

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Child, Adolescent and Family Health

Comprehensive Systems Integration for Adolescent and Young Adult Health

Funding Opportunity Number: HRSA-23-079

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: April 11, 2023

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

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: January 11, 2023

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

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Comprehensive Systems Integration for Adolescent and Young Adult Health (CSI-AYAH) program. The purpose of this program is to increase the capacity of states, territories and tribal organizations to integrate systems of care, including health, school, and community systems, to promote adolescent and young adult (youth) health and well-being. The program will accomplish this by funding an organization to create a cross-sector alliance of nationally recognized partners from health, school, and community systems that will collectively provide national leadership, develop a blueprint, provide technical assistance, and enhance capacity-building for state leaders to promote youth health and well-being.

Funding Opportunity Title:	Comprehensive Systems Integration for Adolescent and Young Adult Health
Funding Opportunity Number:	HRSA-23-079
Due Date for Applications:	April 11, 2023
Anticipated FY 2023 Total Available Funding:	\$1,514,450
Estimated Number and Type of Award(s)	Up to one (1) cooperative agreement
Estimated Annual Award Amount:	Up to \$1,514,450 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2028 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian Tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)) is eligible to apply. Domestic faith-

	<p>based and community-based organizations are also eligible to apply.</p> <p>See Section III.1 of this NOFO for complete eligibility inform</p>
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Application Guide

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

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, January 19, 2023
1 – 3 p.m.

Weblink:

<https://hrsa.gov.zoomgov.com/j/1605317757?pwd=bzlialZxOHZlQWZrN2hnL08wOGR4dz09>

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

Call-In Number: 1-833-568-8864
Meeting ID/Participant Code: 17881279

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Comprehensive Systems Integration for Adolescent and Young Adult Health (CSI-AYAH) program. The purpose of this program is to increase the capacity of states, territories and tribal organizations to integrate systems of care, including health,¹ school,² and community³ systems, to promote adolescent and young adult (youth) health and well-being. This program will:

- 1) Establish a cross-sector alliance comprised of nationally recognized partners in health, school, and community systems that will collectively provide national leadership;
- 2) Support the alliance to develop and disseminate a national blueprint to improve adolescent health and well-being through systems integration in states, territories, and tribal organizations;
- 3) Provide targeted technical assistance (TA) to learning collaboratives comprised of leadership teams in states, territories, and/or tribal organizations working to implement cross-sector systems integration models;
- 4) Deliver TA to support Title V agencies that have selected performance measures related to improving adolescent health and/or behavioral health; and
- 5) Increase the number of state, territory, and tribal organizations accessing and implementing systems integration models to improve youth health and well-being.

[For more details, see Program Requirements and Expectations.](#)

2. Background

Authority

The CSI-AYAH Program is authorized by 42 U.S.C. §701(a)(2) (Title V, § 501(a)(2) of the Social Security Act.

Program Specific Background

The CSI-AYAH program consolidates three (3) previously funded investments: (1) the Collaborative Improvement and Innovation Network on School-Based Health Services

¹ Health broadly includes public health, professional health organizations, and health insurers.

² Education broadly includes education professional associations and organizations.

³ Community broadly includes community-based youth development programs and organizations.

Program (HRSA-18-096); (2) the Adolescent and Young Adult Health National Capacity Building Program (HRSA-18-082); and (3) the Maternal and Child Health (MCHB) School Health and Safety Support Services (Contract No:75R60219D00039). This new program will address significant gaps in the promotion of youth health and well-being that have been identified because of the COVID-19 pandemic (hereafter referred to as “the pandemic”). The CSI-AYAH program will support a cross-sector alliance including leaders from (1) primary health care for adolescents and young adults; (2) school supports for health and mental health; and (3) community programs that support positive youth development.⁴ This alliance will develop an influential national blueprint to support systems integration, and guide state, territory, and tribal organizations to implement systems integration models to promote adolescent and young adult health and well-being.

