

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of Minority Health

FUNDING OPPORTUNITY TITLE: Empowered Communities for a Healthier Nation Initiative

ACTION: Notice

ANNOUNCEMENT TYPE: Competitive Cooperative Agreement

FUNDING OPPORTUNITY NUMBER: MP-CPI-17-004

CFDA NUMBER: 93.137

CFDA PROGRAM: Community Programs to Improve Minority Health

DATES:

Technical Assistance: A technical assistance webinar for potential applications will be held on June 13, 2017, 3:00 pm – 4:30 pm Eastern Time. **Please check the Office of Minority Health website, www.minorityhealth.hhs.gov, for more detailed information.** Please be sure to review the entire announcement promptly so you can have any questions answered well in advance of the due date.

Applications: Your application is due August 1, 2017 by 5 p.m. Eastern Time. To receive consideration, your application must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless

you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement.

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

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

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

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

EXECUTIVE SUMMARY: The Office of Minority Health (OMH), located within the Office of the Secretary of the United States Department of Health and Human Services (HHS or Department), announces the anticipated availability of funds for Fiscal Year (FY) 2017 for cooperative agreement grant awards for the Empowered Communities for a Healthier Nation Initiative (Empowered Communities Initiative or ECI) program under the authority of 42 U.S.C. § 300u-6 (Public Health Service Act § 1707). This notice solicits applications for the ECI program.

The ECI program is intended to provide support for minority and/or disadvantaged communities disproportionately impacted by the opioid epidemic, childhood/adolescent obesity, or serious mental illness. It seeks to prevent opioid abuse, increase access to opioid treatment

and recovery services, and reduce the health consequences of opioid abuse; reduce obesity prevalence and disparities in weight status among children and adolescents; and reduce the impact of serious mental illness and improve screening for serious mental illness at the primary care level. The ECI seeks to demonstrate the effectiveness of collaborations that include academic medical centers, prevention research centers, teaching hospitals, or Tribal epidemiology centers, and community based organizations to reduce significant health disparities impacting minorities and disadvantaged populations through the implementation of evidence-based interventions and promising practices with the greatest potential for impact.

OMH anticipates funding up to 16 cooperative agreements for \$300,000 to \$350,000 each for approximately \$5 million total, for a one-year period of performance, for a project period of three years. Each application should address only one of the three focus areas of the ECI program: opioid abuse; childhood/adolescent obesity; or serious mental illness. We will consider only one application per organization for each focus area. If you submit multiple applications under a focus area, we will consider the last application submitted prior to the deadline.

OMH encourages applicants to review all program requirements, eligibility information, application and submission information, evaluation criteria and other information in this funding announcement to ensure its application complies with all requirements and instructions.

The assistance or benefits of the ECI program may not be denied to any person based on race, sex, color, or national origin.

A. PROGRAM DESCRIPTION:

Background

The purpose of the HHS OMH is to improve minority health and the quality of health care minorities receive and to work to eliminate racial and ethnic disparities, including through awarding grants and cooperative agreements with organizations in communities of color to develop specific efforts to improve the health status of racial and ethnic minorities.¹ To support HHS Secretary Price's three priorities, combating opioid abuse, childhood and adolescent obesity, and serious mental illness², OMH is supporting initiatives to reduce significant health disparities impacting minorities and/or disadvantaged populations through the implementation of evidence-based strategies with the greatest potential for impact.

Opioid Abuse

Deaths from drug overdoses, driven by prescription and illicit opioid overdoses, have been identified as a significant public health crisis in the United States. Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999. The epidemic of overdose deaths has had a substantial impact on racial and ethnic minority populations. For example:

- American Indian or Alaska Native women have the highest rate of dying from a prescription opioid overdose.³
- In 2015, the age-adjusted rate of drug overdose death for non-Hispanic black persons was 12.2 per 100,000, followed by 7.7 per 100,000 for Hispanic persons;

¹ 42 U.S.C. §300u-6(a).

² U.S. Department of Health and Human Services. "Never Be Afraid to Ask 'Are You Alright?'". SAMSHA National Children's Mental Health Awareness Day 2017; May 4, 2017. Available at <https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/never-be-afraid-to-ask-are-you-alright.html>. Accessed May 19, 2017.

³ <https://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html>

- The age-adjusted rate of drug overdose deaths for non-Hispanic Blacks increased from 7.5 per 100,000 in 1999 to 12.2 per 100,000 in 2015, a 63% increase.
- The age-adjusted rate of drug overdose deaths for Hispanic persons increased from 5.4 per 100,000 in 1999 to 7.7 in 2015, a 43% increase.⁴

In 2015, age-adjusted drug overdose death rates were highest for non-Hispanic African Americans in West Virginia (69.4 per 100,000), Wisconsin (29.3), the District of Columbia (29.2), Pennsylvania (24.1), Ohio (21.7), Minnesota (21.2), Washington (20.6), Missouri (19.6), Michigan (18.4), and Maryland (18.2). Among Hispanics, the highest rates were in New Mexico (28.0), Rhode Island (23.0), Pennsylvania (19.6), Massachusetts (17.8), Michigan (16.5), Ohio (16.4), Utah (15.1), Connecticut (15.0), Colorado (14.6), and Arizona (11.5).⁵

Childhood/Adolescent Obesity

Childhood and adolescent obesity is a serious problem in the United States, putting youth at risk for poor health. Despite recent declines in the prevalence among preschool-aged children, obesity among all children and adolescents remains high. In 2011-2014, for children and adolescents aged 2-19 years:

- The prevalence of obesity has remained fairly stable at about 17% and affects about 12.7 million children and adolescents.
- The prevalence of obesity was higher among Hispanics (21.9%) and non-Hispanic blacks (19.5%) than among non-Hispanic whites (14.7%).

⁴ NCHS Data Brief ■ No. 273 ■ February 2017: Drug Overdose Deaths in the United States, 1999–2015
Holly Hedegaard, M.D., Margaret Warner, Ph.D., and Arialdi M. Miniño, M.P.H.

⁵ Centers for Disease Control and Prevention. National Vital Statistics System, Wide-Ranging Online Data for Epidemiologic Research (WONDER), Multiple-Cause-Of-Death File. Analyzed on May 30, 2017.

- The prevalence of obesity was 8.9% among 2- to 5-year-olds compared with 17.5% of 6- to 11-year-olds and 20.5% of 12- to 19-year-olds.

