U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal

State Maternal Health Innovation

Funding Opportunity Number: HRSA-24-047

Funding Opportunity Type(s): Continuing Continuation, New

Assistance Listings Number: 93.110

Application Due Date: April 2, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: December 15, 2024

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII Agency Contacts.

SUMMARY

Funding Opportunity Title:	State Maternal Health Innovation
Funding Opportunity Number:	HRSA-24-047
Assistance Listing Number:	93.110
Due Date for Applications:	April 2, 2024
Purpose:	The purpose of the State Maternal Health Innovation program is to reduce maternal mortality and severe maternal morbidity (SMM)[1] by: • Improving access to care that is comprehensive, high-quality, appropriate, and on-going throughout the preconception, prenatal, labor and delivery, and postpartum periods; • Enhancing state maternal health surveillance and data capacity; and • Identifying and implementing innovative interventions to improve outcomes for populations disproportionately impacted by maternal mortality and SMM.
Program Objective(s):	• By September 29, 2025 (Project Year 1), each recipient will convene their Maternal Health Task Force (MHTF) and develop a draft Five-

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[1] American College of Obstetricians and Gynecologists (ACOG). Severe maternal morbidity includes unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health. (Severe Maternal Morbidity: Screening and Review | ACOG). Accessed 7/27/2023.
https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False

	Year Maternal Health Strategic Plan (MHSP) to improve maternal health. • By September 29, 2025 (Year 1), award recipients will identify core measures, including innovations to assess and report on program activities, including innovations, throughout the period of performance. This will take place in collaboration with HRSA. • By September 29, 2026 (Year 2), each recipient and their established MHTF will submit a final MHSP. • By September 29, 2029 (Year 5), each recipient will increase the number of community members from populations with the highest rates of maternal mortality and severe maternal morbidity that participate on the state's Maternal Health Task Force and in the implementation of the MHSP activities. • Recipients will release an annual public report each year of the performance period about maternal health topics relevant to the state. • By September 29, 2029 (Year 5), identify and share the innovations with potential for replication, scale-up, and sustainability to improve maternal health.
Eligible Applicants:	You can apply if your organization is in the United States and is: • Public or private • Community-based Tribal (governments, organizations[2] See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

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[2] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

Anticipated FY 2024 Total Available Funding:	$18,000,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Up to 18 new cooperative agreement(s)
Estimated Annual Award Amount:	Up to $2,000,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	September 30, 2024 through September 29, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Ernsley Charles Grants Management Specialist Division of Grants Management Operations, OFAM Email: Echarles@hrsa.gov **Program issues or technical assistance:** Sarah Meyerholz, MPH Maternal and Women's Health Branch Division of Healthy Start and Perinatal Services Attn: State Maternal Health Innovation Program Maternal and Child Health Bureau Health Resources and Services Administration Email: wellwomancare@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA Application Guide (Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

We have scheduled the following webinar:

Monday, January 15, 2:00 to 4:00 p.m. ET

Weblink:

https://hrsa-gov.zoomgov.com/j/1608150762?pwd=WFlNSVlzVmpEWU1zZnFrQ2Rwc3ZHZz09

Attendees without computer access or computer audio can use the following dial-in information:

- o Call-In Number (Toll-Free):
- o 1 833 568 8864

Meeting ID: 160 815 0762

We will record the webinar and Frequently Asked Questions on our website: https://www.hrsa.gov/grants/find-funding/.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the State Maternal Health Innovation (State MHI) program. The purpose of the State MHI program is to reduce maternal mortality and severe maternal morbidity (SMM)[3] by:

- Improving access to care that is comprehensive, high-quality, appropriate, and on-going throughout the preconception, prenatal, labor and delivery, and postpartum periods;
- Enhancing state maternal health surveillance and data capacity; and
- Identifying and implementing innovative interventions to improve outcomes for populations disproportionately impacted by maternal mortality and SMM.

The program objectives to be accomplished during the period of performance to support programs goals, are:

- By September 29, 2025 (Project Year 1), each recipient will develop a draft 5-Year Maternal Health Strategic Plan (MHSP) to improve maternal health.

- By September 29, 2025 (Year 1), award recipients will identify core measures to assess and report on program activities, including innovations, throughout the period of performance. This will take place in collaboration with HRSA.