Youth and their families have faced significant challenges during the pandemic. The CDC found that 10 percent of high school students reported experiencing persistent feelings of sadness or hopelessness, almost 20 percent seriously considered suicide, and 9 percent attempted suicide during the pandemic. More than a quarter of students reported having a parent or other adult in their home lose employment, 22 percent lost their own jobs, and 24 percent went hungry because there was not enough food in their home.⁵ Surveys of parents in 2020 found that compared to pre-pandemic surveys, fewer parents and caretakers reported being in “excellent or very good” mental health and fewer reported coping “very well” with the demands of raising children.⁶

Youth also reported difficulty concentrating, making decisions, and completing their schoolwork.⁷ The National Center for Education Statistics’ preliminary 2022 data found that the average eighth-grade mathematics and reading scores decreased significantly compared to previous years.⁸ Marginalized students experienced more significant academic setbacks, with Black students experiencing a 13-point decrease compared to a 5-point decrease among White students in mathematics scores.⁹

⁴ <https://youth.gov/youth-topics/positive-youth-development> or [https://www.cdc.gov/healthyouth/safe-supportive-environments/positive-youth-development.htm#:~:text=Positive%20youth%20development%20\(PYD\)%20programs,individuals%20and%20their%20surrounding%20context](https://www.cdc.gov/healthyouth/safe-supportive-environments/positive-youth-development.htm#:~:text=Positive%20youth%20development%20(PYD)%20programs,individuals%20and%20their%20surrounding%20context)

⁵ Krause KH, Verlenden JV, Szucs LE, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):28–34. DOI: <http://dx.doi.org/10.15585/mmwr.su7103a5>

⁶ Lebrun-Harris LA, Ghandour RM, Kogan MD, Warren MD. Five-Year Trends in US Children’s Health and Well-being, 2016–2020. *JAMA Pediatr.* 2022;176(7):e220056. doi:10.1001/jamapediatrics.2022.0056

⁷ Krause KH, Verlenden JV, Szucs LE, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):28–34. DOI: <http://dx.doi.org/10.15585/mmwr.su7103a5>

⁸ <https://www.nationsreportcard.gov/highlights/reading/2022/>

⁹ <https://www.nationsreportcard.gov/highlights/lit/2022/>

The interconnectedness of young people’s health and well-being, family function, and education highlights the need for integrated solutions that will remediate the effects of the pandemic. By investing in youth now, we can expect to see increases in their sense of well-being, academic gains, as well as benefits for decades to come, and for the next generation.¹⁰

Focusing on strengthening young people’s health and well-being through systems integration has been recommended by medical and public health organizations for decades, including the American Academy of Pediatrics’ Council on Community Pediatrics,¹¹ the Robert Wood Johnson Foundation’s report *Adolescent Wellness: Current Perspectives and Future Opportunities in Research, Policy, and Practice*,¹² the Build Healthy Places Network,¹³ and the National Academies of Sciences Engineering and Medicine’s report *The Promise of Adolescence: Realizing Opportunity for All Youth*,¹⁴ which highlights:

The path to adulthood in contemporary society entails navigating a highly complex ecosystem of specialized social institutions... Adolescents need all sectors in society – including government, schools, and other community institutions – as well as their families to share responsibility for identifying new settings and pathways that create possibilities for adolescents to flourish and thrive.

One challenge to achieving systems integration is that, historically, funding streams and evidence-based interventions have focused on addressing specific health risks or behaviors (e.g., obesity, substance use, teen pregnancy). This fragmentation of efforts results in disjointed programming and can result in competition to identify the most serious health behaviors and related programs to invest in, thereby weakening combined impact of programs and systems that aim to promote youth health and well-

¹⁰ “Investments in adolescent health and well-being bring benefits today, for decades to come, and for the next generation.” –Lancet Commission on Adolescent Health and Well-being

¹¹ COUNCIL ON COMMUNITY PEDIATRICS, Peter A. Gorski, Alice A. Kuo, Deise C. Granado-Villar, Benjamin A. Gitterman, Jeffrey M. Brown, Lance A. Chilton, William H. Cotton, Thresia B. Gambon, Peter A. Gorski, Colleen A. Kraft, Alice A. Kuo, Gonzalo J. Paz-Soldan, Barbara Zind; Community Pediatrics: Navigating the Intersection of Medicine, Public Health, and Social Determinants of Children’s Health. *Pediatrics* March 2013; 131 (3): 623–628. 10.1542/peds.2012-3933