The public health burden of obesity is associated with other co-morbidities, such as Type 2 diabetes,⁶ high blood pressure,⁷ mental health,⁸ asthma, and cancer, as well as life expectancy⁹. In addition, the longer a child is overweight, the greater risk for depression and other mental health disorders.^{10, 8} Prospective studies found that obese adolescents are at risk for major anxiety and depressive disorders later in life.^{11,8} There is also fair evidence that overweight children and adolescents are at increased risk for becoming obese adults.¹² Thus, identifying evidence-based practices to address the prevention and management of childhood and adolescent obesity is critical to improving the health of the U.S. population.

Serious Mental Illness

Serious mental illness (SMI) is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.¹³ The prevalence in SMI for U.S. adults who are

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4099943/>

⁷ <https://www.cdc.gov/obesity/childhood/causes.html>

⁸ Ogden CL et al; Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014; JAMA. 2016;315(21):2292-2299.

⁹ Reilly JJ and Kelly J. Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. International J of Obesity (2011) 35, 891-898.

¹⁰ Mustillo S et al. Obesity and psychiatric disorder: Developmental trajectories. Pediatrics 2003; 111(4 Pt 1):851-9.

¹¹ Anderson SE et al. Adolescent obesity and risk for subsequent major depressive disorder and anxiety disorder: Prospective evidence. Psychosom Med 2007; 69(8):740-7.

¹² AHRQ publication No. 10-05144-EF-1, January 201, page 8.

¹³ <https://www.samhsa.gov/disorders>

18 years and older is highest among persons of two or more race (9.5 percent).¹⁴ Data from the National Survey on Drug Use and Health (NSDUH) find that in 2012, 4.1 percent of adults aged 18 and older experienced an SMI. From this pool, 8.5 percent of American Indian or Alaska Native adults experienced an SMI, followed by 4.4 percent of Hispanic or Latino adults, 3.4 percent of non-Hispanic Black adults, 2.9 percent Asian adults, and 1.8 percent of Native Hawaiian or Other Pacific Islander adults.¹⁵

SMI is frequently underdiagnosed, misdiagnosed or undertreated, and many people with SMI receive no treatment at all. In 2012, the proportion of adults aged 18 and older with SMI who received treatment was 62.9 percent. For adults with SMI who had health insurance, 70.8% received treatment, more than one and a half times the rate for those without health insurance, 43.2%. Non-Hispanic white adults with SMI received treatment at about one and a half times the rate for Hispanic or Latino adults with SMI.¹⁸ Among adults with an SMI in 2008, less than 60 percent had used mental health services in the previous year, and only 40 percent had used any outpatient health care services.¹⁶

Serious mental illness is an important public health problem, both in its own right and because the condition is associated with other chronic diseases and their resulting morbidity and mortality. One in 17 adults lives with a serious mental illness such as schizophrenia or bipolar disorder.¹⁷ African Americans have highest rates of SMI for depressive and substance disorders,

¹⁴ <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtm>

¹⁵ <https://www.healthypeople.gov/2020/topics-objectives/national-snapshot/treatment-for-serious-mental-illness-smi-adults-with-smi>

¹⁶ Swinson Evans T, Berkman N, Brown C, Gaynes B, Palmieri Weber R. Disparities Within Serious Mental Illness. Technical Brief No. 25. (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center under Contract No. 290-2015-00011-1). AHRQ Publication No.16-EHC027-EF. Rockville, MD: Agency for Healthcare Research and Quality; May 2016.

¹⁷ <https://www.nami.org/Learn-More/Mental-Health-Conditions>

whereas Hispanics have the highest incidence of anxiety disorders.¹⁸ People with severe mental disorders on average tend to die earlier than the general population. There is a 10 to 25 year life expectancy reduction in patients with severe mental disorders and the vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes, hypertension, and suicide.¹⁹

Program Requirements

The ECI program seeks to support projects that address the HHS Secretary's priority areas — opioid abuse, childhood/adolescent obesity, and serious mental illness — in racial and ethnic minority and/or disadvantaged populations disproportionately affected by these diseases and conditions. Proposals must describe, using geographic indicators and data from representative samples or other representative population data, the demographic characteristics of the populations to be served by the project, including race, ethnicity and/or disadvantaged status.

Cooperative Agreements

ECI program awards will be issued as cooperative agreements, a form of grant that allows for substantial involvement by OMH. In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and

¹⁸ Estimates of Serious Mental Illness by Race/Ethnic Group from the Collaborative Psychiatric Epidemiology Surveys (CPES) (Society for Social Work and Research 14th Annual Conference: Social Work Research: A WORLD OF POSSIBILITIES); <https://sswr.confex.com/sswr/2010/webprogram/Paper13263.html>

¹⁹ www.who.int/mental_health/management/info_sheet.pdf

progress, participation in relevant meetings, provision of training and technical assistance), OMH substantial programmatic involvement will include:

- Providing prior approval for change of time that Key Personnel, as defined in Appendix A, are dedicated to the project and for replacement of Key Personnel.
- Assisting the awardee to establish, review, and update priorities for activities conducted under the auspices of this cooperative agreement.
- Assisting the awardee in development of its community advisory board (CAB) and the CAB's evaluation of the progress of the project.
- Serving as a resource to provide programmatic support during the implementation of the project by participating in the design of the activities, and contributing with subject matter expertise.
- Identification of other organizations with whom the awardee may be asked to develop cooperative and collaborative relationships and partnerships.
- Collaborating on the development of measures, methods, and materials to be tested or used.
- Assisting the awardee to monitor the progress of the project, which includes but is not limited to collecting, reporting and analyzing data and required comprehensive reporting during the three-year project period and if applicable, the extension period.
- Participating in the preparation of publications and public presentations of the data obtained under this Cooperative Agreement as well as assisting in the dissemination of any materials or products produced at the conclusion of the study.

Focus Areas

Each proposed project must address only one of the following three focus areas:

(1) Opioid Abuse

Projects addressing this focus area must target efforts to minority and/or disadvantaged communities most affected by the opioid crisis. For the ECI program, minority and/or disadvantaged communities most affected by the opioid crisis are those within (i) counties with more than 19.9% of persons living in poverty as defined by the U.S. Census Bureau²⁰, OR (ii) counties with violent crime rates in excess of 400 per 100,000 population²¹; AND (iii) counties or states for which county or state data indicate high nonfatal or fatal opioid overdose rates.

Each project must implement one or both of the following community-level strategies:

(a) prevent opioid abuse and increase access to treatment and recovery services and overdose reversal capacity in rural and/or urban areas by using strategies that employ evidence-based interventions including each of the following:

- training and education of providers, pharmacists, and the public about opioid overdose prevention and reversal, naloxone administration, and availability of naloxone via standing orders at community pharmacies and other community-based organizations;
- training of primary care providers in screening and diagnosis of opioid misuse and motivational interviewing or other evidence-based techniques to engage individuals in treatment, including medication-assisted treatment in the event of opioid overdose; and

²⁰https://www.census.gov/did/www/saipe/data/interactive/saipe.html?s_appName=saipe&map_yearSelector=2014&map_geoSelector=aa_c

²¹ Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. County level violent crime rates are available at <http://www.countyhealthrankings.org/>.

