

**U.S. Department of Health and Human Services**



**Health Resources & Services Administration**

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

**Enhancing Systems of Care for Children with Medical Complexity  
(Demonstration Projects)**

**Funding Opportunity Number: HRSA-22-098**

**Funding Opportunity Type(s): New**

**Enhancing Systems of Care for Children with Medical Complexity  
(Coordinating Center)**

**Funding Opportunity Number: HRSA-22-088**

**Funding Opportunity Type(s): Competing Continuation, New**

**Assistance Listings (AL/CFDA) Number: 93.110**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2022

**Application Due Date: March 7, 2022**

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

**HRSA will not approve deadline extensions for lack of registration.**

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

**Issuance Date: December 6, 2021**

Anna Maria Padlan

Public Health Analyst, Division of Services for Children with Special Health Needs

Telephone: (301) 443-1737

Email: [APadlan@hrsa.gov](mailto:APadlan@hrsa.gov)

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

Authority: 42 USC § 701(a)(3)(F) (Title V, § 501(a)(3)(F) of the Social Security Act)

## 508 COMPLIANCE DISCLAIMER

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Enhancing Systems of Care for Children with Medical Complexity program. The purpose of this program is to optimize the health, quality of life, and well-being for children with medical complexity and their families. The program will accomplish this by funding up to five demonstration projects (HRSA-22-098) to implement and evaluate evidence-informed, patient/family-centered models of care delivery, and by funding a coordinating center (HRSA-22-088) to support the demonstration projects in meeting their program objectives, developing and disseminating resources, and providing leadership in the field.

Funding Opportunity Title:	Enhancing Systems of Care for Children with Medical Complexity
Funding Opportunity Number:	<b>HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)</b>
Due Date for Applications:	March 7, 2022
Anticipated Total Annual Available FY 2022 Funding:	Total Annual Funding: \$2,700,000 HRSA-22-098: Demonstration Projects \$2,000,000 HRSA-22-088: Coordinating Center \$700,000
Estimated Number and Type of Award(s):	HRSA-22-098: Up to five (5) cooperative agreements (Demonstration Projects) HRSA-22-088: One (1) cooperative agreement (Coordinating Center)
Estimated Annual Award Amount:	HRSA-22-098 (Demonstration Projects): Up to \$400,000 per year HRSA-22-088 (Coordinating Center): Up to \$700,000 per year

	Subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2027 (5 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply.  See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

**Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](#), available online, except where instructed in this NOFO to do otherwise.

**Technical Assistance**

HRSA has scheduled the following technical assistance:

*Webinar*

Day and Date: Monday, December 20, 2021  
 Time: 3 – 4:30 p.m. ET  
 Call-In Number: 1-833-568-8864  
 Meeting ID: 160 565 5601  
 Participant Code: 12203071

Weblink: <https://hrsa.gov/zoomgov.com/j/1605655601?pwd=bkh3cTZ6M2pZMnhtMWpSWkFiWmdHQ T09>  
 Meeting ID: 160 565 5601  
 Passcode: 17uCY6qi

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

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Enhancing Systems of Care for Children with Medical Complexity program. The purpose of this program is to optimize the health, quality of life,<sup>1,2,3</sup> and well-being<sup>4</sup> of children with medical complexity (CMC) and their families. The program will accomplish this by funding up to five demonstration projects (HRSA-22-098) to implement and evaluate evidence-informed, patient/family-centered models of care delivery, and by funding a coordinating center (HRSA-22-088) to provide support to the demonstration projects in meeting their program objectives, developing and disseminating resources, and providing leadership in the field.

## Program Goal

The goal of the Enhancing Systems of Care for Children with Medical Complexity program is to improve the quality, coordination, and experience of care and services for children with medical complexity and their families/caregivers.

For purposes of this program, CMC, a subset of children with special health care needs, are characterized as children having family-identified service needs, severe chronic clinical conditions, functional limitations, and high utilization of health resources.<sup>5</sup>

**HRSA-22-098 (Demonstration projects):** Up to five demonstration projects will be funded to implement and evaluate evidence-informed models of care designed to optimize the child's health, general functioning/quality of life, and family well-being. The models of care should be accessible, continuous, comprehensive, coordinated, compassionate, culturally effective, and patient/ family-centered. Proposed models are expected to:

- Expand equitable access to quality patient/family-centered services, with an emphasis on CMC from unserved or underserved<sup>6</sup> populations or communities;

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<sup>1</sup> Banate, M, Maypole, J, and Sadof, M. "Care coordination for children with medical complexity." *Curr Opin Pediatr* (2019), 31:575-582. DOI:10.1097/MOP.0000000000000793

<sup>2</sup> Notario PM, Gentile E, Amidon M, Angst D, Lefaiver C, Webster K. Home-Based Telemedicine for Children with Medical Complexity. *Telemed J E Health*. 2019;25(11):1123-1132. doi:10.1089/tmj.2018.0186

<sup>3</sup> Maypole J, Gavin T, de Banate M, Sadof M. Lessons Learned, Best Practices: Care Coordination for Children with Medical Complexity. *Pediatr Ann*. 2020; 49: e457-e466. doi: 10.3928/19382359-20201018-01

<sup>4</sup> Well-being Concepts. Centers for Disease Control and Prevention Health-Related Quality of Life (HRQOL). <https://www.cdc.gov/hrqol/wellbeing.htm>. Page last reviewed October 31, 2018.

