

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Maternal and Child Health Bureau**

**Regional Genetic and Newborn Screening Services:
Heritable Disorders**

Non-Competing Continuation
Announcement No: HRSA 5-U22-08-001
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PROGRAM GUIDANCE

Fiscal Year 2008

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I. Funding Opportunity Description

Purpose

A non-competing continuation application is required for continuation of grant funding for a second or subsequent budget period within an approved project period. The application, also referred to as a summary progress report, submits the budget request for the next year of funding, and it serves as the primary source of information regarding activities, accomplishments, outcomes, and obstacles related to achieving project outcomes during the current budget period. It provides documentation necessary to justify continuation of the project.

Social Security Act, Title V, Section 501(a)(2); 42 U.S.C. 701(a)(2). This announcement solicits applications for Regional Genetic and Newborn Screening Services (Activity Code: U22, Heritable Disorders, CFDA #93.110).

The purpose of the Heritable Disorders Program is to enhance, improve, or expand the ability of State and local public health agencies to provide quality care for screening, counseling, or health care services to newborns and children having or at risk for heritable disorders. Activities proposed under this announcement are expected to improve access to newborn screening and genetic services and the quality of those services. The Regional Genetic and Newborn Screening Service Collaboratives (RCs) Program supports the Heritable Disorders Program and genetic service capacity through: 1) a national coordinating center; and 2) seven (7) regional genetic and newborn screening service collaboratives. The RC Program is divided into two projects: **Project 1** and **Project 2**.

Project 1: Regional Genetic and Newborn Screening Service Collaboratives National Coordinating Center

The RCs' National Coordinating Center (NCC) is to be responsive to the priorities of the Heritable Disorders Program as indicated under Section 1109 of Title XI of the PHS Act, as amended and address issues around the delivery of genetic services. (These projects are authorized under SPRANS.) The NCC will facilitate, coordinate, and evaluate the implementation of activities carried out by the RCs funded under Project 2. The NCC will serve as the primary vehicle for information sharing among the RCs and for the collaborative development, implementation, and dissemination of projects of interregional and national significance. The applicant must be willing to participate in a national evaluation process using agreed upon common performance and outcomes measures.

Project 2: Regional Genetic and Newborn Screening Service Collaboratives

The seven (7) RCs are to be responsive to the priorities of the Heritable Disorders Program as indicated under Section 1109 of Title XI of the PHS Act, as amended and address issues relevant to the delivery of genetic services. (These projects are authorized under SPRANS.) The RCs will enhance and support the genetics and newborn screening service capacity of States across the Nation. The RCs are expected to improve the quality of health of children and their families by promoting the translation of genetic medicine into public health and health care services. They will take a regional approach to addressing the maldistribution of

genetic resources and the problems families and primary health care providers have in accessing and utilizing those resources. The applicant must be willing to participate in a national evaluation process using agreed upon common performance and outcomes measures. In order to address capacity needs nationally, seven (7) regions have been identified. Each applicant must propose to serve one of the seven regions identified:

- Region 1: CT, MA, ME, NH, RI, VT;
- Region 2: DC, DE, MD, NY, NJ, PA, VA, WV;
- Region 3: AL, FL, GA, LA, MS, NC, PR, SC, TN, VI;
- Region 4: IL, IN, KY, MI, MN, OH, WI;
- Region 5: AR, IA, KS, MO, ND, NE, OK, SD;
- Region 6: AZ, CO, MT, NM, NV, TX, UT, WY; or
- Region 7: AK, CA, HI, ID, OR, WA, Guam.

The primary goal of the RCs is to ensure that individuals with heritable disorders and their families have access to quality care and appropriate genetic expertise and information in the context of a medical home that provides accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective care, with the following objectives:

- To strengthen communication and collaboration among public health, individuals, families, primary care providers, and genetic medicine and other subspecialty providers; and
- To quantitatively and qualitatively evaluate outcomes of projects undertaken to accomplish their goals.

Additional Priority Activities

For the applicant with one or both of the categories of activities below:

- 1. Laboratory Quality Assurance Activity.** Undertake specific newborn screening public health laboratory quality-improvement projects such as enhancing newborn screening analytical laboratory test performance across the region. Primary outcomes of the projects should be harmonization of case definitions of disorders screened in newborn screening programs, newborn screening panels, and testing methodologies and decreasing the number of false positives.
- 2. Follow-up Activity.** Participate in a collaborative study and health information technology and information exchange activities including the creation and use of regional and national information systems designed to: monitor health outcomes of infants and children identified with heritable disorders in newborn screening programs; evaluate newborn screening program performance; and evaluate treatment protocols.

II. Award Information

1. Type of Award

The funding will be awarded in the form of a cooperative agreement. A **cooperative agreement** is an award instrument of financial assistance where substantial involvement is anticipated between the HHS awarding agency and the recipient during performance of the contemplated project. This means that substantial MCHB scientific and/or programmatic involvement with the awardees is anticipated during the performance of this project. Under the terms of this cooperative agreement, in addition to the usual monitoring and technical assistance provided under grants,

Federal responsibilities will include:

- Participation in meetings conducted during the period of the cooperative agreement;
- Ongoing review of activities and procedures to be established and implemented for accomplishing the scope of work;
- Review of project information prior to dissemination;
- Review of information on project activities;
- Assistance around establishing and facilitating effective collaborative relationships with Federal and State agencies, MCHB grant projects, and MCHB-funded resource centers, and other entities that may be relevant to the project's mission; and
- Provision of information resources.

Grantee responsibilities include:

- Ongoing review of activities and procedures to be established and implemented for accomplishing the scope of work.
- Ongoing communication and collaboration with the Federal granting agency, i.e. Federal Project Officer.
- Ensuring the Federal project officer reviews and approves project information prior to dissemination.
- Working with the Federal project officer to review information on project activities.
- Establishing contacts that may be relevant to the project's mission such as Federal and State agencies, and other MCHB grant projects, such as the NCC (Project 2), that may be relevant to the project's mission.

2. Summary of Funding

The Health Resources and Services Administration (HRSA) expects to provide funding for the budget period beginning June 1, 2008 through May 31, 2009. Base funding for principal requirements for each project will be up to \$500,000 per year with an additional \$500,000 per year for supplementary activities for both direct and indirect costs. The continuation budget request should not exceed the recommended level of support found on line 13 of the Notice of Grant Award (NGA). The funding level can also be verified by contacting the Grants Management Specialist identified on your NGA.

The approved level of funding will be dependent upon the availability of appropriated funds, satisfactory progress, adequate justification for all projected costs, and a determination that

continued funding is in the best interest of the government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

Funding for subsequent years is dependent on the availability of appropriated funds, satisfactory grantee performance, and a determination that continued funding is in the best interest of the government.

III. Eligibility Information

1. Eligible Applicants

Eligibility for this funding opportunity is limited to the current awardees requesting support for a second or subsequent budget period within a previously approved project period for The Regional Genetic and Newborn Screening Services Collaboratives.

2. Cost Sharing and Matching

Matching or cost sharing is not required; however applicants are encouraged to indicate funds from other sources which contributed to this effort, including in-kind resources. This information would be included on Program Specific Information Form 1.

IV. Application and Submission Information

1. Address to Request Application/Summary Progress Report Package

Application Materials

The application and submission process has changed significantly. HRSA is *requiring* grantees/awardees to submit their non-competing continuation application (also known as Summary Progress Report) electronically through Grants.gov. All grantees/awardees *must submit* in this manner unless the grantee/awardee is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy.

Grantees/awardees 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. Make sure you specify the announcement number for which you are seeking relief. As indicated in this guidance, **HRSA and its Grants Application Center (GAC) will only accept paper applications from grantees/awardees that received prior written approval. Applicants technologically unable to scan the signed face sheet should also contact the DGPWaivers mailbox to provide information and request further instructions. However, the application must still be submitted under the deadline.**

Refer to Appendix A for detailed application and submission instructions. Pay particular attention to Section 2, which provides detailed information on the non-competitive continuation application and submission process.

Grantees/awardees must submit proposals according to the instructions in Appendix A, using this guidance in conjunction with: PHS 5161-1; Standard Form (SF)-424. These forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. These forms may be obtained by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants Application Center at:

The Legin Group, Inc.
910 Clopper Road, Suite 155 South
Gaithersburg, MD 20878
Telephone: 877-477-2123
HRSAGAC@hrsa.gov

2. Content and Form of Application Submission

See Appendix A, Section 4 for detailed application submission instructions. These instructions must be followed.

The total size of all uploaded files **may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB. This 80-page limit includes the program and budget narratives, and any attachments, such as biographical sketches or letters of support. However, it does not include the electronic forms for PHS-5161 or SF-424 and Program Specific Forms listed in the Appendices.**

Applications that exceed the specified limits (approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-compliant. All non-compliant applications will be returned to the applicant, which could result in a delay in issuing the Notice of Grant of Award or a lapse in funding.

Application Format Requirements

Application for funding must consist of the following documents in the following order:

SF-424 Short Form – 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-compliant. Non-compliant noncompeting applications will have to be resubmitted to comply with the instructions.

 For electronic submissions no Table of Contents is required. HRSA will construct an electronic Table of Contents in the order specified.

| Application Section | Form Type | Instruction | HRSA/Program Guidelines |
|---|------------|--|---|
| Application for Federal Assistance (SF-424) | Form | Pages 1, 2 & 3 of the SF-424 face page. | Not counted in the page limit |
| Project Summary/Abstract | Attachment | Can be uploaded on page 2 of SF-424 - Box 15 | Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents for this document |
| Additional Congressional District | Attachment | Can be uploaded on page 2 of SF-424 - Box 16 | If applicable; not counted in the page limit. |
| HHS Checklist Form PHS-5161 | Form | Pages 1 & 2 of the HHS checklist. | Not counted in the page limit |

 After successful submission of the above forms in Grants.gov, and subsequent processing by HRSA, you will be notified by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to review and submit additional information in the HRSA EHBs. Your application will not be considered submitted unless you review the information submitted through Grants.gov and enter and submit the additional information required through the HRSA EHBs. Refer to the HRSA Electronic Submission Guide provided in Appendix A, Section 2 of this guidance for the complete process and instructions.

