

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

**Maternal and Child Health Bureau
Maternal and Child Health Training Program**

*Continuing Education and Development
(CED)
HRSA-04-054*

*Catalog of Federal Domestic Assistance
(CFDA) No. 93.110*

**PROGRAM GUIDANCE
COMPETITIVE ANNOUNCEMENT**

Fiscal Year 2004

Letter of Intent Due Date: January 13, 2003

Application Due Date: February 13, 2004

Release Date: *December 4, 2003*

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Authority: Title V of the Social Security Act, as amended

Electronic Access

You may submit this application on-line.

Register at: <https://grants.hrsa.gov/webexternal/registration.asp>

EXECUTIVE SUMMARY

Continuing Education and Development (CED)

Thank you for your interest in the **MCH Continuing Education and Development (CED) Competition**. Grant support is available from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). We are aware that preparation of this application will involve a considerable commitment of time and energy. **Please read the guidance carefully before completing the application.**

This Guidance includes instructions for 2 separate continuing education training programs:

A) **T02—Continuing Education and Development (CE).**

Purpose.

Continuing Education and Development (CE) focuses on increasing the leadership skills of MCH professionals by facilitating the timely transfer of new information, research findings and technology related to MCH; and updating and improving the knowledge and skills of health and related professionals in programs serving mothers and children. CED programs support the conduct of short-term, non-degree related courses, workshops, conferences, symposia, institutes, and distance learning strategies and/or development of curricula, guidelines, standards of practice, and educational tools/strategies intended to assure quality health care for the MCH population.

B) **T21—Continuing Education/Distance Learning (CE/DL).**

Purpose

Distance learning has become critical for both institutions of higher education and governmental agencies in meeting their need to provide continuing education and staff development. The purpose of the MCH Training Continuing Education/Distance Learning (CE/DL) Program is to increase the leadership skills of MCH professionals by facilitating the timely transfer of new information, research findings, and technology related to MCH; and updating and improving the knowledge and skills of health and related professionals in programs serving mothers and children using distance learning techniques and technology. Priority target audiences include State Title V programs and other MCH related professionals in local, State and Federal public health agencies.

Qualified Applicants: As cited in 42 CFR Part 51a.3 (b), only public or nonprofit private institutions of higher learning may apply for training grants.

Number of Grants and Funds Available Per Year: CE—Up to \$300,000 is available to fund up to 10 grants per year (\$30,000 available per grant, per year).

CE/DL—Up to \$525,000 is available to fund up to 4 grants per year (approximately \$130,000 available per grant, per year).

Project Period: CE—Approved projects will be funded effective July 1, 2004 and will be awarded project periods of one to three years.

CE/DL— Approved projects will be funded effective July 1, 2004 and will be awarded project periods of three years.

Due Dates: **Letters of Intent Due:** January 13, 2003 (CE and CE/DL)
Application Due Date: February 13, 2004 (CE and CE/DL)

Programmatic Assistance

Additional information related to the overall program issues or technical assistance may be obtained by contacting:

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E-Mail: afavors@hrsa.gov

Business, Administrative and Fiscal Inquiries

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

Ms. Marilyn Stewart
Grants Management Branch
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11-11, Rockville, MD 20857
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E-mail: mstewart@hrsa.gov

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose, CE

Continuing Education and Development (CED) focuses on increasing the leadership skills of MCH professionals by facilitating the timely transfer of new information, research findings and technology related to MCH; and updating and improving the knowledge and skills of health and related professionals in programs serving mothers and children. CED programs support the conduct of short-term, non-degree related courses, workshops, conferences, symposia, institutes, and distance learning strategies and/or development of curricula, guidelines, standards of practice, and educational tools/strategies intended to assure quality health care for the MCH population.

Purpose, CE/DL

Distance learning has become critical for both institutions of higher education and governmental agencies in meeting their need to provide continuing education and staff development. The purpose of the MCH Training Continuing Education/Distance Learning (CE/DL) Program is to increase the leadership skills of MCH professionals by facilitating the timely transfer of new information, research findings, and technology related to MCH; and updating and improving the knowledge and skills of health and related professionals in programs serving mothers and children using distance learning techniques and technology. Priority target audiences include State Title V programs and other MCH related professionals in local, State and Federal public health agencies.

2. Background (Both CE and CE/DL)

Maternal and Child Health Bureau and Title V of the Social Security Act: In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for more than 65 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components—Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

The mission of MCHB is to provide national leadership and to work, in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability of medical homes, and build the knowledge and human resources, in order to assure continued improvement in the health, safety, and well-being of the MCH population. The MCH population includes all America's women, infants, children, adolescents and their families, including fathers and children with special health care needs (CSHCN).

The goals of MCHB are:

- 1) *Provide National Leadership for Maternal and Child Health*—To provide national leadership by creating a shared vision and goals for MCH, strengthening the knowledge base, forging MCH partnerships, promoting family participation in care and providing graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide;
- 2) *Eliminate Health Barriers and Disparities*—To develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population and train an MCH workforce that is culturally competent and reflects an increasingly diverse population;
- 3) *Assure Quality of Care*—To build analytic capacity to assess and assure quality of care, develop and promote health services and systems designed to improve quality of care and assure appropriate follow-up services; and
- 4) *Improve the Health Infrastructure and Systems of Care*—To build analytic capacity for assessment, planning and evaluation, to use the best available evidence to develop and promote guidelines and best practices, and assist states and communities to plan and develop comprehensive, integrated health service systems.

The Maternal and Child Health Training Program (MCHTP): The Maternal and Child Health Training Program is housed within the Maternal and Child Health Bureau's Division of Research, Training and Education (DRTE). MCHTP provides leadership and direction in educating and training our nation's future leaders in maternal and child health. The MCHTP is authorized under Section 502 of Title V of the Social Security Act, as amended, to make strategic investments in public and nonprofit private institutions of higher learning for MCH leadership education.

The health and well-being of America's families and children are far better today than at any time in our past. Many of the serious infectious diseases that threatened children in the earlier part of the last century have all but disappeared. Today, however, we face new perils endangering our children, and have new opportunities to advance health promotion and disease prevention. While national progress toward improved child health has been marked, there remains significant morbidity, and it is clear that all groups have not benefited equally in our progress.

Moreover, sharp disparities persist in the availability and quality of health services related to income, ethnic background, and geographic location. These vary among states, regions and local communities. Our challenge, then, is to invest wisely and assure a bright future for all America's children and families.

Within this context the training programs focus on development of professionals for leadership roles, in addition to advanced professional preparation.

MCH Training Program Goals

- Train the next generation of leaders in the MCH field to address the special needs of children, adolescents, and women;
- Foster interdisciplinary care;
- Change attitudes and practice, to ensure that contemporary standards of care are incorporated into practice patterns, e.g., family-centered and culturally competent care; and
- Emphasize a population focused, public health approach.

The MCH Training Program achieves these goals by supporting:

- *Trainees* who show promise to become leaders in the MCH field in the areas of teaching, research, clinical practice, and/or administration and policymaking
- *Faculty* in public and private nonprofit institutions of higher learning who mentor trainees and students in exemplary MCH public health practice, advance the field through research and dissemination of findings, develop curricula particular to MCH and public health, and provide technical assistance to the field.
- *Continuing education and technical assistance* to those already practicing in the MCH field to keep them abreast of the latest research and practice.

Leadership Training: The MCH Training Program places a particular emphasis on leadership education that includes curricula and field experiences which relate to: populations as well as individuals; integrated systems of care as well as parts of service systems; and a medical home as well as the array of necessary specialized care settings. Significant curriculum attention is also paid to interdisciplinary training, and community-based and family-centered services. In addition, leadership curricula include a focus on program administration, public policy, and advocacy.

The MCHB believes that with an understanding of and appreciation for broader issues and aspects of health care, professionals will be more adequately prepared to deliver care and to provide leadership in advancing the field to better serve mothers and children in a rapidly changing health care environment. It is our belief and hope that leaders emerging from the projects supported through MCH training will exercise their new knowledge and skills to develop comprehensive, compassionate, family-centered, high quality care systems, including health promotion and disease prevention and related services, for mothers, children, and families.

II. AWARD INFORMATION

Summary of Funding

T02, Continuing Education and Development (CE) Grant

- The MCH Training Program will provide funding during Federal fiscal years 2004 -2007. Projects will be awarded for periods of one to three years.
- Approximately \$300,000 is expected to be available yearly to fund 10 grantees (\$30,000 per grant, per year).
- Funding beyond the first year is dependent on the availability of appropriated funds for Continuing Education in subsequent years and satisfactory grantee performance.

T21, Continuing Education/Distance Learning (CE/DL) Grant

- The MCH Training Program will provide funding during Federal fiscal years 2004 -2007. Projects will be awarded for a period of three years.
- Approximately \$525,000 is expected to be available yearly to fund 4 grantees (approximately \$130,000 per grant, per year).
- Funding beyond the first year is dependent on the availability of appropriated funds for Continuing Education/Distance Learning in subsequent years and satisfactory grantee performance.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

As cited in 42 CFR Part 51a.3 (b), only public or nonprofit private institutions of higher learning may apply for training grants.

2. Cost Sharing/Matching

No cost sharing or matching is required for this program.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Applicants must submit proposals using the Health Resources and Services Administration (HRSA) Training Forms 6025, see Guidance Appendix A. These forms contain additional general information and instructions for proposal narratives and budgets. The face sheet and budget forms may be obtained by:

(a) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

(b) Contacting the HRSA Grants Application Center at:
The Legin Group, Inc.
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123
HRSAGAC@hrsa.gov.

Please specify CFDA #93.110, CED, HRSA 04-054 on application materials for Continuing Education and Development.

Instructions for preparing portions of the application that must accompany HRSA Training Forms 6025 appear in the "Application Format" section below (see page 11). See Guidance Appendix A for a complete set of application forms and instructions.

2. Content and Form of Application Submission

Application Format Requirements

If applying on paper, the entire application **may not exceed 25 pages in length for CE OR 30 pages in length for CE/DL**, excluding the face page, abstract, budget and budget justification. **Appendices may not exceed 25 pages for CE or 30 pages for CE/DL.** Pages must be numbered consecutively.