<sup>5</sup> Cohen E, Kuo DZ, Agrawal R, et al. Children with medical complexity: an emerging population for clinical and research initiatives. *Pediatrics*. 2011;127(3):529-538

<sup>6</sup> The U.S. Department of Health and Human Services defines underserved communities as "the populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'"

- Optimize use of innovative technologies, such as telehealth, to facilitate comprehensive, coordinated, and continuous services across the care continuum<sup>7</sup>; and
- Apply an equity-informed approach to health care delivery for CMC and equip their families with the knowledge of and/or access to medical, social, financial, or community resources they need for their children to thrive.

Demonstration project applicants should propose strategies to implement a model of care that meets the goal of the program. Examples of such strategies could include:

- 1) patient/family-centered care coordination through tertiary care-community based partnerships, family peer support, respite care services, or transition support;
- 2) team-based or collaborative care that actively involves pediatric medical providers and other providers such as social services, mental/behavioral health, oral health, home-based care, palliative care,<sup>8</sup> or adult primary and specialty care;
- 3) mechanisms to incorporate telehealth as a complementary mechanism for service provision, care monitoring, or as a strategy to strengthen communication, partnerships, and co-management of care among CMC, their families, and providers; and/or
- 4) mechanisms to support information/data sharing and coordination between the family, primary and specialty care providers, home caregivers and other service providers, such as educators, social workers, or therapists.

You are encouraged to propose novel or innovative models of care, the rationale for selecting their particular model, and how it will be evaluated.

Successful implementation of all demonstration projects will be assessed by positive impacts on family well-being and child functioning/quality of life, as measured by patient and family experience of care and coordination of care, among other potential indicators. In addition, project activities are expected to demonstrate sustainability and replicability.

**HRSA-22-088 (Coordinating Center):** A coordinating center will work with the demonstration projects to collect data to measure and evaluate the impact and effectiveness of the different models of care, assist with national spread and sustainability of the promising models, and provide national leadership through training, technical assistance, and education to the HRSA-22-098 recipients and other CMC stakeholders on CMC issues, including emerging issues.

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<sup>7</sup> Jackson C, Ball L. Continuity of care: Vital, but how do we measure and promote it? *Aust J Gen Pract.* 2018 Oct;47(10):662-664. doi: 10.31128/AJGP-05-18-4568. PMID: 31195766

<sup>8</sup> Palliative Care. World Health Organization. Accessed 7 June 2021. <https://www.who.int/news-room/fact-sheets/detail/palliative-care>



## Program Objectives

Both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center) will be responsible for collecting data and reporting annually on these objectives for the purposes of monitoring and evaluating the overall effectiveness of the program.

Baseline data will be collected and reported by each recipient directly to HRSA within the first year of the program.

### HRSA-22-098 – Demonstration Projects

- 1) By July 2027, increase by 50 percent from baseline the number of families of CMC who report being actively engaged as shared decision makers in developing their child's shared plan of care.
- 2) By July 2027, increase by 50 percent from baseline the number of families of CMC who report an improved patient/family experience of care (as measured by the Consumer Assessment of Healthcare Providers and Systems Health Plan Survey<sup>9</sup>).
- 3) By July 2027, increase by 25 percent from baseline the number of families of CMC who report increased coordination of care and access to the services, supports and resources they need (as measured by the Pediatric Integrated Care Survey (PICS)<sup>10</sup>).
- 4) By July 2027, 100 percent of participating recipients will have implemented, and evaluated an innovative and/or evidence-informed family-centered model of care for serving a minimum of 75 CMC per project.

### HRSA-22-088 – Coordinating Center

- 1) By July 2027, increase by 50 percent from baseline the awareness/knowledge of HRSA-22-098 recipients and key stakeholders of CMC issues as a result of TA, training, education, and resources provided by coordinating center.
- 2) By July 2027, support all HRSA-22-098 recipients in achieving their program objectives listed above.
- 3) By July 2027, 75 percent of the HRSA-22-098 recipients will be better able to serve their cohort of CMC as a result of peer to peer learning opportunities for sharing project challenges and successful innovations.

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

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<sup>9</sup> CAHPS Health Plan Survey. Content last reviewed October 2020. Agency for Healthcare Research and Quality. Rockville, MD. <https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>

<sup>10</sup> Patient & Family Experience Outcome Measurement: the Pediatric Integrated Care Survey. Boston Children's Hospital. Accessed 3 June 2021. <https://www.childrenshospital.org/integrated-care-program/patient-and-family-experience-outcome#:~:text=Pediatric%20Integrated%20Care%20Survey%20%28PICS%29%3A%20A%20Family-reported%20survey,integration.%20Tools%20are%20available%20in%20Spanish%20as%20well.>

## 2. Background

### About MCHB and Strategic Plan

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

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

**Goal 2:** *Achieve health equity for MCH populations*

**Goal 3:** *Strengthen public health capacity and workforce for MCH*

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

This program addresses MCHB's goals to *assure access to high quality and equitable health services to optimize health and well-being for all MCH populations (Goal 1) and achieve health equity for MCH populations (Goal 2)*. The program will address these two MCHB goals by funding demonstration projects to implement models of care that are designed to optimize the child's health, general functioning/quality of life and family well-being, and are accessible, comprehensive, compassionate, culturally effective, and patient/family-centered.