- strategies should include the following partners: local public health, substance abuse providers, the medical community, community-based prevention and risk reduction organizations, law enforcement in states with Good Samaritan laws, and may include faith-based organizations.

(b) identify and implement the most effective strategies to reach, engage, and retain people who inject drugs in substance abuse treatment, including, but not limited to, medication-assisted treatment, psychosocial therapies, and counseling for opioid use disorder, and identify innovative strategies to provide comprehensive services to people who inject drugs, including a focus on reducing the transmission of viral hepatitis and HIV, engaging in opioid use disorder treatment, and providing overdose prevention education and naloxone distribution in the community. These strategies must include the training of family and friends of people who inject drugs to increase the likelihood of effective use of life-saving treatment (e.g., naloxone administration) for persons who have overdosed.

(2) Childhood/Adolescent Obesity

Projects addressing this focus area must target efforts to minority and/or disadvantaged communities with a high prevalence of childhood/adolescent obesity. Communities with high levels of childhood/adolescent obesity or children/adolescents at risk for obesity are those in which more than 20% of the children ages 2-19 years have a Body Mass Index (BMI) at or above the 85th percentile for children and teens of the same age and sex. Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the

same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.²²

Each project must implement family-centered strategies that reduce obesity and do one or both of the following:

- (a) implement behavioral interventions to reduce recreational sedentary time and improve nutritional, physical activity and weight-related outcomes among children and adolescents.
- (b) identify and implement the combinations of intervention components that are most effective for minority and/or disadvantaged children and determine which components are critical to success.

(3) Serious Mental Illness

Projects addressing this focus area must target efforts to improve access to mental health services in minority and/or disadvantaged communities with a shortage of mental health professionals. An eligible applicant organization must target communities within a state, territory, and/or tribe(s) that is/are a Health Professional Shortage Area (HPSA) with a shortage of mental health providers. HPSAs with a shortage of mental health providers are designated by the Health Resources and Services Administration (HRSA) with a HPSA score of 16 or higher.²³ A copy of the HPSA-generated document showing the HPSA score of 16 or higher must be submitted with the application in the Appendices.

Each project must seek to improve the rates of routine screening for mental disorders in primary care settings by primary care providers and link or provide persons diagnosed with

²² <https://www.cdc.gov/obesity/childhood/defining.html>

²³ <https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFind.aspx>

serious mental illness with mental health treatment through collaborative care networks, including through the use of telemedicine/telehealth services, and improve health outcomes by employing one or more of the following:

- (a) increase providers' use of evidence-based protocols for the proactive management of diagnosed mental disorders;
- (b) improve clinical and community support for active patient engagement in treatment goals setting and self-management.

Performance Measures: Process and Outcome Measures

OMH requires that all funded project document program progress through the use of process and outcome performance measures throughout the project's period of performance. The process and outcome measures should be depicted in the proposed project's logic model, and clearly align with the proposed project's objectives, strategies and practices or activities, and long-term goals.

All projects must include process and outcome measures of implementation of the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards).²⁴ To measure the impact of implementation of the National CLAS Standards, OMH recommends use of the Consumers Assessment of Health Providers and Systems (CAHPS) Cultural Competency Item Set²⁵ and/or the Experience of Care and Health Outcomes Survey.²⁶

²⁴ <https://www.thinkculturalhealth.hhs.gov/clas>

²⁵ <https://www.ahrq.gov/cahps/surveys-guidance/item-sets/cultural/index.html>.

²⁶ ECHO Survey: <https://www.ahrq.gov/cahps/surveys-guidance/echo/index.html>

To demonstrate significant program impact, all proposed projects should employ either an experimental or quasi-experimental evaluation design with sufficiently large intervention and control groups to detect statistically significant differences when comparing the population receiving the intervention compared with control group over time, at .05 alpha.

All other process and outcome measures will be specific to each of the focus areas of the ECI: opioid abuse; childhood/adolescent obesity; and serious mental illness. In addition to including project-specific process and outcome measures that applicants consider unique and critical to the successful implementation of the proposed project in the evaluation plan, OMH recommends the following process and outcome measures:

(1) Opioid Abuse

(a) Support the development of community-level strategies aimed at preventing opioid abuse and increasing access to treatment and recovery services and overdose reversal capacity in rural and urban areas.

1. Recommended Process Measures

- i. Number of persons receiving opioid overdose education and naloxone administration training designed to reduce opioid misuse and overdoses and reverse opioid overdoses.
- ii. Number of primary care providers trained in screening and diagnosis of opioid misuse and use disorder.
- iii. Number of primary care providers trained in motivational interviewing techniques to engage people in treatment, including medication-assisted treatment.

- iv. Number of community-based pharmacies or other community-based organizations with standing orders to dispense naloxone.

2. Recommended outcome measures

- i. Significant increase in the proportion of persons screened for opioid misuse and use disorder.
- ii. Significant increase in the proportion of persons with opioid use disorder entering evidence-based treatment.

(b) Identify and implement the most effective strategies to reach, engage, and retain people who inject drugs in substance abuse treatment, including medication-assisted treatment for opioid use disorder, and identify innovative strategies to provide comprehensive services to people who inject drugs, including overdose reversal strategies

1. Recommended Process Measures

- i. Number of persons with opioid use disorder who inject drugs are enrolled in treatment.
- ii. Number of persons who have a friend or family member with active opioid use disorder who inject drugs, that are trained in administering naloxone.

2. Recommended outcome measures

- i. Significant increase in the proportion of persons with opioid use disorder entering evidence-based treatment.
- ii. Significant decrease in rates of new HIV and viral hepatitis infections.
- iii. Significant decrease in the number of opioid overdoses.

(2) Childhood/Adolescent Obesity

For all projects addressing this focus area, OMH recommends the following process and outcome measures:

- (a) Recommended Process Measures
 - i. Number of families with children ages 2-19 years enrolled in obesity prevention program aimed at increasing fruit and vegetable consumption and decreasing simple carbohydrate consumption.
 - ii. Number of families with children ages 2-19 years enrolled in obesity prevention program aimed at increasing the number of minutes spent in moderate and vigorous physical activity (adolescents and caregivers) or achieving 60 minutes of physical activity each day (children under the age of 11).
- (b) Recommended outcome measures
 - i. Significant increase in consumption of fruits and vegetables.
 - ii. Significant decrease in consumption of simple carbohydrates.
 - iii. Significant decrease in BMI among obese and overweight children ages 2-19 years.