Note the following specific information related to your submission. Understand that for your non-competitive application, only the forms mentioned in the Table of Contents listed above are submitted through Grants.gov. All supplemental information will be submitted through the HRSA EHBs.

i. Application Face Page (Grants.gov)

Use Public Health Service (PHS) Application Form PHS-5161-1; SF-424 provided with the application package. Prepare this page according to instructions provided in the form itself. The Catalog of Federal Domestic Assistance 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 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://www.hrsa.gov/grants/dunscsr.htm> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be processed without a DUNS number.

Note: All applicant organizations are required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants/dunscsr.htm>.

ii. 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).

iii. Application Checklist (Grants.gov)

Use the checklist included with Application Form PHS-5161-1 provided with the application package.

iv. Budget (EHBs)

Application Form PHS-5161-1 is provided with the application package. Please complete Sections A through F, and then provide a line item budget using the budget categories in the SF-424A for Non-Construction Programs. By completing the Budget Information Section in the HRSA EHBs, you are completing the PHS-5161 budget form.

v. Budget Justification (EHBs)

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in Application Form 5161-1.

The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project’s objectives/goals. Be very careful about showing how each item in the “other” category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Include the following in the Budget Justification narrative: For each of the following budgetary line-items that are applicable to the program, include the text as it appears below.

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s Web site at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and 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 the travel expenses associated with participating in meetings and other proposed trainings or workshops. Project must provide travel costs for two individuals to travel to the Washington, DC area for four meeting days for each of the project’s budget years for technical assistance at a time to be determined by GSB/MCHB (such as NCC meetings and other HRSA meetings) and to attend a meeting of the Advisory Committee on Heritable Disorders and Genetic Diseases in Newborns and Children (ACHDGDNC).

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).

Supplies: List the items that the project will use. In this category, 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. Remember, they must be listed separately.

Subcontracts: To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in the SF-424A. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

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, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

If you anticipate that there will be unobligated balances (UOB) of funds at the completion of the current budget period, include the high estimate of the amount in this continuation application. *The estimate of the UOB amount should be placed in SF-424A, Section A – Budget Summary in Line 1, Columns C and D. This unobligated balance estimate should not be listed on the face sheet as the federal amount requested nor included in the budget and budget narrative justification.*

If there is a need, the UOB may be requested as carryover for your project in the new budget period. Letters should be submitted to your GMS in the Division of Grants Management Operations. In the request, include an explanation of why the funds were not spent, why the carryover is needed, a revised budget, budget justification, and recent Financial Status Report (FSR). GMS contact information can be found on the NGA. The UOB carryover request should be sent separately, *but at the same time as the submittal of the FSR*, which is due within 90 days of the end of the current budget period.

vi. Staffing Plan and Personnel Requirements (EHBs)

If staffing changes have occurred during the current budget period, please provide a staffing plan and a justification for the plan that includes education, experience qualifications, and rationale for the amount of time being requested for new staff position(s). Position descriptions that include the roles, responsibilities, and qualifications of new project staff must be included in **Attachment 2**. Copies of biographical sketches for any new/additional key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 3**.

vii. Assurances and Certifications

1) Assurances and Certifications (SF-424, Block 21)

Review the 18 assurances listed and select “I Agree” to certify that the assurances and certifications have been read and that the applicant agrees to comply with the requirements of form SF-424B upon award of funds.

2) Disclosure of Lobbying Activities

If “Yes” for lobbying activities was selected in the certifications section, then the Disclosure of Lobbying Activities must be completed.

viii. Project Abstract (Grants.gov)

Submitting an abstract for a non-competing continuation application is fulfilled by completing Form 6 in the Program Specific Information. Due to the electronic submission requirements in Grants.gov, an abstract is required as an attachment to the SF-424. However, there is no need to attach a detailed project abstract into this section. Attach a single document in Grants.gov with the following language: “The project abstract is being submitted via HRSA Electronic Handbooks, Program Specific Information, Form 6.”

ix. Program Narrative (Full narrative and attachments in EHBs)

A program narrative (or summary progress report) is required for the second or subsequent budget period of the approved project period. The program narrative should include: (1) a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them; (2) progress on specific goals and objectives as outlined in this application and revised in consultation with the Federal project officer; (3) current staffing, including the roles and responsibilities of each staff and a discussion of any difficulties in hiring or retaining staff; (4) technical assistance needs; and (5) a description of linkages that have been established with other programs.

If you have participated in a performance review by HRSA’s Office of Performance Review, please provide a summary of your Action Plan activities, describe how the activities have been integrated into your grant program and/or operations, and provide a status update on the activities and/or outcomes achieved. Providing an update on Action Plan activities in your progress report eliminates the need to track the Action Plan separately and integrates the planned improvements into the grant award process.

a) Table of Contents

The Table of Contents should be the first page of your program narrative, and should display the sections in the following order: Purpose of project, needs assessment update(if applicable), target populations, goals and objectives, project methodology, collaboration and coordination update, administration and organization update, and attachments. The Table of Contents should provide the title of each section of the narrative and attachments with corresponding page numbers.

b) Program Narrative Sections

1) Purpose of the Project

Briefly describe the overall purpose of the proposed project by: (1) providing rationale and evidence supporting the proposed demonstration, and (2) describing the anticipated benefit in terms of the Program's purpose and goals.

2) Needs Assessment

Describe the updated needs assessment activities that have already been initiated and/or completed to determine the need for the proposed activities. Discuss new unmet needs, barriers, and special problems to be overcome and identify current successful strategies to meet identified needs, including the identification and use of existing community, State, regional, and national strengths and resources. Discussion should address fiscal, programmatic, and formal/informal leadership that have been developed to implement the proposed project.

3) Goals and Objectives

Identify project goals and objectives. Objectives should be specific, time-framed, measurable, and respond to the identified problem(s). Describe the activities to be utilized in accomplishing each objective.

The applicant is reminded that goals and objectives are expected to be outcome-oriented. A major criterion for review is the extent to which the project's purpose, intervention, and anticipated outcomes are clearly defined, outcome-oriented and specific to this project.

4) Project Methodology

Describe the methodology to be used to accomplish and evaluate specified goals and objectives of the proposed project. Describe in detail the mechanisms in process and the specific activities conducted, and indicate clearly how these lead to accomplishment and evaluation of the intended goals and objectives, as they were stated in the preceding section. It may be useful to prepare diagrams demonstrating the linkage between the project's resources, its activities, and the expected outcomes (a logic model). Use of a logic model would have the additional benefit of helping to clarify the appropriateness of the performance measures used, and the relationship to the proposed evaluation activities.

5) Collaboration and Coordination

Describe the project's existing and planned methods of collaboration and coordination with other relevant communities, agencies, organizations, SPRANS grantees, key public and private providers, family members, consumer groups, insurers, professional membership organizations, and other partnerships relevant to the proposed project. This would include relationships with other community, State, regional, or national entities, and institutions or agencies relevant to the program. Copies of any additional formal agreements defining these relationships should be included in the appendices.

6) Administration and Organization

Describe the administrative and organizational structure in which the project will function. Charts outlining the structure must be included.

7) Attachments

Attachments must include all supporting documentation, such as: position descriptions, curricula vitae of new staff, new letters of agreement and support, evaluation tools, protocols, and tables and graphs. Job descriptions and curricula vitae must not exceed one page each. Spacing will vary depending on the nature of the attachment, but only one-sided pages are acceptable. Attachments should be brief and supplemental in nature. Do not include pamphlets or brochures in the application package unless they were specifically created for the project.

x. *Program Specific Forms (EHBs)*

1. Program Specific Information –Performance Measures and Data Collection (EHBs)

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for Special Projects of Regional and National Significance (SPRANS) projects, Community Integrated Services Systems (CISS) projects, and other grant programs administered by the 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.

MCHB program offices select the program specific forms, including performance measures, which must be completed by their applicants. The program specific forms selected by the program offices depend upon the type and focus of the program. The program specific forms include: Financial forms (forms 1-4); Demographic Data forms (forms 5-8); Performance Measures (forms 9-10 and the National Performance Measure detail sheets); and Additional Data Elements.

a) Program Specific Forms

The Program Specific Forms listed below must be completed. Refer to Appendix G for the Performance Measures, Appendix H for the Financial and Demographic forms.

- Form 1, Project Budget Details

- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Type of Services
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- Performance Measure 03 – The percent of completed MCHB-supported projects publishing findings in peer-reviewed journals.

b) Completing the Program Specific Forms

Each form that is displayed on the Program Specific Information menu must be completed in order to submit the non-competing continuation application. Information on how to complete the forms is listed below:

Form 1: Complete the budget details for next year's budget period June 1, 2008-May 31, 2009.

Form 2: Review/Modify the budget for future budget years by source of funding.

Form 4: Review/Modify the budget for future budget years by types of service.

Form 6: Review/Modify the abstract and complete the section, Experience to Date. Refer to Appendix E for detailed instructions on completing the abstract. If final data are not available, provide provisional data. Final data will be reported during the performance report at the end of the current budget period.

Form 7: Review/Modify the form and enter the number of products and publications. If final data are not available, provide provisional data. Final data will be reported during the performance report at the end of the current budget period.

Performance Measures: Review/Modify objectives for future years. Report the indicators or scores for the performance measures for the current period, June 1 2007 through May 31, 2008. If final data are not available, provide provisional data. Final data will be reported during the performance report at the end of the current budget period.

2. Performance Report

Within **120 days** of the date of the Notice of Grant Award for this non-competing continuation application, awardees are required to revise in HRSA Electronic Handbooks (EHBs) the Program Specific Information forms that appear in the Appendices of this guidance. This includes:

- Revision to budget breakdown in the financial forms based on the grant award amount, if necessary;

- Entering expenditure data for the recently completed grant year;
- Updating the project abstract and other grant summary data, if necessary;
- Revising objectives for the performance measures, if necessary; and
- All data reported for the previous year must be finalized if previously marked provisional.

Begin Performance Report

To access the HRSA EHBs, go to <https://grants.hrsa.gov/webexternal/home.asp>.

Log into HRSA EHBs using the username and password created during the EHBs registration process. Once logged into HRSA EHBs follow the steps below to begin the performance report. **Note:** The grant must have already been added to the grant portfolio before the performance report may be started. For information on adding a grant to the grant portfolio, please refer to Appendix A, Section 2

1. To start the performance report, click the View Portfolio link in the left hand menu bar.
2. Click the View/Manage link for the appropriate grant.
3. Click the Performance Reports link under the Deliverables section.
4. Click Start Report for the grant.