To learn more about MCHB and the bureau's strategic plan, visit

<https://mchb.hrsa.gov/about>.

This program is authorized by the 42 USC § 701(a)(3)(F) (Title V, § 501(a)(3)(F) of the Social Security Act).

HRSA defines children with special health care needs (CSHCN) as those children who have, or are at an increased risk of, a chronic physical, developmental, behavioral, or emotional condition and require health care and related services of a type or amount beyond that required by children generally.<sup>11</sup> Children with medical complexity (CMC), a subgroup of CSHCN, are children who are the most medically fragile and have the most intensive health care needs.

Approximately 3 million of the 76 million children in the United States are considered to be CMC.<sup>12</sup> CMC have disproportionately high acute care utilization and account for as much as one-third of health care spending for all children with Medicaid and 55 percent of hospital costs for all admissions. CMC account for 6 percent of the total number of

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<sup>11</sup> <https://mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs>

<sup>12</sup> Children's Hospital Association. (2015, June 9). *Children With Complex Medical Conditions and Their Families Convene on Capital Hill to Urge Support for ACE Kids Act of 2015* [Press release]. Retrieved from <https://www.childrenshospitals.org/Newsroom/Press-Releases/2015/Children-with-Complex-Medical-Conditions-and-Their-Families-Convene-on-Capitol-Hill>

children on Medicaid, while accounting for 40 percent of Medicaid's total spending on children.<sup>13,14</sup> Two-thirds of CMC rely on Medicaid to help pay for health services, yet CMC frequently require health and related services that extend beyond what is covered by Medicaid.

CMC and their families face numerous challenges accessing the range of services they need, including home care, behavioral health, and respite. While the specific health needs of this population may vary, families consistently cite the need for shared decision making with health care professionals that considers both clinical and quality of life outcomes.<sup>15,16</sup> However, health systems have historically focused on health outcomes as opposed to broader metrics of well-being and quality of life that are important to families. A focus on models of care that emphasize family/child well-being and quality of life recognizes that functional outcomes, as well as physical, emotional, cognitive and social concerns, are as important as traditional medical outcomes.

HRSA first funded an initiative focused specifically on CMC in 2017 with a goal of improving the quality of life for CMC, the well-being of their families, and the cost-effectiveness of their care using a Collaborative Improvement and Innovation Network (CoIIN) approach. The CMC CoIIN successfully engaged families at all levels of the project and piloted assessment tools that addressed child/family quality of life. However, additional work is necessary to identify, implement, and evaluate evidence-informed interventions to improve family-centered, coordinated care that is consistent with a medical home.

The Enhancing Systems of Care for Children with Medical Complexity program will build on the 2017 initiative by focusing on implementation and evaluation of evidence-informed interventions to improve health, quality of life, and well-being for CMC and their families. The development, implementation, and evaluation of these interventions through five demonstration projects will help inform care models for CMC. A coordinating center will support the demonstration projects in measuring impact focused on well-being, quality of life, sustainability, and replicability and progress on the program objectives. The coordinating center will also facilitate the sharing of ideas and collaboration between the demonstration projects, ensuring dissemination of successful innovations across the field and increasing the use of successful practices across the United States.

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<sup>13</sup> Optimizing Health Care for Children with Medical Complexity. Children's Hospital Association. October 13, 2013. Accessed November 13, 2020. [https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues\\_and\\_Advocacy/Key\\_Issues/Children\\_With\\_Medical\\_Complexity/Issue\\_Briefs\\_and\\_Reports/OptimizingHealthCareReport\\_10152013.pdf](https://www.childrenshospitals.org/-/media/Files/CHA/Main/Issues_and_Advocacy/Key_Issues/Children_With_Medical_Complexity/Issue_Briefs_and_Reports/OptimizingHealthCareReport_10152013.pdf)

<sup>14</sup> Berry JG, Hall M, Neff J, Goodman D, Cohen E, Agrawal R, Kuo D, Feudtner C. Children with medical complexity and Medicaid: spending and cost savings. *Health Aff (Millwood)*. 2014 Dec;33(12):2199-206

<sup>15</sup> Kuo, Dennis Z. et al. Care coordination for children with medical complexity: Whose care is it, anyway?" *Pediatrics* 141.Supplement 3 (2018): S224-S232.

<sup>16</sup> Barnert S, et al. Key population health outcomes for children with medical complexity: A systematic review. *Maternal and Child Health Journal* (2019) 23:1167–1176 <https://doi.org/10.1007/s10995-019-02752-1>.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: HRSA-22-098 New; HRSA-22-088 Competing Continuation, New

HRSA will provide funding for both the **HRSA-22-098 (Demonstration Projects)** and the **HRSA-22-088 (Coordinating Center)** in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

#### **HRSA-22-098 (Demonstration Projects):**

#### **HRSA program involvement for cooperative agreements (HRSA-22-098 (Demonstration Projects)) will include:**

- Making available the services of HRSA personnel as participants in the planning and development of project activities during the period of performance;
- Participating in meetings and regular communication with the award recipients to assess progress in meeting the goals and objectives of this initiative;
- Continuously reviewing policies and procedures, activities, emerging issues, data, measures, and tools designed and implemented during the period of performance;
- Participating, when appropriate, in meetings, conference calls, and other sessions conducted during the period of performance, including but not limited to, advisory committee meetings, training and technical assistance sessions, learning collaborative sessions;
- Reviewing and editing, as appropriate, written documents developed by the recipient prior to submission for publication or public dissemination;
- Participating with the recipients in the dissemination of project findings, best practices, and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO;
- Conducting a site visit with the recipient during the period of performance; and
- Assisting in the establishment of partnerships, collaboration, and cooperation that may be necessary for carrying out the project, including with other federal agencies or other programs within HRSA.