If applying on-line, the total size of all uploaded files may not exceed 6.3 MB for CE or 7.5 MB for CE/DL.

Applications that exceed the specified limits will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

a. **Number of Copies (Paper Applications only):** Please submit one (1) original and two (2) unbound copies of the application. Please do not bind or staple the application. Application must be single sided.

b. **Font:** Please use an easily readable serif typeface, such as Times Roman, Courier, CG Times, or Arial. The text and table portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned.

c. **Paper Size and Margins:** For scanning purposes, please submit the application on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

d. **Numbering:** Please number the pages of the application sequentially from page 1 (face page) to the end of the application, including charts, figures, tables, and appendices.

e. **Names:** Please include the name of the applicant on each page.

f. **Section Headings:** Please put all section headings flush left in bold type.

Application Format

Applicants for this program should apply using HRSA Training Form 6025, see Guidance Appendix A. Additional content, specific to this program is included in Guidance Appendices C and D.

i. Application Face Page

HRSA Training Form 6025-1 is provided in Appendix A. Prepare this page according to the instructions provided.

DUNS Number

As of October 1, 2003, all applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS can be found at <http://www.hrsa.gov/grants/duns.htm> or call 1-866-705-5711. Please include the DUNS number next to the OMB Approval Number on the application face page. Application *will not* be reviewed without a DUNS number.

Additionally, the applicant organization will be required to register with the Federal Government's Central Contractor Registry (CCR) in order to do business with the Federal Government, including electronic. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants/ccr.htm>.

ii. Table of Contents

Provide a Table of Contents for the remainder of the application (including appendices), with page numbers.

iii Application Checklist

A complete application will include the following:

- Letter of Transmittal indicating Program Name (CE or CE/DL) and announcement number.
- HRSA 6025-1 Face Page
- Table of Contents
- Abstract of Proposal (no more than 3 pages)
- Detailed Budget-First 12 Month Budget Period
- Budget Justification
- Consolidated Budget, Budget Estimates for all years of support requested

- Detailed Description of Project (no more than 25 pages—CE; 30 pages—CE/DL)
- Appendices (no more than 25 pages total for CE; 30 pages for CE/DL)
 - Appendix A: Tables, Charts, etc.
 - Appendix B: Position Descriptions for Key Personnel
 - Appendix C: Biographical Sketches of Key Personnel
 - Appendix D: Letters of Agreement and/or Description(s) of Contracts
 - Appendix E: Project Organizational Chart
 - Appendix F: Committee Descriptions
 - Appendix G: Curriculum
 - Appendix H: Other Relevant Documents
- Summary Progress Report (required for competing continuation applications; optional for new applications)
- Abstract and Diskette containing abstract and narrative in a separate envelope

iv. Budget

Use HRSA 6025 budget forms, see Guidance Appendix A. Applicants should submit line item budgets for every year of grant support requested. For example, if the applicant organization requests three years of grant support, a line item budget with coinciding justification to support each of the three years must be submitted with the proposal. These forms will represent the full project period of Federal assistance requested. All budgets must be well justified, with explanations of each line item.

v. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant must submit one-year budgets for each of the subsequent project period years (one to three years) at the time of application. Line item information must be provided to explain the costs entered on HRSA Training Form 6025-2. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals. Be very careful about showing how each item in the "other" category is justified. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Budget for Multi-Year Grant Award

This announcement is inviting applications for project periods up to 3 years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for up to 3 years. Applications for continuation grants funded under these awards beyond the one-year budget period but within the 3 year project period will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government.

Caps on Expenses

Indirect Costs: Indirect costs will be reimbursed at 8% of total allowable direct costs exclusive of tuition and related fees and expenditures for equipment or at the actual indirect cost rate, whichever results in a lesser dollar amount.

Personnel

List participants (professional and nonprofessional) by name and position, or by position only if not yet filled, for whom salary is requested. (Support cannot be provided for faculty/staff who are at an organizational level superior to that of the Project Director or who are not subject to his/her administrative direction.) For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project.

On a continuation page, list the total project effort of hours or percent of time that personnel, including unpaid (voluntary) faculty and staff (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for twelve-month, academic year, or summer salaries, and include the formulas for calculating summer salaries.

Fringe Benefits

List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which

are made available to outside reviewing groups. If the applicant organization elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom removal of salaries and fringe benefits are being requested; the subtotals must still be shown. In addition, submit a copy of the Detailed Budget page, completed in full, including the amount of the salary and fringe benefits requested for each individual listed. This copy of the Detailed Budget page will be reserved for internal DHHS staff use only.

Consultant Costs

Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Travel

List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Enter amount for staff travel essential to the conduct of the training project. Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Please note that travel costs for consultants, should be included under "Consultants." Use of grant funds for foreign travel is prohibited.

Applicants whose projects are approved and funded may be asked to travel to an annual grantee meeting. The time of this meeting will be announced at a later date. Funds for such a meeting should be included in the budget.

For trainee travel, enter the amount requested for trainee travel necessary to the training experience. This is generally limited to local travel, unless specifically authorized. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

Equipment

List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.

Supplies

Itemize and justify how major types of supplies, such as general office and

photocopying expenses, relate to the project. Medical/clinical supplies and drugs are not ordinarily acceptable.

Subcontracts

To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in HRSA Training Form 6025. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Indirect Costs

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If the applicant does not have an indirect cost rate, you may obtain one by visiting the Division of Cost Allocation website: <http://www.psc.gov/fms/dca/dcamgrs.html>. For the training program, indirect costs are capped at 8% (see 2. Caps on Expenses, above).

Other Costs

Put all costs that do not fit into any other category into this category and provide and explanation of each cost in this category. In some cases, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

vi. Staffing Plan and Personnel Requirements

Position Descriptions

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Appendix B. At a minimum, position descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided), **functional relationships** (to whom and in what ways the position relates for training and/or service functions, including professional supervision), **duties and responsibilities** (what is done and how), and the minimum qualifications (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. An individual job description should be submitted for each position and should never exceed two pages in length.

Biographical Sketches

Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Appendix C. The information must be current, indicating the position description which the individual fills, and including sufficient detail to assess the individual's qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to two pages including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director's sketch, and placed in the appendix.

vii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please 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 grant project including the needs to be addressed, the proposed services, and the population group(s) to be served. The Abstract of the project must not exceed three (3) pages.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Project Director
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address

Key Words

Key words are the terms under which your project will be listed in a subject index of the abstracts book and indexed in databases. Select the most significant terms which describe the training project, including health professions for which training is offered; populations served; scope of services; and major issues being addressed through service, research, and training. Select from Guidance Appendix B: Menu of Suggested Key Words, and list the most significant terms that describe your project, including, populations served.

The project abstract must be single-spaced and limited to three pages in length and should include the following headings:

PROBLEM:

Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project, including the project's relationship to current MCH program priorities.

GOAL(S) AND OBJECTIVES:

Identify the major training goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

METHODOLOGY:

Describe the educational programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

COORDINATION:

Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

EVALUATION:

Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the training project in attaining goals and objectives. This section is usually one or two paragraphs in length.

viii. Program Narrative

The program narrative provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. See Guidance Appendix A.

Use the following section headers for the Program Narrative:

1. PURPOSE OF PROJECT

Briefly describe the background of the present proposal, critically evaluating the national, regional and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program (see I.A. Purpose and Guidance Appendices C and D).

2. GOAL(S) AND OBJECTIVES

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be observable and measurable with specific outcomes for each project year which are attainable in the stated time frame. These outcomes are the criteria for evaluation of the program.

3. ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURE

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included. Descriptions of committees which are a part of or related to the program, including the composition, function, and responsibilities, should be included in the appendix.

4. SETTING OF THE PROJECT

Describe briefly the physical setting(s) in which the program will take place, including geographic location of the primary site in relation to key training resources, e.g., distance between sites that are available and will be used to carry out the program. Maps/plans should be included in the appendix.

5. EXISTING RESOURCES

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Floor plans showing office, clinic, and teaching space and biographical sketches of faculty/staff should be included in the appendix.

6. REQUIRED RESOURCES

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. Position descriptions for key faculty/staff must be included in the appendix. At a minimum, job descriptions should spell out specifically administrative direction (from whom it is received and to whom it is provided), functional relationships (to whom and in what ways the position relates for training and/or service functions, including professional supervision), duties and responsibilities (what is done and how), and the minimum qualifications (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, not the particular capabilities or qualifications of a given individual. An individual job description should be submitted for each position and should never exceed two pages in length.

7. PROGRAM METHODOLOGY

The Program Methodology Section must include a general description of the training program, addressing the elements below. In addition, the methodology section must address those items particular to the CE and CE/DL training programs, as outlined in Guidance Appendices C (CE Only) and D (CE/DL Only).

Identify the competencies expected of the graduates and the required curriculum, including didactic and practicum components. A brief syllabus, including descriptions of courses and clinical experiences and differentiating required and elective components, should be included in the Appendix.

Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project.

Describe the roles and responsibilities of key project personnel.

Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives.

Include in the appendix copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

For additional methodology instructions for CE only, see Guidance Appendix C.

For additional methodology instructions for CE/DL only, see Guidance Appendix D.

8. EVALUATION

A formal plan for evaluating the training program must be described. Such an evaluation plan must include both process and outcome measures. It must also address how the major goals and objectives of the project will be achieved. Programs must identify a mechanism to receive input from potential consumers of the CE and CE/DL in the planning and evaluation process.

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the training program must address how the major goals and objectives of the project will be achieved. Demographic and discipline specific information, including assessment of trainees' initial and subsequent job placements/employment must be included in the evaluation plan.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. The applicant should present a plan for collecting the data elements described in Guidance Appendix E.

9. SPECIAL CONCERNS

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the areas of special concern to MCHB: Healthy People 2010, Underserved

Populations, Cultural Competence, Relation to the MCH Title V Program and other training programs, and whether you are serving a geographic area that is currently unserved or underserved by the MCH Training Program. By noting the section and page number where you have addressed these issues in your application, you will facilitate the review of your application.

ix. Appendices of the Application

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each appendix is clearly labeled.