Once the report has been started, the project director and any users allowed access to the grant may work on the report.

1. To edit the performance report, click the View Portfolio link.
2. Click the View/Manage link for the appropriate grant.
3. Click the Performance Reports link under the Deliverables section.

Click Edit Report for your performance report.

xi. Attachments

Provide attachments needed to support your non-competing continuation application. Up to 20 attachments may be uploaded. Note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled and attached as follows:

Attachment 1 – Copy of signed SF-424 face page.

Attachment 2 - Position descriptions for new personnel. Keep each to one page in length. Only include for staff added since the last application.

Attachment 3 - Copies of biographical sketches for any new/additional key employed personnel.

Attachment 4 - Updated logic model (if applicable).

Attachment 5 - Updated work plan (if applicable).

Attachment 6 - LIST of new Memoranda of Understanding, Letters of Agreement, Contracts, and other agreements with partners.

Attachment 7 - New Project Organizational Chart (if applicable).

3. Submission Dates and Times

A. Submission Requirements

The non-competing continuation application due date in Grants.gov is February 4, 2008 by 8:00 P.M. E.T. The due date to complete all other required information in HRSA EHBs is by 5:00 P.M. E.T. 2 weeks after the Grants.gov due date, or February 18, 2008. Applications will be considered as meeting this deadline if they are E marked on or before the due date. Please consult Appendix A, Section 2 for detailed instructions on submission requirements.

Applications must be submitted by 8:00 P.M.E.T. **To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you register immediately in Grants.gov (See Appendix B) and complete the forms as soon as possible, as this is a new process and may take some time.**

Again, please refer to Appendix B for important specific information on registering, and Appendix A, Section 2 for important information on applying through Grants.gov.

Late applications: Applications which do not meet the criteria delineated in Appendix A are considered late applications. HRSA shall notify each late applicant that refunding may be delayed, which could lead to a lapse in funding.

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

B. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications for grant opportunities 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.Grants.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 Web site.

As soon as you read this, whether you plan on applying for a HRSA grant later this month or later this year, it is incumbent that your organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov Web 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, so you need to begin immediately.

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 POC (Point of Contact);
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password;
- Register an Authorized Organization Representative (AOR); and
- Obtain a username and password from the Grants.gov Credential Provider.

Instructions on how to register, tutorials, and frequently asked questions (FAQs) are available on the Grants.gov Web site at www.grants.gov. Assistance is also available from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726.

More specific information, including step-by-step instructions on registering and applying, can be found in Appendix B of this guidance.

Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application through Grants.gov and the project director (or designate) electronically submits the required supplemental information to HRSA EHBs. You must, however, ensure that a copy of the SF-424 Face Sheet is printed from the HRSA EHBs, signed by the Authorizing Official, scanned, and included with your application as Attachment 1.

Applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official through Grants.gov on or before the deadline date and time; (2) the Project Director has entered the HRSA EHBs to review the application and submit additional information for the non-competing continuation application; and (3) the signed SF-424 Face Sheet is included in the electronic submission of the application.

V. Application Review Information

1. Review Process

All non-competing continuation applications are reviewed by grants management officials (business and financial review) and program staff (technical review and analysis of performance measures). The following criteria are used during the review process:

- The estimated costs to the Government of the project are reasonable considering the level and complexity of activity and the anticipated results.
- The project personnel or prospective fellows are well qualified by training and/or experience for the support sought, and the applicant organization has adequate facilities and manpower.
- In so far as practical, the proposed activities (scientific or other), if well executed, are capable of attaining project objectives.
- The project objectives are capable of achieving the specific program objectives defined in the program announcement and the proposed results are measurable.
- The method for evaluating proposed results includes criteria for determining the extent to which the program has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the program.
- In so far as practical, the proposed activities, when accomplished, are replicable, national in scope and include plans for broad dissemination.

2. Program Specific Review Factors

There are no additional specific review factors.

3. Anticipated Award Date

The anticipated date of award for this non-competing continuation application is **May 17, 2008**.

VI. Award Administration Information

1. Award Notices

The Notice of Grant Award sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, 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 agency's Authorized Representative, and reflects the only authorizing document. It will be sent prior to the start date of June 1, 2008.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental), as appropriate.

HRSA grant awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant 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, as well as any requirements of Part IV. 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).

3. Performance Review

HRSA's Office of Performance Review (OPR) serves as the agency's focal point for reviewing and enhancing the performance of HRSA-funded programs within communities and States. As part of this agency-wide effort, HRSA grantees will be required to participate, where appropriate, in an on-site performance review of their HRSA-funded program(s) by a review team from one of the ten OPR regional divisions. Grantees should expect to participate in a performance review at some point during their project period. When a grantee receives more than one HRSA grant, each of the grantee's HRSA-funded programs will be reviewed during the same performance review.

The purpose of performance review is to improve the performance of HRSA-funded programs. Through systematic pre-site and on-site analysis, OPR works collaboratively with grantees and HRSA Bureaus/Offices to measure program performance, analyze the factors impacting performance, and identify effective strategies and partnerships to improve program performance, with a particular focus on outcomes. Upon completion of the performance review, grantees will be required to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues. In addition, performance reviews also provide an opportunity for grantees to offer direct feedback to the agency about the impact of HRSA policies on program implementation and performance within communities and States.

For additional information on performance reviews, please visit:
<http://www.hrsa.gov/performance-review>.

VII. AWARD REPORTING

Grantees/Awardees must comply with the following reporting and review activities:

1. 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 www.whitehouse.gov/omb/circulars;

2. Payment Management Requirements

Submit a quarterly electronic PSC-272 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. The PSC-272 Certification page should be faxed to the PMS contact at the fax number listed on the PSC-272 form, or it may be submitted to the:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
PO Box 6021
Rockville, MD 20852
Telephone: (877) 614-5533

3. Status Reports

1. Submit a Financial Status Report (FSR). A financial status report is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Note that any unexpended balances that the grantee anticipates needing to complete the scope of approved activities should be explicitly requested at the time the FSR is submitted. Funds not explicitly requested, or determined not to be needed, will be offset in a subsequent year.
2. The project's final report and any products developed through the grant are to be provided to the Grants Management Specialist in the Division of Grants Management Operations listed below within 90 days of the end of the project period.

John B. Gazdik
Grants Management Specialist
Division of Grants Management Operations
Health Resources and Services Administration
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, Maryland 20857

The Division of Grants Management Operations will forward these materials to the Project Officer.

4. Final Year Performance Report

Within **120 days** of the end date of the grant project period, grantees are required to finalize in HRSA EHBs the Program Specific Information forms that appear in the Appendices of this guidance. This includes:

- Entering expenditure data for the recently completed grant year;
- Finalizing the project abstract and other grant summary data;

- Entering indicator values for the performance measures for the recently completed grant year;
- Entering data for the program and data elements forms for the recently completed grant year; and
- Marking all data for the recently completed grant year as Final.

VIII. CONTACT INFORMATION AND ASSISTANCE

Grantees are encouraged to request assistance when developing their non-competing continuation applications.

1. Business, Administrative and Fiscal Inquiries

Grantees may obtain additional information regarding business, administrative, or fiscal issues by contacting:

John B. Gazdik
Grants Management Specialist
Division of Grants Management Operations
Health Resources and Services Administration
5600 Fishers Lane, Room 11A-02
Rockville, MD 20857-0001
Telephone: (301) 443-6962
Fax: (301) 443-6343
E-mail: jgazdik@hrsa.gov

2. Program Assistance

Additional information related to the overall program issues or subject matter assistance may be obtained by contacting the project officer, especially if clarification on program issues is needed. The project officer for this announcement is:

Jill Shuger
Project Officer
Genetic Services Branch
Division of Children with Special Health Needs, MCHB
Health Resources and Services Administration
Parklawn Building, Room 18A-19
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-1080
Fax: (301) 443-8604
E-mail: jshuger@hrsa.gov

3. Electronic Application - Grants.gov Assistance

Grantees may need assistance when working online to submit their non-competing continuation application forms electronically. For assistance with submitting the first part of the application in Grants.gov, contact Grants.gov Contact Center, Monday-Friday, 7:00 A.M. to 9:00 P.M. E.T., excluding Federal holidays:

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

4. Electronic Application - HRSA EHBs Assistance

Grantees may need assistance when working online to submit the remainder of their non-competing continuation information electronically. For assistance with submitting the remaining information in HRSA EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 A.M. to 5:30 P.M. E.T.:

HRSA Call Center
Phone: (877) Go4-HRSA or (877) 464-4772
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

5. Easy Reference Contact Information Table

| Type of Help | Name | Contact Information |
|----------------------------------|---|---|
| Grant / Business Questions | John B. Gazdik Grant Management Specialist | (301) 443-6962 jgazdik@hrsa.gov |
| Program/Subject Matter Questions | Jill Shuger Project Officer | (301) 443-1080 jshuger@hrsa.gov |
| Grants.gov Questions | Grants.gov Contact Center | (800) 518-4726 or support@grants.gov |
| EHBs Questions | HRSA Call Center | (877) 464-4772 OR callcenter@hrsa.gov |

IX. TIPS TO WRITING A STRONG APPLICATION

Include DUNS Number. You must include a DUNS Number to have your application reviewed. Applications *will not* be reviewed without a DUNS number. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. Do not use the attachments for information that is required in the body of the application. Be sure to cross-reference all tables and attachments to the appropriate text in the application. Be sure to upload the attachments in the order indicated in the forms.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables. Your budget should reflect back to the proposed activity and all forms should be filled in accurately and completely.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Make sure you submit your application in final form, without markups.

Print out and carefully review an electronic application to ensure accuracy and completion. When submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements. **Check to ensure that all attachments are included in your electronic submission before sending the application forward.**

Ensure that all information is submitted at the same time. We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your application has been received.

GUIDANCE APPENDICES

Appendix A: Electronic Submission User Guide

Appendix B: Registering and Applying Through Grants.Gov

Appendix C: MCH Pyramid of Core Public Health Services Delivered by MCH Agencies

Appendix D: Sample Completed Status Page

Appendix E: Details about Abstract Content

Appendix F: Keywords

Appendix G: Program Specific Forms: Performance Measures

Appendix H: Program Specific Forms: Financial and Demographic forms

Appendix I: Program Specific Forms: Additional Data Elements

Appendix J: Biographical Sketches

Appendix A: HRSA's Electronic Submission User Guide

1.7 Introduction

1.1 Document Purpose and Scope

Major changes are coming to HRSA's Grant Application Process. For guidances released/posted on or after January 1, 2006, HRSA will no longer accept applications for grant opportunities on paper. Applicants submitting new and competing continuations and a selected number of noncompeting continuation applications will be required to submit electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy.