**The cooperative agreement (HRSA-22-098 (Demonstration Projects)) recipients' responsibilities will include:**

- Meeting with the HRSA project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity;
- Collaborating with HRSA personnel in the planning and development of project activities including: implementing models of care; developing policies and procedures; identifying measures and data; identifying emerging issues; developing strategies and tools; and identifying topics for publications;
- Producing and disseminating project findings through publishing articles, reports and/or presentations; and adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA awards (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide);
- Completing activities proposed in response to the project requirements and scope of work to meet the project goals and objectives;
- Analyzing evidence-informed data, impact and QI data, and any relevant data trends;
- Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements;
- Participating in meetings and conference calls with HRSA conducted during the period of performance to provide regular updates on progress in meeting goals and objectives; and
- Collaborating with other HRSA-22-098 (Demonstration Project) recipients and the HRSA-22-088 (Coordinating Center) recipient to meet the goals and objectives of the program.

**HRSA-22-088 (Coordinating Center):**

**HRSA program involvement for cooperative agreements (HRSA-22-088 (Coordinating Center)) will include:**

- Making available the services of HRSA personnel as participants in the planning and development of project activities during the period of performance;
- Participating in meetings and regular communication with the award recipient to assess progress in meeting the goals and objectives of this initiative;
- Continuously reviewing policies and procedures, activities, emerging issues, data, measures, and tools designed and implemented during the period of performance;

- Participating, when appropriate, in meetings, conference calls, and other sessions conducted during the period of performance, including but not limited to, advisory committee meetings, training and technical assistance sessions, learning collaborative sessions;
- Reviewing and editing, as appropriate, written documents developed by the recipient prior to submission for publication or public dissemination;
- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO;
- Conducting a site visit with the recipient during the period of performance; and
- Assisting in the establishment of partnerships, collaboration, and cooperation that may be necessary for carrying out the project, including with other federal agencies or other programs within HRSA.

**The cooperative agreement (HRSA-22-088 (Coordinating Center)) recipient's responsibilities will include:**

- Meeting with the HRSA project officer at the time of the award to review the current strategies and to ensure the project and goals align with HRSA priorities for this activity;
- Collaborating with HRSA personnel in the planning and development of project activities including: developing policies and procedures; identifying measures and data; identifying emerging issues; developing strategies and tools; and identifying topics for advisory committee meetings, learning collaboratives, and publications;
- Producing and disseminating project findings through publishing articles, reports and/or presentations; and adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA awards (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide);
- Completing activities proposed in response to the project requirements and scope of work to meet the project goals and objectives;
- Analyzing evidence-informed data, impact and QI data, and any relevant data trends;
- Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements;
- Participating in meetings and conference calls with HRSA conducted during the period of performance to provide regular updates on progress in meeting goals and objectives; and

- Collaborating with HRSA-22-098 (Demonstration Project) recipients to meet the goals and objectives of the program.

## **2. Summary of Funding**

HRSA estimates approximately \$2,700,000 total to be available annually to fund the program, with up to \$2,000,000 to fund up to five cooperative agreements for HRSA-22-098 (Demonstration Projects) and up to \$700,000 to fund one cooperative agreement for HRSA-22-088 (Coordinating Center). The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$400,000 for HRSA-22-098 (Demonstration Projects) or \$700,000 for HRSA-22-088 (Coordinating Center) total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is August 1, 2022 through July 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Enhancing Systems of Services for Children with Medical Complexity program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants for both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center) include any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply.

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for HRSA-22-098 (Demonstration Projects) nor HRSA-22-088 (Coordinating Center).

### **3. Other**

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

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

NOTE: You may apply for both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center); however, if applying to both funding opportunities listed in this NOFO, two separate applications are required. HRSA will not consider funding applicants that submit a combined application for both funding opportunities. Please make sure you submit your application to the correct funding opportunity number. Applications submitted to the wrong competition will be deemed nonresponsive.

Multiple applications from an organization are not allowable for each notice number (HRSA-22-098/HRSA-22-088).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](https://www.grants.gov).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-098 (Demonstration Projects) and/or HRSA-22-088 (Coordinating Center) in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### **2. Content and Form of Application Submission**

#### **Application Format Requirements**

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

#### **Application Page Limitation**

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **70 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project\_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not



included in the workspace application package(s) for HRSA-22-098 and/or HRSA-22-088, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 will not be read, evaluated, or considered for funding.**

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-098 (Demonstration Projects) and/or HRSA-22-088 (Coordinating Center) before the deadline.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 8–15: Other Relevant Documents*.