¹² *Adolescent Wellness: Current Perspectives and Future Opportunities in Research, Policy, and Practice* (2018) <https://www.rwjf.org/en/library/research/2018/06/inspiring-and-powering-the-future--a-new-view-of-adolescence.html>

¹³ Jutte DP, Badruzzaman RA, Thomas-Squance R. Neighborhood poverty and child health: Investing in communities to improve childhood opportunity and well-being. *Academic Pediatrics*. 2021 Nov 1;21(8):S184-93.

¹⁴ National Academies of Sciences, Engineering, and Medicine 2019. *The Promise of Adolescence: Realizing Opportunity for All Youth*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25388>.

being. The pandemic has contributed to a shared appreciation for the need for cross-sector collaboration to better bolster youth and their families' mental health.

Another challenge for leaders working to promote systems integration is the complex interplay between health, school, and community systems that varies significantly by state, territory, and tribal community. To address this challenge, organizations have developed local models to integrate key systems impacting youth. For example, the CDC's Whole School, Whole Community, Whole Child (WSCC) program supports education leaders and health sectors to join forces to improve each child's cognitive, physical, social, and emotional development.¹⁵ The "medical neighborhood" model focuses on building clinical and community partnerships, so that faith-based organizations, schools, employers, and public health agencies can work together to cohesively promote health messaging.¹⁶ Other approaches focus on improving the comprehensive mental health of all children in a school or school district by helping students, families, schools, community partners, policymakers, and providers collaborate to promote positive school climates, support youth well-being, and address severe mental illness.^{17,18} States through their MCH Title V program have also worked to encourage systems integration. For example, the Vermont Child Health Improvement Program focuses on improving health care and outcomes for Vermont children and families by leveraging partnerships with health, public health, mental health, social services, and professional organizations through a systems approach to create systems change to improve the quality of health care delivery.¹⁹

The CSI-AYAH program will impact the field by facilitating a cross-sector alliance that will provide leadership, develop an influential national blueprint, and guide state, territory and tribal organizations to implement systems integration models to promote adolescent and young adult health and well-being.

About MCHB and Strategic Plan

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

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

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

¹⁵ <https://www.cdc.gov/healthyschools/wsccl/index.htm>

¹⁶ <https://www.pcpcc.org/content/medical-neighborhood>

¹⁷ https://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Bainum/Advancing-CSMHS_September-2019.pdf

¹⁸ <https://healthyschoolscampaign.org/resources/single/state-policy-opportunities-advancing-comprehensive-school-mental-health-systems-to-support-students/>

¹⁹ <http://www.med.uvm.edu/nipn/home>

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

This program addresses three (3) of MCHB's goals. CSI-AYAH aims to assure access to integrated systems of health, school, and community services and programs (Goal 1); achieve health equity by ensuring adolescents and young adults have equitable access to age appropriate preventive health services similar to other age groups (Goal 2); and strengthen national and state public health capacity and workforce to mobilize cross-sector partnerships to integrate health, school, and community systems to support youth health and well-being (Goal 3).

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

Equity

For purposes of Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021), "equity" means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.²⁰

MCHB is committed to promoting equity in health programs for mothers, children, and families. As such, MCHB's working definition of equity provides a foundation for the development of programs that intend to reach underserved communities and improve equity among all communities. The definition is as follows: Health equity means that all people, including mothers, fathers, birthing people, children, and families achieve their full health potential. Achieving health equity is an active and ongoing process that requires commitment at the individual and organizational levels, and within communities and systems. Achieving health equity requires valuing everyone equally, eliminating systemic and structural barriers including poverty, racism, ableism, gender discrimination and other historical and contemporary injustices, and aligning resources to eliminate health and health care inequities.²¹

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

²¹ The Maternal and Child Health Bureau created this definition of health equity. It is a working definition that encompasses concepts of equity as reflected in the Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