(3) Serious Mental Illness

Projects addressing this focus area must target efforts to improve access to mental health services in minority and/or disadvantaged communities with a shortage of mental health professionals. For all projects addressing this focus area, OMH recommends the following process and outcome measures:

(a) Recommended Process Measures - Each project must seek to do two or more of the following:

- i. Number of primary care providers trained to screen and diagnosis serious mental illness in communities with HPSA scores of 16 and higher.
- ii. Number of primary care providers trained in use of evidence-based protocols for the proactive management of diagnosed mental disorders in communities with HPSA scores of 16 and higher.
- iii. Number of persons diagnosed with serious mental illness participating in self-management programs in communities with HPSA scores of 16 and higher.

(b) Recommended outcome measures

- i. Significant increase in the number of persons screened for serious mental illness in communities with HPSA scores of 16 and higher.
- ii. Significant reduction of symptoms among persons diagnosed with SMI in communities with HPSA scores of 16 and higher.

Additional Requirements Applicable to All Focus Areas

Partnership

Each applicant under the ECI must serve as the lead agency for the project, responsible for its implementation and management; and serve as the fiscal agent for the federal grant if awarded. In addition to any specific requirements listed under each focus area above, the applicant organization must represent a collaborative partnership that includes a variety of healthcare, social, and support service entities. Collaborating network partners may include, but are not limited to, community health centers, local healthcare and social services departments or

providers, disease intervention and/or chronic disease management programs, behavioral and substance abuse treatment programs, schools, faith-based organizations, and supportive service programs (i.e. housing, eligibility assistance for social, medical, and food subsidy programs, case management, job placement, and transportation).

Each application must include a collaborative partnership including the applicant; each partner must have a unique role in the proposed project and provide unique resources to the project. Each collaborative partnership must include at least the following:

- an academic research center, prevention research center, teaching hospital, Tribal Epidemiology Center, a public or state controlled institution of higher education, a private institution of higher education, a Native American tribal government (Federally or State recognized), or a Native American tribal organization;
- a community-based minority serving organization with experience in case management, coordination of care for high-risk populations, and implementation of evidence-based disease interventions, preventive health services, chronic disease management programs, social, support, and/or behavioral treatment programs; and
- a local social service, supportive service, and/or behavioral treatment organization (social, support, and/or behavioral treatment services may include case management, eligibility assistance for health coverage, housing, and/or food subsidy programs, transportation, behavioral therapy, etc.).

There must be a minimum of two or more partners, including the applicant organization. An organizational partner, including community-based and/or faith based organizations, may fill one or two of these types of roles.

Community Advisory Board

Each applicant must establish a community advisory board (CAB) comprised of five to nine individuals representative of the community to be targeted by the proposed intervention(s), including a consumer and a subject matter expert in the focus area that is being addressed by the proposed project. The purpose of the CAB is to provide advice and guidance on program implementation, design and direction. The CAB must meet at least twice every project year.

The application should describe how the applicant organization and its partners plan to involve the community advisory board and its representative organizations in a meaningful way in the planning and implementation of the proposed project. The CAB and its representative organizations will be considered vested stakeholders in the successful operation of the project. How they were/will be identified and how they will be meaningfully incorporated into the project should be described.

Social Determinants of Health and National CLAS Standards

Proposed projects must identify and address social determinants of health impacting access to and utilization of healthcare and other services to be offered. Proposed projects must demonstrate partners' experience in and proposed use of the National CLAS Standards to develop and/or implement culturally and linguistically tailored interventions specifically designed for the project's target communities.²⁷

External Evaluation

²⁷ <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>

All proposals must include provision for project evaluation through the duration of the project and must allocate no less than 10% of the total award or provide in-kind services equal to no less than 10% of the total award to evaluation.

Innovation

An applicant's proposed project must fund testing modifications to or new innovative programs that are grounded in and build on successful evidence-based programs, and not fund ongoing program operations or replace existing or expiring funding.

Dissemination

OMH is committed to sharing information that improves public health practice. All proposals should include dissemination plans that include, during the project period of performance, submission of project impact and findings to peer-reviewed journals or presentation at a national conference on project impact and findings.

Experience

To ensure successful ECI programs, applicants to the ECI program must demonstrate at least two years of a consistent, successful track record in conducting programs in the same focus area which the application addresses.

HIPAA/Confidentiality of Data

Applicants must demonstrate they will adhere to the provisions, as applicable, of the Privacy Rule and Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in addition to best practices for safeguarding patient health data.

Additional Requirements Applicable to All Focus Areas That Are to Be Submitted as Appendices

The following Program Requirements are described in Section D.2.iii. (Appendices) of this Funding Opportunity Announcement. Each must be submitted as an Appendix to the application. All Appendices must be submitted as a single electronic file uploaded to the Attachments section of your Grants.gov application.

Work Plan

Letters of Commitment (LOC)

Logic Model

Institutional Review Board Approval

Confidentiality Plan

Curriculum Vitae/Resume for Key Project Personnel

Organizational Chart

Accreditation, Licensure, and Experience of Provider Organization(s)

HPSA-Generated Document Showing HPSA Score

AUTHORITY: 42 U.S.C. § 300u-6 (Public Health Service Act § 1707).

B. FEDERAL AWARD INFORMATION

OMH intends to make available approximately \$5,000,000 per budget period for the ECI competitive cooperative agreements, subject to availability of funds.

Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Federal Funds Available: \$5,000,000 per budget period

Anticipated Number of Awards: 14 to 16

Range of Awards (Federal Funds): \$300,000- 350,000 per budget period

Anticipated Start Date: September 30, 2017

Period of Performance: 3 years

Budget Period Length: 12 months

Type of Award: Competitive Cooperative Agreement

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

C. ELIGIBILITY INFORMATION

1. Eligible Applicants.

Eligible applicants that can apply for this funding opportunity are listed below:

- State Governments
- County Governments
- City or township governments

- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally or State recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than Federally or State recognized tribal governments) including Tribal Epidemiology Centers
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit Organizations other than small business
- Small Businesses

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

3. Other Eligibility Information

Application Responsiveness Criteria

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

- The application addresses only one of the three focus areas (opioid abuse, childhood/adolescent obesity, or serious mental illness).
- We will consider only one application per organization under each of the three focus areas. If an applicant submits more than one application for the same focus area, then only the last application submitted for that focus area will be considered.
- The application must demonstrate that the proposed project involves a collaborative partnership with at least two partners (including the applicant), one of whom must be:
 - an academic research center, prevention research center, teaching hospital, Tribal Epidemiology Center, a public or state controlled institution of higher education, a private institution of higher education, a Native American tribal government (Federally or State recognized), or a Native American tribal organization.
- The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization and agency (see Appendices). A representative from the applicant organization and each partner organization must sign the LOC. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.
- The application must include a confidentiality plan for participants that covers the entire three-year project period. The plan must include the signature of all partners and be signed by an authorized representative of each project partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed

confidentiality plan. Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the three-year grant project.