The purpose of this document is to provide detailed instructions to help applicants and grantees submit applications electronically to HRSA through Grants.gov. The document is intended to be the comprehensive source of all information related to the new processes that HRSA and its customers have to adopt and will be updated periodically. This document is not meant to replace program guidance documents for funding announcements.

1.2 Document Organization and Version Control

This document contains 5 sections apart from the Introduction. Following is the summary:

| Section | Description |
|---|--|
| Noncompeting Continuation Application | Provides detailed instructions to existing HRSA grantees for applying electronically using Grants.gov for all noncompeting announcements |
| Competing Application | Provides detailed instructions to applicant organizations for applying electronically using Grants.gov for all competing announcements |
| General Instructions for Application Submission | Provides instructions and important policy guidance on application format requirements |
| Customer Support Information | Provides contact information to address technical and programmatic questions |
| Frequently Asked Questions (FAQs) | Provides answers to frequently asked questions by various categories |

This document is under version control. Please visit <http://www.hrsa.gov/grants> to retrieve the latest published version.

2. Noncompeting Continuation Application

2.1 Process Overview

Following is the process for submitting a noncompeting continuation application through Grants.gov:

1. HRSA will communicate noncompeting announcement number to the project director (PD) and authorizing official (AO) via email. The announcement number will be required to search for the announcement in Grants.gov.
2. Search for the announcement in Grants.gov Apply (<http://www.grants.gov/Apply>).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)

6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.
7. HRSA Electronic Handbooks (EHBs) software pulls the application information into EHBs and validates the data against HRSA's business rules.
8. HRSA notifies the project director, authorizing official, business official (BO) and application point of contact (POC) by email to check HRSA EHBs for results of HRSA validations and enter additional information, including in some cases performance measures, necessary to process the noncompeting continuation.
9. AO verifies the application in HRSA EHBs, fixes any validation errors, makes necessary corrections and submits the application to HRSA. (Requires registration)

2.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website (<http://www.grants.gov/GetStarted>). 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 POC (Point of Contact)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
 - o Obtain a username and password from the Grants.gov Credential Provider
 - o Register the username and password with Grants.gov
 - o Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

 **It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

2.3 Project Director and Authorizing Official Need to Register with HRSA EHBs (if not already registered)

In order to access your noncompeting continuation application in HRSA EHBs, existing grantee organizations must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and allow for the unique identification of each system user. Note that registration within HRSA EHBs is required only **once for each user for each organization they represent**.

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process such as applying for noncompeting continuations must create **individual** system

accounts. In the second step, the users must associate themselves with the appropriate grantee organization. **To find your organization record use the 10-digit grant number from the Notice of Grant Award (NGA) belonging to your grant.** Note that since all existing grantee organization records already exist within EHBs, there is no need to create a new one.

To complete the registration quickly and efficiently we recommend that you have the following information handy:

1. Identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:
Authorizing Official (AO),
Business Official (BO), and
Other Employee (for project directors, assistant staff, AO designees and others).
For more information on functional responsibilities refer to the HRSA EHBs online help.
2. 10-digit grant number from the latest NGA belonging to your grant (Box 4b on NGA). You must use the grant number to find your organization during registration. All individuals from the organization working on the grant must use the same grant number to ensure correct registration.

In order to access the noncompeting application, the project director and other participants have to register the specific grant and add it to their respective portfolios. This step is required to ensure that only the authorized individuals from the organization have access to grant data. **Project directors will need the last released NGA in order to complete this additional step.** Again, note that this is a one time requirement.

The project director must give the necessary privileges to the authorizing official and other individuals who will assist in the noncompeting continuation application submission using the administer feature in the grant handbook. The project director should also delegate the “Administer Grant Users” privilege to the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.

Note that registration with HRSA EHBs is independent of Grants.gov registration.

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

 **You must use your 10-digit grant number (box 4b from NGA) to identify your organization.**

2.4 Apply through Grants.gov

2.4.1 Find Funding Opportunity

Search for the announcement in Grants.gov **Apply** (<http://www.grants.gov/Apply>).

Enter the announcement number communicated to you in the field *Funding Opportunity Number*. (Example announcement number: 5-S45-06-001)

 **Noncompeting announcements are not available in Grants.gov FIND!**

2.4.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (<http://www.grants.gov/DownloadViewer>). This small, free program will allow you to access, complete, and submit applications electronically and securely.

 **Please review the system requirements for PureEdge Viewer on the Grants.gov website.**

2.4.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

 **Ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

 **You can complete the application offline – you do not have to be connected to the Internet.**

2.4.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

 **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

2.4.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system ("Received"), and the second will indicate that the application has either been successfully validated ("Validated") by the system prior to transmission to the grantor agency or has been rejected due to errors ("Rejected with Errors").

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the "Rejected with Errors" notification you received from Grants.gov.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to "Received by Agency" and you will receive an additional email from Grants.gov. Subsequently within two to three business days the status will change to "Agency Tracking Number Assigned."



It is recommended that you check the status of your application in Grants.gov until the status is changed to “Agency Tracking Number Assigned”.

2.5 Verify in HRSA Electronic Handbooks

For assistance in registering with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.



Grant Project Director must be registered in HRSA EHBs and have access to the specific grant for which the noncompeting application is being submitted for further actions.

2.5.1 Verify Status of Application

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA. At this point, your application is ready for review and submission in HRSA EHBs.

You should also receive an email from HRSA EHBs confirming the successful receipt of your application at HRSA. The email is sent to the project director, authorizing official, point of contact for the application and the business official – all from the submitted application. The email is also sent to the current project director listed on the NGA. Because email is not always reliable, please check the HRSA EHBs or Grants.gov to see if the application is available for review in HRSA EHBs.



Because email is not reliable, check HRSA EHBs within two to three business days from submission within Grants.gov for availability of your application.

2.5.2 Manage Access to Your Application

You must be registered in HRSA EHBs to get access to your application. To ensure that only the right individuals from the organization get access to the application, you must follow the process described earlier.

The project director, using the Administer feature in the grant handbook, must give the necessary privileges to the authorizing official and other individuals who will assist in the submission of the noncompeting continuation application. Project directors must also delegate the “Administer Grant Users” privilege to the authorizing official so that future administration can be managed by the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.

2.5.3 Check Validation Errors

HRSA EHBs will apply HRSA’s business rules to the application received through Grants.gov. All validation errors are recorded and displayed to the applicant. To view the validation errors use the ‘Grants.gov Data Validation Comments’ link on the application status page in HRSA EHBs.

2.5.4 Fix Errors and Complete Application

Applicants must review the errors in HRSA EHBs and make necessary changes. Applicants must also complete the detailed budget and other required forms in HRSA EHBs and assign an AO registered in HRSA EHBs to the application. HRSA EHBs will show the status of each form in the application package and all forms must be complete before submission.

2.5.5 Submit Application

To submit an application, you must have the ‘Submit Noncompeting Continuation’ privilege. This privilege must be given by the project director to the authorizing official or a designee. Once all forms are complete, the application can be submitted to HRSA.

 You will have two weeks from the date the application was due in Grants.gov for submission of the remaining information in HRSA EHBs. The new due date will be listed in HRSA EHBs.

 Face page must be printed from HRSA EHBs and not from Grants.gov application.

3. Competing Application

3.1 Process Overview

Following is the process for submitting a competing application through Grants.gov:

1. HRSA will post all competing announcements on Grants.gov FIND (<http://grants.gov/search/>). Announcements are typically posted at the beginning of the fiscal year when HRSA releases its annual Preview, although program guidances are generally not available until later. For more information visit <http://www.hrsa.gov/grants>.
2. When program guidance is available, search for the announcement in Grants.gov Apply (<http://www.grants.gov/Apply>).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)
6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.

3.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a **one-time** registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website (<http://www.grants.gov/GetStarted>). 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 POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register an Authorized Organization Representative (AOR)
 - o Obtain a username and password from the Grants.gov Credential Provider
 - o Register the username and password with Grants.gov
 - o Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

 **It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.**

3.3 *Apply through Grants.gov*

3.3.1 Find Funding Opportunity

Search for announcements in Grants.gov **FIND** (<http://grants.gov/search/>) and select the announcement that you wish to apply for. Refer to the program guidance for eligibility criteria.

Please visit <http://www.hrsa.gov/grants> to read annual HRSA Preview.

 **All competing announcements should be available in Grants.gov FIND! When program guidance is release, announcements are made available in Grants.gov APPLY.**

3.3.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (<http://www.grants.gov/DownloadViewer>). This small, free program will allow you to access, complete, and submit applications electronically and securely.

 **Please review the system requirements for PureEdge Viewer on the Grants.gov website.**

3.3.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

 **If you are applying for a competing continuation or a supplemental grant, ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)**

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

 **You can complete the application offline – you do not have to be connected to the Internet.**

3.3.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

 **You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.**

3.3.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, **contact the Director of the Division of Grants Policy** via email at DGPWaivers@hrsa.gov and thoroughly explain the situation; include a copy of the “Rejected with Errors” notification.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive an additional email from Grants.gov.

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number (if applicable), and applicant/grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to the Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA.

 **It is recommended that you check the status of your application in Grants.gov until the status is changed to “Agency Tracking Number Assigned”.**

4. General Instructions for Application Submission

 **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-compliant. Non-compliant applications will not be given any consideration and the particular applicants will be notified.**

4.1 Narrative Attachment Guidelines

 **The following guidelines are applicable to both electronic and paper submissions (when allowed) unless otherwise noted.**

4.1.1 Font

Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned. Do not use colored, oversized or folded materials. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.

4.1.2 Paper Size and Margins

For duplication and scanning purposes, please ensure that the application can be printed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

4.1.3 Names

Please include the name of the applicant and 10-digit grant number (if competing continuation, supplemental or non-competing continuation) on each page.

4.1.4 Section Headings

Please put all section headings flush left in bold type.

4.1.5 Page Numbering

Electronic Submissions

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 number the standard OMB approved form pages.

