**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY: Office of the Secretary, Office of the Assistant Secretary for Health, Office of Population Affairs**

**FUNDING OPPORTUNITY TITLE: Announcement of Anticipated Availability of Funds for Ensuring Access to Quality Family Planning Services**

**ACTION: Notice**

**ANNOUNCEMENT TYPE:** Limited Competition Grant

**FUNDING OPPORTUNITY NUMBER:** PA-FPH-16-023

**CFDA NUMBER:** 93.217

**CFDA PROGRAM:** Family Planning Services

**DATES:** Non-binding letters of intent are due **February 29, 2016, 5:00pm ET**

**Your application is due March 31, 2016 by 5 p.m. Eastern Time.** To receive consideration, your application must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why you are technologically unable to submit electronically through the Grants.gov portal. Your request

should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

**The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval.** The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section D.7. ("Other Submission Requirements") for information on application submission mechanisms.

*Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section D.4 Intergovernmental Review.

**To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov** since the registration process can take up to one month. For information on registering for Grants.gov, refer to

http://www.grants.gov or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

**Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.**

**Technical Assistance:** A technical assistance webinar for potential applicants will be held on February 2, 2016 from 3:00pm ET to 4:30pm ET. Webinar information follows below:

***Conference Dial in:***

Dial in: 888-942-8387

Passcode; 7883022

***Online Webinar (to view the presentation):***

URL: https://www.mymeetings.com/nc/join/

Conference number: PW6473655

Audience passcode: 7883022

Participants can join the event directly at:

https://www.mymeetings.com/nc/join.php?i=PW6473655&p=7883022&t=c

**EXECUTIVE SUMMARY: The Office of Population Affairs** announces the availability of funds for Fiscal Year (FY) 2016 for a limited competition under the authority of Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq*. This notice solicits applications from Title X grantees who have a current grant, or have applied for funding, as of April 1, 2016. Grantees with an active grant as of July 1, 2016, may be funded. Note that a grantee is defined as an entity

that receives funding directly from the Office of Population Affairs. Funding received under this announcement may be used to ensure access to quality family planning services in Title X by addressing one of the following priority areas: 1) improving health information technology systems; 2) enrolling clients into health insurance programs; 3) partnering with, or enhancing integration of family planning with primary care services; 4) improving financial systems to optimize revenue; or 5) outreach to low income men and women of reproductive age in need of family planning services.

Awards will be for one year. Grantees may submit multiple applications but each application should only address ONE priority area. Multiple service sites can be included in the ONE priority area.

**A. PROGRAM DESCRIPTION:**

This funding opportunity announcement (FOA), issued by the Office of Population Affairs (OPA), invites applications from Title X grantees who have a current grant, or have applied for funding, as of April 1, 2016. Grantees with an active grant as of July 1, 2016, may be funded. Applicants may only propose a project in ONE of the following priority areas (further information below), but may submit multiple applications:

1) Improving health information technology systems;
2) Enrolling clients into health insurance programs;
3) Partnering with, or enhancing integration of family planning with primary care services;
4) Improving financial systems to optimize revenue; and,
5) Outreach to low income men and women of reproductive age in need of family planning services.

The applicant should clearly identify which priority area it is addressing and be responsive to the specific requirements within each topic area detailed below. Applicants must identify specific service sites within the grantee network where project activities will occur. Project activities may be proposed in more than one service site per application, but only ONE priority area may be addressed. Multiple applications per grantee are allowed.

## BACKGROUND

The Title X program is designed to provide comprehensive family planning and related preventive health services with priority for services to persons from low income families. Based on the most recent Family Planning Annual Report (2014 FPAR),[1] eighty-nine percent of the 4.1 million clients served at 4,127 Title X family planning centers have family incomes at or below 200 percent of the Federal Poverty Level (FPL).

The healthcare landscape has changed as a result of the Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act (P.L. 111-152) (collectively known as the Affordable Care Act, or ACA), and Title X-funded centers need to invest in infrastructure and operational improvements in order to ensure continued access to high quality family planning services, and to remain financially sustainable.

With a changing healthcare landscape, OPA encourages Title X providers to recognize practices that will increase their long-term sustainability and ensure continued ability to provide access to needed services. The Family Planning National Training Center (FPNTC) funded by OPA has developed a framework for health center sustainability that includes practices on a

[1] Fowler, CI, Gable, J, Wang, J, and McClure, E. (2014). *Family Planning Annual Report: 2014 National Summary*. Research Triangle Park, NC: RTI International. Available at: http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/

continuum from unsustainable to cutting edge. This framework is available on the FPNTC website, and we encourage applicants to use this framework to develop their applications: http://fpntc.org/training-and-resources/achieving-the-triple-aim-better-care-better-health-and-lower-cost-a-guide-for.

**PRIORITY AREAS:**

1) **Improving health information technology systems**

The effective use of health information technology (HIT) now plays a critical contributing role in improving care quality, reducing costs, and improving the patient experience of care. The Federal Health IT Strategic Plan 2015-2020[2] identifies the mission of health IT systems as one that "improves the health and well-being of individuals and communities through the use of technology and health information that is accessible where and when it matters most." It is becoming more important than ever to collect electronic information that can be transformed into data that are actionable for dynamic uses in public health. HIT systems are also necessary to support new payment models.

While most hospitals and private clinics have largely transitioned from paper to Electronic Health Record (EHR) systems, driven by efforts to comply with the Meaningful Use program (see https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html), many public health agencies have experienced a slower rate of adoption and implementation. One aim of the Federal Health IT Strategic Plan is to facilitate the creation of "bi-directional interfaces [that

[2] The Office of the National Coordinator for Health Information Technology (ONC) Office of the Secretary United States Department of Health and Human Services. Available at: https://www.healthit.gov/sites/default/files/9-5-federalhealthitstratplanfinal_0.pdf or http://healthit.gov

will] enable unencumbered provider reporting to public health entities and allow seamless feedback and decision support from public health to clinical providers relevant to chronic health and emergent threats."[3]

Currently, Title X grantees and their affiliated service sites use a variety of HIT systems to support the delivery of clinical services and to collect data to meet the requirements laid out in the Family Planning Annual Report (FPAR). However, some grantee networks still rely heavily on paper-based systems, siloed practice management software, and/or analytical programs in order to generate their FPAR data. A survey of 1,700 Title X agencies fielded in spring 2015 found that only a third of the health departments who participated reported using an EHR system and only 11% of respondents were connected to a health information exchange. OPA is currently in the process of redesigning the FPAR from a static, aggregate data reporting system to FPAR 2.0, an encounter-level data collection system that will generate clinical performance data for use in driving quality improvement. Optimal participation in the FPAR 2.0 data collection system will require that a grantee's network of sites use EHR systems that have been designed for future interoperability and possess Meaningful Use Stage 2 certification, at a minimum. Title X grantees and their affiliated service sites will not be able to participate fully in the standards-based future of healthcare interoperability if the basic technologies and infrastructures are not in place. More information regarding FPAR 2.0 can be found on http://opahit.sites.usa.gov/.

In alignment with both the goals of FPAR 2.0 and the Federal Health IT Goals cited below, applicants may propose projects that improve the grantee's health IT infrastructure and/or that of its affiliated sub-recipients and service sites through any of the following activities:

1. Purchase of, or upgrade to, a Meaningful Use Stage 2-certified EHR system. (Aligns with Federal Health IT Goal 2 - Objective 2A, Strategy 1.)

   The Office of the National Coordinator (ONC) maintains a list of certified EHR systems at http://oncchpl.force.com/ehrcert?q=chpl. Proposed projects should purchase or upgrade to Meaningful Use Stage 2-certified EHR system.

   *Note*: While Electronic Practice Management (EPM) systems provide important electronic functionality such as appointment booking and collection of demographic data which may be used to support current FPAR data collection, OPA encourages service sites to adopt certified clinical EHR systems to ensure the long-term sustainability of the investment and prepare clinical sites to be able to meet and comply with evolving interoperability standards.

2. Investment in health IT systems hardware or improvements to existing EHR systems and/or related IT systems that enable participation in a data warehouse or participation in a local or state-based health information exchange (HIE) including:

   A) Investment in broadband or wireless internet services for clinics or local health departments lacking modern capabilities (aligns with Goal 4 - Objective 4E);

   B) Purchase of updated equipment to support modern health IT software including computers and peripherals, supporting applications, and supportive hardware (e.g., integration engines) (supports deployment of Goal 4 Objectives);

   C) Modifications to update the capabilities of existing EHR systems to perform more accurate or more sophisticated data extraction, reporting and analytics (aligns with Goal 2 - Objective 2A, Strategy 6);

D) Development of a new, or enhancement of an existing, central data repository at the grantee or state level (a host location for access and sharing of data to monitor and track health outcomes of Title X clients effectively) or streamline workflows for data capture during a client visit (aligns with Goal 2 - Objective 2A, Strategy 6);

E) Development of infrastructure or applications that provide the necessary capabilities to enable effective participation in a health information exchange, including adoption of common interoperability standards or pilot tests of standards implementation (aligns with Goal 4 - Objective 4C).

3. In alignment with Federal Health IT Goal 3 - Objective 3A and Goal 4 - Objective 4B, and in preparation for the anticipated privacy and security requirements of FPAR 2.0, perform a k-anonymity analysis. This analysis will help OPA determine whether the grantee's current health IT system(s) could adequately perform the recommended de-identification algorithms on a representative sample of Title X client visits for FPAR 2.0 data collection in order to sufficiently reduce the risk of re-identification of an individual in the sample data, and if not, identify which data elements must be either further restricted or de-identified. The recommended algorithms are outlined in the Family Planning Profile De-Identification supplement and White Paper which can be found at www.ihe.net, with additional information available on OPA's Health IT blog: *http://opahit.sites.usa.gov/*.

4. Other improvements to health IT systems that seek to improve patient care quality and experience or to support best practices in revenue cycle management.

## 2. Enrolling clients into health insurance programs

Fifty-four percent of all Title X clients are uninsured and 69 percent are under the age of 30 (FPAR, 2014). The ACA includes a variety of provisions designed to promote accountability, affordability, quality, and accessibility in the health care system. The ACA requires most health coverage to include coverage for certain recommended preventive services without cost sharing. Specifically included among the recommended preventive services is coverage for FDA-approved contraception and related patient education and counseling for women with reproductive capacity, which most plans must pay for without cost sharing. Current and potential Title X clients need information and assistance to understand available opportunities to identify and obtain the affordable health coverage that best meets their needs. Under 42 CFR §59.5(b)(3), service centers should "inform the community of the availability of services," which includes health coverage enrollment assistance activities for current and potential Title X clients. For Title X centers that serve a disproportionate number of uninsured individuals, assisting individuals with obtaining health coverage will help clients better access family planning and related preventive health services, which will further the Title X programs' goals in helping individuals determine "the number and spacing of their children"( 42 CFR §59.1). In addition, increased revenue through third party reimbursements may allow Title X centers to remain sustainable and provide services to additional clients.

The ACA has created a private health insurance Marketplace, called the Health Insurance Marketplace (also referred to as the "Marketplace" or "Exchange"), that provides millions of individuals, families, and small businesses with access to affordable health insurance coverage. Through the Marketplace, eligible individuals and families can receive premium

tax credits and cost-sharing reductions to help with the cost of insurance coverage and covered services. Individuals and families can apply for health insurance through the Marketplace during an open enrollment period or, if they experience certain circumstances during the year, during a special enrollment period. The open enrollment period for the Marketplace is anticipated to begin in November 2016 for coverage beginning in 2017. Medicaid and CHIP enrollment is ongoing. The ACA also gives states the opportunity to expand their Medicaid programs with significant funding support from the Federal government. Most individuals under 65 years of age with incomes below 133 percent of the federal poverty level (FPL) will be eligible for Medicaid in states that participate in this expansion.

The purpose of this funding priority area is to support service delivery sites in raising awareness of affordable health coverage options and to provide enrollment assistance to current and potential Title X clients in their approved service areas who do not have coverage. Providing enrollment assistance will help individuals access high quality family planning services in order to determine the number and spacing of their children as authorized under the Title X statute and regulations. Additionally, increased revenue through third party reimbursements will enable services to be provided to additional clients in need. The requirements set forth in this FOA are specific to the Title X program. Although language in this FOA may be similar to language applicable to other HHS or State-based Marketplace enrollment assistance programs, this FOA is independent of any other HHS enrollment assistance programs (such as the CMS Marketplace Navigator Program) and does not seek to duplicate or replace any other such program.

Applicants may propose projects to initiate or expand onsite health coverage enrollment services that:

a) Increase the service site's current enrollment assistance capacity by expanding hours of existing enrollment workers or by hiring new staff to assist clients with signing up for health insurance programs.
b) Allow health centers to conduct "in reach" with currently uninsured Title X clients (for example by contacting currently uninsured patients to explore options); and outreach to clients in an approved service area that need family planning and health insurance enrollment services, so that they can have better access to Title X family planning and related preventive health services..

**3. Partnering with, or enhancing integration of family planning services with primary care services**

The majority (92%) of family planning users are women who, for those with coverage through Medicaid or a non-grandfathered health insurance plan or policy, have access to a broad range of preventive services as a result of the ACA. Six out of ten women who use publicly funded family planning centers cite the family planning center as their usual source of medical care.[3] Title X family planning providers have always been required to provide referrals to other healthcare providers, including primary care providers (42 CFR 59.5 (b)(1) and (8)) and Title X providers are encouraged to have formal documented linkages (e.g., with memoranda of understanding) with primary care providers. However, with the increase in the number of individuals insured, and the trusted nature of Title X providers, there are

[3] Gold RB et al., Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System, New York: Guttmacher Institute, 2009.

opportunities to integrate more formally with primary care providers to ensure optimal care for clients. This funding opportunity can be used to enhance linkages and integration with primary care providers in the local area. The OPA-funded FPNTCs have a number of resources on how to partner with primary care providers on the following website: www.fpntc.org (then search for "primary care"). Further, the recent recommendations for the provision of Quality Family Planning services (QFP)[4] provide guidelines for related preventive health services.

Applicants may propose projects to formalize partnerships with, or better integrate services with primary care providers through:

1) Increasing the clinical services provided onsite, consistent with the QFP recommendations;
2) Formal partnerships or co-location with local primary care providers; and,
3) Integration with local primary care providers.

Applicants should be specific in their proposed activities and include measurable outcomes for the proposed activities.

**4. Improving financial systems to optimize revenue**

At the national level, 39 percent of Title X revenue for grantees comes from Medicaid, 8 percent from private sources, 20 percent from Title X Federal funding and 4 percent from client fees. [5] In order to thrive in the current healthcare landscape and ensure that Title X clinics are sustainably financed, it is essential that all health centers receiving Title X funding

[4] Gavin, L, Moskosky S, Carter M, et al. Providing Quality Family Planning Services; Recommendations of CDC and the U.S Office of Population Affairs. MMWR 2014;63

[5] Fowler, CI, Gable, J, Wang, J, and McClure, E. (2014). Family Planning Annual Report: 2014 National Summary. Research Triangle Park, NC: RTI International. Available at: http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/

monitor fiscal performance measures **at the individual health center level** and establish benchmarks and goals for improvement. Key performance indicators (KPI) may include (but are not limited to):

- Net collection rate
- Accounts Receivable Aging
- Days in Accounts Receivable
- Utilization or client volume
- Payer Mix
- Net Program Income
- Months Cash on Hand

All of these financial metrics can be tracked using a financial dashboard that's available in the sustainability community of practice on the FPNTC website.[6]

Title X sites are required to bill third party payers (42 CFR 59.5(a)(9)), however many private insurance plans require participation in their provider network to reimburse for services provided.

Applicants may propose projects that:

1) Increase contracts with private health plans or Medicaid Managed Care Organizations (MCOs);
2) Analyze financial performance metrics for individual health centers in their network and strategically plan to increase the financial performance of selected health centers; or,

[6] Available at: http://fpntc.org/cop/sustainability

3) Invest in infrastructure to optimize claims processing.

## 5. Outreach to low income men and women of reproductive age in need of family planning services.

According to the Guttmacher Institute, there were 20.1 million US women in need of publicly funded family planning services in 2013.[7] The changing dynamics of the health care system, including: increasing numbers of individuals with insurance, increasing numbers of adolescents remaining on their parent's health insurance plans until the age of 26, and changing social attitudes towards contraception and the terminology around contraception, provide an opportunity for Title X centers to enhance outreach services to reach populations in need that are not currently accessing family planning services. Title X grantees are already required to "provide for informational and educational programs designed to achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial" (42 CFR 59.5(b)(3)), but the breadth of such outreach varies by health center. Community education and community engagement activities can have positive outcomes, such as increased awareness of family planning services.[8,9] There are opportunities for Title X centers to partner with other programs serving low income and vulnerable populations, such as the WIC program, corrections and juvenile

[7] Guttmacher Institute. Contraceptive Needs and Services, 2013 Update. Available at: http://www.guttmacher.org/pubs/win/contraceptive-needs-2013.pdf
[8] Carter MW, Tregear ML, Moskosky S. Community Education for family Planning in the US. A systematic review. American Journal of Preventive Medicine 2015;49(2S1):S107–S115.
[9] Carter MW, Tregear ML, Lachance, C. Community Engagement in family Planning in the US. A systematic review. American Journal of Preventive Medicine 2015;49(2S1):S116–S123.

justice system, job corps, community colleges, school-based health services, services for the homeless, and many others. Applicants may propose projects to:

1) Conduct assessments in areas where there is high need but low clinic volume to understand why clients are not accessing services;
2) Create outreach campaigns to populations in need of Title X services;
3) Create evidence- informed messaging for local populations to educate them about the availability of Title X services in the area; and/or
4) Partner with community organizations to reach currently unserved low income individuals of reproductive age in the community.

Note: **Applicants should select ONE priority area per application. ONE priority area may include multiple service sites.** Applicants are allowed to submit more than one application**.**

**AUTHORITY: Section 1001 of the Public Health Service (PHS) Act**

## B. FEDERAL AWARD INFORMATION

The Office of Population Affairs intends to make available approximately $1,000,000 for competing grants. The actual amount available will not be determined until enactment of the FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

We will fund grants in annual increments (budget periods) and generally for a project period of up to one year, although we may approve shorter project periods. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

*Award Information*

Estimated Funds Available for Competition: $1,000,000

Anticipated Number of Awards: 7-10

Range of Awards: $25,000 to $150,000 per budget period

Anticipated Start Date: 07/01/2016

Period of Performance: Not to exceed 1 year

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

## C. ELIGIBILITY INFORMATION

*1. Eligible Applicants*.

Eligible applicants are Title X grantees who have a current grant, or have applied for funding, as of April 1, 2016. Grantees with an active grant as of July 1, 2016, may be funded. Sub-recipient agencies seeking funds for the activities supported under this announcement must apply through the Title X grantee. Each Title X grantee may submit multiple applications that

may include activities/products benefiting multiple sub-recipients and/or service sites, but each application must focus on only ONE priority area.

*2. Cost Sharing or Matching*

The following cost sharing requirements apply to the overall Title X grantee agency funding levels. Applicants are not required to demonstrate specific cost sharing for this FOA as long as the grantee's overall Title X project (including the funding from this FOA) meets the requirements below (see example at the end).

Program regulations at 42 CFR §59.7(c) stipulate that, "No grant may be made for an amount equal to 100 percent of the project's estimated costs." Also, 42 CFR § 59.7(b) states that, "No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project that was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975."

For example, Applicant XYZ was awarded $1,000,000 under the Title X service delivery grant and had committed $100,000 in cost sharing for their Title X project. Applicant XYZ is applying for $200,000 under this FOA. They should propose $20,000 in cost sharing to meet the 10% minimum matching for their overall Title X project.

*3. Other Eligibility Information*

**Application Responsiveness Criteria**

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated:

- The application addresses only one priority area, which is identified clearly in the following application sections: Project Abstract and Project Narrative Section I: Statement of Need, Priority Areas Addressed, and Sites Selected.

  Note: Each Title X grantee organization may submit multiple applications, but may address only one priority area per application submitted.

**Application Screening Criteria**

If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. If your application fails to meet the screening criteria described below it will **not** be reviewed and will receive **no** further consideration.

1. Your application must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by **March 31, 2016 by 5 p.m. Eastern Time.**
2. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. Your Project Narrative must **not** exceed 30 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).

4. Your total application, including the Project Narrative plus Appendices, must **not** exceed 50 pages. NOTE: items noted in #3 above do not count toward total page limit.
5. Your proposed budget does **not** exceed the maximum indicated in Range of Awards.
6. Your application meets the **Application Responsiveness Criteria** outlined above.

## D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at http://www.grants.gov/. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

### i. Letter of Intent –Requested.

If you plan to apply for this funding opportunity, you should submit a letter of intent as early as possible, but no later than the **deadline indicated on page 1 of this announcement**. Although you are not required to submit a letter of intent, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. A letter of intent is not binding, and does not enter into the review of a subsequent application. Your letter of intent should include a descriptive title of your proposed project, the name, address and telephone

number for the designated authorized representative of your organization, the FOA number and title of this announcement, and the priority area you will be addressing. If you are submitting multiple applications, your letter of intent should state this. Your letter of intent should be sent to the address listed under the AGENCY CONTACTS section G.

### ii. Application Format

Your application must be prepared using the forms and information provided in the online grant application package.

**The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria listed in Section C.**

**You must double-space the Project Narrative pages.**

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easily readable. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in Application Screening Criteria. **Please do not number pages or include a table of contents.** Our grants management system will generate page numbers once your application is complete.

**If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5" X 11" paper by HHS/OASH/OGM, it will not be considered.** We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easily readable.

<u>Appendices</u>

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading "Appendices" in the Application Content section of this funding opportunity announcement. You should not include brochures and bound materials. If you create Appendices specifically for this application, you should use the same formatting required for the Project Narrative, including double-line spacing. However, if you include appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents (e.g., organizational structure), you may retain the original formatting, but the pages must be easily readable.

Project Abstract

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. HHS/OASH may publish your abstract if your project is funded; therefore, it should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

iii. Application Content

Successful applications will contain the following information:

**Project Narrative**

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

1. Statement of Need, Priority Areas Addressed, and Sites Selected
2. Goals and Objectives
3. Proposed Intervention
4. Project Evaluation
5. Project Management and Organizational Capability

**Statement of Need, Priority Areas Addressed, and Sites Selected.** This section should indicate the need for the priority areas chosen and the specific need in the sites selected for the intervention or activities. Include relevant data from selected service sites that indicates the need for improvement in the priority area selected and expected outcomes. Data or information on the anticipated impact if funding is received to address the priority area should also be included.

At a minimum, information specific to the identified priority area should be provided for each health center where project activities will be conducted or implemented:

Priority Area 1: Improving health information technology systems:

- Description of the current EHR and/or other data collection system(s) in use and justification for why new systems, software or upgrades need to be made.

- Description of any assessments conducted with available data demonstrating the need and readiness of the selected entities to adopt, implement, and use the proposed technology solution(s) before the end of the proposed project period. Desired outcomes and a process for measuring them should also be proposed.
- Description of the procurement process or other relevant processes of the organizations purchasing equipment, systems or services (if applicable).

- For Part 3 of Priority Area 1:
  - A detailed description justifying that the applicant possesses a sufficient amount of the desired encounter-level data as well as the scientific expertise with which to successfully execute the k-anonymity analysis or other equivalent statistical analysis to determine re-identifiability of a de-identified data set.
  - A detailed description of the resulting product that will be shared with OPA for future use in planning the deployment of the Family Planning Profile and FPAR 2.0.

Priority Area 2: Enrolling clients into health insurance programs:

- The geographic area(s) that will be served.
- Partnerships with existing enrollment workers (navigators, certified application counselors, etc.).

Priority Area 3: Partnering with, or enhancing integration with primary care services:

- Description of the existing linkages with primary care providers.
- Analysis of the potential demand for family planning integrated with primary care services.
- Potential new services that will be available to Title X clients through partnerships/referrals/integration.

Priority Area 4: Improving systems to optimize revenue:

- Current or baseline financial data such as payer mix, net collection rate, etc.
- Description of the current systems to collect and process claims.

Priority Area 5: Outreach to low income men and women of reproductive age in need of family planning services:

- Description of the unmet need in the local area.
- Description of potential partnerships or other resources that can be leveraged to reach underserved populations.
- Description of the approach to be used to reach underserved populations.

**Goals and Objectives.** This section should consist of a description of the project's goal(s) and major objectives. There should be at least one measurable goal or objective for each service site that can be evaluated at the end of the project.

The objectives should lead to clearly stated outcomes that will have meaningful impact to the service sites proposed and can be evaluated (further instructions are in the evaluation section).

**Proposed Intervention.** This section should provide a clear and concise description of the intervention you are proposing to use to address the need. For each service site, the applicant should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how the intervention will achieve the overall project goals and objectives. Clarification should be provided as to why these specific activities were selected as appropriate (i.e., has this approach been successful in similar settings? Does the research suggest this direction?). Identify any anticipated barriers and how the project will be able to overcome those barriers.

**Project Evaluation.** This section should describe the methods you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities for which you are applying. You should describe ***what*** outcome(s) will be produced by the project and ***how*** the outcome(s) will be measured and reported. You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the "lessons learned."

**Note:** The project narrative must clearly identify the measurable outcome(s) that will result from your project. HHS/OASH will not fund any project that does not include measurable outcomes. A "measurable outcome" is an observable end result that describes how a particular intervention benefits program participants. It demonstrates the "impact" of the intervention. For example, a percent change in a health center's financial performance measure.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. In many cases, it is very appropriate for a project to have only

***ONE*** outcome that it is trying to achieve through the intervention reflected in the project's design.

**Section V: Project Management and Organizational Capability**

The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in completing similar work. If appropriate, include an organization chart showing the relationship of the project to the current organization.

This section should also include a clear delineation of the roles and responsibilities of project staff and sub-recipients and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, **including the progress of sub-recipients**; preparation of reports; and communications with other partners and HHS/OASH. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

**Biographical sketches for key project personnel should be included in the appendix**. These **should be limited to 2 pages** and only include relevant information.

**Budget Narrative**

You are required to submit a detailed Budget Narrative. Your Budget Narrative should detail all costs. Please be sure to carefully review Section D.6 Funding Restrictions for specific information on allowable, unallowable, and restricted costs. Staff should be listed by position with salary and percentage of full-time equivalent to be devoted to this project, and the percentage of salary to be charged to the project. Any participant incentives proposed to be provided should be fully justified and include a description of internal controls in place to verify proper use. ***Please Note:*** Because your proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the Budget Narrative should describe the ***cost estimated per proposed project, activity, service delivered, and/or product***. The Budget Narrative should define the amount of work that is planned and expected to be performed and what it will cost with an explanation of how you expect this to be cost effective. **The Budget Narrative does not count toward your total application page limit.**

**Appendices**

**All items described in this section will count toward the <u>total</u> page limit of your application.**

**Work Plan.** The project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover the entire one year funding period. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task, action step, or product, the Work Plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

**Letters of Commitment from Subrecipient Organizations and Agencies**

Letters of Commitment are required for all organizations and entities that have been specifically named as a sub-recipient to carry out any aspect of the project. The signed letters of commitment ***must detail*** the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of support, and letters of support such as this will not be considered during the review.

**Biosketches for Key Personnel**

Biosketches of no more than 2 pages should be submitted for key personnel that demonstrate expertise in the priority area selected.

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

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- You will find instructions on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.
- Your organization must register online in the System for Account Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- A quick start guide for grant registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days ***after you submit*** your registration for it to be active in SAM.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ***check for active registration in SAM well before the application deadline.***
- If you are successful and receive a grant award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

**If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration.** You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov . Grants.gov can take up to 48 hours to notify you of a successful submission. You are better off having a less-than-perfect application successfully submitted than no application at all.

If your submission fails due to problems with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**.

5. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, ‘‘Intergovernmental Review of Federal Programs,’’ as implemented by 45 CFR part 100, ‘‘Intergovernmental Review of Department of Health and Human Services Programs and Activities.’’ As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.”

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost

Allocation Services (CAS) regional office that is applicable to your State. A list of CAS regional offices is included in the grant application package for this announcement.

*Pre-Award Costs*:

Pre-award costs are not allowed.

*Salary Limitation:*

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), and the Continuing Resolutions thus far for FY 2016 (P.L. 114-53, P.L. 114-96, and H.J. Res. 78), limit the salary amount that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $183,300. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $183,300, their direct salary would be $91,650 (50% FTE), fringe benefits of 25% would be $22,912.50, and a total of $114,562.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

| Individual's *actual* base full time salary: $350,000<br>50% of time will be devoted to project | |
|---|---|
| Direct salary | $175,000 |

| | |
|---|---|
| Fringe (25% of salary) | $43,750 |
| Total | $218,750 |
| **Amount that may be claimed on the application budget due to the legislative salary limitation:**<br>Individual's base full time salary *adjusted* to Executive Level II: $183,300<br>50% of time will be devoted to the project | |
| Direct salary | **$91,650** |
| Fringe (25% of salary) | **$22,912.50** |
| Total amount | **$114,562.50** |

**Appropriate salary limits will apply as required by law.**

7. Other Submission Requirements

Electronic Submission

**HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted.** If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review.

You may access the Grants.gov website portal at http://www.grants.gov. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Your application will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. If your application does not adhere to the due date and time requirements, it will be deemed ineligible and receive no further consideration.

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. If you submit any file part of the Grants.gov application that is not in a file format identified above, it will not be accepted for processing and will be excluded from your application during the review process. You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

**Important Grants.gov Information**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-grants.html . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section D.3 for requirements related to DUNS numbers and SAM registrations.

Program-Specific Requirements

Successful applicants will be required to submit quarterly progress reports to the Office of Population Affairs (OPA). These reports should be submitted 30 days after the end of a quarter.

In addition, a final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Non-profit Status

For all non-profit organization applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

1. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
2. A copy of a currently valid IRS tax exemption certificate;
3. A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
4. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

## E. APPLICATION REVIEW INFORMATION

1. Criteria

Eligible applications will be assessed according to the following criteria. The crosswalk below also provides applicants with information on suggested placement in the program narrative to assist reviewers in locating the requested information.

| **Review Criteria and Total Points** | **Suggested Narrative Section where criteria should be addressed** |
|---|---|
| The extent to which grant funding is needed to make improvements in the selected priority area (15 points)<br><br>The potential impact of the project in increasing access to, or quality of Title X services at the selected health centers. (20 points) | Section I: Statement of Need, Priority Areas Addressed and Sites Selected |
| The extent to which goals are reasonable and achievable. (5 points) | Section II: Goals and objectives |
| The extent to which the proposed activities will achieve stated goals (10 points)<br><br>The extent to which proposed activities are informed by existing promising/best practices, evidence, national guidelines, or national recommendations (as appropriate by priority area) (10 points) | Section III: proposed intervention |
| The extent to which measureable outcomes are identified and an appropriate plan of evaluation detailed. (15 points) | Section IV: (project evaluation) |
| The ability to make use of funds in a timely manner including hiring and training needed staff or purchasing required resources to complete the project.<br>(10 points) | Section III: Project Management and Organizational Capability and Work Plan |
| The extent to which the organization can effectively manage the project, and support and monitor sub-recipient(s) or sites where project activities will occur.<br>(5 points) | Section V: Project Management and Organizational Capability |
| The extent to which the budget is reasonable and consistent with stated goals (10 points) | Budget narrative |

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. Final award decisions will be made by the Deputy Assistant Secretary for Population Affairs, or designee. In making these decisions, the following additional criteria will be taken into consideration: The geographic distribution of funded activities.

**All award decisions, including level of funding if an award is made, are final and not appealable to any office or official in HHS/OASH.**

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR § 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the

degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant’s financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently $150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)).You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B "Federal Award Information," as practicable, with a goal of 10-15 days.

## F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-application.html. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

If you are unsuccessful, you will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process.

On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the grant award, you stipulate 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 grant or other Department regulations and policies effective at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your grant award that will require prior approval for any changes from the Grants Management Officer. Modifications to your approved project that will require prior approval, include but are not limited to, a change in the scope or the objective of the project or program (even if there is no associated budget revision); budget revisions, including changes in the

approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Lobbying Prohibitions

Pursuant to the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), and the Continuing Resolutions thus far for FY 2016 (P.L. 114-53, P.L. 114-96, and H.J. Res. 78), you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized

executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination. www.hhs.gov/ocr/civilrights/understanding/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html . You must ensure your contractors and sub-recipients also comply with federal civil rights laws.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grant applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal grant support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

> This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), you own the copyright for materials that you develop under this grant, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for

Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

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

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/ .

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: "In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46 – Protection of Human Subjects. You may find it online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final progress report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Performance Measures

Performance measures will vary for applicant(s), as the five funding priority areas differ in content and expectations that will define project success. Applicants must clearly propose measures and targets to determine the outcomes of project activities. OPA will utilize the approved measures to monitor grantee performance. HHS/OASH will not fund any project that does not include performance measures with specific outcome targets. A “measurable outcome” is an observable end result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention.

Financial Reports

You will be required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the

project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives $750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and Work Plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other grants with HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-

contracts issued for $25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

## G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Eleanor Walker
1101 Wootton Parkway, Suite 550
Rockville, MD
Phone: 240-453-8822
Email: eleanor.walker@hhs.gov

For information on program requirements, contact the program office. Letters of intent should be sent via email to the following contact:

Emily Jones, MPH
Office of Population Affairs
1101 Wootton Parkway, Suite 700
Rockville, MD 20852
Phone: 240-453-2842
Email: emily.jones2@hhs.gov

## H. OTHER INFORMATION

Awards under this Announcement

**We are not obligated to make any Federal award as a result of this announcement. Only the grants officer can bind the Federal government to the expenditure of funds.** If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Budget Narrative

Appendices

- Work Plan
- Letters of Support
- Biosketches for Key personnel

Other Submission Requirements: None

Susan B. Moskosky [December 17, 2015]

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Office of Population Affairs
U.S. Department of Health & Human Services