- 1) Appendix A: Tables, Charts, etc. to give further details about the proposal. Include maps, floor plans, and charts indicating the location(s) and settings of primary training activities.
- 2) Appendix B: Position Descriptions for Key Personnel
Position descriptions should spell out specifically administrative direction (from whom it is received and to whom it is provided), duties and responsibilities (what is done and how), and the minimum qualifications (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Keep each to one page in length as much as is possible.
- 3) Appendix C: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Appendix B (above), not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.
- 4) Appendix D: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated. (Pro-forma letters of endorsement should not be included.)
- 5) Appendix E: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.
- 6) Appendix F: Committee Descriptions
Descriptions of committees, such as planning committees, which are a part of the program, including the composition, function, and responsibilities of each.

- 7) Appendix G: Curriculum
Provide a copy of the curriculum of the program as appropriate.
- 8) Appendix H: Other Relevant Documents
Letters of support from Title V agencies should be included here. Other letters of support should specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated.

3. Submission Dates and Times

Notification of Intent to Apply

The letter notifying intent to apply should identify the applicant organization and briefly describe the proposal to be submitted. This letter should be received by January 13, 2004. Mail or fax it to:

This letter should be sent by **January 13, 2003**, by mail or fax to:

Division of Independent Review
Director
HRSA Grants Application Center (GAC)
The Legin Group, Inc.
901 Russell Ave., Suite 450
Gaithersburg, MD 20879
Fax: 877/474-2345

Receipt of Letters of intent will *not* be acknowledged. An applicant is eligible to apply even if no letter of intent is submitted.

Application Due Date

The due date for applications under this grant announcement is February 13, 2004.

Applications will be considered as meeting the deadline if they either:

- (1) Are received on or before the due date; or
- (2) Post marked or E marked on or before the due date, and received in time for the Independent Review Committee review.

The Chief Grants Management Officer (CGMO) or a higher level designee may authorize an extension of published deadlines when justified circumstances such as act of God (e.g. floods or hurricanes) widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout occur. The authorizing official will determine the affected geographical area(s).

Electronic Submission:

Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

Paper Submission:

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

Upon receipt of a paper application, the Grants Application Center will mail an acknowledgement of receipt to the applicant organization's Program Director.

Late applications: Applications which do not meet the criteria above are considered late applications. Health Resources and Services Administration (HRSA) shall notify each late applicant that its application will not be considered in the current competition.

4. Intergovernmental Review

EO 12372 does not apply to this program.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of:

For CE, for from 1-3 years at no more than \$30,000 per year.

For CE/DL, for 3 years at approximately \$130,000 per year.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the government.

Indirect costs are limited to 8%.

6. Other Submission Requirements**Paper Submission**

Paper applications, if you choose to submit paper copy, please send the original and 2 copies of the application to:

The HRSA Grants Application Center
The Legin Group, Inc.
Attn: *CE Program OR CE/DL Program*
Program Announcement No. *HRSA 04-054*
CFDA No. *93.110*
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

Electronic Submission

HRSA encourages applicants to submit applications on-line.

To register and/or log-in to prepare your application, go to <https://grants.hrsa.gov/webexternal/login.asp>. For assistance in using the on-line application system, call 877-GO4-HRSA (877-464-4772) between 8:30 am to 5:30 pm ET or e-mail callcenter@hrsa.gov.

Application narratives and spreadsheets will need to be created separately and submitted as attachments to the application. You will be prompted to “upload” your attachments at strategic points within the application interface. The following

document types will be accepted as attachments: WordPerfect (.wpd), Microsoft Word (.doc), Microsoft Excel (.xls), Rich Text Format (.rtf), Portable Document Format (.pdf).

Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

To look for funding opportunities, go to <http://www.hrsa.gov/grants> and follow the links.

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application. All CE and CE/DL applications will be reviewed and ranked according to the following 7 criteria:

Criterion 1.	Need	10 points
Criterion 2.	Response	30 points
Criterion 3.	Evaluative Measures	10 points
Criterion 4.	Impact	10 points
Criterion 5.	Resources/Capabilities	15 points
Criterion 6.	Support Requested	10 points
Criterion 7.	Program Criteria	15 points
Total		100 points

Criterion 1: NEED (10 points)

The extent to which the application describes the problem and associated contributing factors to the problem.

- *Does the Project Purpose adequately document the critical MCH continuing education needs that the CE or CE/DL training program will address?*

Criterion 2: RESPONSE (30 points)

The extent to which the proposed project responds to the “Purpose” included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- *Is the overall approach to Continuing Education thoughtful, logical and innovative?*
- *For CE/DL only, does the applicant present an innovative CE/DL approach using appropriate distance learning techniques?*
- *Does the curriculum address program requirements of particular interest to MCHB (as outlined under special concerns), emerging issues in MCH, interdisciplinary training, cultural competency, improving public health practice, linkages with state MCH agencies?*
- *Does the applicant describe how CE credits will be conferred? (Programs may **NOT** be designed to meet academic degree requirements.)*
- *Does the curriculum relate to MCHB Strategic Goals, HP 2010 and/or Bright Futures Guidelines?*
- *Does the application identify the regional or national target audiences?*
- *Does the applicant present a comprehensive plan for identifying and marketing to participants?*
- *Are estimates of the numbers and types of participants who will benefit from the CE or CE/DL provided?*
- *Does the applicant document an active functioning relationship with appropriate Title V agencies and related public and private sector programs?*

CRITERION 3: EVALUATIVE MEASURES (10 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must 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.

- *Are the goals clear, concise and appropriate?*
- *Are the objectives time-framed and measurable?*
- *Are activities appropriate and do they flow logically from the goals and objectives?*
- *Does the applicant present a plan for collecting input from potential customers as the activities are planned?*
- *Does the applicant present a sound evaluation plan to determine changes in knowledge, skills and attitudes of participants?*

- *Is it clear how the applicant will make changes to the program based on evaluation findings?*
- *Does the applicant present a plan for collecting the data elements described in Guidance Appendix E?*

CRITERION 4: IMPACT (10 points)

The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be regional or national in scope and/or degree to which the project activities are replicable.

CRITERION 5: RESOURCES/CAPABILITIES (15 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- *Are the Principal Investigator and Faculty well qualified by training and/or expertise to conduct the Continuing Education?*
- *Does the applicant have the existing resources to support the types of educational methods (i.e., in person meetings, distance methods, etc.) that they describe in the proposal?*
- *Are the organizational and administrative structures adequate to address the outlined CE or CE/DL program?*
- *Is the setting of the project appropriate to achieve project objectives?*

CRITERION 6: SUPPORT REQUESTED (10 points)

The reasonableness of the proposed budget in relation to the objectives, the complexity of the 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 budget line items are well described and justified in the budget justification.*
- *The extent to which key personnel have adequate time devoted to the project to achieve project objectives.*

CRITERION 7: SPECIFIC PROGRAM CRITERIA (15 points)

Through this application has the applicant documented a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

- **Healthy People 2010**—Has the applicant related project objectives to those determined to be priorities in Healthy People 2010?
- **Underserved populations**—Will the CE program serve the needs of underserved populations?

- **Cultural Competency**—Has the program addressed issues of cultural competency, such as including cultural competence training in the curriculum, and recruiting and retaining racially and ethnically diverse faculty and students?
- **Relates to MCH Block Grant and other Health relevant agencies** locally and in the state—Has the applicant demonstrated a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state?
- **Geography/Population Density**—Does the project provide training to a state not currently receiving MCH training grant funds? (See Guidance Appendix F for a map of current MCH Training investments.)
- **Coordination**—Does the project describe a knowledge of and plans to link with other training programs to maximize access to MCH training services?

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of a committee, e.g., geographic distribution, race/ethnicity, and gender. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

3. Anticipated Announcement and Award Dates

It is MCHB/HRSA's goal to notify successful applicants at least one month prior to the project start date of July 1, 2004.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Following the review, all applicants will receive a Summary of Review outlining the strengths and weaknesses of their application based on the findings of the Independent Review Committee. A separate notice stating whether an applicant has or has not been selected for funding will be sent to all applicants; however, this letter is not an authorization to begin performance if selected for funding. Applicants selected for funding will subsequently receive a Notice of Grant Award, signed by the HRSA Grants Officer. This is the authorizing document which may be provided by mail or electronic method. Approximately one month prior to the anticipated start date of July 1, 2004, the Notice of Grant Award will be sent to the Business Official noted on the Face Sheet of the application.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative and national policy requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate.

HEALTHY PEOPLE 2010

Healthy People 2010 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2010 initiative.

Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website:

<http://www.health.gov/healthypeople/document/>.

Smoke Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the application receipt due date:

1. A copy of the face page of the application (HRSA 6025-1) and
2. A summary of the project (PHSIS), not to exceed one page, which provides:
 - (a) A description of the population to be served,
 - (b) A summary of the services to be provided, and
 - (c) A description of the coordination planned with the appropriate state and local health agencies.

The Abstract of Training Project may be used in lieu of the one-page Public Health System Impact Statement (PHSIS).

Copyrighted Material

With respect to copyrightable material that might be developed as a part of the grant activity, please note the following grants policy statement:

If any copyrightable material (e.g., audiovisuals, software, publications, curricula and training materials, etc.) is developed under this grant (by the grantee, sub grantee, or contractor) the Department of Health and Human Services (HHS) shall have a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and authorize others to use the work, for purposes which further the objectives of the Maternal and Child Health (MCH) program. All contracts or other arrangements entered into by the grantee for the purpose of developing or procuring such material shall specifically reference and reserve the rights of HHS with respect to the material. The grantee shall provide three copies of all such copyrightable material upon the request of the MCH Bureau.

3. Reporting

The successful applicant under this guidance must:

- a. Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars;
- b. Submit a Payment Management System Quarterly Report. The reports identify cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. Submit report to the:

Division of Payment Management
DPM/FMS/PSC/ASAM/HHS
PO Box 6021
Rockville, MD 20852
Telephone: (301) 443-1660

- c. Submit a Financial Status Report. A financial status report is required within 90 days of the end of each grant year. The report is an accounting of expenditures under the project that year;
- d. Submit an annual Progress Report and Final Report. A successful applicant under this notice will submit reports in accordance with the provisions of the general regulations that apply (“Monitoring and Reporting Program Performance” 45 CFR Part 74.51 and Part 92.40). The progress report will be included in the continuation application each year. The progress report should include: (1) a brief summary of overall project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies/steps taken to overcome them; (2) progress on specific goals and objectives as outlined in this application and revised in consultation with the Federal project officer; (3) current staffing, including the roles and responsibilities of each staff and a discussion of any difficulties in hiring or retaining staff; (4) technical assistance

needs; and (5) a description of linkages that have been established with other programs. This report is due approximately 75 days before the end of the project period. All projects must submit a final report within 90 days of completing their project.

e. OMB Approved Performance Measures and Administrative Data Reporting

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

Performance measures for MCHB-funded grant programs have been approved by the Office of Management and Budget. Measures are based primarily on existing data. It is anticipated that a new electronic system for reporting these data will be available in early calendar year 2004. All MCH grantees (including CE and CE/DL grantees) will be reporting annual data into this electronic system beginning in FY 2004. MCHB will provide further training and guidance on this new electronic system as soon as it is functional.

In order to better prepare applicants for these reporting requirements, OMB approved data forms for the Continuing Education and Continuing Education/Distance Learning Program (OMB Number 0915-0272, expiration date January 31, 2006) are listed in Guidance Appendix E.

VII. AGENCY CONTACTS

Applicants are encouraged to request assistance in the development of the application.

Business, Administrative and Fiscal Inquiries

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

Ms. Marilyn Stewart
Grants Management Branch
HRSA, Division of Grants Management Operations
5600 Fishers Lane, Room 11-11
Rockville, MD 20857
Telephone: (301) 443-9022
E-mail: mstewart@hrsa.gov

Programmatic Assistance

Additional information related to the overall program issues or technical assistance may be obtained by contacting:

(CE Only)

Diana L. Rule, MPH
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A55
Rockville, MD 20857
Telephone: (301) 443-0233
E-Mail: drule@hrsa.gov
FAX: (301) 443-4842

(CE/DL Only)

Aaron Favors, PhD
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A55
Rockville, MD 20857
Telephone: (301) 443-0392
E-Mail: afavors@hrsa.gov
FAX: (301) 443-4842

VIII. RESOURCES FOR APPLICANTS

**Graduate and Continuing Education Needs in Maternal and Child Health:
Report of a National Needs Assessment, 2000-2001**

<http://main.uab.edu/show.asp?durki=45394>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Healthy People 2010

<http://www.health.gov/healthypeople/>

Ten Essential Public Health Core Functions

<http://www.med.jhu.edu/wchpc/pub/Summary-95 .pdf>

Training Program Fact Sheets

<http://www.ncemch.org/spr/default.html - mchbtraining>

Surgeon General's Health Reports

Many of the U.S. Surgeon General's Reports discuss persistent and emerging public health problems of interest to the Maternal and Child Health Bureau. You can access the Surgeon General's Reports on such topics as Oral Health, Mental Health, Suicide Prevention, and other topics at:

<http://www.surgeongeneral.gov/library/oralhealth/>

Bright Futures

<http://www.brightfutures.org/>

Cultural Competency

<http://www.georgetown.edu/research/gucdc/nccc/index.html>

<http://www.aap.org/policy/re9753.html>

<http://www.bphc.hrsa.gov/culturalcompetence/Default.htm>

Medical Home

<http://www.aap.org>

Association of Teachers of MCH (ATMCH)

<http://www.atmch.org>

Institute of Medicine

www.nap.edu

IX. TIPS FOR WRITING A STRONG APPLICATION

Include DUNS Number. You must include DUNS Number to have your application reviewed. Application *will not* be reviewed without a DUNS number. If applicants are submitting an application on or after October 1, 2003 a DUNS number is required. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. Please include DUNS number next to OMB Approval Number on the application face page.

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Therefore, the applicant should be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. The instructions call for a particular organization of the materials, and reviewers are accustomed to finding information in specific places. Don't have reviewers hunting through your application for information.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

Be organized and logical. Many applications fail because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application.

Guidance Appendix A

Application Forms and Instructions for HRSA Training Forms 6025

All applications should be developed in accordance with the format and general instructions outlined in the instructions for form HRSA-6025. Forms and Instructions are included below.

Read and follow these instructions carefully to avoid delays and misunderstanding. Before preparing an application, review the *Public Health Service (PHS) Grants Policy Statement* and the announcement for this program for information on the administration of training grants and cooperative agreements. Copies of the *PHS Grants Policy Statement* are available at most applicant organizations or at <http://grants2.nih.gov/grants/policy/gps/>.

The remainder of this appendix is a complete application package, including all forms and instructions for applying for an MCH Training grant. If additional space is needed to complete any of the items, use numbered continuation pages and identify each item with its number and/or title. If any item in the application is not applicable, please insert "NA" in that space.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Grant Application:		Date Received CFDA No. 93.110	Grant Number DUNS No.
1. Title of Grant Program (not to exceed 56 spaces)			
2a. Project Director, Name (last, first, middle initial & position title)		2b. Highest Degree	2c. Social Security No.
2d. Mailing Address (organization, street, city, state, zip code)		2e. E-Mail Address	
		2f. Department	
		2g. School or College	
2h. Telephone (area code, number, extension)		2i. Fax (area code, number)	
3. Dates of entire proposed project period (This application)		4. Applicant Organization (name and address)	
From	To		
5. Congressional District of Applicant		Other Districts that Benefit Financially from this Application	
_____		_____	
6. Official in business office to be contacted concerning application (name, title, address and telephone number)		6a. Single point of contact if different from 6	
		6b. E-Mail address of single point of contact	
7. Entity identification no.	8. Official signing for applicant organization (name, title and telephone number)		
9. Type of organization (see instructions)			
<input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Public (Specify Federal, State, Local) _____			
10. Project Director Assurance:		11. Signature of person named in item 2a. "PER" signature not acceptable.	
I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		_____ Date _____	
12. Certification and acceptance		13. Signature of person named in item 8. "PER" signature not acceptable.	
I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the DHHS terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).		_____ Date _____	

I. Face Page (HRSA-6025-1) Instructions

The Catalog of Federal Domestic Assistance (CFDA) number has been entered for you in the upper right hand section of the form. Note: Please enter the program name in this box (**CE or CE/DL**). Also please enter the DUNS number in the upper right hand corner of this form.

1. **Title of Project** - Enter a descriptive title for this project. Do not exceed 56 characters.
- 2a. **Project Director** - Designate the individual who will direct and be responsible to the applicant institution for the proposed project.
- 2b. **Highest Degree** - Enter all pertinent degrees, including relevant certifications.
- 2c. **Social Security Number** -DHHS requests the Social Security Number for the purpose of accurate identification, referral, and review of applications and for efficient management of DHHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number.
- 2d. **Mailing Address** - Enter the office address of the project director if different from address in item 4.
- 2e. **E-mail Address** - Enter the address at which the project director can receive E-mail.
- 2f. **Department** - Organizational affiliation
- 2g. **School or College** - This is the school, college, or other major subdivision such as medicine, dental, public health, nursing, etc.
- 2h. **Telephone** - Enter the number at which the project director usually can be reached during business hours.
- 2i. **FAX** - Enter the number at which the project director can receive FAX mail.
3. **Dates of Entire Proposed Project Period** - The initial period of Federal support is limited to up to 3 years. The start date for the CE and CE/DL programs is July 1, 2004.
4. **Applicant Organization** - Name the one institution that will be legally and financially responsible and accountable for the use and disposition of any DHHS funds awarded on the basis of this application. Enter name and address (street, city, state, **and 9-digit zip code**)

5. **Congressional District of Applicant** - Enter the Congressional District in which the applicant institution is located.

Other Districts that Benefit Financially from this Grant - Enter the Congressional District(s) that may benefit financially if an award is made.
6. **Official in Business Office to be Contacted Concerning Application** - Self-explanatory.
 - 6a. **Single Point of Contact (SPOC)** - This is a designated institutional official responsible for all business management activities between the institution and the Office of Grants Management Operations in HRSA. **Only complete this item if the institution has not designated a point of contact with MCHB.**
 - 6b. **E-mail Address of Single Point of Contact** - Self-explanatory.
7. **Entity Identification Number** - Enter the number assigned by DHHS to each grantee institution for payment and accounting purposes. If a number has not been assigned, enter institution's IRS employer identification number.
8. **Official Signing for the Applicant Organization** - See instructions for item 12.
9. **Type of Organization** - Some Federal organizations must submit a document of eligibility with the completed application in accordance with DHHS Policy.

A private nonprofit organization must submit proof of its nonprofit status if it has not previously done so. If such proof has been previously submitted to any component of DHHS, identify the component and the date submitted. Acceptable proof to be submitted with the completed application may be: (a) a reference to the organization's listing in the most recent IRS cumulative list of tax exempt organizations; or (b) a copy of a currently valid IRS tax exemption certificate; or (c) a statement from a State taxing authority or State Attorney General, certifying that the organization is a nonprofit organization operating within the State and that no part of its earnings may lawfully inure to the benefit of any private shareholder or individual; or (d) a certified copy of the certificate of incorporation or other document which clearly establishes the nonprofit status of the organization.

10. **Project Director Assurance** - Self-explanatory.
11. **Signature of Person Named in Item 2a** - Self-explanatory.
12. **Certification and Acceptance** - The signature of an authorized official of the applicant institution is required as certification that the information in the application is correct, that the institution agrees to abide by enabling legislation, applicable regulations, DHHS policies, and conditions placed on the award, and that adequate facilities will be made available for the conduct of the proposed

project. If the official named in item 8 is not available to sign for the applicant organization, an official authorized may sign as "acting" for such official. "Per" signatures are not acceptable. Signatures are required in ink and on the original copy only.

13. **Signature of Person Named in Item 8** - Self-explanatory.

II. TABLE OF CONTENTS

A table of contents which lists the major items presented in this application with the page number where they appear is required. A suggested format for the Table of Contents is found below. This suggested format is the minimum required. You may include more detail in the Table of Contents if you wish.