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

### **Program Requirements and Expectations**

Successful applicants will propose methodologies and strategies to achieve the following:

#### **HRSA-22-098 – Demonstration Projects**

Regarding models of care delivery, successful recipients will:

- 1) Implement and evaluate evidence-informed models of care designed to optimize CMC's health, general functioning/quality of life and family well-being.
  - a. You are encouraged to propose novel or innovative models of care.
    - Examples of potential strategies successful recipients may implement could include, but are not limited to, those outlined in the [Program Goal section](#).
- 2) Participate in education, training, technical assistance, and learning collaboratives with other HRSA-22-098 recipients organized by the coordinating center (HRSA-22-088).

- 3) Plan for evaluation of project activities including measurement of progress on the program objectives and any additional measures.
- 4) Assess and plan for replicability of project activities in other settings.
- 5) Plan for dissemination, scalability, and sustainability of successful innovations, including identifying funding mechanisms beyond the federal funding period.

Regarding data collection, successful recipients will:

- 1) Conduct a health equity assessment of the CMC target population within the first year of the project to identify challenges and barriers these children and families face in accessing services in their current system of care.
- 2) Collect and analyze data to measure progress on the [program objectives](#).
- 3) Collect and analyze data on additional measures (up to three additional measures is recommended).

Regarding partnerships and collaboration, successful recipients will:

- 1) Engage stakeholders, including CMC and their families from unserved or underserved communities, in the development, implementation, and evaluation of project activities.
- 2) Develop families/caregivers of CMC as leaders in the proposed system of care of CMC.
- 3) Build partnerships and collaborations among key stakeholders such as State Title V Maternal and Child Health Services Block Grant programs, State Medicaid agencies, State IDEA Part C, CMC and their families/caregivers, pediatric primary care and specialty care providers, complex care clinics and children's hospitals, public and private insurers, adult primary care and specialty care providers, social service providers, mental and behavioral health providers, oral health providers, educators, and palliative care experts, among others.
- 4) Engage families of CMC to identify interventions and policies leading to improved quality of life and protective factors e.g., supportive and stable relationships, positive parenting practices, healthy family dynamics.<sup>17</sup>

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<sup>17</sup> Mattson G, Kuo DZ, AAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, AAP COUNCIL ON CHILDREN WITH DISABILITIES. Psychosocial Factors in Children and Youth With Special Health Care Needs and Their Families. *Pediatrics*. 2019;143(1):e20183171

## **HRSA-22-088 – Coordinating Center**

Regarding training and technical assistance, the successful recipient will:

- 1) Provide ongoing education, training, technical assistance, and access to national resources to HRSA-22-098 recipients and other CMC stakeholders on CMC issues, including emerging issues.
- 2) Convene learning collaboratives for HRSA-22-098 recipients throughout the period of performance to provide peer-to-peer learning opportunities for sharing project challenges and innovations.
- 3) Assist HRSA-22-098 recipients with the development, implementation, evaluation, and replicability/scalability of their models of care.
- 4) Assist HRSA-22-098 recipients in developing CMC families/caregivers as leaders in the CMC system of care.
- 5) Assist HRSA-22-098 recipients with the collection of data to measure and evaluate the effectiveness and impact of their demonstration project.
- 6) Identify and disseminate successful innovations across HRSA-22-098 recipients and to other CMC stakeholders.
- 7) Conduct an inventory of evidence-informed strategies to address disparities and health equity challenges CMC and their families face when accessing necessary services. Provide guidance to the HRSA-22-098 recipients to address the challenges identified for their specific CMC target populations to access services in their current system of care (e.g., home care, behavioral health, respite care).

Regarding partnerships and collaboration, the successful recipient will:

- 1) Within 3 months of the project start date, identify and convene an advisory committee.
  - a. Advisory committee members should include families and caregivers of CMC and/or young adults with medical complexity, State Title V programs, pediatric primary and specialty care providers, public or private insurers, as well as those with expertise in diversity, equity, and inclusion. Other advisory committee members may include adult primary and specialty care providers, social service providers, mental and behavioral health providers, educators, leaders of complex care clinics and children's hospitals, palliative care experts, and State Medicaid, State IDEA Part C or other payer organizations, among others.
  - b. Convene the advisory committee on a regular basis throughout the project to provide guidance to the successful HRSA-22-088 recipient and HRSA-22-098 recipients on project activities.
- 2) Build partnerships and collaborations among HRSA-22-098 recipients and with other key CMC stakeholders.

Regarding evaluation, the successful recipient will:

- 1) Assist HRSA-22-098 recipients with the development and evaluation of additional measures specific to each demonstration project.
- 2) Evaluate the progress of the HRSA-22-098 recipients in meeting the goals and objectives of the program.
- 3) Evaluate the progress of the coordinating center in meeting the goals and objectives of the program.

## **Program-Specific Instructions**

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

### **i. Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

For both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center) provide a summary of the application in the Project Abstract box using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](http://USAspending.gov).

## **NARRATIVE GUIDANCE**

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

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

## ii. **Project Narrative**

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

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V's Review Criteria [1 \(Need\)](#) and [2 \(Response\)](#)

**HRSA-22-098 (Demonstration Projects):** Briefly describe the purpose of the proposed project including how you will implement and evaluate models of care that will optimize CMC's health, general functionality/quality of life and family well-being.

