

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

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs

Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening

Announcement Type: Competing Continuation and New
Announcement Number: HRSA-14-006

Catalog of Federal Domestic Assistance (CFDA) No. 93.251

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: December 27, 2013

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

Release Date: October 25, 2013

Issuance Date: October 28, 2013

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Authority: Public Health Service Act, § 399M (42 U.S.C. 280g-1), as amended by the Children's Health Act of 2000, § 702 (P.L. 106-310) and further amended by the Early Hearing Detection and Intervention Act of 2010 (P.L. 111-337)

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Services for Children with Special Health is accepting applications for fiscal year (FY) 2014 Universal Newborn Hearing Screening and Intervention Program. The purpose of this grant program is: Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening.

Funding Opportunity Title:	Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening.
Funding Opportunity Number:	HRSA-14-006
Due Date for Applications:	December 27, 2013
Anticipated Total Annual Available Funding:	\$8,700,000
Estimated Number and Type of Awards:	35 grants
Estimated Award Amount:	Up to \$250,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	Three (3) years
Project Start Date:	April 1, 2014
Eligible Applicants:	<p>Eligibility for this funding opportunity is limited to those current grantees/awardees with project periods ending March 31, 2014 and the one State, South Dakota, which does not have HRSA Federal funds to support its newborn hearing screening program at this time.</p> <p>[See <u>Section III-1</u> of this FOA for complete eligibility information.]</p>

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND.....	1
II. AWARD INFORMATION	2
1. TYPE OF AWARD.....	2
2. SUMMARY OF FUNDING.....	3
III. ELIGIBILITY INFORMATION	3
1. ELIGIBLE APPLICANTS.....	3
2. COST SHARING/MATCHING.....	3
3. OTHER.....	3
IV. APPLICATION AND SUBMISSION INFORMATION	3
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	3
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	3
i. <i>Project Abstract</i>	4
ii. <i>Project Narrative</i>	4
iii. <i>Budget and Budget Justification Narrative</i>	6
iv. <i>Attachments</i>	7
3. SUBMISSION DATES AND TIMES.....	8
4. INTERGOVERNMENTAL REVIEW.....	8
5. FUNDING RESTRICTIONS.....	9
V. APPLICATION REVIEW INFORMATION	9
1. REVIEW CRITERIA.....	9
2. REVIEW AND SELECTION PROCESS.....	10
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	10
VI. AWARD ADMINISTRATION INFORMATION	11
1. AWARD NOTICES.....	11
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	11
3. REPORTING.....	11
VII. AGENCY CONTACTS	12
VIII. OTHER INFORMATION	13
IX. TIPS FOR WRITING A STRONG APPLICATION	14

I. Funding Opportunity Description

1. Purpose

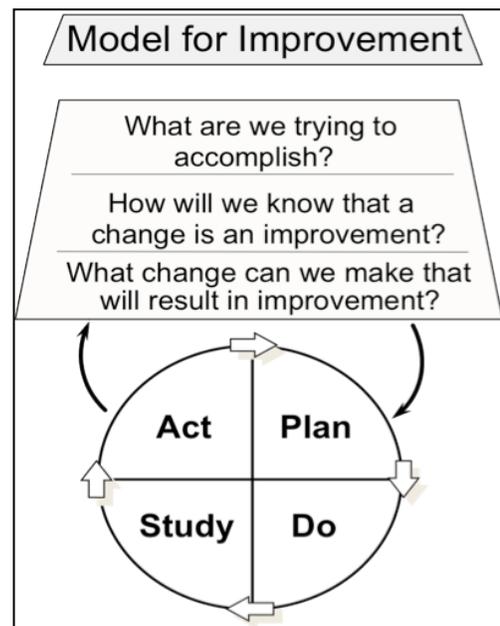
This announcement solicits applications for the Universal Newborn Hearing Screening and Intervention Program.

This announcement solicits proposals for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery by utilizing specifically targeted and measurable interventions. The purpose of this funding opportunity is to further focus efforts to improve the loss to documentation/loss to follow-up by utilizing specific interventions such as quality improvement methodology to achieve measurable improvement in the numbers of infants who receive appropriate and timely follow-up. The loss to follow-up/documentation (LTF/D) dropped by 10% between 2009 and 2011, the last year for which we have annual data. The goal is that there will be at least a 5% per year reduction in the LTF/D in years 2014 through 2017.

To accomplish the stated purpose of this funding opportunity, states are expected to use quality improvement methodology that will include gathering a team of stakeholders or reinvigorating an existing team to assist in the quality improvement work. Teams should include at a minimum the state EHDI (Early Hearing Detection and Intervention) coordinator as the lead person, a pediatric audiologist, a parent of a child with a hearing loss, a representative from the early intervention program, and a data person. A meeting schedule should be set up for the teams. The team will need to craft an aim statement, identify change strategies, implement PDSA cycles to decide what changes lead to improvement, and spread successful changes throughout the system. Data collected for the CDC, as well as other appropriate data should be collected in a timely manner, and reviewed and analyzed on an ongoing basis to determine if the changes proposed in the work scope of the application have led to system-wide improvements and reported out to the appropriate stakeholders.

2. Background

The authority for the Universal Newborn Hearing Screening and Intervention's Reducing Loss to Follow-up After Failure to Pass Newborn Hearing Screening Program is Title III, § 399M of the Public Health Service Act, as amended. As stated in the legislation and reiterated in the 2007 Position Statement of the Joint Committee on Infant Hearing, all infants should have their hearing screened before one month of age. For those infants who fail to pass newborn hearing screening, audiologic diagnosis should be completed before 3 months of age and infants with a confirmed hearing loss should be entered into a program of early intervention before 6 months of age in order to facilitate age appropriate development of language and social skills. The legislative language also provides that CDC shall collect the data on these points.



The Division of Services for Children with Special Health Needs (DSCSHN) has worked with the National Initiative on Child Health Quality (NICHQ) and States to identify points in the hearing screening and intervention system where babies and families seem to get “lost.” To date, all funded States, the District of Columbia, Puerto Rico and the US Virgin Islands have actively participated in Learning Collaboratives designed to teach program staff how to use quality improvement methodology to identify small programmatic changes that result in documented improvements in infant/family outcomes. These Learning Collaboratives have focused on using the Model for Improvement, developed by [Associates in Process Improvement](#). The model has been used successfully by hundreds of healthcare organizations to improve many different healthcare processes and outcomes. The model encourages people to ask three questions:

- ***What are we trying to accomplish?*** The improvement team develops a specific, time-limited, and measurable aim statement.
- ***How will we know if a change is an improvement?*** The team identifies process and outcome measures to collect over time to track improvement and evaluate progress.
- ***What changes can we make that will result in improvement?*** The team identifies ideas for changes to try out.

Aims are addressed by planning a change (Plan), trying the change (Do), observing the results (Study), and acting on what is learned (Act). Referred to as PDSA cycles, these activities can be used to determine if the change results in improvement.

The Model for Improvement stresses prediction and measurement as critical features of the PDSA cycle. Teams use PDSA cycles to test changes (initially on a very small scale to minimize risk), quickly identify promising ideas, and build confidence that the changes are leading to improvement. Changes that show promise are expanded and tested on larger and larger scales, until the team is confident that the change should be adopted system wide. (1)

Participants in the Learning Collaboratives identified the following promising strategies for reducing loss to follow-up in Newborn Hearing Screening and Intervention programs: 1) scripting the screener’s message to parents, 2) using FAX-back forms between multiple providers, 3) ascertaining the name of the infant’s primary care provider, 4) identifying a second point of contact for the family, 5) making rescreening and or audiology appointments for the infant at hospital discharge, 6) telephone reminders for appointments, 7) scheduling two audiology appointments two weeks apart at hospital discharge, 8) streamlining the Early Intervention (EI) referral process and obtaining a consent for release of information, and 9) improving data tracking systems. The single most effective means of reducing the loss to follow-up rate is the assignment of a dedicated follow-up coordinator.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately \$8,700,000 is expected to be available annually to fund thirty five (35) grantees. Applicants may apply for a ceiling amount of up to \$250,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for “Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligibility for this funding opportunity is limited to those current grantees/awardees with project periods ending March 31, 2014 and the one State, South Dakota, which does not have HRSA Federal funds to support its newborn hearing screening program at this time.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the

instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion(a) 1***
This section should briefly describe the purpose or the aims of the proposed project.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) 1***
Outline the needs of the community and/or organization with respect to reducing loss to follow-up/documentation in newborn hearing screening and intervention programs. The target population and its unmet health needs must be described and documented in this section. Show how these needs relate to the project aims, and the factors that contribute to these needs (often referred to as "drivers" in QI methodology). Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. This section should also include quantitative data on the loss to follow-up documentation at each stage of the EHDI continuum, that is, loss at screening, at diagnosis and at entry to early intervention services. If these data are not available, there should be a thorough explanation of why they are not available. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion(a) 2,3, and 4*
Propose methods that will be used to address the aims of the project and meet each of the previously-described needs as well as the program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds, if applicable.

Describe how quality improvement strategies will be used to achieve project aims, including identifying needs, implementing small tests of change, using data to inform decisions, spreading successful change strategies, and engaging stakeholders in ways that lead to sustainable improvement. These may include, but are not limited to those enumerated in the Background section of this announcement. The description should include a statement of how improvements are being measured and for those change strategies that prove to be successful, how statewide spread will be achieved.

Include a brief discussion of the state advisory committee including selection process, composition and meeting schedule. Linkages to Early Head Start, Title V and to Home Visiting programs in the state should also be described.

Applicants must also propose a plan for project sustainability after the period of Federal funding ends. Grantees are expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

- **WORK PLAN** -- *Corresponds to Section V's Review Criterion(a) 2, 3, and 4*
Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Specifically address how "small tests of change" will be "spread" during the project period to achieve statewide implementation of successful strategies. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The work plan should include key components of a QI project that includes a plan for determining an aim statement, forming a team, data sourcing, data collecting, measure management, data analysis and reporting and alignment of leadership to ensure their support and buy-in to the QI efforts.
- **RESOLUTION OF CHALLENGES** -- *Corresponds to Section V's Review Criterion(a) 2, 3, and 4*
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criterion(a) 2, 3, 4, and 5

Applicants must describe the plan for the program performance. The program performance evaluation should monitor ongoing processes and the progress towards the aims/goals/objectives of the project, such that applicants can use the information and data gathered to review progress and make changes to program activities if needed. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes, and for use of the data to inform change. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure change strategies and aims/impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform change strategies, program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion(a) 5
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Describe the previous experience of the applicant regarding executing and implementing QI projects.

iii. Budget and Budget Justification Narrative

In addition to the instructions in Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#) the Universal Newborn Hearing Screening and Intervention program's Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening requires the following:

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

The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the

MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the Universal Newborn Hearing Screening and Intervention's Reducing Loss to Follow-up After Failure to Pass Newborn Hearing Screening Program and Submission of Administrative Data.*

To prepare successful applicants of their reporting requirements the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H61_2.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information would be due to HRSA within 120 days after the Notice of Award.

iv. *Attachments*

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1. of the 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.

Attachment 3: 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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 8 – 15: Other Relevant Documents

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *December 27, 2013 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

The Universal Newborn Hearing Screening and Intervention Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$250,000 per year. 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 F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6)*, apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Universal Newborn Hearing Screening and Intervention Program's Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening has six (6) review criteria:

Criterion 1: NEED (20 points) – Corresponds to Section IV's Needs Assessment

The extent to which the application demonstrates the problem and associated contributing factors to the problem. The extent to which the applicant articulates the contributing factors to executing a quality improvement project and why the project will help resolve the problem of loss to follow-up/documentation in the newborn hearing screening program.

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

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives. The extent to which the applicant demonstrated a clear understanding of all components/stages of the QI process including leadership engagement and support of the QI project, creating an aim statement, and managing measures (selecting appropriate measures and using a mechanism such

as a dashboard to report out results). The extent to which the applicant discussed how the data will be collected, the data source, and how close to real-time the data will be collected.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Summary Progress Report

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable and in line with the legislative language and the 2007 JCIH Statement. The extent to which the applicant demonstrates an understanding and ability to articulate improvement starting from a baseline and how to set a goal/benchmark as it relates to the purpose of this project. The strength of the applicant to demonstrate how the success of this project will lead to efforts of spread to other entities potentially at the local, state or national level.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For applicants who did not participate in the NICHQ Learning Collaboratives and for others wishing additional support, resources will be provided through the National Center for Hearing Assessment and Management. For competing continuations, past performance will also be considered.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s Budget and Budget Justification

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see section 5.3 of the HRSA’s [SF-424 Application Guide](#).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of April 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of April 1, 2014. See section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s)**. The awardee must submit a progress report to HRSA on a **semi-annual** basis. Further information will be provided in the award notice.

2) Performance Report(s)

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

1. Performance Measures and Program Data

To prepare successful applicants for these reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H61_2.HTML

2. Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H61_2.HTML. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

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

3. Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H61_2.HTML. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

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

Djuana Gibson, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3243
Fax: (301) 443-6686
Email: dgibson@hrsa.gov

Latoya Ferguson, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 10-42
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1440
Fax: (301) 443-6343
Email: lferguson@hrsa.gov

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

Irene Forsman MS, RN, Dir. Newborn Hearing Screening and Intervention Program
Division of Services for Children with Special Health Needs
Attn: Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening
Parklawn Building, Room 13-61
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-9023

Fax: (301) 443-2960
Email: iforsman@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Quality Improvement Models/Information:

Below are links to resources on quality improvement:

- *Model for Improvement clip 1*

<http://www.youtube.com/watch?v=SCYghxtioIY>

- *MFI clip 2*

<http://www.youtube.com/watch?v=6MIUqdulNwQ>

- *PDSA cycle*

<http://www.youtube.com/watch?v=xzAp6ZV5ml4>

Reference

1. Langley GD, Moen RD, Nolan KM, Nolan TW, Norman CL and Provost LP, The Improvement Guide, 2nd Edition, Josey-Bass, San Francisco 2009.

IX. Tips for Writing a Strong Application

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