- The applicant must submit with the application a signed letter by the applicant's authorized official assuring that if funding is secured the applicant will submit an application to an Institutional Review Board for approval.
- If the application addresses the serious mental illness focus area, a copy of the HPSA-generated document showing the HPSA score of 16 or higher must be submitted with the application in the Appendices.
- The application - excluding required standard forms - must be submitted as no more than three (3) files (see acceptable file types below, under Other Submission Requirements). One file must contain the entire **Project Narrative**, another the entire **Budget Narrative** including supporting documentation described in the **Budget Narrative** content section; and the third file must contain all documents in the **Appendices**.

Application Disqualification Criteria

If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If your application fails to meet the criteria described below it will be disqualified, that is, **not** reviewed and will receive **no** further consideration.

- a) Your application must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by 5 p.m. ET on the date indicated in the DATES section on page 1 of this announcement.
- b) If you successfully submit multiple applications from the same organization for the same project, only the last application received by the deadline will be reviewed.

- c) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- d) Your Project Narrative must **not** exceed 70 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- e) Your total application, including the Project Narrative plus Appendices, must **not** exceed 100 pages. NOTE: items listed in “d” immediately above do not count toward total page limit.
- (f) Your Federal funds request does **not** exceed the maximum indicated in Range of Awards.
- (g) Your application meets the **Application Responsiveness Criteria** outlined above

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

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

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. Letter of Intent

We are not requesting a letter of intent.

ii. Application Format

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

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

You must double-space the Project Narrative pages.

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

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

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as resumes/CVs, organizational charts, tables, letters of commitment may use formatting common to those documents, but the

pages must be easily readable. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

Project Abstract Summary

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

Budget Narrative

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

iii. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise

description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

Problem Statement

Organizational Capability

Goals and Objectives

Outcomes

Program Plan

Proposed Intervention/Plan

Project Management

Evaluation

Dissemination

Executive Summary: This section should clearly indicate the focus area chosen and include a brief description of the proposed project, including: target population, goal(s), objectives, outcomes, and evaluation plan.

Problem Statement: Identify and define the problem and contributing factors that will be addressed by the proposed project and activities. Describe and document (with data) the significance or prevalence of the problem or issues affecting the minority and/or disadvantaged group(s). Describe the minority and/or disadvantaged group(s) to be served by the project (*e.g.*, race/ethnicity, age, gender, educational level/income) including geographic area(s) targeted. Specify the criteria for inclusion the proposed project is designed to address, such as communities with: (a) for applications focusing on opioid abuse, poverty rates greater than

19.9%; more than 400 violent crimes per 100,000; opioid overdose and death rates and/or rate of increase in past five years; (b) for applications focusing on childhood/adolescent obesity, the prevalence of childhood/adolescent obesity/overweight greater or equal to 20%; (c) for applications focusing on serious mental illness, a HPSA score of 16 or higher.

Organizational Capability: Your application should include an organizational capability statement. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. The applicant should document significant experience working in the selected priority area (i.e., opioid abuse, childhood/adolescent obesity, serious mental illness).

Describe the relationship of the project to the current organization. Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals. An organization chart must be provided in the Appendices.

Goals and Objectives: Overall project goals, annual short-term and project long-term objectives must be provided. Identify impact outcomes and performance measures for the proposed activities. Tie outcomes/impacts and measures to long-term goals and objectives. All objectives should be related to the chosen focus area of the ECI and must be stated in SMART (specific, measurable, accurate, realistic and timely) terms. SMART objectives should include

baseline data and quantifiable timeframes for achievement. Objectives must focus on overall goals of the project rather than project activities. Goals must be ambitious and achievable in the project's timeframe.

Outcomes: This section of the project narrative must clearly identify the measurable outcome(s) that will result from your project. OMH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the "impact" of the intervention. For example, a change in a client's health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. Please refer to the recommended process and outcome measures suggested under "Performance Measures" under Program Requirements of this FOA.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported. Your application will be scored on the clarity, nature, and ambition of your proposed outcomes, not on the number of outcomes cited. In some cases, it is appropriate for a project to have only one outcome per goal that it is trying to achieve through the intervention reflected in the project's design. The application should demonstrate that the ECI project will result in the improved outcomes.

Program Plan:

Specify evidence-based strategies and practices to be used in proposed project activities in relation to the problem and factor(s) to be addressed. Clearly describe how the project will be carried out and the role(s) of collaborating organizations or subcontractors. Describe specific strategies, practices or interventions planned to achieve each objective. For each, describe how, when, where, by whom, and for whom it will be conducted. Describe the unique role and responsibilities of each partner in the collaborative partnership. ECI cooperative agreement projects should strive to demonstrate the effectiveness of collaborations with academic research centers, prevention research centers, teaching hospitals, and Native American Tribes and Tribal organizations to reduce significant health disparities impacting minorities and disadvantaged populations through the implementation of evidence-based strategies with the greatest potential for impact. Describe any products to be developed by the project. A work plan must be provided in the Appendices.

In addition, include the appropriate core components listed below by priority area.

Opioid Abuse:

- Prevent opioid abuse and increase access to treatment and recovery services and overdose reversal capacity in rural and/or urban areas by using strategies that employ evidence-based interventions including each of the following: training and education of providers, pharmacists, and the public about opioid overdose prevention and reversal, naloxone administration, and availability of naloxone at community-based pharmacies and other community-based organizations through standing orders; training of primary care providers in screening and diagnosis of opioid misuse and motivational interviewing or other evidence-based techniques to engage individuals in treatment including medication-assisted treatment.

Strategies should include the following partners: local public health, substance abuse providers, the medical community, community-based prevention and risk reduction organizations, law enforcement in states with Good Samaritan laws, and may include faith-based organizations, and/or;

- Identify and implement the most effective strategies to reach, engage, and retain people who inject drugs in substance abuse treatment, including medication-assisted treatment, psychosocial therapies, and counseling for opioid use disorder, and identify innovative strategies to provide comprehensive services to people who inject drugs, including a focus on reducing the transmission of viral hepatitis and HIV, engaging in opioid use disorder treatment, and providing overdose prevention education and naloxone distribution in the community. These strategies must include the training of family and friends of people who inject drugs, to increase the likelihood of effective use of life-saving treatment (e.g., naloxone administration) for persons who have overdosed.

Childhood/Adolescent Obesity

Implement family-centered strategies that reduce obesity through:

- behavioral interventions to reduce recreational sedentary time and improve nutritional, physical activity and weight-related outcomes among children and adolescents, and/or;
- identifying and implementing combinations of intervention components that are most effective for minority and/or disadvantaged children and determine which components are critical to success.

Serious Mental Illness

Improve the rates of routine screening in primary care settings for mental disorders by primary care providers and link or provide persons diagnosed with serious mental illness with mental health treatment through collaborative care networks, including through the use of telemedicine/telehealth services, and improve health outcomes by:

- increasing providers' use of evidence-based protocols for the proactive management of diagnosed mental disorders, and/or;
- improving clinical and community support for active patient engagement in treatment goals setting and self-management

Project Management: Provide a description of proposed program staff, including job descriptions for key personnel, qualifications and responsibilities of each staff member and percentage time each will commit to the project. Provide a description of duties for proposed consultants and volunteers, if applicable. The curriculum vitae/resume of key project personnel must be included in the Appendices. Include charts of the required partnership organizations' structure. Discuss how these organizations will interface with the applicant organization and each other. Also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. OMH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project. Define the roles of collaborative partner organizations including staff reporting channels and that of any proposed consultants. Identify and describe partner organizations and the rationale for including each of them in the project. Discuss how partner organizations will interface with the applicant

organization. The application should describe the community advisory board for the project as stated in the Project Requirements section above. This should describe how you plan to involve community-based organizations, network partners, and stakeholders in a meaningful way in the planning and implementation of the proposed project. Additionally, this section should outline who you consider vested stakeholders in the successful operation, how they were/will be identified, and how they will be meaningfully incorporated into the project.

Accreditation, Licensure, and Experience of Partner/Provider Organization(s): For applications that select the opioid abuse or serious mental illness focus area, the applicant must describe the selected provider organization's(s) experience in providing at least two years of relevant services to the populations of focus. Discuss the capacity to provide the expected services. Describe whether the organizations are accredited, licensed, and credentialed in the targeted jurisdiction(s) for the targeted populations to be served.

Evaluation Plan: The evaluation plan must fully and clearly articulate a design that will evaluate all project components as described in the project's logic model and narrative. The description of the evaluation plan should specify process and outcome measures to be used, and not express an intent to develop such tools. The applicant is expected to ensure that the evaluation plan is implemented at the beginning of the project in order to capture and document actions contributing to relevant project impact and outcomes. The evaluation plan must describe how much of the total contract award is being allocated to evaluation or the in-kind services that will be used to evaluate the project.

Dissemination Plan: This section should describe the method that will be used to disseminate the project's results and during the period of performance and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products may be posted on a HHS/OMH sponsored website as determined by HHS/OMH. Therefore, you should propose other innovative approaches to informing parties who might be interested in using the results of your project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OMH expects that nationwide dissemination of products and knowledge will occur through conference presentations and submissions to peer-reviewed journals.

Budget Narrative: You must complete the required budgetary forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Charges below for further information. Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required,

you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes a budget narrative and a line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, do not include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of

defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH grant funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget. Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.

Personnel Justification: Identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded grant salary; non-federal grant salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, *Salary Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization.

Travel Justification: For each trip, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested applicants must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the

equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.328 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at \$150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; food (when allowable); professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; staff development costs; and any other costs not addressed elsewhere in the budget.

Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Charges Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de

minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies to applicants that have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. Applicants awaiting approval of an indirect cost rate may request the 10 percent de minimis. When the applicant chooses this method, costs included in the indirect cost pool must not be charged as direct costs to the grant.

Indirect Charges Justification: Provide the calculation for your indirect charges total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate.

Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, recipients will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. A recipient's failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute, where "cost sharing" refers to any situation in which the recipient voluntarily shares in the costs of a project other than as statutorily required matching and are accepted by HHS/OASH, we will include this non-federal cost sharing in the approved project budget and the recipient will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). A recipient's failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the

disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

Applications that lack the required supporting documentation will not be disqualified from competitive review; however, it may impact an application's scoring under the evaluation criteria in Section V.1 of this announcement.

Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which:

- Describes how your organization will provide oversight of federal funds and how grant activities and partner(s) will adhere to applicable federal grant and programmatic regulations.
- Describes the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with

budget amounts, and provide accounting records supported by source documentation.

- Describes organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

Appendices

All items described in this section will count toward the total page limit of your application.

You must submit them as a single electronic file uploaded to the Attachments section of your Grants.gov application.

Work Plan.

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all three years of the project period. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key SMART objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

A Letter of Commitment from Each Participating Organization and Agency.

The applicant must submit with its application a Letter of Commitment (LOC) between the applicant organization and each partner organization. Each LOC must clearly delineate the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement; and cover the entire project period. Each LOC must include all partners and be signed by the authorized representatives of each ECI program partner. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC.

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

Logic Model

The applicant must submit with its application a Logic Model²⁸ that specifies and describes the program theory to be employed in the intervention. All applications must demonstrate that the proposed project reflects a coherent, evidence-based approach.

Institutional Review Board Approval Agreement.

The applicant must submit with the application a signed letter by the authorized

²⁸ Please see Appendix 5: Logic Model Template:
https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Evaluation_Planning_Guidelines.pdf.

official assuring that, if funded, the applicant will submit an application to an Institutional Review Board for approval.

Confidentiality Plan.

The applicant must submit with its application a confidentiality plan for participants/clients that covers the entire three-year period of the project. The plan must include the signature of all partners and be signed by an authorized representative of each ECI partner. Signatures may be provided by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan. Confidentiality plans must describe services provided, describe how data will be protected and provide the term of service over the three-year grant project.

Curriculum Vitae/Resume for Key Project Personnel

The applicant must submit with its application curriculum vitae and/or resumes of all key personnel as defined in Appendix A.

Organizational Chart

The applicant must submit with its application an organizational chart that shows the relationship of the project to the current organization.

Experience and Evidence of Licensure and Accreditation of Provider Organizations

For applications that select the opioid abuse or serious mental health focus area, the applicant must ensure that each mental health, substance abuse disorder treatment, and

primary care provider and partner organization's experience providing relevant services for a minimum of two years as documented in the application. The applicant must ensure that each provider/partner organization's compliance with all local (city/county) and state requirements for licensure and accreditation for mental health, substance use disorder treatment, and primary care provider organizations. The applicant should state the process used to ensure that all providers are licensed and accredited. Applicants must ensure that the selected service provider organization(s) has/have the experience and capacity to provide the services intended by the project with the demonstrated infrastructure and expertise to provide all required services quickly and effectively.

HPSA-Generated Document Showing HPSA Score

If the application proposes to address the serious mental illness focus area, a copy of the HPSA-generated document showing the HPSA score of 16 or higher must be submitted.

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

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

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

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

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

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

4. Submission Dates and Times

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

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

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the

time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.

5. Intergovernmental Review

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

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

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR part

75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.” These requirements apply to you, the applicant, *and* any subrecipients.

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

Pre-Award Costs:

Pre-award costs are [not] allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2016 (P.L. 114-113) and subsequent continuing resolutions, limits the salary amount that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. As of January 8, 2017, the Executive Level II salary of the Federal Executive Pay scale is \$187,000. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$187,000, their direct salary would be \$93,500 (50% FTE), fringe benefits of 25% would be \$23,375, and a total of \$116,875

may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$187,000	
50% of time will be devoted to the project	
Direct salary	\$93,500
Fringe (25% of salary)	\$23,375
Total amount	\$116,875

Appropriate salary limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

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

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

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

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application,

HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files.

Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

Important Grants.gov Information

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

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

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

E. APPLICATION REVIEW INFORMATION

1. **Criteria:** Eligible applications will be assessed according to the following criteria:

Factor 1: Executive Summary and Problem Statement (10 points)

- The depth and breadth of knowledge of the problem impacting targeted communities and populations demonstrated by the application.
- The significance and prevalence of targeted priority area in the proposed targeted community and population(s).
- The extent to which the communities/populations to be included in the project correspond with the ECI's intended focus in terms of minority and/or disadvantaged populations; poverty and/or violent crime and opioid abuse (opioid abuse); childhood/adolescent obesity/overweight (childhood/adolescent obesity), and; HPSA rating of 16 or higher (serious mental illness).

Factor 2: Organizational Capability (10 points)

- The extent to which the applicant demonstrates access to the targeted population and whether the applicant is well-positioned and accepted within the community(ies) to be served.
- The applicant organization's experience in managing project activities involving the priority area (opioid abuse, childhood/adolescent obesity, or serious mental illness).
- The extent and documented successful outcome of past efforts and activities with the target population.
- Applicant's capability to implement, manage, and evaluate the project as determined by:
 - The strength of the qualifications, experience and appropriateness of proposed partner organizations;
 - The strength of the qualifications, experience and appropriateness of proposed key staff or consultants or requirements for those to be hired;
 - The reasonableness of the proposed level of effort for each staff member;
 - The strength of management and service delivery experience of the applicant;
 - The logic of the applicant's proposed project organizational structure; and
 - The depth of the applicant's experience within the community to be served, connection to critical stakeholders, and ability to bring together key individuals and organizations on various levels to effect change.

Factor 3: Goals and Objectives and Outcomes (10 points)

- The extent to which project goals and objectives are aligned to the ECI purpose and expectations and to the stated problems to be addressed.

- The merit of the goals and objectives.
- The extent to which the goals and objectives appear to be achievable in the stated timeframe.
- The extent to which the objectives are specific, measurable, achievable, realistic and time-phased (SMART).
- The quality and nature of the proposed measurable outcomes.
- The extent of the expected impact on the population of the proposed measurable outcomes.

Factor 4: Program Plan including Proposed Interventions/Plan, Project Management, Special Populations and Organizations (25 points total)

4.1 Program Interventions/Plan and Project Management (20 of 25 points)

- The extent to which proposed strategies and overall project is an innovative promising practice and/or an evidence-based model.
- The appropriateness and merit of proposed approach, strategies, and specific activities for each objective.
- The extent to which the project demonstrates that the intervention is culturally appropriate for the targeted communities/populations.
- The logic and sequencing of the planned approaches as they relate to the priority area to be addressed and the needs of targeted communities/populations.
- The logic and sequencing of the planned approaches as they relate to the problem statement.

- The appropriateness of defined roles including staff reporting channels and that of any proposed consultants.
- The soundness of applicant's organizational structure, inclusive of clearly defined roles and responsibilities and lines of authority among the proposed staff within and between partnering organizations.
- The strength of commitment of the applicant organization in terms of managerial and leadership support and staffing necessary to carry out proposed plan.
 - The soundness of the established community network and the detail provided relative to the experience, roles, resources/and or services each entity will provide for the project (must cover the entire project period).
- The experience and knowledge of applicant and proposed partner organizations with the National CLAS Standards (<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>) and plan to evaluate the quality of the implementation of the National CLAS Standards through process and outcome measures to demonstrate that the proposed will be implemented in a culturally appropriate manner tailored to the focal population(s).
- The quality and completeness of the signed Letters of Commitment between the applicant and its subrecipients/partners.

4.2 Special Populations of Focus (5 of 25 points)

- The quality of applicant's description and documentation with data demographic information on the targeted population in the geographic area to be served. Describe the group(s) targeted by the project (e.g., race/ethnicity, age, gender, tribal affiliation, geographic area).

- The number of individuals the project expects to serve in the intervention group is appropriate to demonstrate significant program impact.

Factor 5: Experience of Provider Organization(s) (10 points)

- The completeness and quality of the applicant's description of the provider and partner organizations' minimum two year experience prerequisite and compliance with local and state licensure and accreditation requirements for mental health, substance use disorder treatment, and primary care provider organizations.
- The thoroughness of the process/procedure to ensure providers are licensed and accredited in the targeted jurisdictions to be served.

Factor 6: Evaluation and Dissemination Plan (30 points total)

6.1 Clarity and appropriateness of methodology for evaluation. (20 of 30 points)

- The degree to which expected results are appropriate for the proposed objectives and activities.
- Whether the evaluation design allows for the detection of statistically significant program impact at the expected effect size with the planned group sizes, including a risk mitigation plan to reduce the impact of attrition in longitudinal designs.
- The extent to which the evaluation design effectively controls for threats to validity through experimental or quasi-experimental design.
- The extent to which appropriate resources are proposed to be devoted to evaluation, including whether the applicant proposes to allocate at least 10% of the total award to evaluation or provide in-kind services equivalent to that amount to evaluation.