**HRSA-22-088 (Coordinating Center):** Briefly describe the purpose of the proposed project including how you will provide training and technical assistance to the HRSA-22-098 recipients in measuring impact and effectiveness of their demonstration projects, assist with national spread and sustainability of successful innovations, and provide national leadership to the HRSA-22-098 recipients and other CMC stakeholders on CMC issues, including emerging issues.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion [1 \(Need\)](#)

**HRSA-22-098 (Demonstration Projects):** Describe and document your CMC target population and their families/caregivers served by your project, and their unmet health needs and disparities in the areas to be served. Describe how you will conduct a health equity assessment to identify barriers and challenges your CMC target population has experienced with their current system of care and how they would describe an optimal quality of life/experience of care. Provide rationale

and evidence for the need to enhance the system of care for your selected population, providing a brief description of how your proposed model of care will address this need. Use and cite demographic data whenever possible to support the information provided. Demographic data of the target population, including geographic, economic, racial/ethnic and linguistic data, should be included. This section will help reviewers understand the community that you will serve with the proposed project.

**HRSA-22-088 (Coordinating Center)**: Describe and document the CMC population and their unmet needs across the various systems of care, for example, health care, education, social services, etc. Describe how you will conduct an inventory of evidence-informed strategies to address disparities and health equity challenges that CMC and their families face. Describe how you will provide guidance to HRSA-22-098 recipients to address these challenges and develop models of CMC care delivery. Identify the barriers and challenges for CMC and their families/caregivers to access resources and services and achieve optimal coordination of care. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers assess your understanding of the needs of CMCs and their families.

- **METHODOLOGY** -- Corresponds to Section V's Review Criterion [2 \(Response\)](#)

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, propose methods that you will use to address the stated needs and meet each of the previously described [Program Requirements and Expectations](#) in this NOFO. 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 patients, families, and communities. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their 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.

In addition to the items above, describe the methods utilized to achieve the following activities (see Program Requirements and Expectations of this NOFO for a full description of what to address):

### **HRSA-22-098 (Demonstration Projects):**

- 1) Models of Care Delivery: Describe the proposed strategies for the selected model of care, including how the proposed project will be implemented, the rationale and evidence behind using the selected model, how the project will serve a minimum of 75 CMC, how families/caregivers of CMC will be engaged as leaders in project activities, how models of care will be evaluated, disseminated, and sustained, and the expected outcomes. You are encouraged to propose novel or innovative models of care. If literature does not yet exist to support the proposed model, provide additional information to support the rationale for selecting this model. Examples of potential strategies successful recipients may implement could include, but are not limited to those outlined in the [Program Goal](#).
- 2) Data collection: Describe how you will collect data on the progress of meeting the program objectives and developing and implementing additional measures.
- 3) Partnerships and Collaboration: Describe how partnerships and collaborations will be built among key stakeholders, including families of CMC, including those from unserved or underserved communities, in project activities.

### **HRSA-22 088 (Coordinating Center):**

- 1) Training and Technical Assistance: Describe the training and technical assistance that will be provided to HRSA-22-098 recipients in the development, implementation, and scalability of the demonstration projects. Describe how a learning collaborative will be conducted for HRSA-22-098 recipients for peer-to-peer learning opportunities. Describe how you will provide access to national resources for HRSA-22-098 recipients and other CMC stakeholders on CMC issues, including emerging issues.
- 2) Partnerships and Collaboration: Describe how you will convene an advisory committee, and how the advisory committee will provide guidance to the successful HRSA-22-088 recipient and HRSA-22-098 recipients on project activities on project activities including, but not limited to: assistance with measurement of progress on the program objectives and additional project specific measures; assistance in implementing HRSA-22-098 recipients' models of care; identification of emerging issues and future trends affecting the system of care for CMC; and assistance with dissemination of successful project innovations to other CMC stakeholders. Describe how partnerships and collaborations will be built among HRSA-22-098 recipients and with CMC stakeholders.
- 3) Evaluation: Describe how you will provide evaluation assistance to HRSA-22-098 recipients, including evaluation of any additional project specific measures. Describe how HRSA-22-098 projects will be evaluated for effectiveness and impact, and how you will measure their progress in meeting program goals and objectives.

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

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. 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 developing the application. Include the work plan and logic model as *Attachment 1* of your application.

### **Logic Models**

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website:

[https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf).

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

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

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



For both **HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)**, describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and [Program Objectives](#) of the project. Baseline data will be submitted within the first year of the project, then collected and reported annually for the duration of the project to monitor and evaluate the overall effectiveness of the program. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. Describe the expected outcomes for the proposed project.

In addition, successful applicants are expected to collect and report annually on the following measures:

**HRSA-22-098 (Demonstration Projects)**

- 1) Number of families of CMC who are engaged in the development, implementation, and/or evaluation of the models of care.
- 2) Number of stakeholders from unserved or underserved communities engaged in the development, implementation, of project activities.
- 3) Number of families of CMC who report an increase in family functioning, patient/family well-being, and quality of life.
- 4) Number of families of CMC reporting an improved patient experience of care.
- 5) Number of partnerships and collaborations established among key stakeholders.

**HRSA-22-088 (Coordinating Center)**

- 1) Number of HRSA-22-098 recipients who successfully achieved their program objectives.
- 2) Number of advisory committee meetings convened.
- 3) Percentage of advisory committee members who are family members of CMC or key stakeholders.
- 4) Percentage of stakeholders from unserved or underserved communities engaged in the advisory committee and in other relevant project activities.
- 5) Number of training and technical assistance sessions provided to the HRSA-22-098 recipients.
- 6) Number of learning collaboratives established for the HRSA-22-098 recipients.
- 7) Number of new partnerships and collaborations built among key CMC stakeholders.
- 8) Number of national resources developed for HRSA-22-098 recipients and other CMC stakeholders on CMC issues, including emerging issues.

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including accurate and timely reporting of performance outcomes. 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 process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion [5 \(Resources and Capabilities\)](#)

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart as *Attachment 5*. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

- **PROGRAM-SPECIFIC BUDGET AND BUDGET NARRATIVE**

- iii. **Budget**

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)** the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

**HRSA-22-098 (Demonstration Projects):**

Include in the budget a mechanism to pay for the development of family leaders, including compensation for family members' time and effort.

**Reminder:** For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)**, the Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70),

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

**iv. Budget Narrative**

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

**v. Program-Specific Forms**

Program-specific forms are not required for application.

**vi. Attachments**

For both **HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)** provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments are required and will count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

**Attachment 1: Work Plan and Logic Model**

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

**Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))**

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

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

**Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)**

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

**Attachment 5: Project Organizational Chart**

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5<sup>th</sup> Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

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.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the \*DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management ([SAM.gov](#)). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

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

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

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

\*Currently, the Grants.gov registration process requires information in three separate systems:



The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- 1) To provide payments for clinical services.
- 2) To provide service delivery equipment (i.e., telemedicine).
- 3) Shared Staffing: If you are proposing to utilize the same director or contractual staff across multiple grants/programs (e.g., Community Integrated Service Systems (CISS), Special Projects of Regional and National Significance (SPRANS), State Title V block grant, Healthy Start (HS)), you must assure that the combined funding for each position does not exceed 100 percent FTE. If such an irregularity is found, HRSA funding will be reduced accordingly.
- 4) Shared Equipment: If you are proposing to purchase equipment which will be used across multiple grants/programs (e.g., CISS, SPRANS, State Title V block grant, HS), you must pro-rate the costs of the equipment across programs and show the calculation of this pro-ration in the justification. If an irregularity is found where HRSA equipment is being used by other programs without reimbursement, HRSA funding will be reduced accordingly.
- 5) Cash Stipends/Incentives: Funds cannot be utilized for cash stipends/monetary incentives given to clients to enroll in project services. However funds can be used to facilitate participation in project activities (e.g., childcare, transportation costs), as well as for services rendered to the project (e.g., adolescent peer mentors).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

## V. Application Review Information

### 1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank the Enhancing the Systems of Care for Children with Medical Complexity program HRSA-22-098 (Demonstration Projects and HRSA-22-088 (Coordinating Center) applications. Below are descriptions of the review criteria and their scoring points.

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

#### **HRSA-22-098 (Demonstration Projects)**

The extent to which the application describes:

- 1) An understanding of the unmet needs and disparities of the selected CMC target population and the evidence for the need to enhance the current system of care;
- 2) How the proposed model will address this need; and
- 3) How a health equity assessment will be conducted to identify barriers and challenges in the current system of care.

#### **HRSA-22-088 (Coordinating Center)**

The extent to which the application describes:

- 1) An understanding of the CMC population and their families/caregivers and the unmet needs across the systems of care;
- 2) An understanding of the likely needs of the HRSA-22-098 recipients in developing and evaluating their demonstration projects; and
- 3) How the applicant will conduct an inventory of evidence-informed strategies to address disparities and health equity challenges faced by CMC and their families.

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

#### **HRSA-22-098 (Demonstration Projects)**

Response to Purpose Section (9 points)

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 thoroughness of the work plan and logic model describing the framework for the proposed project and the time line for program implementation. The extent to which potential project challenges are described along with approaches to resolve such challenges. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

In addition, the thoroughness, feasibility, and applicability of the methods and activities proposed (see Program Requirements and Expectations of this NOFO for a full description of what to address) to:

#### Models of Care Delivery (15 points)

- Implement, evaluate, disseminate and sustain a model of care to serve a minimum of 75 CMC, including families/caregivers of CMC at all levels of the project activities.

#### Data collection (6 points)

- Collect data on the progress meeting the program objectives and any additional measures.

#### Partnerships and Collaboration (5 points)

- Partner and collaborate among key stakeholders, including families of CMC, including those from diverse communities, in project activities.

### **HRSA-22-088 (Coordinating Center)**

#### Response to Purpose Section (15 points)

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 thoroughness of the work plan and logic model describing the framework for the proposed project and the time line for program implementation. The extent to which potential project challenges are described along with approaches to resolve such challenges. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.



In addition, the thoroughness, feasibility, and applicability of the methods and activities proposed (see [Program Requirements and Expectations](#) of this NOFO for a full description of what to address) to:

#### Training and Technical Assistance (10 points)

- Provide training and technical assistance to HRSA-22-098 recipients in the development, implementation, and scalability of the demonstration projects.
- Deliver education and access to national resources for HRSA-22-098 recipients and other CMC stakeholders.
- Conduct a learning collaborative for HRSA-22-098 recipients for peer-to-peer learning opportunities.
- Provide national leadership to the HRSA-22-098 recipients and other CMC stakeholders.

#### Partnerships and Collaboration (5 points)

- Utilize an advisory committee to provide guidance to the program.
- Build partnerships and collaborations among HRSA-22-098 recipients and with CMC stakeholders.