Sample Table of Contents:

- 1. Face Sheet, Form HRSA 6025-1
- 2. Table of Contents
- 3. Abstract of Proposal (3 pages)
- 4. Detailed Budget-First 12 Month Budget Period
- 5. Budget Justification
- 6. Consolidated Budget, Budget Estimates for all years of support requested
- 7. Detailed Description of Project (no more than 25 pages for CE; 30 pages for CE/DL)
 - A. Purpose of Project
 - B. Goal(s) and Objectives
 - C. Organizational and Administrative Structure
 - D. Setting of the Project
 - E. Existing Resources
 - F. Required Resources
 - G. Program Methodology
 - a. Curriculum
 - i. Address a Documented Training Need
 - ii. Innovative CE or CE/DL Approach
 - iii. CE Credits
 - iv. Relate to MCHB Strategic Plan and Goals
 - b. Faculty
 - c. Target Audience/Program Scope
 - i. Regional or National Significance
 - ii. Collaboration with MCH Agencies
 - H. Evaluation
 - I. Special Concerns and Program Priorities
- 8. Appendices (no more than 25 pages total for CE; 30 pages for CE/DL)

Appendix A: Tables, Charts, etc.....

Appendix B: Position Descriptions for Key Personnel.....

Appendix C: Biographical Sketches of Key Personnel

Appendix D: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts

Appendix E: Project Organizational Chart

Appendix F: Committee Descriptions

Appendix G: Curriculum

Appendix H: Other Relevant Documents

9. Summary Progress Report

10. Checklist

ABSTRACT OF PROPOSAL

The Abstract must contain the following information and is not to exceed three (3) pages:

Project Title

Applicant Name

Project Director

Address

Contact Phone Numbers (Voice, Fax)

E-Mail Address

Web Site Address

Key Words

An Abstract Narrative including the:

Problem

Goal(s) and Objectives

Methodology

Coordination

Evaluation

III. Abstract Instructions

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please 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 grant project including the needs to be addressed, the proposed services, and the population group(s) to be served. The Abstract of the project must not exceed three (3) pages.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Project Director
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address

Key Words

Key words are the terms under which your project will be listed in a subject index of the abstracts book and indexed in databases. Select the most significant terms which describe the training project, including health professions for which training is offered; populations served; scope of services; and major issues being addressed through service, research, and training. Select from Guidance Appendix B: Menu of Suggested Key Words, and list the most significant terms which describe your project, including populations served.

The project abstract must be single-spaced and limited to three pages in length and should include the following headings:

PROBLEM:

Briefly (in one or two paragraphs) state the principal needs and problems which are addressed by the project, including the project's relationship to current MCH program priorities.

GOAL(S) AND OBJECTIVES:

Identify the major training goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

METHODOLOGY:

Describe the educational programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed

or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

COORDINATION:

Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

EVALUATION:

Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the training project in attaining goals and objectives. This section is usually one or two paragraphs in length.

DETAILED BUDGET

Program Area: _____ **Discipline:** _____

Direct Costs Only						
A. Non-trainee Expenses						
Personnel (Do not list trainees)		Time/Effort		Dollar Amount Requested (Omit Cents)		
Name	Title of Position	%	Hours per week	Salary	Fringe Benefits	Total
Subtotals						
Consultant Costs						
Equipment (Itemize)						
Contracts						
Supplies (Itemize by category)						
Staff Travel						
Other Expenses (Itemize by category)						
Subtotals (Section A)						
B. Trainee Expenses						
Predoctoral Stipends		No. requested:				
Postdoctoral Stipends		No. requested:				
Other (Specify)		No. requested:				
Total Stipends						
Tuition and Fees						
Trainee Travel (Describe)						
Subtotal (Section B)						
C. Total Direct Costs (Add Subtotals of Sections A and B)						

HRSA-6025-2 (Formerly PHS-6025-2)
 (revised 06/2000)

IV. Detailed Budget (HRSA-6025-2) Instructions

List the direct costs requested for the first budget period. Supplemental applications should show on the budget sheets only the additional funds requested.

A. Detailed Budget

The applicant must provide an itemized cost-effective budget, compatible with stated objectives, and a detailed justification/rationale for each budget line item. The requested budget and financial plan should reflect institutional commitment to the project detailing and tabulating in-kind contributions, and describe the efforts toward self-sufficiency.

The level of support available is intended to build upon existing resources. It is assumed that applicant institutions will already have basic elements necessary for a training program and that support from this grant will provide additional funds to enable formal implementation of leadership education.

List the direct costs requested for the first year only. Provide additional details and justification on plain white paper for the first year only.

1. Nontrainee Expenses

Personnel: List participants (professional and nonprofessional) by name and position, or by position only if not yet filled, for whom salary is requested. (Support cannot be provided for faculty/staff who are at an organizational level superior to that of the Project Director or who are not subject to his/her administrative direction.) For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project.

On a continuation page, list the total project effort of hours or percent of time that personnel, including unpaid (voluntary) faculty and staff (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for twelve-month, academic year, or summer salaries, and include the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each

individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. If the applicant organization elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being requested; the subtotals must still be shown. In addition, submit a copy of the Detailed Budget page, completed in full, including the amount of the salary and fringe benefits requested for each individual listed. This copy of the Detailed Budget page will be reserved for internal DHHS staff use only.

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Equipment: List and justify each separate item of equipment. If requesting funds to purchase equipment which is already available, explain the need for the duplication.

Contracts: List and justify each proposed contract and provide a description of activities or functions to be performed. Provide a breakdown of and justification for costs, the basis upon which indirect cost charges, if any, will be reimbursed. Also indicate the type of contract proposed, the kind of organizations or other parties to be selected, and the method of selecting these parties.

Supplies: Itemize and justify how major types of supplies, such as general office and photocopying expenses, relate to the project. Medical/clinical supplies and drugs are not ordinarily acceptable.

Staff Travel: Enter amount for staff travel essential to the conduct of the training project. Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Please note that travel costs for consultants, should be included under "Consultants." Use of grant funds for foreign travel is prohibited.

Applicants whose projects are approved and funded may be asked to travel to an annual grantee meeting. The time of this meeting will be announced at a later date.

Other Expenses: List and justify other expenses by major categories. Do not include items that properly belong in one of the other categories.

B. Trainee Expenses

Stipends: Enter the number and total stipend amount for each trainee category as appropriate. See the specific program guidance for allowable stipend levels.

Tuition and Fees: Enter tuition and fees requested. Explain in detail the composition of this item. Tuition at the postdoctoral level is limited to that required for specified courses. The institution may request tuition and fees (including appropriate health insurance) only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. This is generally limited to local travel, unless specifically authorized. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

Indirect Costs: Indirect costs will be reimbursed at 8% of total allowable direct costs exclusive of tuition and related fees and expenditures for equipment or at the actual indirect cost rate, whichever results in a lesser dollar amount.

Total Costs: Use the bottom section of this form to show the total funding for the project.

The **Budget Justification**, describing what each item covers and indicating details of how budget figures were developed, must be provided on separate pages of plain paper following the Detailed Budget. Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scope of work, budgets, and budget justification of contracts are required for grants management review. An itemized list of in-kind contributions with cost estimates should also be provided in the budget justification.

CONSOLIDATED BUDGET

Direct Costs	First Budget Period FY 2004				Second Budget Period FY 2005				Third Budget Period FY 2006				Total			
	A*		B*		A*		B*		A*		B*		A*		B*	
Program Area(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
Discipline(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
A. Non-Trainee Expenses																
Personnel																
Consultant Costs																
Equipment																
Contracts																
Supplies																
Staff Travel																
Other Expenses																
Subtotal Section A																
B. Trainee Expenses																
Stipends																
Tuition & Fees																
Trainee Travel																
Subtotal Section B																
Total Direct Costs (Add Subtotals of Sections A & B)																

Indirect Cost Requested? ___Yes ___No

If "Yes," at ___% rate.

NOTE: Replace A* and B* with involved program area(s) and replace A1*, A2*, B1*, and B2* with the involved discipline(s). If more than 2 disciplines are involved in one program area in a combined application, the applicant may add another column as appropriate. If more program areas are involved, more columns may be added, or the table may be duplicated.

CONSOLIDATED BUDGET (Cont.)

C. Estimated Funding	First Budget Period FY 2004				Second Budget Period FY 2005				Third Budget Period FY 2006				Total			
	A*		B*		A*		B*		A*		B*		A*		B*	
Program Area(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
Discipline(s)																
Federal (Requested in this Application)																
Other Federal																
Applicant Institution																
State, Local/Other																
Program Income																
Total																

NOTE: Replace A* and B* with involved program area(s) and replace A1*, A2*, B1*, and B2* with the involved discipline(s). If more than 2 disciplines are involved in one program area in a combined application, the applicant may add another column as appropriate. If more program areas are involved, more columns may be added, or the table may be duplicated.

V. Consolidated Budget Instructions (HRSA-6025-3)

Use **Part 1** of the **Consolidated Budget** form to summarize budget data for all three years of support requested. This information will assist reviewers in evaluating whether project resources are adequate.

For the CE and CE/DL programs, ignore the A and B designations, only fill in Column A1 for each year.

Include annual totals and totals for the entire project period in the last column. Figures in the Year One section should be consistent with the figures on the Detailed Budget. Include estimated totals for the entire project period in the last column.

Indirect Costs: Indirect cost may be requested at 8 percent of total allowable direct costs or actual rate, whichever is less. Indirect cost should be calculated on A. Nontrainee Expenses **less equipment, rental items, and subcontracts in excess of \$25,000.**

Total Costs: Use the bottom section of this form to show the total funding for the project.

Use **Part 2** of the **Consolidated Budget** form to show the total funding for the project.

Federal (Requested in this Application): The Federal contribution requested in this application should be consistent with the totals shown in **Part 1** of the **Consolidated Budget**.

Other existing Federal funding: Other federal funding supporting this project should be entered on the second line.

Applicant Institution: Direct and in-kind contributions from the applicant institution should be entered on the third line. Provide an itemized list of in-kind support in the Budget Justification section.

State, Local/Other: Funding received from other sources should be entered on the fourth line.

Program Income: Any expected project income should be shown on the fifth line.

Total: Use the bottom section of this form to show the total funding for the project.