Paper Submissions (When allowed)

Do not number the standard OMB approved forms. Please number each attachment page sequentially. Reset the numbering for each attachment. (Treat each attachment/document as a separate section.)

4.1.6 Allowable Attachment or Document Types

Electronic Submissions

The following attachment types are supported in HRSA EHBs. Even though grants.gov may allow you to upload any type of attachment, it is important to note that HRSA only accepts the following types of attachments:

- .DOC - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel

4.2 Application Content Order (Table of Contents)

When applications were submitted in paper, it was easy to direct the applicants to prepare a table of contents and make it as a part of the application. Applicants did not have any problem in preparing the package that included standard forms as well as attachments. All the pages were numbered sequentially. Preparation instructions were

given in the program guidance. With the transition to electronic application receipt, this process has changed significantly. HRSA is using an approach that will ensure that regardless of the mode of submission (electronic or paper when exemptions are granted), all applications will look the same when printed for objective review.

HRSA uses two standard packages from Grants.gov.

SF 424 (otherwise known as 5161) – For service delivery programs

SF 424 R&R – For research and training programs (programs previously using the 398 or the 6025 and 2590 application packages)

For each package HRSA has defined a standard order of forms and that order is available within the program guidance. The program guidance may also provide applicants with explicit instructions on where to upload specific documents.

If you are applying on paper (when allowed), you must use the program guidance for the order of the forms and all other applicable guidelines.

4.3 Page Limit

HRSA prints your application for review regardless of whether it is submitted electronically or by paper (when allowed).

When your application is printed, the narrative documents may not exceed 80 pages in length unless otherwise stated in the program guidance. These narrative documents include the abstract, project and budget narratives, and any other attachments such as appendices, letters of support required as a part of the guidance. This 80 page limit does not include the OMB approved forms. Note that some program guidances may require submission of OMB approved program specific forms as attachments. These attachments will not be included in the 80 page limit.

Applicants must follow the instructions provided in this section and ensure that they print out all attachments on paper and count the number of pages before submission.

 **Applications, whether submitted electronically or on paper, that exceed the specified limits will be deemed non-compliant. Non-compliant competing applications will not be given any consideration and the particular applicants will be notified. Non-compliant noncompeting applications will have to be resubmitted to comply with the page limits.**

5. Customer Support Information

5.1.1 Grants.gov Customer Support

Please direct ALL questions regarding Grants.gov to Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

Please visit the following support URL for additional material on Grants.gov website.

<http://www.grants.gov/CustomerSupport>

5.1.2 HRSA Call Center

For assistance with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

Please visit HRSA EHBs for online help. Go to:

<https://grants.hrsa.gov/webexternal/home.asp> and click on 'Help'

5.1.3 HRSA Program Support

For assistance with program guidance related questions, please contact the program contact listed on the program guidance. Do not call the program contact for technical questions related to either Grants.gov or HRSA EHBs.

6. FAQs

6.1 Software

6.1.1 What are the software requirements for using Grants.gov?

Applicants will need to download the PureEdge viewer. Grants.gov website provides the following information:

System Requirements:

For PureEdge Viewer to function properly, your computer must meet the following system requirements:

Windows 98, ME, NT 4.0, 2000, XP

500 Mhz processor

128 MB of RAM

40 MB disk space

Web browser: Internet Explorer 5.01 or higher, Netscape Communicator 4.5 - 4.8, Netscape 6.1, 6.2, or 7

If you do not have a Windows operating system, you will need to use a Windows Emulation program.

Please visit <http://www.grants.gov/DownloadViewer> for all details and any updates.

6.1.2 Why can't I download PureEdge Viewer onto my machine?

Depending on your organization's computer network and security protocols you may not have the necessary permissions to download software onto your workstation. Contact your IT department or system administrator to download the software for you or give you access to this function.

6.1.3 I have heard that Grants.gov is not Macintosh compatible. What do I do if I use only a Macintosh?

Grants.gov is aware of the issues facing Macintosh users who apply for Federal grants electronically. Grants.gov has provided the following response regarding this issue on its website at <http://www.grants.gov/MacSupport>:

Grants.gov recognizes that support to users of Non-Windows operating systems and the PureEdge Viewer is often required across a distinct segment of the grant applicant community. Although at this time, the PureEdge Viewer is only available for Windows based installs, Grants.gov offers support for Non-Windows platforms.

Grants.gov is working with PureEdge in the development of a Non-Windows compatible viewer. PureEdge has committed to providing a platform independent viewer by November 2006. Information related to the Non-Windows compatible viewer will be posted to this webpage (<http://www.grants.gov/MacSupport>). Please bookmark this page and return at your convenience for more details.

Grants.gov and NIH have partnered to provide free access to Citrix servers for Macintosh Users who are looking for an alternative to using PC emulation software with the PureEdge forms. A Citrix server connection allows Macintosh users to remotely launch a Windows session on their own machines by using the free Citrix client application. Applicants will need to download and install the free Citrix client application in order to work. This service is now available for use.

Grants.gov website states:

Beginning December 20, 2005, non-Windows users will be able to download and complete the PureEdge forms by taking advantage of the free Citrix server. Non-Windows users are also able to submit completed grant applications via the Citrix environment.

For details, please visit <http://www.grants.gov/MacSupport>

6.1.4 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.1.5 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.2 Application Receipt

6.2.1 What will be the receipt date--the date the application is stamped as received by Grants.gov or the date the data is received by HRSA?

Competing Submissions:

The submission/receipt date will be the date the application is received by Grants.gov.

Noncompeting Submissions:

The submission/receipt date will be the date the application is submitted in HRSA EHBs.

6.2.2 When do I need to submit my application?

Competing Submissions:

Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Noncompeting Submissions:

Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Applications must be verified and submitted in HRSA EHBs by 5:00 PM ET on the due date. (2 weeks after the due date in Grants.gov) Refer to the program guidance for specific dates.

6.2.3 What emails can I expect once I submit my application? Is email reliable?

Competing Submissions:

When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

Noncompeting Submissions:

When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

Subsequently, it is processed by HRSA to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. This may take up to 3 business days. At this point you will receive an email from HRSA confirming the successful receipt of your application and asking the PD and AO to review and resubmit the application in HRSA EHBs.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.



For more information refer to sections 2.4 and 2.5 in this guide

6.2.4 If a resubmission is required because of Grants.gov system problems, will these be considered "late"?

Competing Submissions:

No. But you must **contact the Director of the Division of Grants Policy** via email at DGPWaivers@hrsa.gov and thoroughly explain the situation. Include a copy of the “Rejected with Errors” notification you received from Grants.gov.

Noncompeting Submissions:

No. But you must **contact the HRSA Call Center** at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the “Rejected with Errors” notification you received from Grants.gov.

6.3 *Application Submission*

6.3.1 How can I make sure that my electronic application is presented in the right order for objective review?

Follow the instructions provided in section 4.2 to ensure that your application is presented in the right order and is compliant with all the requirements.

6.4 *Grants.gov*

For a list of frequently asked questions and answers maintained by Grants.gov please visit the following URL:

http://www.grants.gov/GrantsGov_UST_Grantee!/SSL!/WebHelp/GrantsGov_UST_Grantee.htm#index.html

Appendix B – Registering and Applying Through Grants.gov

Prepare to Apply through Grants.gov:

HRSA, in providing the grant community a single site to Find and Apply for grant funding opportunities, is requiring applicants for this funding opportunity to apply electronically through Grants.gov. By 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. You may not e-mail an electronic copy of a grant application to us.

Please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together.

Note: Except in rare cases, paper applications will NOT be accepted for this grant opportunity. If you believe you are technologically unable to submit an on-line application you MUST contact the Director of the Division of Grants Policy, at DGPWaivers@hrsa.gov and explain why you are technologically unable to submit on-line. Make sure you specify the announcement number you are requesting relief for. HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

In order to apply through Grants.gov the Applicant must register with Grants.gov. This is a three step process that must be completed by any organization wishing to apply for a grant opportunity. The registration process will require some time. Therefore, applicants or those considering applying at some point in the future should register **immediately**. Registration in Grants.gov does not require the organization to apply for a grant; it simply provides the organization the required credentials so that the organization may apply for a grant in the future. Registration is required only once.

REGISTRATION:

GET STARTED NOW AND COMPLETE THE ONE-TIME REGISTRATION PROCESS TO BEGIN SUBMITTING GRANT APPLICATIONS AS SOON AS YOU READ THIS.

You don't need to be registered to search or to begin selecting, downloading and completing grant applications. Registration is required to submit applications. Therefore, it is essential that your organization be registered prior to attempting to submit a grant application or your organization will not be able to do so. **Be sure to complete the process early as the registration process may take some time (anywhere from 5 days to 1 month).**

There are three steps to the registration process:

Step 1: Register your organization

Step 2: Register yourself as an Authorized Organization Representative

Step 3: Get authorized by your organization to submit grants

These instructions will walk you through the three basic registration steps. Additional assistance is available at Grants.gov at www.grants.gov. Individual assistance is available at <http://www.grants.gov/Support> or 1-800-518-4726. Grants.gov also provides a variety of support options through online Help including Context-Sensitive Help, Online Tutorials, FAQs, Training Demonstration, User Guide, and Quick Reference Guides.

Follow this checklist to complete your registration—

1. Register Your Organization

- Obtain your organization's Data Universal Number System (DUNS) number
- Register your organization with Central Contractor Registry (CCR)

- Identify your organization's E-Business POC (Point of Contact)
- Confirm your organization's CCR "Marketing Partner ID Number (M-PIN)" password

2. Register Yourself as an Authorized Organization Representative (AOR)

- Obtain your username and password
- Register your username and password with Grants.gov

3. Get Yourself Authorized as an AOR

- Contact your E-Business POC to ensure your AOR status
- Log in to Grants.gov to check your AOR status

The Grants.gov/Apply feature includes a simple, unified application process to enable applicants to apply for grants online. The information applicants need to understand and execute the steps is at <http://www.grants.gov/GetStarted>. Applicants should read the Get Started steps carefully. The site also contains registration checklists to help you walk through the process. HRSA recommends that you download the checklists and prepare the information requested before beginning the registration process. Reviewing information required and assembling it before beginning the registration process will save you time and make the process faster and smoother.

REGISTER YOUR ORGANIZATION

Before you can apply for a grant via Grants.gov, your organization must obtain a Data Universal Number System (DUNS) number and register early with the Central Contractor Registry (CCR).

Obtain your organization's DUNS number

A DUNS number is a unique number that identifies an organization. It has been adopted by the Federal government to help track how Federal grant money is distributed. Ask your grant administrator or chief financial officer to provide your organization's DUNS number.

-How do you do it? If your organization does not have a DUNS number, call the special Dun & Bradstreet hotline at 1-866-705-5711 to receive one free of charge.

- How long will this take? You will receive a DUNS number at the conclusion of the phone call.

Register your organization with CCR

The CCR is the central government repository for organizations working with the Federal government. Check to see if your organization is already registered at the CCR website. If your organization is not already registered, identify the primary contact who should register your organization.

When your organization registers with CCR, it will be required to designate an E-Business Point of Contact (E-Business POC). The designee authorizes individuals to submit grant applications on behalf of the organization and creates a special password called a Marketing Partner ID Number (M-PIN) to verify individuals authorized to submit grant applications for the organization.

-How do you do it? Visit the CCR website at <http://www.ccr.gov>. Check whether your organization is already registered or register your organization right online. Be certain to enter an MPIN number during this process as this is an optional field for the CCR registration but mandatory for Grants.gov.

- How long will this take? It may take a few days for you to collect the information needed for your organization's registration, but once you finish the registration process, you can move on to Step 2 the very next business day. Note it will take up to a month for the total registration- therefore this should be done as soon as possible.

GET AUTHORIZED as an AOR by Your Organization

The registration process is almost complete. All that remains is the final step —getting authorized. Even though you have registered, your E-Business POC must authorize you so Grants.gov will know that you are verified to submit applications.

- Obtain your E-Business POC authorization

After your Authorized Organizational Representative (AOR) profile is completed, your organization's E-Business POC will receive an email regarding your requested AOR registration, with links and instructions to authorize you as an AOR.

- **How do you do it?** Instruct your E-Business POC to login to Grants.gov at <http://www.grants.gov/ForEbiz> and enter your organization's DUNS number and M-PIN. They will select you as an AOR they wish to authorize and you will be verified to submit grant applications.

- **How long will this take?** It depends on how long it takes your E-Business POC to log in and authorize your AOR status. You can check your AOR status by logging in to Grants.gov at <http://www.grants.gov/ForApplicants>.

REGISTER YOURSELF as an Authorized Organization Representative (AOR)

Once the CCR Registration is complete, your organization is finished registering. You must now register yourself with Grants.gov and establish yourself as an AOR, an individual authorized to submit grant applications on behalf of your organization. There are two elements required to complete this step — both must be completed to move onto Step 3.

1. Obtain your username and password

In order to safeguard the security of your electronic information, and to submit a Federal grant application via Grants.gov, you must first obtain a username and password from the Grants.gov Credential Provider.

- **How do you do it?** Just register with Grants.gov's Credential Provider at <http://www.grants.gov/Register1>. You will need to enter your organization's DUNS number to access the registration form. Once you complete the registration form you will be given your username and you will create your own password.

- **How long will this take?** Same day. When you submit your information you will receive your username and be able to create your password.

2. Register with Grants.gov

Now that you have your username and password, allow about 30 minutes for your data to transfer from the Credential Provider, then you must register with Grants.gov to set up a short profile.

> **How do you do it?** Simply visit <http://www.grants.gov/Register2> to register your username and password and set up your profile. Remember, you will only be authorized for the DUNS number which you register in your Grants.gov profile.

> **How long will this take?** Same day. Your AOR profile will be complete after you finish filling in the profile information and save the information at Grants.gov.

You have now completed the registration process for Grants.gov. If you are applying for a new or competing continuation you may find the application package through Grants.gov FIND. If you are filling out a non-competing continuation application you must obtain the announcement number through your program office, and enter this announcement number in the search field to

pull up the application form and related program guidance. Download the required forms and enter your current grant number in the appropriate field to begin the non-competing continuation application which you will then upload for electronic submittal through Grants.gov. For continuation applications which require submittal of performance measures electronically, instructions are provided in the program guidance on how to enter the HRSA electronic handbooks to provide this information.

How to submit an electronic application to HRSA via Grants.gov/Apply

a. Applying using Grants.gov. Grants.gov has a full set of instructions on how to apply for funds on its website at <http://www.grants.gov/CompleteApplication>. The following provides simple guidance on what you will find on the Grants.gov/Apply site. Applicants are encouraged to read through the page entitled, "Complete Application Package" before getting started. See Appendix A for specific information.

b. Customer Support. The grants.gov website provides customer support via (800) 518-GRANTS (this is a toll-free number) or through e-mail at support@grants.gov. The customer support center is open from 7:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday, except federal holidays, to address grants.gov technology issues. For technical assistance to program related questions, contact the number listed in the Program Section of the program you are applying for.

Timely Receipt Requirements and Proof of Timely Submission

a. Electronic Submission. All applications must be received by www.grants.gov/Apply by 8:00 P.M. Eastern Time on the due date established for each program.

Proof of timely submission is automatically recorded by Grants.gov. An electronic time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant will receive an acknowledgement of receipt and a tracking number from Grants.gov with the successful transmission of their application. Applicants should print this receipt and save it, along with facsimile receipts for information provided by facsimile, as proof of timely submission. When HRSA successfully retrieves the application from Grants.gov, Grants.gov will provide an electronic acknowledgment of receipt to the e-mail address of the AOR. Proof of timely submission shall be the date and time that Grants.gov receives your application.

Applications received by grants.gov, after the established due date and time for the program, will be considered late and will not be considered for funding by HRSA. HRSA suggests that applicants submit their applications during the operating hours of the Grants.gov Support Desk, so that if there are questions concerning transmission, operators will be available to walk you through the process. Submitting your application during the Support Desk hours will also ensure that you have sufficient time for the application to complete its transmission prior to the application deadline. Applicants using dial-up connections should be aware that transmission should take some time before Grants.gov receives it. Grants.gov will provide either an error or a successfully received transmission message. The Grants.gov Support desk reports that some applicants abort the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application. Uploading and transmitting many files, particularly electronic forms with associated XML schemas, will take some time to be processed.

Note the following additional information regarding submission of all HRSA applications through Grants.gov:

- You must submit all documents electronically, including all information typically included on the SF424 and all necessary assurances and certifications.

- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. HRSA will retrieve your application from Grants.gov.

Formal Submission of the Electronic Application

Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. You must, however, ensure that a copy of the SF-424/5161 Face Sheet is printed, signed, scanned, and included with your application as Attachment 1. For competitive applications, the SF-424/5161 must be printed from Grants.gov.

Competitive applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization's Authorizing Official through Grants.gov on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is included in the electronic application submission.

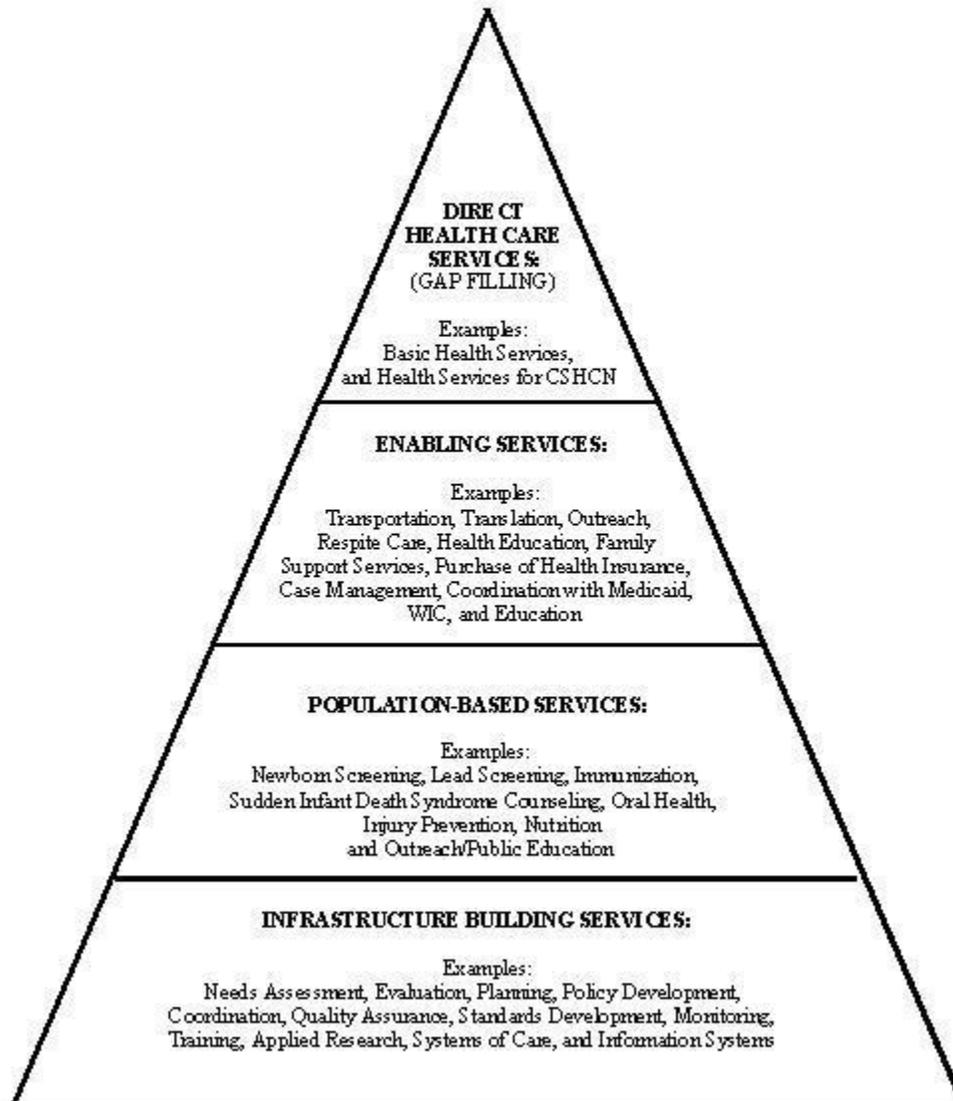
Performance Measures for Competitive Applications

Many HRSA guidances include specific data forms and require performance measure reporting. If the completion of performance measure information is indicated in this guidance, successful applicants receiving grant funds will be required, within 30 days of the Notice of Grant Award (NGA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in this guidance. This requires the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data, and objectives for the performance measures.