#### Evaluation (5 points)

- Develop and implement a plan to assist HRSA-22-098 recipients with the evaluation of their models of care.
- Assist HRSA-22-098 recipients with the development and evaluation of additional measures specific to each demonstration project.

#### Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

For both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)

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. This includes the extent to which the application describes the following activities:

#### **HRSA-22-098 (Demonstration Projects)**

- 1) Evaluation of the program performance to monitor ongoing processes and progress towards the [Program Goal](#) and [Program Objectives](#), including annual reporting of data measures listed under the [Evaluation and Technical Support Capacity](#) section.

- 2) Implementation and evaluation of the evidence-informed model of care proposed for the program.
- 3) Development and implementation of an evaluation plan for project activities including measuring the progress on meeting the program objectives.
- 4) Development and implementation of an evaluation plan to collect and analyze data on any additional measures.
- 5) Assessment of the health equity challenges and barriers the CMC target population faces in accessing services in their current system of care.

#### **HRSA-22-088 (Coordinating Center)**

- 1) Evaluation of the program performance to monitor ongoing processes and progress towards the goals and objectives of the project, including annual reporting of data measures listed under the [Evaluation and Technical Support Capacity](#) section.
- 2) Measurement of the effectiveness and impact of the HRSA-22-098 projects and their progress in meeting the goals and objectives of the program.
- 3) Evaluation of the progress of the coordinating center in meeting the goals and objectives of the program.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's [Work Plan](#)

#### **For both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)**

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding. The thoroughness of the work plan and logic model describing the framework for the proposed project and the time line for program implementation.

This also includes the extent to which the proposed project describes the following:

#### **HRSA-22-098 (Demonstration Projects)**

- 1) Description of the intended outcomes from using the selected model of care.
- 2) Development of a plan for replicability and scalability of project activities.
- 3) Engagement of stakeholders, including CMC and their families, from unserved or underserved communities in project activities.
- 4) Establishment of families/caregivers of CMC as leaders in the proposed system of care.
- 5) Development of partnerships and collaborations among key stakeholders.

## **HRSA-22-088 (Coordinating Center)**

- 1) Provision of education, training, technical assistance and access to national resources on CMC issues, including emerging issues.
- 2) Assistance to HRSA-22-098 recipients with the replicability/scalability of their models of care.
- 3) Dissemination of successful innovations to other CMC stakeholders.
- 4) Development of partnerships and collaborations among HRSA-22-098 recipients and with other key CMC stakeholders.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#) and [Organizational Information](#) For both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center), 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.

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

For both **HRSA-22-098 (Demonstration Projects)** and **HRSA-22-088 (Coordinating Center)** the reasonableness of the proposed budget for each year of the period of performance 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**

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

## **3. Assessment of Risk**

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those

requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

For both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center), HRSA will release the Notice of Award (NOA) on or about the start date of August 1, 2022. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements for both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center)**

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

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

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

## **Accessibility Provisions and Non-Discrimination Requirements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

### **Executive Order on Worker Organizing and Empowerment**

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

## Requirements of Subawards

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

## Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, 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 award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

## 3. Reporting

Award recipients for both HRSA-22-098 (Demonstration Projects) and HRSA-22-088 (Coordinating Center) must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at <https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-098&ActivityCode=UM2> for Demonstration Projects recipients and <https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-088&ActivityCode=UJ6> for the Coordinating Center recipient. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
<b>a) New Competing Performance Report</b>	August 1, 2022 – July 31, 2027  <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
<b>b) Non-Competing Performance Report</b>	August 1, 2022 – July 31, 2023 August 1, 2023 – July 31, 2024 August 1, 2024 – July 31, 2025 August 1, 2025 – July 31, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
<b>c) Project Period End Performance Report</b>	August 1, 2026 – July 31, 2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Final Project Period Narrative Report.** The recipient must submit a final narrative progress report to HRSA following the end of the period of performance. The report will be submitted in the EHBs and should include final outcomes related to the program goal and objectives, including accomplishments and barriers. Further information will be available in the NOA.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards

effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

## VII. Agency Contacts

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

Tya Renwick  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 594-0227  
Email: [TRenwick@hrsa.gov](mailto:TRenwick@hrsa.gov)

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

Anna Maria Padlan  
Public Health Analyst, Division of Services for Children with Special Health Needs  
Attn: Enhancing Systems of Care for Children with Medical Complexity  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 18W-10D  
Rockville, MD 20857  
Telephone: (301) 443-1737  
Email: [APadlan@hrsa.gov](mailto:APadlan@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
[Self-Service Knowledge Base](#)



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

HRSA Contact Center  
Telephone: (877) 464-4772 / (877) Go4-HRSA  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance**

HRSA has scheduled following technical assistance:

#### *Webinar*

Day and Date: Monday, December 20, 2021  
Time: 3 – 4:30 p.m. ET  
Call-In Number: 1-833-568-8864  
Meeting ID: 160 565 5601  
Participant Code: 12203071

Weblink: [https://hrsa-  
gov.zoomgov.com/j/1605655601?pwd=bkh3cTZ6M2pZMnhtMWpSWkFiWmdHQ  
T09](https://hrsa.gov.zoomgov.com/j/1605655601?pwd=bkh3cTZ6M2pZMnhtMWpSWkFiWmdHQ T09)

Meeting ID: 160 565 5601  
Passcode: 17uCY6qi

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

### **Tips for Writing a Strong Application**

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