A Detailed Description of the Project, including:

Purpose of the Project

Goals(s) and Objectives

Organization and Administrative Structure

Setting of the Project

Existing Resources

Required Resources

Program methodology

Curriculum

Faculty

Target Audience/Program Scope

Evaluation

Special Concerns

Appendices

VI. Detailed Description of Project Instructions

Each application should be self-contained and sufficiently complete so that it can be reviewed fully on the basis of the information submitted. All applications should be developed in accordance with the format and general instructions outlined below. **Specific content, program emphases, etc., should be derived from the Application Guidance** and any special guidelines which are applicable to the particular category of grant (see Appendices C and D).

A. PURPOSE OF PROJECT

Briefly describe the background of the present proposal, critically evaluating the national, regional and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program describe in the program announcement.

B. GOAL(S) AND OBJECTIVES

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose for this project. The objectives must be **observable** and **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

C. ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURE

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included. Descriptions of committees which are a part of or related to the program, including the composition, function, and responsibilities, should be included in the appendix.

D. SETTING OF THE PROJECT

Describe briefly the physical setting(s) in which the program will take place, including geographic location of the primary site in relation to key training resources, e.g., distance between sites that are available and will be used to carry out the program. Maps/plans should be included in the appendix.

E. EXISTING RESOURCES

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Floor plans showing office, clinic, and teaching space and biographical sketches of faculty/staff should be included in the appendix.

F. REQUIRED RESOURCES

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. **Position descriptions** for key faculty/staff must be included in the appendix. At a minimum, job descriptions should spell out

specifically **administrative direction** (from whom it is received and to whom it is provided), **functional relationships** (to whom and in what ways the position relates for training and/or service functions, including professional supervision), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, **not** the particular capabilities or qualifications of a given individual. An individual job description should be submitted for each position and should **never exceed two pages** in length.

G. PROGRAM METHODOLOGY

See the chapter on Training Program Narrative Requirements to complete the Program Methodology portion of the Application.

- Identify the competencies expected of the graduates and the required curriculum, including didactic and practicum components. A brief syllabus, including descriptions of courses and clinical experiences and differentiating required and elective components, should be included in the appendix.
- Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project.
- Describe the roles and responsibilities of key project personnel.
- Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives.
- Include in the appendix copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

H. EVALUATION

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of Title V investments. Consequently, discretionary grant projects, including training projects, are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance outcome indicators, rather than solely on intermediate process measures. The protocol should be based on a clear rationale relating to the identified needs of the target population with project goals, grant activities, and evaluation measures. A project lacking a complete and well-conceived evaluation protocol may not be funded. A formal plan for evaluating the training program must address how the major goals and objectives of the project will be achieved. Demographic and discipline specific information, including assessment of trainees' initial and subsequent job placements/employment must be included in the evaluation plan.

Monitoring and evaluation activities should be ongoing and, to the extent feasible, should be structured to elicit information which is quantifiable and which permits objective rather than subjective judgments. Explain what data will be collected, the methods for collection and the

manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

The applicant should describe who on the project will be responsible for refining and collecting, and analyzing data for the evaluation and how the applicant will make changes to the program based on evaluation findings. The applicant should present a plan for collecting the data elements described in Guidance Appendix E.

I. SPECIAL CONCERNS

Please indicate here the sections (and page numbers) in the program narrative where you have addressed the areas of special concern to MCHB: Healthy People 2010, Underserved Populations, Cultural Competence, Relation to the MCH Title V Program and other training programs, and whether you are serving a geographic area that is currently unserved or underserved by the MCH Training Program. By noting the section and page number where you have addressed these issues in your application, you will facilitate the review of your application.

APPENDICES

All material included in appendices must be relevant, brief and should be limited to the items listed below, as applicable:

Appendix A: Tables, Charts, etc. to give further details about the proposal. Include maps, floor plans, and charts indicating the location(s) and settings of primary training activities.

Appendix B: Position Descriptions for Key Personnel
Position descriptions should spell out specifically administrative direction (from whom it is received and to whom it is provided), duties and responsibilities (what is done and how), and the minimum qualifications (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Keep each to one page in length as much as is possible.

Appendix C: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Appendix B (above), not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Appendix D: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or

pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated. (Pro-forma letters of endorsement should not be included.)

Appendix E: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Appendix F: Committee Descriptions

Descriptions of committees, such as planning committees, which are a part of the program, including the composition, function, and responsibilities of each.

Appendix G: Curriculum

Provide a copy of the curriculum of the program as appropriate.

Appendix H: Other Relevant Documents

Letters of support from Title V agencies should be included here. Other letters of support should specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated.

BIOGRAPHICAL SKETCH

The biographical sketch must include:

Name (Last, first, middle initial),

Title on Training Grant,

Education, and,

Professional Experience, beginning with the current position, then in reverse chronological order, a list of relevant previous employment and experience. Also, a list, in reverse chronological order, of all relevant publications, or most representative, must be provided. Please attempt to provide this information in two (2) pages.

VII. Biographical Sketch Instructions

Provide a biographical sketch for key professional personnel contributing to the project. The information must be current, indicating the position description which the individual fills, and including sufficient detail to assess the individual's qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to two pages including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. The sketches should be arranged in alphabetical order, after the project director's sketch, and placed in the appendix.

Summary Progress Report

*A summary progress report covering the entire project period is **required** for competing continuation applications only. New applicants have the option of submitting a similar report covering the preceding five years for activities which are related to the program for which support is being requested.*

The Report must provide the following information:

The period covered (dates)

Specific objectives

Results

Evaluation

Title V Program Relationship

Regional and National Significance

Value Added

Year 2010 National Health Promotion and Disease Prevention Objectives

VIII. Summary Progress Report Instructions

A summary progress report covering the entire project period is **required** for competing continuation applications only. The Detailed Description of Project may be less than, but must not exceed **25 pages of Narrative**, exclusive of appendices and budget requirements.

Appendices must not exceed 20 pages. New applicants have the option of submitting a similar report covering the preceding five years for activities which are related to the program for which support is being requested. Well-planned progress reports can be of great value by providing a record of accomplishments, which do serve as a basis for support of a project. They are an important source of material for the awarding component staff in preparing annual reports, in planning programs, and in communicating program-specific accomplishments. Submit the Progress Report with the application, but as a separate document. It should be a brief presentation of the accomplishments, in relation to the objectives of the training program, during the entire current project period. The statement should include:

A. The periods covered in the report.

B. Specific objectives

Briefly summarize the specific objectives of the project as actually funded.

C. Results

Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important.

D. Evaluation

Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans. Identify, in tabular form, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees.

E. Title V Program Relationship

Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region.

F. Regional and National Significance

Describe significant contributions of the program beyond the state in which it is located.

G. Value Added

Explain how this training grant has made a difference in your program, department, university, and beyond. What accomplishments and benefits would not have been possible without this support?

H. Year 2010 National Health Promotion and Disease Prevention Objectives

Identify the Year 2010 Objectives that this training program has addressed.

Guidance Appendix B

Menu of Suggested Key Words for Project Abstracts

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project.

If no term on this list adequately describes a concept that you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Access to Health Care	Breast Pumps
Adolescent Health Programs	Breastfeeding
Adolescent Nutrition	Bronchopulmonary Dysplasia
Adolescent Parents	Burns
Adolescent Pregnancy	Cambodians
Adolescent Pregnancy Prevention	Caregivers
Adolescent Risk Behavior Prevention	Case Management
Adolescents	Cerebral Palsy
Adolescents with Disabilities	Chelation Therapy
Advocacy	Child Abuse
African Americans	Child Abuse Prevention
Agricultural Safety	Child Care
AIDS	Child Care Centers
AIDS Prevention	Child Care Workers
Alaska Natives	Child Mortality
Alcohol	Child Neglect
American Academy of Pediatrics	Child Nutrition
American College of Obstetricians and Gynecologists	Child Sexual Abuse
American Public Health Association	Childhood Cancer
Amniocentesis	Children with Special Health Needs
Anemia	Child Death Review
Anticipatory Guidance	Chronic Illnesses and Disabilities
Appalachians	Cleft Lip
Arthritis	Cleft Palate
Asian Language Materials	Clinical Genetics
Asians	Clinics
Asthma	Cocaine
Attachment	Collaborative Office Rounds
Attachment Behavior	Communicable Diseases
Attention Deficit Disorder	Communication Disorders
Audiology	Communication Systems
Audiometry	Community Based Health Education
Audiovisual Materials	Community Based Health Services
Baby Bottle Tooth Decay	Community Based Preventive Health
Battered Women	Community Development
Behavior Disorders	Community Health Centers
Behavioral Pediatrics	Community Integrated Service System
Bereavement	Community Participation
Bicycle Helmets	Compliance
Bicycle Safety	Comprehensive Primary Care
Bilingual Services	Computer Linkage
Biochemical Genetics	Computer Systems
Blindness	Conferences
Blood Pressure Determination	Congenital Abnormalities
Body Composition	Consortia
Bonding	Continuing Education
Brain Injuries	Continuity of Care

Cost Effectiveness
 Counseling
 County Health Agencies
 Craniofacial Abnormalities
 Cultural Diversity
 Cultural Sensitivity
 Curricula
 Cystic Fibrosis
 Cytogenetics
 Data Analysis
 Data Collection
 Data Systems
 Databases
 Deafness
 Decision Making Skills
 Delayed Development
 Dental Sealants
 Dental Treatment of Children with Disabilities
 Depression
 Developmental Disabilities
 Developmental Evaluation
 Developmental Screening
 Diagnosis
 Diarrhea
 Dietitians
 Dispute Resolution
 Dissemination
 Distance Education
 Divorce
 DNA Analysis
 Down Syndrome
 Drowning
 Early Childhood Development
 Early Intervention
 Electronic Bulletin Boards
 Electronic Mail
 Eligibility Determination
 Emergency Medical Services for Children
 Emergency Medical Technicians
 Emergency Room Personnel
 Emotional Disorders
 Emotional Health
 Employers
 Enabling Services
 Enteral Nutrition
 EPSDT
 Erythrocyte Protoporphyrin
 Ethics
 Evoked Otoacoustic Emissions
 Failure to Thrive
 Families
 Family Centered Health Care
 Family Centered Health Education
 Family Characteristics
 Family Environment
 Family Medicine
 Family Planning
 Family Professional Collaboration
 Family Relations
 Family Support Programs
 Family Support Services