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

- Assuring the availability of experienced HRSA personnel to participate in the planning and development of all phases of this cooperative agreement.
- Assisting in establishing relationships with federal agencies, state contacts, national organizations, or other recipients necessary for the successful completion of tasks and activities identified in the approved scope of work.
- Participating in the design, direction, and evaluation of activities, meetings, and selection of approaches and mechanisms.
- Reviewing and approving a revised annual work plan, as needed.
- Providing guidance to the recipient to establish, review, and update priorities for activities conducted under the auspices of the cooperative agreement, especially as related to emerging issues such as public health emergencies.
- Reviewing and providing feedback on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned (including concepts, drafts, and final versions).
- Supporting the dissemination of publications completed under the cooperative agreement, and cooperation on the referral of inquiries and requests for publications and other information.
- Assuring the integration of program activities into MCHB programmatic and data reporting efforts.
- **In addition to adhering to all applicable federal regulations and public policy required elements, the cooperative agreement recipient's responsibilities will include:**
 - Using a strategy to improve relevant MCH health outcomes and systems, including those impacted by emerging public health issues or emergencies, through collaboration with HRSA and organizations and systems that serve the MCH population.

- Collaborating with the federal project officer when hiring new key project staff, and planning and implementing new activities.
- Consulting with the federal project officer before scheduling any meetings, including national coalition meetings that pertain to the scope of the project and at which HRSA staff attendance would be appropriate. Providing the federal project officer with the opportunity to review and provide advisory input on publications, audiovisuals, and other materials produced, as well as meetings/conferences planned under the auspices of this cooperative agreement.
- Assuring that HRSA is identified as a funding sponsor on all written products and at meetings and conferences relevant to cooperative agreement activities.
- Participating in the implementation of recipient performance measures, including the collection of information and administrative data.
- Delivering to HRSA an electronic copy of, or electronic access to, each product including presentations and manuals developed under the auspices of this cooperative agreement.
- Assuring that all products developed or produced partially or in full under the auspices of this cooperative agreement are fully accessible and available free to members of the public.
- Responding in a timely manner to the federal project officer's comments, questions, and requests.

2. Summary of Funding

HRSA estimates approximately \$1,514,450 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,514,450 (reflecting direct and indirect costs) per year.

The period of performance is September 1, 2023 through August 31, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the CSI-AYAH Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Note: Recipients may request supplemental funding at any point in their period of performance to address unique TA needs that are connected to, but not duplicative of, the funded project. HRSA may provide support for such supplemental projects if funding is available and allocable, the request is reasonable and allowable, sufficient time remains in the budget period to approve the request, and the activities are aligned with HRSA priorities and non-duplicative of work performed by HRSA or other funding recipients

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private, non-profit entities, including an Indian Tribe or tribal organization (as those terms are defined at 25 U.S.C. § 5304 (formerly cited as 25 U.S.C. § 45b)). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. If funded, for-profit organizations are prohibited from earning profit from the federal award (see 45 CFR § 75.216(b)).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-079 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately*

responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

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

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

- If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-079 it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-079 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9-15: Other Relevant Documents*.

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

Program Requirements and Expectations

The CSI-AYAH program will serve as the principal lead to improve adolescent and young adult health and well-being through systems integration. Successful applications will be expected to address the following program expectations:

1. Increase coordination among leaders of health, school, and community systems that promote youth health and well-being through all of the following:
 - Developing and collaboratively leading a cross-sector alliance of nationally recognized leaders, with demonstrated experience in partnering across systems and with subject matter expertise in health, school, and/or community systems. Integral to the alliance will be leaders from youth-led organizations that will contribute to the accomplishment of program objectives and work with learning collaborative teams. The alliance will be most influential with two or more leaders from each care system including health, community and school systems, and will be expected to inform program activities. Appendix A lists some health, community and school system national partners that applicants may wish to consider, along with others, as part of their proposed alliance.
 - Enhancing meaningful participation of youth and their families/caregivers in planning, informing, and improving the work of the alliance; and document, in detail, the impact of their involvement in the alliance.
 - Ensuring inclusion and collaboration within the alliance of other HRSA-funded entities with similar goals, objectives, and activities, including, but not limited to Infant, Child, and Adolescent Preventive Services (ICAPS)

youth health and well-being. This will be inclusive of advancing adolescent and young adult emotional, cognitive, physical, reproductive and sexual health; optimizing learning; and promoting positive youth development.