- By September 29, 2026 (Year 2), each recipient and their established MHTF will submit a final MHSP.

- By September 29, 2029 (Year 5), each recipient will increase the number of community members from populations with the highest rates of maternal mortality and severe maternal morbidity that participate on the state's Maternal Health Task Force and in the implementation of the MHSP activities.

- Recipients will release a public Maternal Health Annual Report each year of the period of performance about maternal health topics relevant to the state.

- By September 29, 2029 (Year 5), identify and share the innovations with potential for replication, scale-up, and sustainability to improve maternal health.

For more details, see Program Requirements and Expectations.

2. Background

The State Maternal Health Innovation program is authorized by 42 U.S.C. § 701(a)(2)

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[3] American College of Obstetricians and Gynecologists (ACOG). Severe maternal morbidity includes unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health. (Severe Maternal Morbidity: Screening and Review | ACOG). Accessed 7/27/2023.
https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False

(Title V, § 501(a)(2) of the Social Security Act), which authorizes awards for special projects of regional and national significance (SPRANS) in maternal and child health. SPRANS projects support HRSA's MCHB mission to improve the health and well-being of America's mothers, children, and families.

Maternal Mortality and Severe Maternal Morbidity

Approximately 3.6 million women give birth in the United States each year.[4] Despite advances in medical care and investments in improving access to care, rates of maternal mortality and SMM are high and have not improved. Over 800 women die each year in the United States from pregnancy-related causes.[5] More than 25,000 women experience unintended outcomes of labor and delivery that result in significant short- or long-term consequences to their health.[6] Significant disparities exist in maternal mortality, SMM, and other adverse outcomes, which vary by socio-economic factors such as race, ethnicity, age, geography, and income.[7] [8]

History of State Maternal Health Innovation

We launched the State MHI program on September 30, 2019, with 5 year cooperative agreements in nine states. We provided funding to an additional nine states in 2022, and 17 more states in 2023. Altogether, there are now 35 states involved in implementing maternal health innovations. Each of the states have met short- and intermediate-term goals to improve their ability to prevent and reduce maternal mortality and SMM, and to enhance maternal health. This has included efforts to address diverse maternal health needs and issues through the use of data and evidence.

Maternal Health Training and Resource Center

Formerly the Maternal Health Learning Innovation Center (MHLIC), MHTRC serves as the direct technical assistance provider for the current State MHI award recipients and other state-focused maternal health initiatives. The goal of the MHTRC is to foster collaboration and learning amongst a wide range of maternal health stakeholders and the general public to accelerate evidence-informed maternal health interventions.

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[4] Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi. org/10.15620/cdc:122047

[5] Hoyert DL. Maternal Mortality Rates in the United States, 2021. March 2023. Available at: https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/E-stat-Maternal-Mortality-Rates-2022.pdf. Accessed 7/26/2023.

[6] HRSA Federally Available Data (FAD) Resource Document. Release Version July 18, 2023. Available at https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False Accessed 7/26/2023.

[7] Hoyert 2023.

[8] Chen J, Cox S, Kuklina EV, Ferre C, Barfield W, Li R. Assessment of Incidence and Factors Associated with Severe Maternal Morbidity after Delivery Discharge among Women in the US. JAMA Network Open. 2021. doi:10.1001/jamanetworkopen.2020.36148

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Supporting partnership and communication with federally funded maternal health programs and other relevant federal entities to ensure successful completion of tasks and activities outlined in the approved scope of the cooperative agreement.

- Continuously assessing the establishment and execution of activities, procedures, measures, and tools aimed at achieving the cooperative agreement's goals.

- Evaluating and offering insights on written documents, including materials and information related to cooperative agreement activities, before they are published or publicly shared.

- Collaborating with the award recipient to share project findings, best practices, and insights gained from the project with the wider audience.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Completing activities proposed in response to the Program Requirements and Expectations section of this notice of funding opportunity.

- Giving the federal project officer the chance to review and discuss any materials produced like publications and audiovisuals, as well as planned meetings, within this cooperative agreement. This review process starts during concept development and includes checking drafts and final products.

- Taking part in technical assistance and capacity building events organized by the designated Maternal Health Training and Resource Center provider(s). This can involve joining an annual meeting held by the center or collaborating with other federal agencies and awardees.

- Participating in face-to-face meetings, virtual meetings, and conference calls with HRSA during the period of performance This includes monthly written reports and at least one in-person site visit to showcase innovations.

- Supporting at least one in-person/hybrid gathering of the MHTF during the project duration.

- Coordinating with the federal project officer to plan meetings related to the cooperative agreement's scope where the project officer's presence would be fitting, as determined by the project officer.

- Following HRSA's guidelines for acknowledgment and disclaimers on all products made using HRSA award funds, following Section 2.2 of the Application Guide (Acknowledgement of Federal Funding).

- Collaborating with HRSA on ongoing review of activities, procedures, budget items, information/publications prior to dissemination.

- Playing a leading role in collecting and analyzing data.

- Taking part in evaluation activities led by the HRSA-appointed evaluation contractor.

- Submitting all administrative data and performance measure reports as specified by HRSA and within set timelines.

- Collaborating with the Maternal and Child Health Title V Director of their state and Maternal Mortality Review Committee (MMRC) or any other state-focused entity responsible for tracking maternal health data, if applicable.

- Remaining flexible and collaborating with HRSA to adjust responsibilities as necessary.

2. Summary of Funding

We estimate approximately $18,000,000 to be available each year to fund up to 18 recipients. You may apply for an annual funding amount based on the total number of annual births within the state, as indicated in the table below, with a ceiling amount of up to $2,000,000 annually (reflecting direct and indirect costs) per year for applicants with more than 200,000 annual births within the state.

Total Number of Annual Births within the State	Annual Funding Amount
≤50,000	Up to $1,000,000
50,000 - 200,000	Up to $1,500,000
≥200,000	Up to $2,000,000

Please reference Table 6 in Births: Final Data for 2021 (National Vital Statistics Reports, Volume 72, No. 1), which provides the number of births by state for 2021 in your application.[9]

The period of performance is September 30, 2024 through September 29, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

Note: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States and is:

- Public or private, non-profit

- Community-based

- Tribal (governments, organizations)[10]

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

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[9] [National Vital Statistics Reports Volume 72, Number 1, January 31, 2023 (cdc.gov)](#)
[10] For awards authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), see also 42 CFR § 51a.3(a).

3. Other

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

- Exceeds the funding ceiling amount

- Fails to satisfy the deadline requirements referenced in Section IV.4

Existing award recipients under the FY22 and FY23 State MHI program funding opportunities are eligible to apply for funding under this announcement and, if funded, the existing State MHI award will be relinquished, and a new award period will begin. If an existing recipient applies but is not awarded funding under this announcement, the existing award will continue at the original level of funding through the period of performance end date.

In order to maximize resources and minimize duplication of efforts, only one project will be funded per state under this notice.

Multiple Applications

We will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-047 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **50 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-047 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-047 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[11] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[12]
- If you cannot certify this, you must include an explanation in *Attachment 12-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

For this funding opportunity, you should propose projects to strengthen state-level capacity in achieving the objectives through the following program requirements and expectations. If the applicant is not a state public health agency, a letter of agreement to document the state public health agency's relationship with the applicant as well as plans for participation and collaboration should be included as Attachment 4.

1. Establish and/or Adapt a State-Focused Maternal Health Task Force (MHTF)

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[11] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[12] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

Every program should set up a statewide task force or adapt an existing one to become a Maternal Health Task Force (MHTF). The purpose of the MHTF is to bring together maternal health stakeholders and serve as the central coordinating body for advancing maternal health within the state. The MHTF will examine maternal health data specific to the state and then create and put into action innovative strategies backed by evidence and data. These strategies will address gaps and needs in maternal health identified through a strategic planning process. They will consider the underlying factors affecting maternal health disparities.

The MHTF's membership should be comprised of, but not limited to, state and local public health experts, such as representatives from the State Department of Health, State Title V Maternal and Child Health (MCH) Program, State Medicaid Program, and State Maternal Infant and Early Childhood Home Visiting Program. Membership should also include liaisons from the state's MMRC; individuals who have experienced pregnancy and the postpartum period; clinical providers like midwives and doulas; hospitals; representatives from community organizations focusing on reducing maternal mortality; tribes or tribal organizations; insurers; and representatives from different sectors such as transportation, housing, and corrections. The leadership and membership of the task force should reflect the communities impacted in the state.

The MHTF can be part of an existing task force concentrated on enhancing maternal health; it might need adjustments or expansions to accommodate the groups listed in this funding opportunity. If a new task force is created, it should be carefully aligned with existing state maternal health entities and should not duplicate efforts. The award recipient is responsible for managing the MHTF programmatically and administratively.

The award recipient is expected to ensure that the MHTF participates in the creation of a Maternal Health Strategic Plan (MHSP) and carries out the activities outlined in its action plan, as described below.

Each Maternal Health Task Force is expected to:

- Conduct an initial evaluation of maternal care and coverage in the state. Examples of assessment topics include: distribution of active OB/GYNs, midwives, doulas, and family medicine providers offering maternal care in the state; an overview of the types of payors and the prenatal, birth, and postnatal services covered; and distribution and diversity of birthing facilities statewide.

- Based on findings and recommendations from the state MMRC and other maternal health reports and publications (such as the Title V needs assessment) and an analysis of available data, identify state-specific gaps that impact maternal health outcomes. Examples of significant gaps include: insufficient state-level monitoring of maternal health; lack of access to quality prenatal and maternity care in areas with limited medical resources; and inadequate access to behavioral health professionals.

- Support State MHI staff in the development and implementation of the Maternal Health Strategic Plan (MHSP). This plan should align with (1) the

MMRC findings and recommendations (if applicable); and (2) the most recent comprehensive 5-year Title V Needs Assessment and State Action Plan and Maternal Infant and Early Childhood Home Visiting (MIECHV) Needs Assessment of the state. The strategic plan should outline a vision, strategic objectives, measurable goals, and proposed innovations to enhance outcomes for those populations disproportionately impacted by maternal mortality and SMM.

- o The action plan should align with and enhance existing maternal health improvement efforts of the State Title V MCH Block Grant.

- o If a state lacks adequate maternal health data to pinpoint innovations to improve outcomes for populations disproportionately impacted by maternal mortality and SMM, an early focus of the strategic plan should be on enhancing maternal health data quality and capabilities.

- o The strategic plan should evolve throughout the project as additional data are collected and analyzed and as lessons are learned from implementation of innovative approaches.

- Support state and community-level maternal health improvement efforts.

- Task Forces should report on how strategies/innovations are informed by their MMRC and other maternal health data (SMM data, Title V measures, other maternal health indicators they've explored, etc.).

- Provide education and technical assistance in support of state and local action to address critical gaps in and needs for maternal health services in the state.

- Your project's MHTF should meet in person at least once (1) during the period of performance.

2. Improve State-Level Maternal Health Data and Surveillance

Access to state-level maternal health data is important for identifying the contributors to adverse maternal health outcomes. Successful recipients are expected to identify and collaborate with a multidisciplinary state-focused MMRC and other state-focused initiatives that can collect, analyze, and report data on pregnancy-related mortality, SMM, and/or other indicators of maternal health. Award recipients are expected to utilize state-level data and recommendations from MMRCs and other maternal health initiatives to identify and implement activities and improve systems of prenatal and maternity care services, particularly for populations disproportionately impacted by maternal mortality and SMM.

Award recipients should seek to improve state-level maternal health data collection, quality, and surveillance through one or more of the following activities:

1. Implement recommendations from a state-focused MMRC or other state-focused mechanism that conducts surveillance on maternal health data. Please note that

these funds are not to be used solely to support MMRCs, but can be used for *implementation* of recommendations from the state MMRC or a similar mechanism that conducts maternal health data surveillance.

2. Align strategies and data collection with the Title V State Action Plan Maternal/Women's Health, Infant Health, Adolescent Health, and/or Cross-cutting Domains. Applicants are expected to collaborate with Title V (where applicable) in addressing data collection for proposed National Performance Measure (NPM) 1: Percent of women who attended a postpartum checkup within 12 weeks after giving birth.

   This alignment may also include proposed measures such as:

   a. NPM 2: Percent of women screened for depression or anxiety following a recent live birth.

   b. NPM 3: Percent of women using a most or moderately effective contraceptive following a recent live birth.

   c. NPM 4: Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care.

   d. NPM 8.1: Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth.

3. Improve maternal health data quality and timeliness:

   a. Assure access to and assessment of indicators of state/jurisdictional data on pregnancy-related deaths, including SMM, and the disparities in these indicators.

   b. Disaggregate maternal health indicators and outcomes by maternal race/ethnicity, age, level of education, income, health insurance coverage, and geographic location (urban/rural).

   c. Examine additional indicators, such as social determinants of health, and analyze the data in relation to maternal health.

   d. Improve data linkages to support surveillance activities.

   If a state lacks adequate maternal health data to pinpoint innovations to improve outcomes for populations disproportionately impacted by maternal mortality and SMM, an early focus of the strategic plan should be on enhancing maternal health data quality and capabilities.

4. Collaborate with the State Systems Development Initiative (SSDI) award recipient in their state to build maternal health data capacity and infrastructure.

5. Use annual maternal health data to implement innovative approaches aimed at addressing identified needs and disparities, and to provide recommendations aimed at improving maternal health.

3. **Promote and Execute Innovation in Maternal Health Service Delivery**

Award recipients are expected to use program funding to identify and implement innovative strategies focused on addressing needs at the individual, interpersonal, community, and societal levels, particularly for those populations disproportionately impacted by maternal mortality and SMM. Award recipients are expected to implement innovative strategies in one or more of the following areas:

1. Quality Services

2. Data Capacity; and/or

3. Health disparities

Please see the Appendix A for examples of potential innovative approaches to improve maternal health service delivery. Strategies should be culturally responsive and linguistically appropriate.

4. **Performance Measurement, Program Evaluation, and Continuous Quality Improvement (CQI):** Recipients will be expected to conduct the following performance measurement, program evaluation, and/or CQI activities:

- Performance Measurement: Measure and track program performance on key activities and program objectives.

   o This includes Discretionary Grants Information System (DGIS) measures noted in the [Reporting](#) section.

- Program Evaluation: Recipients are expected to conduct a recipient-led evaluation and participate in a HRSA-contracted evaluation.

   o **Recipient-led evaluations:** These evaluations may be conducted by the recipient(s) or conducted by an external organization and led by the recipient. Expectations for the evaluation include:

      ▪ Create a plan to evaluate program performance that contributes to ongoing quality improvement. This evaluation should keep an eye on the ongoing processes and the progress made toward the project's goals and objectives.

      ▪ Gather the resources you'll use (like organizational information, partners, key staff, budget, and other resources), consider the important steps in your processes, and the anticipated results of the activities that will be funded.

- Detail the systems and methods your organization will employ to manage performance, which will involve effectively monitoring performance outcomes.

- Gather and handle data (with skilled staff and data management software, for instance) in a way that allows accurate and prompt reporting of performance outcomes.

- Collect, analyze, and keep track of data to measure both the progress and impact of your activities, particularly for populations disproportionately impacted by maternal mortality and SMM. Consider how these data will be used to shape program development and guide the implementation of activities.

- Examine any potential challenges that might arise when carrying out the program performance evaluation and include strategies for tackling those challenges in your evaluation plan.

   o **HRSA-contracted evaluations:** Award recipient will also be expected to share these recipient-led evaluation findings with a HRSA-contracted evaluator.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Needs Assessment	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*

Narrative Section	Review Criteria
Work Plan	*Criterion 2: RESPONSE* and *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* and *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion #1 [Need]*
  Briefly describe the purpose of the proposed project that is consistent with Section I: [Purpose].

- *Organizational Information -- Corresponds to Section V's Review Criterion #5 [Resources/Capabilities]*

  - Succinctly describe your organization's current mission and structure, the scope of current activities, and how these elements contribute to your organization's ability to conduct the program activities and meet program expectations. Include a project organizational chart as *Attachment 5*.

  - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*. The Staffing Plan (*Attachment 2*) should include a detailed staffing model that supports large-scale program implementation. The model should list staff titles, number of full-time equivalents (FTEs) fulfilling the role, and roles and responsibilities of each position.

  - Provide a list of proposed partners for the MHTF and identify partner roles and responsibilities for program implementation, including community representation from those populations with the highest rates of pregnancy-related mortality and SMM. Include letters of agreement (e.g., State Title V MCH Agency, MMRC, Hospital Association, etc.)

and/or descriptions of proposed/existing project-specific contracts in *Attachment 4*.

- Discuss how the organization will follow the approved plan (as outlined in the application), properly account for the federal funds, and document all costs to avoid audit findings.

- Describe the organization's relationships to the State Title V MCH Block Grant Program. Demonstrate any collaborative commitments (*Attachment 4*) with the State Maternal and Child Health Title V Director (if the applicant is a non-state agency), organizations or individuals representing people who have experienced adverse pregnancy outcomes, and any other organization or entity with a focus on addressing maternal health (e.g., Healthy Start, MIECHV, State Perinatal Quality Collaborative, Federally Qualified Health Centers, state hospital association, professional organizations) with which you plan to partner, collaborate, coordinate efforts, or receive consultative services from, while conducting project activities.

- Describe the organization's capacity to collect, analyze, and track data to measure process and impact, and explain how the data will be used to inform program development and implementation.

  ▪ *Needs Assessment -- Corresponds to Section V's Review Criterion #1 [Need]*
  Outline the maternal health needs of the state. Use and cite demographic data whenever possible to support the information provided.

- Identify and describe maternal health indicators at the state-level which may include breakdowns by race, age, income, etc. for the total number of live births; total number of pregnancy-related deaths; pregnancy-related mortality rate (per 100,000 live births); rate of SMM (per 10,000 delivery hospitalizations); and other related maternal health measures (e.g., percentage of women with health insurance, median age at time of birth, rate of cesarean section deliveries, percentage of women who received a postpartum visit, percentage of women screened for postpartum depression). Use the most recent data available and identify the year(s) of data used.

- Discuss what factors contribute to maternal mortality and SMM, and any relevant barriers in the state that the project hopes to overcome.

- Describe the geographic and demographic disparities in maternal health indicators and the social determinants of health (SDOH) within the state (e.g., race/ethnicity, rurality/urbanicity, socioeconomic status, housing, education, etc.).

- Describe the maternal health services landscape in the state with respect to access (distribution, number and types of birthing facilities), distribution of providers, type of providers, and payer mix.

- Describe the status of any ongoing state-led initiatives to improve maternal health and how the proposed project connects with these initiatives. Include Title V and the State MMRC in the description. If applicable, also include activities to improve maternal health data through SSDI, the State Perinatal Quality Collaborative, and other state-focused initiatives to collect, analyze, and report maternal mortality and SMM data.

- Describe the current capacity to collect, report, and analyze high quality and timely data. Describe the state's current capacity to collect and report data on race, ethnicity, age, level of education, insurance coverage, geographic location, and other social determinants to assess the impact of the program on improving outcomes for populations disproportionately impacted by maternal mortality and SMM. If applicable, identify gaps in data related to disparities that your proposed program will address.

This section will help reviewers understand whom you will serve with the proposed project.

- *Approach -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  - Propose methods that you will use to address the stated needs to meet each of the previously described Program Requirements and Expectations in this NOFO.

  - Outline and discuss the maternal health data collection, analysis, and review process that will be used to gather requested state-level measures.

  - Outline the approach for establishing the state-focused MHTF or for adapting an existing statewide task force to serve as the state-focused MHTF. Include in the approach the MHTF membership and describe how the task force will reflect the impacted communities within the state, its partnership goals, and how the MHTF will engage and support implementation of project activities.

  - If the work of the MHTF requires approval by a state-level government entity, include a letter of agreement from the entity that outlines how they will serve as an equal partner in implementing cooperative agreement requirements. This letter should be included as Attachment 4.

- Outline the process for the development of the Maternal Health Strategic Plan (MHSP) and describe how the MHTF will be involved in implementing strategies.

Program Planning

- Describe plans to provide leadership as a convener/collaborator in advancing state maternal mortality efforts. Describe plans to incorporate the lived experience and perspectives of those populations with the highest rates of pregnancy-related mortality and SMM. Include other relevant factors (e.g., housing insecurity, employment status, rurality/urbanicity, etc.) as appropriate.

- Describe plans to include the input of pregnant and postpartum individuals with lived experiences (such as those populations disproportionately impacted by maternal mortality and SMM) in program development and implementation.

- Describe the various strategies and activities that the state will implement to achieve project goals. Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable. Include any innovative methods that you will use to address the stated needs.

Program Implementation & Collaboration

- Describe plans to assure alignment with and enhancement of existing State Title V MCH Block Grant maternal health efforts, as well as plans to avoid duplication of existing efforts.

- Describe plans to implement recommendations from the MMRC or other state-focused mechanism that conducts surveillance on maternal health data to support data-driven innovations.

- