

Requirement Checklist for Notice of Funding Opportunity (NOFO) HRSA-20-047 *

Application Details

Due Date: November 8, 2019 at 11:59 ET, submit through grants.gov

Page Limit: Page Limit: 75 printed pages (page limit includes the abstract, project narrative, budget narrative, attachments, and letters of agreement), limit does not include OMB forms, indirect cost rate, or proof of non-profit status.

Abstract

- Single-spaced, one-page description of the proposed project including the needs to be addressed, the proposed services, and population to be served
- Do not reference other parts in application
- At the top of abstract include the project title, applicant organization name, address, project director name, contact phone numbers (voice and fax), e-mail address, website, and total funds requested
- Refer to [SF-424 Application Guide](#) for more information

Optional Needs Assessment Project (for an additional \$10,000 for 1 year)

- Include an additional plan for a 1-year needs assessment
- The focus of the needs assessment should explore the educational needs of health care professionals and service providers who interact at the time of diagnosis so they can articulate care, service options, and provide quality care and support to infants and families
- Include a separate budget and budget narrative for the needs assessment
- Needs assessment plan, budget, and budget narrative are to be included as attachments 7-15 (other relevant documents)
- The needs assessment is evaluated separately from the rest of the application

Review Criterion: are the basis on which reviewers evaluate the application. Points that are specifically identified in review criteria are marked.

Criterion 1: NEED-Corresponds to Introduction and Needs (10 pts.)

Use data when possible to support:

- A description of the local EHDl system (e.g., stakeholders, target population) and how local EHDl program is performing with 1-3-6 recommendations
- Needs of and barriers to the population in receiving hearing screening, diagnosis, and intervention for newborns up to age 3
- Disparities of the population (e.g., race, sexual orientation, disability status)
- Identify barriers in the service system and how they will be addressed

Criterion 2: RESPONSE-Corresponds to Methodology, Work Plan, and Resolution of Challenges, all geared to address program goals and objectives described on pg. 2 (40 pts.)

Stakeholder and Professional Engagement (15pts.)

A. Lead efforts to engage and coordinate all stakeholders in the state/territory EHDl System to meet the goals of this program

Support infrastructure that:

- Ensures 1-3-6 recommendations
- Reduce loss to follow-up and loss to documentation

By the end of Y2, expand infrastructure to include a plan that:

- Supports hearing screening for children up to age 3, including data collection and reporting
- Includes other stakeholders needed in this plan (e.g., Title V, Head Start)

Maintain and Improve partnerships for:

- Information sharing, referral, and training
- End of Y1* and annually thereafter, conduct an assessment of partnerships

Conduct EHDl Advisory Committee

- Meet at LEAST 1X per year
- 25% of committee members must be parents of children who are DHH or adults who are DHH
- Include additional members from the list on pgs. 10 & 11

By the end of Y2, develop a plan to:

- Address diversity and inclusion

Develop a strategy to utilize quality improvement (QI)

- Strategies should be used throughout the 4-year project period
- Select at LEAST 2 of the areas on pg. 11 as improvement areas
- Describe how you will collect QI data to deliver through the annual report

Develop or improve existing website

- Website should be accessible and culturally appropriate and offer accurate, comprehensive, and evidence-based information