- Disseminating the blueprint to key national and state professional, not-for-profit, and tribal organizations, and Title V agencies.
2. Provide technical assistance and support capacity-building for state, territory, and tribal organization leaders in health, school, and community systems to promote youth health and well-being through all of the following:
- Researching, compiling, and sharing a repository of models of integrated systems of care that advance cohesive approaches to supporting youth health and well-being, optimizing learning, and promoting positive youth development.
 - Ensuring that systems integration models support (1) primary health care for adolescents and young adults; (2) school supports for health and mental health; and (3) community programs that support positive youth development. Models are expected to be flexible enough to implement within the unique contexts and capacities of various states, territories, and tribal organizations. Successful models will include measures of program progress and outcomes.
 - Developing resources and tools based on this repository and current evidence to help leaders in states, territories, or tribal entities implement health, school, and community systems integration. Creating, maintaining, and promoting a website to facilitate dissemination of repository, resources, and tools.
 - Providing targeted TA to at least three (3) learning collaboratives comprised of at least three (3) states and/or territories and/or tribal organizations to implement cross-sector, theoretically grounded systems integration models to advance youth health and well-being. Successful recipients are encouraged to:
 - Ensure that each state, territory or tribal organization supports a team to participate in the learning collaborative that includes leaders and subject matter experts from health, school, and community systems.
 - Use a collaborative learning approach based on implementation science principles and iterative quality improvement activities to support the learning collaborative teams in establishing shared aims, strategies, activities, and measures.

- Support and track quality improvement activities and progress towards both successful implementation of the desired systems integration model.
 - Support exploration of sustaining and institutionalizing systems integration.
 - Document that 90 percent of the teams participating in the learning collaborative demonstrate increased knowledge of system integration approaches to improve youth health and well-being.
 - Document that at least 50 percent of teams participating in the learning collaborative report implementing system integration driven practices, programs, and policies.
- Providing universal TA to 75 percent of all Title V agencies that have selected the National Performance Measures (NPMs) and State Performance Measures (SPMs) related to adolescent health and/or behavioral health. The NPMs and SPMs may include current and future measures, such as access to adolescent health services, reproductive and sexual health care, mental health care, primary care integration, immunizations, medical homes, transition services to adult health care, and adequate health insurance; as well as access to resources to address bullying, physical activity, nutrition, smoking and emerging concerns. The TA should build the capacity of requesting Title V agencies to apply the best available evidence to promote youth health and well-being.

Program-Specific Instructions

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

i. Project Abstract

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

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. Project Narrative

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

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

INTRODUCTION -- Corresponds to Section V's Review Criterion [#1 Need](#)
 Briefly describe the purpose of the proposed project that is consistent with [Section I: Purpose](#)

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion [#1 Need](#)*
 - Describe the needs related to youth health and well-being.
 - Outline gaps that result from the lack integration of systems to support youth health and well-being at the national level as well as in states, territories, and/or tribal entities.
 - Identify potential opportunities to promote systems integration to support youth health and well-being at the national level as well as in states, territories, and/or tribal entities.
 - Discuss relevant barriers that the project hopes to overcome and potential opportunities that can be leveraged to promote integration of health, school, and community systems.