Performance Measures for Non-Competing Continuation Applications

For applications which require submittal of performance measures electronically through the completion of program specific data forms, instructions will be provided both in the program guidance and through an e-mail, notifying grantees of their responsibility to provide this information, and providing instructions on how to do so.

Appendix C: MCH Pyramid
CORE PUBLIC HEALTH SERVICES
DELIVERED BY MCH AGENCIES



Appendix D: Sample Completed Status Page



Application Tracking #
00023032

Status

[home](#) | [glossary](#) | [help](#) | [questions/comments](#)

The table below shows the Status of the application. The application is currently **Complete**. The suggested next step is to [Submit the Application to AO](#)

Application Process

Overview

- Process
- Status

Basic Information

- Application
- Applicant
- Project
- Program Narrative

Budget Information

- Budget Summary
- Budget Categories
- Federal Resources
- Other Information
- Budget Narrative

Assurances and Certifications

- Assurances
- Certifications
- Disclosure of Lobbying Activities

Other Information

- Checklist
- Program Specific Information
- Appendices

Review and Submit

- Review
- Submit

[Logout](#)

STATUS OVERVIEW

APPLICATION PROCESS STATUS

| | |
|--------------------------|---|
| Deadline | Jan 24 2005 5:00PM ET (The application deadline has already passed.) |
| Announcement Information | Update 1 for Original Announcement posted on 10/15/2004: The letter of intent and application due dates have changed; The new dates are: letter of intent: 12/10/2004 application due date: 1/24/2005..... View Details |
| Assigned AO | Angela Williams (The AO is responsible for submitting the application to HRSA. Reassign AO) |
| Creator | Jen Griffiths (The creator is responsible for managing peers for the application. Manage Peers) |
| Peer Information | The table below displays the peers associated with the application. |
| Name | Privileges |
| Angela Williams | - Edit Application - Submit Application to HRSA - View Application |

APPLICATION FORMS STATUS

| Section | Status | Action |
|--------------------------------------|----------|------------------------|
| Basic Information | | |
| Application | COMPLETE | Update |
| Applicant | COMPLETE | Update |
| Project | COMPLETE | Update |
| Program Narrative | COMPLETE | Update |
| Budget Information | | |
| Budget Summary | COMPLETE | Update |
| Budget Categories | COMPLETE | Update |
| Federal Resources | COMPLETE | Update |
| Other Information | COMPLETE | Update |
| Budget Narrative | COMPLETE | Update |
| Assurances and Certifications | | |
| Assurances | COMPLETE | Update |
| Certifications | COMPLETE | Update |
| Disclosure of Lobbying Activities | COMPLETE | Update |
| Other Information | | |
| Checklist | COMPLETE | Update |
| Program Specific Information | COMPLETE | Update |
| Appendices | COMPLETE | Update |

Total attachments for this application are : 3

Appendix E: Abstract

1. Overview

Submitting an abstract for a non-competing continuation application is fulfilled by completing Form 6 in the Program Specific Information. Due to the electronic submission requirements in Grants.gov, an abstract is required as an attachment to the SF-424. However, there is no need to attach a detailed project abstract into this section. Attach a single document in Grants.gov with the following language: “The project abstract is being submitted via HRSA Electronic Handbooks, Program Specific Information, Form 6.”

The abstract may be used in lieu of the one-page Public Health System Impact Statement (PHSIS), if the applicant is required to submit a PHSIS.

The project abstract will be utilized extensively by reviewers; therefore, it is essential that the abstract reflect the most critical points of the application. In addition, project abstracts of all approved and funded applications will be distributed to MCHB grantees, Title V programs, academic institutions, and government agencies.

2. Abstract Content

This section provided the information and requirements for each field of the abstract on Form 6 of the Program Specific Information.

a. Project Identifier Information

This section contains fields for the Project Title, Project Number, and Email Address of the project director. The Project Title and Project Number are display only fields and cannot be edited on this form. The Email Address may be edited on this form.

b. Budget

This section contains fields for the proposed budget for the application year, including MCHB Grant Award Amount, Unobligated Balance, Matching Funds (if required), Other Project Funds, and Total Project Funds. These fields are display only and cannot be edited on this form. These fields may be edited on Form 1 of the Program Specific Information.

c. Type(s) of Service Provided

This section contains four selections for type of service (Direct Health Care, Enabling, Population-Based, and Infrastructure Building). Select all that apply to the project.

d. Problem

Provide a brief description (maximum 300 characters) of the problems, status or issues which are addressed by the project, including the project's relationship to current MCH program priorities.

e. Goals and Objectives

List in priority order up to five major goals and three time-framed objectives per goal for the project. Each goal may contain a maximum of 200 characters, and each objective may contain a maximum of 300 characters.

f. Methodology

Describe (maximum of 1,500 characters) the programs and activities planned to attain the goals and objectives.

g. Coordination

Describe (maximum of 500 characters) the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

h. Evaluation

Briefly describe (maximum of 500 characters) the evaluation methods which will be used to assess the effectiveness and efficiency of the project in attaining its goals and objectives.

i. Experience to Date

Describe (maximum of 1,500 characters) your major activities and accomplishments over the past year.

j. Web site URL

Provide the Web site URL of the project, if applicable, and the annual number of hits to the Web site.

k. Key Words

Provide a minimum of three and a maximum of ten key words. Select significant terms that describe the project, including populations served. A list of key words used to classify active projects is in Appendix D of this guidance. Choose keywords from this list to describe your project.

l. Annotation

Provide a description (maximum of 750 characters) of the project's purpose, needs and problems, goals and objectives, and methodology.

Appendix F: Keywords

This is an abridged key word list of the most commonly used key words. A comprehensive listing of key words is available in Form 6 in the Program Specific Information.

| | |
|---|--|
| Access to care | Case management |
| Access to health care | Centers for Disease Control and Prevention |
| Access to prenatal care | Certification |
| Accountability | Child abuse |
| Accreditation | Child care |
| Administration | Children |
| Adolescent health | Children with special health care needs |
| Adolescents | Cities |
| Adults | Clinics |
| Advocacy | Coalitions |
| Age | Cocaine |
| Agencies | Collaboration |
| Aging | Commissions |
| AIDS | Committees |
| Alcohol | Communication |
| Alcoholism | Communications |
| American Academy of Pediatrics | Communities |
| American Indians | Competence |
| American Public Health Association | Compliance |
| Americans with Disabilities Act | Conferences |
| Anemia | Consortia |
| Annual reports | Consultants |
| Apnea | Consultation |
| Appalachia | Consumer satisfaction |
| Asians | Consumers |
| Assessment | Continuing education |
| Association of Maternal and Child Health Programs | Costs |
| Asthma | Councils |
| Audiologists | Counseling |
| Audiology | County health agencies |
| Autism | CSHCN |
| Barriers | Crime |
| Behavior | Cultural competence |
| Bereavement | Cultural diversity |
| Bioethics | Cultural sensitivity |
| Birth defects | Curricula |
| Blacks | Data |
| Bonding | Data analysis |
| Brain | Data collection |
| Breastfeeding | Data sources |
| Bright Futures | Data systems |
| Campaigns | Databases |
| Cancer | Deafness |
| Caregivers | Death |

| | |
|---|------------------------------------|
| Decision-making | Focus groups |
| Dental caries | Folic acid |
| Dentistry | Food |
| Department of Health | Foundations |
| Department of Health and Human Services | Genetics |
| Depression | Goals |
| Design | Government |
| Development | Grants |
| Developmental disabilities | Grief |
| Diagnosis | Groups |
| Dietetics | Guidelines |
| Dietitians | Gynecologists |
| Disabilities | Gynecology |
| Disasters | Head Start |
| Discipline | Health |
| Disease | Health agencies |
| Diseases | Health care |
| Disorders | Health care financing |
| Dissemination | Health care providers |
| Distance education | Health education |
| Down Syndrome | Health educators |
| Drugs | Health professionals |
| Early Head Start | Health programs |
| Education | Health promotion |
| Education programs | Health services |
| Educational materials | Healthy People 2000 |
| Educational programs | Healthy People 2010 |
| Eligibility | Healthy Start |
| Emergency Medical Services for Children | Hemoglobinopathies |
| Employment | Hepatitis |
| Empowerment | Hepatitis B |
| Endocrinology | Hispanic Americans |
| Enrollment | Hispanics |
| Environment | History |
| Epidemiology | HIV |
| EPSDT | Home Visiting for At Risk Families |
| Evaluation | Home visiting programs |
| Evaluation methods | Home visiting services |
| Evidence | Home visits |
| Facilities | Hospitals |
| Families | Housing |
| Family-centered care | Hygiene |
| Family environment | Hyperactivity |
| Family health | Immigrants |
| Family support | Immigration |
| Family violence | Immunization |
| Fathers | Immunizations |
| Feeding | Implementation |
| Fellowships | Inclusion |
| Financing | Independence |

| | |
|---|-------------------------------|
| Indian Health Service | Mentors |
| Indigenous outreach workers | Metabolism |
| Individuals with Disabilities Education Act | Methods |
| Industry | Mexicans |
| Infant mortality | Mexico |
| Infants | Midwives |
| Infections | Migrants |
| Information | Models |
| Information dissemination | Monitoring |
| Initiatives | Morbidity |
| Injuries | Mortality |
| Insurance | Mothers |
| Integration | National Institutes of Health |
| Interconceptional care | Native Americans |
| Interdisciplinary teams | Needs assessment |
| Interdisciplinary training | Neighborhoods |
| Internet | Neonatal mortality |
| Intervention | Neonates |
| Interviews | Networking |
| Labor | Neurology |
| Lactation | Newborn screening |
| Language | Nurses |
| Lead | Nursing |
| Leadership | Nutrition |
| Leadership training | Nutritionists |
| Learning | Obesity |
| Legislation | Obstetricians |
| Licensing | Obstetrics |
| Literacy | Oral health |
| Low birthweight | Organizations |
| Males | Outcome evaluation |
| Managed care | Outreach |
| Management | Parent networks |
| Maternal | Parent support services |
| Maternal mortality | Parenting |
| Marketing | Parents |
| MCH nurses | Participation |
| MCH programs | Pathology |
| MCH research | Patients |
| MCH services | PCP |
| MCH training | Pediatricians |
| MCH training programs | Pediatrics |
| Measures | Perinatal care |
| Medicaid | Perinatal depression |
| Medicaid managed care | Perinatal health |
| Medicare | Perinatal services |
| Medicine | Personnel |
| Meetings | Physicians |
| Men | Planning |
| Mental health | Poisoning |