- The appropriateness of the proposed methods for data collection (including demographic data to be collected on project participants), analysis and reporting.
- The quality and suitability of the applicant's outcome measures.
- The quality and soundness of a clearly articulated and detailed plan for tracking, assessing, and documenting progress toward achieving objectives, planned activities, and intended outcomes.
- The quality, soundness and clarity of the applicant's plan for measuring project outcomes and accomplishments.
- The potential for the proposed project to impact the health status of the population(s).
- The soundness of applicant's plan to document the project for replicability in similar communities.
- The quality and appropriateness of the applicant's logic model for achieving designed outcomes.

6.2 Soundness of dissemination plan (10 of 30 points)

- The detail, specificity and quality of applicant's plan for disseminating project model(s), outcomes and findings within the period of performance and in easily understandable format, including at the local community level, other parties who might be interested in using the results of the project, and to the general public.

Factor 7: Budget (5 points)

- The quality and completeness of the applicant's Budget Narrative.
- The degree to which the proposal demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget.

- The degree to which the Budget Narrative defines the amount of work that is planned and expected to be performed and what it will cost with an explanation of how it will be cost effective.

2. Review and Selection Process

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

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance. The Director of the Office of Minority Health may take into consideration the following additional criteria:

- a) distribution of awards among the three ECI focus areas; and
- b) geographical distribution of awards.

All award decisions, including level of funding if an award is made, are final and you may not appeal.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR § 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

- (a) Applicant's financial stability;
- (b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (c) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (d) Reports and findings from audits performed; and
- (e) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in

SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.

4. Anticipated Announcement and Federal Award Dates

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

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

If you are unsuccessful, you will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the grant award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

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

You may only use grant funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management

of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval, include but are not limited to, a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Lobbying Prohibitions

Pursuant to the each year's appropriations act, you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

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

Non-Discrimination Requirements

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

www.hhs.gov/ocr/civilrights/understanding/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient*

Persons, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html. You must ensure your contractors and subrecipients also comply with federal civil rights laws

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

Smoke- and Tobacco-free Workplace

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

Acknowledgement of Funding and HHS Rights to Materials and Data

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

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

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this grant, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

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

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and

Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

Pilot Whistleblower Protection

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

Same-sex Spouses, Marriages, and Households

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

similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

Human Subjects Protection

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

3. Reporting

Performance Reports

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

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

Performance Measures

Performance Data System: The Performance Data System (PDS) is a web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and results. All OMH grantees under the ECI program may be required to report program information via the PDS on a quarterly basis (<http://www.omh.norc.org>). No reporting via the PDS system will be required without OMB approval.

Training will be provided to all new grantees on the use of the PDS system during the November 2017 Technical Assistance and Training grantee meeting.

Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

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

Audits

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

Non-competing Continuation Applications and Awards

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

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of

information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or

(d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

(a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or

(b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Brenda Donaldson

Office of Grants Management

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: Brenda.Donaldson@hhs.gov

For information on program requirements, please contact the program office representative listed below.

Sonsiere Cobb-Souza

Office of Minority Health

1100 Wootton Parkway

Rockville, MD 20852

Sonsiere.Cobb-Souza@hhs.gov

Telephone: 240-453-8444

H. OTHER INFORMATION

Awards under this Announcement

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

Application Elements

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

Application for Federal Assistance (SF-424)

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

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

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

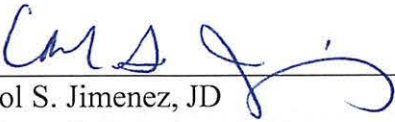
Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.

Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

Appendices - Submit all appendix content as a single acceptable file, specified above, in the Attachments section of your Grants.gov application.

1. Work Plan
2. A Letter of Commitment (LOC) between applicant and ALL sub-recipient or participating organizations and agencies (including in-kind)
3. Logic Model
4. Institutional Review Board Approval Agreement
5. Confidentiality Plan

6. Curriculum Vitae/Resume for Key Project Personnel
7. Organizational Chart
8. Accreditation, Licensure, and Experience of Provider Organization(s)
9. HPSA-Generated Document Showing HPSA Score



Carol S. Jimenez, JD
Acting Director
Office of Minority Health
U.S. Department of Health and Human Services

06/01/2017
Date

APPENDIX A

Definitions

For purposes of this announcement, the following definitions apply:

Children and Adolescents refers to individuals ages 2-19 years.

Childhood and Adolescent Overweight: Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex (source: <https://www.cdc.gov/obesity/childhood/defining.html>).

Childhood and Adolescent Obesity: Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex (source: <https://www.cdc.gov/obesity/childhood/defining.html>).

Community-Based Minority-Serving Organization: A community-based organization that has a demonstrated expertise and experience in serving minority populations (See definition of **Minority** below.)

Community-Based Organization: A private, non-profit organization or a public organization (a local or tribal government) that is representative of communities or significant segments of communities, and in which the control and decision-making powers are located at the community level.

Disadvantaged refers to individuals or populations who are either *economically disadvantaged* or *environmentally disadvantaged*.

Economically Disadvantaged refers to an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from obtaining the knowledge, skill, and abilities to perform successfully in high school or undergraduate school based on factors including but not limited to the following:

- Graduated from (or last attended) a high school from which a low percentage of seniors received a high school diploma;
- Graduated from (or last attended) a high school at which, many of the enrolled students are eligible for free or reduced price lunches;
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families (TANF), food stamps, Medicaid, public housing);
- Comes from a school district where 50 percent or less of graduates go to college or where college education is not encouraged;
- Is the first generation to attend college or is on public assistance; or
- English is not his/her primary language.

Faith-Based Organization: An organization that has a faith, spiritual, or religious focus or constituency, and has access to local faith, spiritual, and religious leaders and communities. Examples of faith-based organizations include individual churches, mosques, temples, or other places of worship; a network or coalition of churches, mosques, temples, or other places of worship; or a community-based organization whose primary constituents are faith, spiritual, or religious community organizations or leaders.

Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the applicant/grantee organization's program. This includes at a minimum the Project Director, Principal Investigator, and Program Manager.

Logic Model is a tool for planning, implementing, and evaluating programmatic efforts, by mapping out the theory or rationale that supports what is being done. Logic models typically tie together: long-term problem(s) to be addressed; factors that must be addressed that contribute to the problem(s); strategies, practices and supporting resources that can be mobilized to address the factors and the problems; and measurable impacts and outcomes that can be expected to result from implementing the strategies and practices-as these relate to the long-term problems(s).

http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Evaluation_Planning_Guidelines.pdf

Minority or Minorities refers to American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian American, Native Hawaiians and other Pacific Islanders, Blacks and Hispanics.

Hispanic means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.²⁹

Serious mental illness (SMI) refers to having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.³⁰

²⁹ 42 U.S.C. § 300u-6(g) (Public Health Service Act § 1707(g)).

³⁰ <https://www.samhsa.gov/disorders>