data collection form: Distance learning modules

*Title: ________________________________________________________________

*Author(s)/Organization(s): ____________________________________________

*Year: __________

*Media Type: ☐ blogs ☐ podcasts ☐ Web-based video clips
☐ wikis ☐ RSS feeds ☐ news aggregators
☐ social networking sites ☐ CD-ROMs ☐ DVDs
☐ audio tapes ☐ videotapes ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): __________________________________________

Key Words (no more than 5): ____________________________________________

Notes: __________________________________________________________________

Data collection form: Doctoral dissertations/Master’s theses

*Title: ________________________________________________________________

*Author: _____________________________________________________________

*Year Completed: __________

*Type: ☐ Doctoral dissertation ☐ Master’s thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): __________________________________________

Key Words (no more than 5): ____________________________________________

Notes: __________________________________________________________________

Other

(Note, up to 3 may be entered)

*Title: __________________________________________________________________
*Author(s)/Organization(s): ________________________________

*Year: ________

*Describe product, publication or submission: ________________________________

_____________________________________________________________________________

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): ________________________________

Key Words (no more than 5): ________________________________

Notes: _____________________________________________________________
Appendix C: Trainee/Fellow Guidelines

A. Definitions

1. A **trainee** is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.

2. A **fellow** is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications

1. A **trainee** must have at least a baccalaureate degree and be enrolled in a graduate program.

2. A **fellow** must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.

3. A **postdoctoral** fellow must have an earned doctorate and must have completed any required internship.

4. A **special fellow** may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.

5. **Citizenship** – A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.

6. **Licensure** – For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Restrictions

1. **Concurrent Income**
   It is expected that most trainees/fellows will be full time. In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment. In the case of part-time trainees/fellows, exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

2. **Non-related Duties**
   The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. **Field Training**
Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Other
Grant funds may not be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

D. Trainee Costs

1. Allowable Costs
   a. Stipends
   b. Tuition and fees, including medical insurance
   c. Travel related to training and field placements
   d. For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution’s practice to similarly compensate students in non-sponsored as well as sponsored activities.

2. Non-Allowable Costs
   a. Dependency allowances
   b. Travel between home and training site, unless specifically authorized
   c. Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels
All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., **stipends may be less than but may not exceed the amounts indicated.** However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees and were updated on March 24, 2010, see http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-047.html

The stipend levels are as follows:
<table>
<thead>
<tr>
<th>Career Level</th>
<th>Stipend for FY 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Undergraduates in</strong></td>
<td></td>
</tr>
<tr>
<td><strong>the MARC and COR</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Programs:</strong></td>
<td></td>
</tr>
<tr>
<td>Freshmen/Sophomores</td>
<td>$7,980</td>
</tr>
<tr>
<td>Juniors/Seniors</td>
<td>$11,172</td>
</tr>
<tr>
<td>Pre-doctoral</td>
<td>$21,180</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Postdoctoral</strong></td>
<td></td>
</tr>
<tr>
<td>Years of Experience:</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>$37,740</td>
</tr>
<tr>
<td>1</td>
<td>$39,756</td>
</tr>
<tr>
<td>2</td>
<td>$42,624</td>
</tr>
<tr>
<td>3</td>
<td>$44,304</td>
</tr>
<tr>
<td>4</td>
<td>$45,960</td>
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<td>5</td>
<td>$47,940</td>
</tr>
<tr>
<td>6</td>
<td>$49,836</td>
</tr>
<tr>
<td>7 or more</td>
<td>$52,068</td>
</tr>
</tbody>
</table>

* Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.
b. **Supplements to Stipends**

Stipends specified above may be supplemented by an institution from non-federal funds. No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.
APPENDIX D: MCH LEND and DBP Training Grants by State

LEND Training Grant Map
(See LEND programs in blue shaded states)

- Alabama
  University of Alabama at Birmingham
- Arkansas
  University of Arkansas for Medical Sciences, Little Rock
- California
  Children’s Hospital Los Angeles
- Colorado
  University of Colorado, Denver
- Connecticut
  University of Connecticut, Farmington
- District of Columbia
  Children’s National Medical Center
- Florida
  University of Miami School of Medicine, Miami
- Hawaii
  University of Hawaii, Honolulu
- Illinois
  University of Illinois at Chicago
- Indiana
  Indiana University, Indianapolis
- Iowa
  University of Iowa, Iowa City
- Kansas
  University of Kansas Medical Center, Kansas City
- Massachusetts
  University of Massachusetts Medical School, Shriver Center, Waltham
  Children’s Hospital, Boston
Maryland
Kennedy Krieger Institute, Baltimore

Minnesota
University of Minnesota

Missouri
University of Missouri, Columbia

North Carolina
University of North Carolina at Chapel Hill

Nebraska
University of Nebraska, Omaha

New Hampshire
Dartmouth - Hitchcock Medical Center, Lebanon

New Mexico
University of New Mexico, Albuquerque

New York
Albert Einstein College of Medicine, Bronx
University of Rochester
New York Medical College, Westchester Institute for Human Development

Ohio
University of Cincinnati, Cincinnati
Ohio State University, Columbus

Oklahoma
University of Oklahoma Health Sciences Center, Oklahoma City

Oregon
Oregon Health & Science University, Portland

Pennsylvania
Children's Hospital of Philadelphia
Children's Hospital of Pittsburgh

South Dakota
University of South Dakota, Sioux Falls

Tennessee
University of Tennessee Health Science Center, Memphis
Vanderbilt University, Nashville

Utah
University of Utah Health Science Center, Salt Lake City

Vermont
University of Vermont, Burlington

Virginia
Virginia Commonwealth University, Richmond

Washington
University of Washington, Seattle

Wisconsin
University of Wisconsin, Madison

West Virginia
West Virginia University, Morgantown
MCHB-Funded Developmental Behavioral Pediatrics (DBP) Training Grants