| | |
|------------------------|--|
| Post-partum | Screening |
| Policies | Sensitivity |
| Poverty | Services |
| Pregnancy | Sexuality |
| Pregnant women | Sexually transmitted diseases |
| Prematurity | Siblings |
| Prenatal care | SIDS |
| Prevention | Sleep |
| Primary care | Smoking |
| Process evaluation | Smoking cessation |
| Professional education | Smoking during pregnancy |
| Program evaluation | Social Security |
| Programs | Social Security Act |
| Protocols | Social workers |
| Psychiatry | Spanish language |
| Psychology | Spanish language materials |
| Psychotherapy | Special health care needs |
| Public health | Speech |
| Public health nurses | SPRANS |
| Public policy | Standards |
| Publications | State health agencies |
| Qualitative evaluation | State legislation |
| Quality assurance | Statistical analysis |
| Records | Statistics |
| Recruitment | Stress |
| Referrals | Students |
| Reform | Studies |
| Region I | Substance abuse |
| Region II | Substance use |
| Region III | Suicide |
| Region IV | Suicide prevention |
| Region IX | Supervision |
| Region V | Support groups |
| Region VI | Surgeons |
| Region VII | Surveillance |
| Region VIII | Surveys |
| Region X | Survivors |
| Regulations | Sustainability |
| Rehabilitation | Teachers |
| Reimbursement | Teaching |
| Reports | Teaching materials |
| Research | Technical assistance |
| Retention | Technology |
| Risk factors | Teen |
| Safety | Telemedicine |
| Sanitation | Temporary Assistance to Needy Families |
| School-based clinics | Terrorism |
| School health | Testing |
| Schools | Tests |
| Science | Thalassemia |

Title V of the Social Security Act
Title V programs
Tobacco
Toddlers
Trainers
Training
Training programs
Transportation
Trauma
Treatment
Trends
Triage
Trust
Twins
United States

Universities
Victims
Videotapes
Violence
Vision
Vital statistics
Volunteers
Well Child Care
Whites
WIC program
Women
World Health Organization
World Wide Web
Youth

Appendix G: Program Specific Information – MCH Performance Measures

The following Performance Measure is required to be completed for this non-competing continuation application. Refer to Section IV.2.x.b for information on completing these measures. The detail sheets provided define the performance measures.

Performance Measure 03

03 PERFORMANCE MEASURE

The percent of completed MCHB-supported projects publishing findings in peer-reviewed journals.

Goal 1: Provide National Leadership for MCHB (Strengthen the MCH knowledge base and support scholarship within the MCH community)

Level: Grantee

Category: Information Dissemination

GOAL

To increase the number of study findings from research projects that are published in peer-reviewed journals.

MEASURE

The percent of completed MCHB-supported projects publishing findings in peer-reviewed journals.

DEFINITION

Numerator:

Number of completed projects publishing main study findings in peer-reviewed journals no later than 3 years following completion in a cohort year.

Denominator:

Total number of completed projects in a cohort year.

Units: 100

Text: Percent

A completed project means that the funding period has ended and the final report has been submitted by the grantee.

Cohort year is defined as projects completed in a given fiscal year. Each cohort year will be collected for 3 years.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Goal 1: Improve access to comprehensive, high-quality health care services (Objectives 1.1- 1.16).

DATA SOURCE(S) AND ISSUES

- Attached data collection form will be sent annually to grantees after the funding period for 3 years.
- Some preliminary information may be gathered from mandated project final reports.

SIGNIFICANCE

To be successful, MCH information must reach professionals who are delivering services, developing programs and making policy in order to ensure that the latest evidence-based, scientific knowledge is applied in practice and policy development. Peer reviewed journals are considered one of the best methods for distributing new knowledge because of their wide circulation and rigorous standard of review.

DATA COLLECTION FORM FOR DETAIL SHEET #03

**LIST OF PUBLICATIONS RELATED TO THE RESEARCH PROJECT FUNDED OR
CO-FUNDED BY MCHB**

FUNDED PROJECT #: _____

PROJECT TITLE: _____

PRINCIPAL INVESTIGATOR: _____

GRANTEE/INSTITUTION: _____
(At the time the research was conducted)

TYPE OF PROJECT: Research ____ Training _____ Programmatic _____

LIST OF PUBLICATIONS
Produced by or for the Funded Project
Please attach a reprint of listed article(s) to this form

TITLE OF THE ARTICLE: _____

JOURNAL: _____

VOLUME: _____ NUMBER: _____ SUPPLEMENT: _____ YEAR: _____ PAGE: _____

Appendix H: Program Specific Information – MCH Financial and Demographic Forms

The following Financial and Demographic forms are required to be completed for this non-competing continuation application. Refer to Section IV.2.x.b for information on completing these forms.

- Form 1, Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Type of Services
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data

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) | |
| Other MCHB Funds (Do not repeat grant funds from Line 1) | |
| 1) SPRANS | \$ |
| 2) CISS | \$ |
| 3) SSDI | \$ |
| 4) Abstinence Education | \$ |
| 5) Healthy Start | \$ |
| 6) EMSC | \$ |
| 7) Bioterrorism | \$ |
| 8) Traumatic Brain Injury | \$ |
| 9) State Title V Block Grant | \$ |
| 10) Other: _____ | \$ |
| Other HRSA Funds | |
| 1) HIV/AIDS | \$ |
| 2) Primary Care | \$ |
| 3) Health Professions | \$ |
| 4) Other: _____ | \$ |
| Other Federal Funds | |
| 1) CMS | \$ |
| 2) SSI | \$ |
| 3) Agriculture (WIC/other) | \$ |
| 4) ACF | \$ |
| 5) CDC | \$ |
| 6) SAMHSA | \$ |
| 7) NIH | \$ |
| 8) Education | \$ |
| 9) 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 from the previous year's award, if any (the unobligated balance).

Line 3. Indicate if matching funds are required by checking the appropriate choice. If matching funds are required, enter the total amount of the matching funds received or committed to the project. List the amounts by source on lines 3A through 3D as appropriate. Do not include "overmatch" funds. Any additional funds over and above the amount required for matching purposes should be reported in Line 4. 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. Do not include those amounts included in Line 3 above. Also include the dollar value of in-kind contributions.

Line 5. Enter the sum of lines 1 through 4

Line 6. Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.9) 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 Centers 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.10, 6B.4, or 6C.9 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. If more space is required, add a footnote at the bottom of the page showing additional sources and amounts.

Line 7. Enter the sum of Lines 6A.1 through 6C.9.

NOTE: MCHB Training Grants must fill out Section "V. Detailed Budget" of the currently approved SF-424 R&R in addition to this form.

**FORM 2
 PROJECT FUNDING PROFILE**

| | <u>FY</u> | | <u>FY</u> | | <u>FY</u> | | <u>FY</u> | | <u>FY</u> | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | <u>Budgeted</u> | <u>Expended</u> |
| 1 <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 3 <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 4 <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 5 <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 6 <u>Total Federal</u> <u>Collaborative</u> <u>Funds</u> <i>Line 7, Form 2</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

**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 footnote.

The form is intended to provide at a glance funding data 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 and Lines 1 through 7 of Form 1. 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

| <u>TYPES OF SERVICES</u> | FY _____ | | FY _____ | |
|--|-----------------|-----------------|-----------------|-----------------|
| | <u>Budgeted</u> | <u>Expended</u> | <u>Budgeted</u> | <u>Expended</u> |
| I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information System) | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| V. TOTAL | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

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 footnote. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III 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 III 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 – enter the total amounts for each column, budgeted for each year and expended for each year completed.

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY _____

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:

- B. Continuing Grants ONLY
1. Experience to Date (For continuing projects ONLY):

2. Web site 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: List the appropriate shortened title for the project.
Project Number: This is the number assigned to the project when funded, and will, for new projects, be filled in later.
E-mail address: Include electronic mail addresses

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 (consistent with Form 5)

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. 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. List 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 Web site and number of hits annually, if applicable.

Section V – Key Words

Key words 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. **Products and Dissemination**

| PRODUCTS | NUMBER |
|-------------------------------|--------|
| Peer reviewed Journal Article | |
| Book/Chapter | |
| Report/Monograph | |
| Presentation | |
| Doctoral Dissertation | |
| Other: | |

6. Demographic Characteristics of Project Participants for Clinical Services Projects

| | RACE (Indicate all that apply) | | | | | ETHNICITY | |
|---|---------------------------------------|-------|---------------------------|---|-------|--------------------|------------------------|
| | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Hispanic or Latino | Not Hispanic or Latino |
| Pregnant Women | | | | | | | |
| Children | | | | | | | |
| Children with Special Health Care Needs | | | | | | | |
| Women (Not Pregnant) | | | | | | | |
| Other | | | | | | | |
| TOTALS | | | | | | | |

7. Clients' Primary Language(s)

8. 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

NOTE: All information provided should fit into the space provided in the form. Where information has previously been entered in forms 2 through 9, the information will automatically be transferred electronically to the appropriate place on this form.

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 – Products and Dissemination

Indicate the number of each type of product resulting from the project.

Section 6 – Demographic Characteristics of Project Participants (for Clinical Services Projects)

Please fill in each of the cells as appropriate.

Section 7 – Clients Primary Language(s) (for Clinical Services Projects)

Indicate which languages your clients speak as their primary language, other than English for the data provided in Section 6. List up to three.

Section 8 – Resource/TA and Training Centers (Only)

Answer all that apply.

Appendix I: Program Specific Information – Additional Data Elements

No Additional Data Elements are required for this non-competing continuation application.

Appendix J: Biographical Sketches

Include biographical sketches of key all new professional personnel contributing to the project in this budget period (do not exceed 2 pages per individual). The biographical sketch must include:

1. Name (last, first, middle initial)
2. Title
3. Birth Date (Mo, Day, Yr)
4. Education (to begin with baccalaureate or other initial professional education and include postdoctoral training)
 - a. Institution and location
 - b. Degree
 - c. Year Completed
 - d. Field(s) of study
5. Honors
6. Major Professional Interests
7. Research and Professional Experience (list in reverse chronological order previous employment and experience)
8. Relevant Publications (list in reverse chronological order)