Family Violence Prevention
 Farm Workers
 Fathers
 Feeding Disorders
 Fetal and Infant Mortality Review
 Fetal Alcohol Effects
 Fetal Alcohol Syndrome
 Financing
 Food Preparation in Child Care
 Formula
 Foster Care
 Foster Children
 Foster Homes
 Foster Parents
 Fragile X Syndrome
 Genetic Counseling
 Genetic Disorders
 Genetic Screening
 Genetic Services
 Genetics Education
 Gestational Weight Gain
 Glucose Intolerance
 Governors
 Grief
 Gynecologists
 Hawaiians
 Head Start
 Health Care Financing
 Health Care Reform
 Health care utilization
 Health Education
 Health Insurance
 Health Maintenance Organizations
 Health Professionals
 Health Promotion
 Health Supervision
 Healthy Mothers Healthy Babies Coalition
 Healthy Start Initiative
 Healthy Tomorrows Partnership for Children
 Hearing Disorders
 Hearing Loss
 Hearing Screening
 Hearing Tests
 Hemoglobinopathies
 Hemophilia
 Hepatitis B
 Hispanics
 HIV
 Hmong
 Home Health Services
 Home Visiting for At Risk Families
 Home Visiting Programs
 Home Visiting Services
 Homeless Persons
 Hospitals
 Hygiene
 Hyperactivity
 Hypertension
 Illnesses in Child Care
 Immigrants
 Immunization

Incarcerated Women
Incarcerated Youth
Indian Health Service
Indigence
Individualized Family Service Plans
Infant Health Care
Infant Morbidity
Infant Mortality
Infant Mortality Review Programs
Infant Nutrition
Infant Screening
Infant Temperament
Infants
Information Networks
Information Services
Information Sources
Information Systems
Injuries
Injury Prevention
Intensive Care
Interagency Cooperation
Interdisciplinary Teams
Internship and Residency
Intubation
Iron Deficiency Anemia
Iron Supplements
Jews
Juvenile Rheumatoid Arthritis
Laboratories
Lactose Intolerance
Language Barriers
Language Disorders
Laotians
Lead Poisoning
Lead Poisoning Prevention
Lead Poisoning Screening
Leadership Training
Learning Disabilities
Legal Issues
Life Support Care
Literacy
Local Health Agencies
Local MCH Programs
Low Birthweight
Low Income Population
Lower Birthweight
Males
Managed Care
Managed Competition
Marijuana
Marital Conflict
Maternal and Child Health Bureau
Maternal Nutrition
MCH Research
Media Campaigns
Medicaid
Medicaid Managed Care
Medical Genetics
Medical History
Medical Home
Mental Health

Mental Health Services
Mental Retardation
Metabolic Disorders
Mexicans
Micronesians
Migrant Health Centers
Migrants
Minority Groups
Minority Health Professionals
Mobile Health Units
Molecular Genetics
Morbidity
Mortality
Motor Vehicle Crashes
Multiple Births
Myelodysplasia
National Information Resource Centers
National Programs
Native Americans
Needs Assessment
Neonatal Intensive Care
Neonatal Intensive Care Units
Neonatal Mortality
Neonates
Networking
Neurological Disorders
Newborn Screening
Nurse Midwives
Nurses
Nutrition
Obstetricians
Occupational Therapy
One Stop Shopping
Online Databases
Online Systems
Oral Health
Organic Acidemia
Otitis Media
Outreach
P. L. 99-457
Pacific Islanders
Pain
Paraprofessional Education
Parent Education
Parent Education Programs
Parent Networks
Parent Professional Communication
Parent Support Groups
Parent Support Services
Parental Visits
Parenteral Nutrition
Parenting Skills
Parents
Patient Education
Patient Education Materials
Pediatric Advanced Life Support Programs
Pediatric Dentistry
Pediatric Intensive Care Units
Pediatric Nurse Practitioners
Pediatricians
Peer Counseling

Peer Support Programs
Perinatal Health
Phenylketonuria
Physical Disabilities
Physical Therapy
Pneumococcal Infections
Poisons
Preconception Care
Pregnant Adolescents
Pregnant Women
Prematurity
Prenatal Care
Prenatal Diagnosis
Prenatal Screening
Preschool Children
Preterm Birth
Preventive Health Care
Preventive Health Care Education
Primary Care
Professional Education in Adolescent Health
Professional Education in Behavioral Pediatrics
Professional Education in Breastfeeding
Professional Education in Chronic Illnesses and Disabilities
Professional Education in Communication Disorders
Professional Education in CSHN
Professional Education in Cultural Sensitivity
Professional Education in Dentistry
Professional Education in Developmental Disabilities
Professional Education in EMSC
Professional Education in Family Medicine
Professional Education in Genetics
Professional Education in Lead Poisoning
Professional Education in MCH
Professional Education in Metabolic Disorders
Professional Education in Nurse Midwifery
Professional Education in Nursing
Professional Education in Nutrition
Professional Education in Occupational Therapy
Professional Education in Physical Therapy
Professional Education in Primary Care
Professional Education in Psychological Evaluation
Professional Education in Pulmonary Disease
Professional Education in Social Work
Professional Education in Violence Prevention
Provider Participation
Psychological Evaluation
Psychological Problems
Psychosocial Services
Public Health Academic Programs
Public Health Education
Public Health Nurses
Public Policy
Public Private Partnership
Puerto Ricans
Pulmonary Disease
Quality Assurance
Recombinant DNA Technology
Referrals
Regional Programs
Regionalized Care
Regulatory Disorders

Rehabilitation
Reimbursement
Repeat pregnancy prevention
Research
Residential Care
Respiratory Illnesses
Retinitis Pigmentosa
Rheumatic Diseases
RNA Analysis
Robert Wood Johnson Foundation
Runaways
Rural Population
Russian Jews
Safety in Child Care
Safety Seats
Sanitation in Child Care
School Age Children
School Dropouts
School Health Programs
School Health Services
School Nurses
Schools
Screening
Seat Belts
Self Esteem
Sensory Impairments
Service Coordination
Sex Roles
Sexual Behavior
Sexuality Education
Sexually Transmitted Diseases
Shaken Infant Syndrome
Siblings
Sickle Cell Disease
Sleep Disorders
Smoking During Pregnancy
Social Work
Southeast Asians
Spanish Language Materials
Special Education Programs
Specialized Care
Specialized Child Care Services
Speech Disorders
Speech Pathology
Spina Bifida
Spouse Abuse
Standards of Care
State Health Agencies
State Health Officials
State Legislation
State Programs
State Staff Development
State Systems Development Initiative
Stress
Substance Abuse
Substance Abuse Prevention
Substance Abuse Treatment
Substance Abusing Mothers
Substance Abusing Pregnant Women
Substance Exposed Children
Substance Exposed Infants

Sudden Infant Death Syndrome
Suicide
Supplemental Security Income Program
Support Groups
Surveys
Tay Sachs Disease
Technology Dependence
Teleconferences
Television
Teratogens
Terminally Ill Children
Tertiary Care Centers
Thalassemias
Third Party Payers
Title V Programs
Toddlers
Training
Transportation
Trauma
Tuberculosis
Twins
Uninsured
Unintentional Injuries
University Affiliated Programs
Urban Population
Urinary Tract Infections
Usher Syndrome
Vietnamese
Violence
Violence Prevention
Vision Screening
Vocational Training
Waiver 1115
Well Baby Care
Well Child Care
WIC
Youth in Transition

Guidance Appendix C

Methodology Instructions for CE Only

Curriculum

Applicants must document that they have active, functional relationships with Title V agencies and programs within the state/region. Special attention must be given to collaboration with State Maternal and Child Health programs.

Address a Documented Critical MCH Training Need

Programs must address a critical MCH training need on a specific topic, such as, but not limited to those outlined in “Graduate and Continuing Education Needs in Maternal and Child Health: Report of a National Needs Assessment, 2000-2001” (See VIII Resources for Applicants for web address) – oral health, behavioral health, cultural competency, core public health functions, asthma, early identification/detection for children/adolescents with special health needs, suicide prevention, domestic violence, prevention of teen substance abuse, breastfeeding, obesity prevention, health education, nutrition, nursing, or interprofessional education.

Propose Innovative Continuing Education Approaches

Applicants are encouraged to propose innovative CED approaches using new technologies which provide economical and convenient access for participants, e.g., reduce the need for extensive participant travel.

Continuing Education Credits

Programs may not be designed to meet academic degree requirements. Continuing education units/credits should be awarded, as appropriate.

Relate to MCHB Strategic Plans and Goals

Programs must relate, as appropriate, to the MCHB Strategic Plan and Goals, *Healthy Children 2010 National Health Promotion and Disease Prevention Objectives* and the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*.

Faculty

Programs must have appropriate leadership faculty with demonstrated expertise and experience in the specific program methodology and subject area.

Target Audience/Program Scope

Must be Regional or National in Scope

Programs must be regional (multi-state) or national in scope; identify the geographic area and health and related professionals to be targeted by the project; describe how appropriate participants will be identified and selected; estimate the numbers and types of participants who will benefit, and demonstrate program impact. Interdisciplinary training is encouraged, as appropriate.

Document Collaborative Relationship with MCH Agencies

Applicants who target multi-state/regional audiences must document active, functioning, collaborative relationships between the proposed program and MCH/CSHCN programs and other relevant state and local Title V and related public and private sector programs within the targeted

geographic area. Likewise, applicants who target a national audience must identify such relationships with relevant national organizations or groups. Programs are expected to explain the relevance of the CED to Title V Maternal and Child Health Programs.

Special Concerns and Program Priorities

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

Healthy People 2010

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a national activity for setting public health priority areas. The MCH training program addresses issues related to national health promotion and disease prevention objectives as described in Healthy People 2010. Potential applicants may obtain a copy of Healthy People 2010 through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, Telephone (202) 512-1800. Applicants may obtain Healthy People 2010 online at:

<http://web.health.gov/healthypeople/Document/tableofcontents.htm>

Underserved Populations

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and adolescents from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. Applicants are strongly encouraged to work collaboratively with Title V agencies and other MCH training programs to maximize access to MCH services.

The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

Cultural Competence

Cultural Competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

"Culture" refers to language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, social group or self-identified community.

"Competence" implies having the capacity to function effectively as an individual and/or

organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural competence requires that systems, organizations, programs and individuals must have the ability to:

- appreciate diversity and similarities in customs, values, beliefs and communication patterns among all peoples;
- understand and effectively respond to cultural differences;
- engage in cultural self-assessment at the individual and organizational levels;
- make adaptations to the delivery of services and enabling supports through policy making, infrastructure building, program administration, and evaluation;
- institutionalize cultural knowledge and practices; and
- communicate effectively with persons of limited English proficiency, reading and comprehension skills.

The applicant must demonstrate how the training program will address issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students.

MCH Block Grant and other Health/Social Services relevant agencies locally and in the state

The applicant must demonstrate a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area.

Geographic Area Not Currently Covered by the MCH Training Program

Applicants who provide services or trainees to regions of the U.S. which do not currently have a funded project in this category are strongly encouraged to apply.

Guidance Appendix D

Methodology Instructions for CE/DL Only

Curriculum

Address Critical MCH Training Need

Programs must address a critical MCH training need on a specific topic, such as, but not limited to those outlined in “Graduate and Continuing Education Needs in Maternal and Child Health: Report of a National Needs Assessment, 2000-2001” (See VIII Resources for Applicants for web address) – oral health, behavioral health, cultural competency, core public health functions, asthma, early identification/detection for children/adolescents with special health needs, suicide prevention, domestic violence, prevention of teen substance abuse, breastfeeding, obesity prevention, health education, nutrition, nursing, or interprofessional education.

Alternative Educational Methodologies

Applicants are required to propose innovative CE/DL approaches using new technologies that provide economical and convenient access for participants.

These alternative educational methodologies should provide an effective and efficient means by which MCH professionals can enhance and advance their managerial, analytical, administrative, and clinical skills while continuing to meet their daily work and family responsibilities. These functions may include: assessing need; utilizing data; developing/implementing policies, guidelines and programs; resolving problems, monitoring progress; and evaluating performance.

Relation to Health Initiatives

Programs must relate, as appropriate, to the MCHB Strategic Plan and Goals, Healthy Children 2010 National Health Promotion and Disease Prevention Objectives, and the Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents.

Academic Degree or CE Credits

Programs may be designed to meet academic degree requirements. Continuing education units/credits may be awarded, as appropriate.

Faculty

Programs must have appropriate faculty with demonstrated leadership expertise and experience in the specific program methodologies, technologies and subject areas. Programs should use principles of adult learning and proven education models utilizing available and emerging technologies such as the Internet, multimedia networking, teleconferencing, satellite broadcasting, and/or CD ROM diskettes.

Target Audiences/Program Scope

Must be Regional or National in Scope

Programs must be regional (multi-state) or national in scope; identify the geographic area and health and related professionals to be targeted by the project; describe how appropriate participants will be identified and selected; estimate the numbers and types of participants who will benefit, and demonstrate program impact. Interdisciplinary training is encouraged, as appropriate.

Collaboration with Title V and Other Public Health Agencies

Applicants must document that they have active, functional relationships with Title V agencies and programs within the state/region. Special attention must be given to collaboration with State Maternal and Child Health programs. Applicants must identify relationships with other relevant national organizations or groups. Programs are expected to explain carefully, the relevance of the CE/DL to the State Title V program.

Programs are expected to work collaboratively with each other, the Maternal and Child Health Bureau and other MCHB funded grants and projects to ensure appropriate utilization of resources, effective dissemination of educational modules, and prevention of duplication.

Special Concerns and Program Priorities

Throughout the application the applicant should document a working knowledge of and intent to address areas of special concern to the Maternal and Child Health Bureau, such as:

Healthy People 2010

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a national activity for setting public health priority areas. The MCH training program addresses issues related to national health promotion and disease prevention objectives as described in Healthy People 2010. Potential applicants may obtain a copy of Healthy People 2010 through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, Telephone (202) 512-1800. Applicants may obtain Healthy People 2010 online at: <http://web.health.gov/healthypeople/Document/tableofcontents.htm>

Underserved Populations

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and adolescents from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. Applicants are strongly encouraged to work collaboratively with Title V agencies and other MCH training programs to maximize access to MCH services.

The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under-represented groups is supported through programs and projects sponsored by the MCHB. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project.

Cultural Competence

Cultural Competence is defined as the knowledge, interpersonal skills and behaviors that enable a system, organization, program, or individual to work effectively cross culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. Cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.

“Culture” refers to language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, social group or self-identified community.

“Competence” implies having the capacity to function effectively as an individual and/or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural competence requires that systems, organizations, programs and individuals must have the ability to:

- appreciate diversity and similarities in customs, values, beliefs and communication patterns among all peoples;
- understand and effectively respond to cultural differences;
- engage in cultural self-assessment at the individual and organizational levels;
- make adaptations to the delivery of services and enabling supports through policy making, infrastructure building, program administration, and evaluation;
- institutionalize cultural knowledge and practices; and
- communicate effectively with persons of limited English proficiency, reading and comprehension skills.

The applicant must demonstrate how the training program will address issues of cultural competency, such as including cultural competence training in the curriculum, administrative procedures, faculty and staff development, and recruiting and retaining racially and ethnically diverse faculty and students.

MCH Block Grant and other Health/Social Services relevant agencies locally and in the state

The applicant must demonstrate a commitment to collaborate with the State Title V agency and other relevant agencies in the community and state and with other Title V funded training programs in the same geographic area.

Geographic Area Not Currently Covered by the MCH Training Program

Applicants who provide services or trainees to regions of the U.S. which do not currently have a funded project in this category are strongly encouraged to apply.

Guidance Appendix E
TRAINING PROGRAM REPORTING FORMS
OMB #0915-0272
Expiration Date: January 31, 2006

FORM 1, MCHB PROJECT BUDGET DETAILS FOR FY _____

1.	MCHB GRANT AWARD AMOUNT	\$ _____
2.	UNOBLIGATED BALANCE	\$ _____
3.	MATCHING FUNDS (Required: Yes [] No [] If yes, amount)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income	\$ _____
	D. Applicant/Grantee Funds	\$ _____
	E. Other funds	\$ _____
4.	OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income (Clinical or Other)	\$ _____
	D. Applicant/Grantee Funds (includes in-kind)	\$ _____
	E. Other funds (including private sector, e.g., Foundations)	\$ _____
5.	TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6.	FEDERAL COLLABORATIVE FUNDS	
	(Source(s) of additional Federal funds contributing to the project)	
	Other MCHB Funds (Do not repeat grant funds from Line 1)	
	1) SPRANS	\$ _____
	2) CISS	\$ _____
	3) SSDI	\$ _____
	4) Abstinence Education	\$ _____
	5) Healthy Start	\$ _____
	6) EMSC	\$ _____
	7) Bioterrorism	\$ _____
	8) Traumatic Brain Injury	\$ _____
	9) State Title V Block Grant	\$ _____
	10) Other _____	\$ _____
	Other HRSA Funds	
	1) HIV/AIDS	\$ _____
	2) Primary Care	\$ _____
	3) Health Professions	\$ _____
	4) Other _____	\$ _____
	Other Federal Funds	
	1) CMS	\$ _____
	2) SSI	\$ _____
	3) Agriculture (WIC/other)	\$ _____
	4) ACF	\$ _____
	5) CDC	\$ _____
	6) SAMHSA	\$ _____
	7) NIH	\$ _____
	8) Education	\$ _____
	9) Other: _____	\$ _____
	_____	\$ _____
7.	TOTAL COLLABORATIVE FEDERAL FUNDS	\$ _____

Guidance Appendix E (Cont'd)

FORM 4

PROJECT BUDGET AND EXPENDITURES

By TYPES OF SERVICES

OMB #0915-0272

Expiration Date: January 31, 2006

	FY _____		FY _____	
<u>TYPES OF SERVICES</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Guidance Appendix E (Cont'd)
FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA
OMB #0915-0272
Expiration Date: January 31, 2006

1. Project Service Focus

- Urban/Central City Suburban Metropolitan Area (city & suburbs)
 Rural Frontier Border (US-Mexico)

2. Project Scope

- Local Multi-county State-wide
 Regional National

3. Grantee Organization Type

- State Agency
 Community Government Agency
 School District
 University/Institution Of Higher Learning (Non-Hospital Based)
 Academic Medical Center
 Community-Based Non-Governmental Organization (Health Care)
 Community-Based Non-Governmental Organization (Non-Health Care)
 Professional Membership Organization (Individuals Constitute Its Membership)
 National Organization (Other Organizations Constitute Its Membership)
 National Organization (Non-Membership Based)
 Independent Research/Planning/Policy Organization
 Other _____

4. Project Infrastructure Focus (from MCH Pyramid) if applicable

- Guidelines/Standards Development And Maintenance
 Policies And Programs Study And Analysis
 Synthesis Of Data And Information
 Translation Of Data And Information For Different Audiences
 Dissemination Of Information And Resources
 Quality Assurance
 Technical Assistance
 Training
 Systems Development
 Other

5. Products and Dissemination

PRODUCTS	NUMBER
Peer reviewed Journal Article	
Book/Chapter	
Report/Monograph	
Presentation	
Doctoral Dissertation	
Other:	

Guidance Appendix E (Cont'd)

Administrative Data MCH Training and Education Programs Data Forms

OMB #0915-0272

Expiration Date: January 31, 2006

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing to your training project, include those not supported by the grant.

Personnel (Do not list trainees)

Name	Race (indicate all that apply e.g., American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White)	Ethnicity	Gender	Discipline	Degrees	Former MCHB Trainee ? Y/N
Faculty						
Staff						
Other						

Guidance Appendix E (Cont'd)

OMB #0915-0272

Expiration Date: January 31, 2006

Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information

Number of Short term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., pediatricians, nutritionists, etc.) _____

Number of Medium term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., residents, interns, etc) _____

Continuing Education and Continuing Education/Distance Learning

Topic	Method*	Number of CE Students	Duration in Hours	Continuing Education Credits Provided? Y/N

*Method: Presentation/Seminar; Workshop/Conference; Web-based Course; Audioconference; Videoconference, etc.