- **METHODOLOGY** -- Corresponds to Section V's Review Criteria [#1 Response](#) and [#4 Impact](#)

Propose clear, detailed, and feasible methods describing how you will meet each stated program requirement, expectation, and activity as described in the [Program Requirements and Expectations](#) section. Approaches are expected to encompass all 5 years of the project. Identify the outcomes you expect to achieve by the end of the period of performance. Describe Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project requirement and expectation.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria [#2 Response](#) and [#4 Impact](#):

- Provide a detailed work plan and timeline as **Attachment 1** that describes activities and steps you will use to achieve each of the proposed objectives outlined in the Methodology section. Work plan and timeline should cover the entire period of performance and identify responsible staff. As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.
- Describe an effective plan for managing the project, including its personnel, resources, and activities. If you will make subawards or expend funds on contracts, describe how you will maintain communication among any subcontractors and how they will ensure consistent and timely, high-quality work regardless of which organization is leading the specific task. Describe how your organization will ensure proper documentation of funds for subcontractors.
- Submit a logic model as **Attachment 2** that presents the conceptual framework for the project and explains the links between the goals, the activities and outcomes. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. You can find information on developing logic models at the following website: [ACF HHS: Logic Model Tip Sheet](#).

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, including actual or potential challenges in implementing learning organizations; in facilitating a national alliance; in working with partner organizations and target audiences; and those challenges related to

measuring the impact of the program. Describe approaches that you will use to resolve such challenges.

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

Instructions for this section are divided into two sub-sections: EVALUATION and PERSONNEL AND TECHNICAL SUPPORT CAPACITY.

EVALUATION

Describe your plans and associated resources to carry out high-quality program monitoring, performance measurement, and evaluation functions for your program. Note that HRSA expects monitoring, performance measurement, and evaluation processes to be closely linked. Make sure to address the following:

- Monitoring: Describe your plan for program monitoring, including how you will track project-related processes, activities, and milestones and use data to identify actual or potential challenges to implementation. Provide an initial list of indicators you will use to monitor progress; this list may include required measures listed in the [Reporting section](#).
 - Performance Measurement: Describe your plan for measuring and tracking program performance, with a focus on the program objectives outlined in the [Purpose](#) section. Include proposed measures and plans for the timely collection and reporting of measures, including the required measures listed in the [Reporting section](#).
 - Describe your capacity to collect and manage data in a way that allows for accurate and timely reporting of performance outcomes, including the required measures listed in the [Reporting section](#). This includes plans for establishing baseline data and targets. Include a description of the inputs (e.g., organizational profile, collaborative partners, staff skills and expertise, budget, and other resources), systems, and key processes you will use for performance monitoring and evaluation (e.g., data sources, data collection methods, frequency of collection, data management software).
 - Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
- TECHNICAL SUPPORT CAPACITY
 - Demonstrate that the proposed project personnel have the ability and experience to conduct a project that is national in scope; provide leadership in systems integration; and work collaboratively with partners from a variety of organizations and professional disciplines.

- Name the proposed project director and describe their qualifications and experience. The project director should demonstrate extensive experience at the national level working on issues relevant to adolescent and young adult health and well-being, and systems integration.
 - Identify other project personnel (including proposed partners, subawardees, contractors, and consultants) needed to fulfill the requirements of the proposed project. Describe their experience, skills, knowledge, materials published, and previous work of a similar nature.
 - Describe your experience managing collaborative learning teams, improving adolescent health programs, providing technical assistance, creating technical assistance modules and materials, and facilitating coalitions to develop a national blueprint that supports systems integration to holistically advance youth health and well-being.
 - Identify sufficient staff support to conduct the work of the project and include a staffing plan and job descriptions as **Attachment 3**.
 - Provide a summary curriculum vitae (biographical sketch), maximum of two pages, for each key personnel member as part of **Attachment 4**.
 - Ensure that you will perform a substantive role in carrying out the proposed project; subcontracts awarded under this initiative to another party should be clear and well justified.
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion [#5 Resources and Capabilities](#)**
 - Succinctly describe your organization's current mission, structure, and scope of current activities. Describe how these elements contribute to the organization's ability to provide collaborative leadership that will result in implementing the program requirements and meeting program expectations. Describe your organization's ability and experience to provide collaborative leadership on a national scale, sharing expertise across disciplines, supporting meaningful involvement of youth and their families voice and perspectives. Include an organizational chart as **Attachment 5**.
 - Provide information on your organization's ability, past experience, and capacity related to:
 - Leading a national cross-sector alliance of health, school and community leaders that value and share expertise across disciplines; support youth-focused policies; and promote adolescent and young adult development, health promotion and well-being.

- Leading and/or convening state level leaders to promote adolescent and young adult health and well-being.
- Describe relationships to any agency or organizations (e.g., subawardees) with which you intend to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities. Include letters of support and/or descriptions of project specific proposed contracts in **Attachment 6**.
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

iii. **Budget**

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

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II....” See Section 4.1.iv Budget – Salary Rate Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

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

The budget justification narrative should clearly describe each cost element and explain how it relates to the project’s objectives. In addition, the CSI-AYAH program requires the following:

Travel: The budget should include travel to the Washington DC area for a kickoff meeting at the beginning of Year 1, if travel is permissible and safe, scheduled in partnership with HRSA.

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Logic Model

A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

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

Attachment 4: Biographical Sketches of Key Personnel

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Letters of Support, Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 7: For Multi-Year Budgets--5th Year Budget, if applicable as it only applies to 5-year periods of performance.

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

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

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

Attachments 9 –15: Other Relevant Documents

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

Effective April 4, 2022:

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **April 6, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The CSI-AYAH program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$1,514,450 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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

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

Six (6) review criteria are used to review and rank CSI-AYAH applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which the application completely and effectively describes and demonstrates:

- The purpose of the proposed project.
- The problem, gaps, and challenges and associated contributing factors to the problem.
- The need for a systems integration approach to adolescent and young adult health promotion and well-being.

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

This section addresses the methodology, work plan, and resolution of challenges.

Sub-criterion: Methodology (20 points)

The extent to which the application (across the 5 years of the project) effectively describes and demonstrates:

- The applicant's ability to engage and coordinate nationally recognized leaders across systems to achieve the goals set forth in the NOFO.
- Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for the proposed project and how the proposed project will address the public health need.
- A health equity approach in the activities of the program.

- A framework for technical assistance and learning communities that build the capacity of states, territories, and/or tribal organizations to integrate health, school and community systems to advance youth health and well-being.
- How the applicant will engage and provide collaborative leadership for a coalition of federal, national, state, and local agencies and organizations and other key stakeholders from the private, public, and not-for-profit sectors to support the adoption of evidence-based policies, programs, and practices on adolescent and young adult health.
- Methods for identifying current and emerging issues.
- A comprehensive plan for dissemination of recommendations, policies, products and/or project outputs.

Sub-criterion: Work Plan (10 points)

The extent to which the application effectively describes and demonstrates:

- The quality and feasibility of the proposed work plan (**Attachment 1**). These should effectively describe the activities or steps to be used in achieving each of the objectives proposed in the methodology section and includes milestones to assess progress of stated objectives.
- An effective plan to manage the project activities, personnel, and resources, as well as maintain communication among subcontractors (if applicable), and ensure consistent and timely, high-quality work.
- A logic model (**Attachment 2**) that effectively shows the relationship among goals of the project, assumptions, inputs, target population, activities, outputs, short- and long-term outcomes.

Sub-criterion: Resolution of Challenges (5 points)

The extent to which the application demonstrates sufficient identification of challenges likely to be encountered and the reasonableness of approaches to resolving identified challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's [Evaluative Measures](#) and [Resources/Capabilities](#)

Reviewers will assess the strength and effectiveness of the proposed plan to monitor, measure, and evaluate the project results. This includes:

- The extent to which the applicant clearly describes strong and effective monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.

- The applicant's plan to collect data on the process and outcome measures specified by the applicant in their narrative. The quality and feasibility of any proposed measures, and the degree to which the proposed measures align with the purpose of the NOFO and are adequate to assess performance and progress towards the program and performance goals of the NOFO.
- The extent to which the applicant describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- The applicant's capacity to collect, track, and report proposed and required data over time.
- An understanding of potential obstacles for implementing the performance evaluation and a plan to address those obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)

- The extent to which the proposed project has a public health impact, and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
- The extent to which the goals identified in the [Purpose](#) section are likely to be achieved.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

Sub-criterion: Technical Support Capacity (15 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Specifically including:

- A named project director with expertise in adolescent and young adult health promotion and experience in national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve health and well-being of adolescent and young adults.
- Key project personnel with adolescent and young adult health expertise, experience in designing and implementing learning organizations, providing technical assistance to states and jurisdictions, and qualifications to implement and carry out the project (including proposed partners, subawardees, contractors, and consultants) as demonstrated through biographical sketches (**Attachment 4**).

- The quality and reasonableness of a staffing plan and job descriptions for key personnel (**Attachment 3**), including the extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Indication that the applicant performs a major substantive role in carrying out the proposed project and that subawards/contracts awarded under this initiative to another party are clear and well justified.

Sub-criterion: Organizational Information (10 points)

The extent to which the application completely and effectively describes and demonstrates:

- Sufficient capabilities of the applicant organization and the quality and availability of facilities and personnel to carry out required program activities and meet the requirements of the proposed project, including expertise and knowledge in the focus areas of this NOFO.
- Sufficient administrative experience, acumen, and resources to appropriately administer subcontracts or subawards to funded partners and ensure sufficient monitoring and oversight of those activities.
- Sufficient available resources – staff, space, information technologies, and equipment – to carry out the project activities and sufficient description of how the organization will follow the approved plan, properly account for federal funds, and document costs to avoid audit findings.
- The effectiveness of the administrative and organizational structure within which the applicant will function, including an organizational chart that outlines key partnerships (**Attachment 5**).

The strength of partnerships and relationships with, as demonstrated by letters of support and commitment from, key organizations/entities with which they intend to partner, collaborate, coordinate efforts, or receive consultation from while conducting project activities; and whether these will contribute to the applicant's ability to conduct the project requirements and meet project expectations. (**Attachment 6**).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget](#) and [Budget Narrative](#)

The reasonableness of the proposed budget for each year of the period of performance (**Attachment 7**) in relation to the objectives, the complexity of the research (if applicable) activities, and the anticipated results. This includes the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives.

- The budget narrative sufficiently provides explicit, itemized details that clearly explain proposed costs and details how and why each line-item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see

<http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

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

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the Electronic Handbooks

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

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 1, 2023- August 30, 2028 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 1, 2023- August 30, 2024 September 1, 2024- August 30, 2025 September 1, 2025- August 30, 2026 September 1, 2026- August 30, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 1, 2027- August 30, 2028	Period of performance end date	90 days from the available date

- 2) **Progress Report(s)**: The recipient must submit a progress report to HRSA-23-079 annually. More information will be available in the NOA.
- 3) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Djuana Gibson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-3243
Email: dgibson@hrsa.gov

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

Letitia D. Winston
Public Health Analyst, Division of Child, Adolescent and Family Health
Attn: Funding Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 287-0108
Email: lwinston@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

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

HRSA Contact Center

Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Select National Organizations

- Association of Maternal and Child Health Programs (AMCHP)
- National Network of State Adolescent Health Coordinators (NNSAHC)
- Society for Adolescent Health and Medicine (SAHM)
- American Academy of Pediatrics (AAP)
- American Academy of Family Physicians (AAFP)
- School Based Health Alliance (SBHA)
- National Center for School Mental Health (NCSMH)
- National Association of School Superintendents (NASS)
- National Association of School Nurses (NASN)
- National 4-H Council (N4HC)
- Boys and Girls Club of America (BGCA)
- Big Brothers Big Sisters of America (BBBSA)
- National Association of Police Athletic/Activities League NAPAL

Appendix B: Recommended Data Sources

- National Survey of Children's Health,²⁹
- Title V MCH Block Grant Program State Snapshots,³⁰
- State Applications/Annual Reports,³¹
- KIDS COUNT Data Book,³²
- Early and Periodic Screening, Diagnostic, and Treatment;³³ and
- Youth Risk Behavior Surveillance System (YRBSS).³⁴

²⁹ <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

³⁰ <https://mchb.tvisdata.hrsa.gov/Home/StateSnapshot>

³¹ <https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport>

³² <https://datacenter.kidscount.org/>

³³ <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

³⁴ <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>