	<p>Plan of sustainability</p> <input type="checkbox"/> After funding ends, how will key elements of the program be sustained
B. Engage, educate, and train health professionals and service providers in the EHDI system	<p>Outreach and education to health professionals and service providers about the:</p> <input type="checkbox"/> Importance of meeting 1-3-6 recommendations <input type="checkbox"/> Need for continual screening, diagnosis, and intervention up to age 3 <input type="checkbox"/> Benefits of patient and family-centered medical home <input type="checkbox"/> Importance of providing current and accurate information to families, including decisions about the full range of assistive technologies and communication modalities <input type="checkbox"/> Program specific EHDI system information
<p>Outreach may include:</p> <input type="checkbox"/> A combination of activities (e.g., webinars, grand rounds, social media) <input type="checkbox"/> Collaboration with federal EHDI-partners (e.g., PFCMH, NTRC, FL3, LEND)	
<p>Family Engagement and Early Childhood Coordination: (10pts)</p>	
C. Strengthen capacity to provide family support and engage families with children who are DHH as well as adults who are DHH throughout the EHDI system	<input type="checkbox"/> Involve and engage families throughout all aspect of the program (e.g., planning, implementation, QI) <p>Inform families about opportunities:</p> <input type="checkbox"/> To get involved in EHDI-related projects <input type="checkbox"/> Through various communication avenues (e.g., email, social media, texting) <input type="checkbox"/> Facilitate partnerships between families, professionals, and healthcare providers <input type="checkbox"/> Use 25% of funding for family engagement and support (see pg. 14 for suggestions) <input type="checkbox"/> Collaborate with the FL3 to strengthen infrastructure and capacity
D. Facilitate improved coordination of care and services for families and children who are DHH	<p>By the end of Y1, provide a plan that:</p> <input type="checkbox"/> Assesses and addresses coordination across early childhood programs in an effort to improve services, programs may include IDEA Part C, Home Visiting, and Head Start
<p>By the end of Y3, demonstrate:</p> <input type="checkbox"/> Evidence of improvement in communication, training, referrals, data sharing etc.	
<p>Collaboration: (5pts.)</p>	
E. Additional expectations	<input type="checkbox"/> Include plans for 1-2 EHDI staff (one can be from Part C) and one family leader to attend EHDI Meeting <input type="checkbox"/> Plans to work with federal EHDI-partners (NTRC, FL3, PCFMH, LEND)
<p>Workplan (5 pts.)</p>	
<input type="checkbox"/> Briefly describe workplan in the narrative and reference full work plan, which will be included as Attachment 1 <input type="checkbox"/> Attachment 1 (Workplan) needs to include: <ul style="list-style-type: none"> <input type="checkbox"/> Program activities that will help reach project objectives and goals <input type="checkbox"/> Timeline for activities and who is responsible for those activities <input type="checkbox"/> Inclusion of stakeholders in planning, designing, and implementing activities <input type="checkbox"/> Incorporation of collaboration with federal, HRSA-EHDI-related projects (i.e., NTRC, FL3, LEND, PFCMH) as well as HRSA EHDI project officers <input type="checkbox"/> Provide a one-page logic model that includes components described on pg. 16 & 17 of the NOFO	
<p>Resolution of Challenges (5 pts.)</p> <input type="checkbox"/> What challenges are likely to be encountered and how the EHDI program will address those challenges	
<p>Criterion 3: EVALUATIVE MEASURES (20 pts)</p>	
<p>Evaluative measures will be able to:</p> <input type="checkbox"/> Assess how project will monitor ongoing progress toward program objectives and goals listed on pg. 2 <input type="checkbox"/> Using the SMART framework (see pg. 17), describe measures to assess performance and progress toward proposed project objectives and goals <input type="checkbox"/> Describe organization's capacity to collect and manage data and previous related experience <input type="checkbox"/> Describe plan to collect, track, and analyze data <input type="checkbox"/> Demonstrate how improvement can be attributed to the project	
<p>Criterion 4: IMPACT (10 pts.) The extent to which...</p>	
<input type="checkbox"/> Project will have a public health impact <input type="checkbox"/> The logic model is complete and feasible (part of attachment 1 – see pgs. 16 &17) <input type="checkbox"/> Plan for stakeholders to improve developmental outcomes <input type="checkbox"/> Project is sustainable after funding ends <input type="checkbox"/> Applicant plans to diffuse promising practices	
<p>Criterion 5: RESOURCES/CAPABILITIES (15 pts.) The extent to which the applicant has:</p>	
<input type="checkbox"/> Organizational capacity to meet program expectations, including engaging families, health professionals, and EHDI service providers	

- Ability to follow proposed program methodology and account for federal funds
- Organizational experience in EHDI and capacity to assess and address needs of the EHDI system

Criterion 6: SUPPORT REQUESTED (6 pts.) The extent to which...

- The proposed budget is reasonable for each project year based on objectives, scope of work etc.
- Allocates adequate time and funding for staff
- Total costs include direct and indirect costs—may not exceed \$235,000 per year for 4 years
- Includes all expenses for 1-2 staff (one may be from Part C) and a family leader to attend the EHDI Meeting
- Allocates at least 25% of funding to family support and engagement (see pg. 13)
- No more than 5% of budget can be allocated to purchase or maintain hearing screening equipment
- May include costs to accommodate communication access (e.g., interpretive services, translation)
- Ensure your budget complies with HRSA's budget guidelines (see Section 4.1.iv of HRSA's [SF-424 Application Guide](#))

Attachments

1. Workplan

- Include all information detailed in project narrative on pgs. 16 & 25 of the NOFO (consider using a table)
- Provide a one-page logic model that includes components described on pg. 16 & 17 of the NOFO

2. Staffing Plan and Job Descriptions for Key Personnel

- Job descriptions - no more than 1 page per role
Include role, responsibilities, and qualifications of proposed staff

3. Biographical Sketches of Key Personnel

- Include sketches of personnel fulfilling positions outlined in attachment 2
- Each sketch should be no more than 2 pages
- If the position is to be hired, include letter of commitment from person proposed in the sketch

4. Letter of Agreement and Memoranda of Understanding (MOU), letters of support do not go here

- Include agreement letters and MOU only for partners who are cited in the proposal as participates in grant activities
- Letters should be signed, dated and describe roles of the partner and any contribution (e.g., deliverables, in-kind contributions)

5. Project Organizational Chart

- One-page figure that depicts the organizational structure of the project

6. Progress Report: for competing continuations ONLY

- Dates of previous project
- Funded goals and objectives and progress (both positive and negative) in attaining those goals and objectives
- Activities conducted to reach the goals and objectives
- Technical problems that may have been experienced

7-15. Other Relevant Documents, letters of support do go here

- May include letters of support, optional needs assessment narrative, budget narrative, and budget
- If applying, optional needs assesment plan, budget, and budget narrative

***Disclaimer: HRSA-20-047 contains the definitive information about what should be included in applications and how they will be evaluated. This document has been created to assist applicants in responding to the NOFO but does not replace the information in HRSA-20-047. If you believe that there is information in this document that contradicts what is in the NOFO, you should clarify your concern with HRSA staff. Following the suggestions in this checklist does not guarantee that your application will be funded.**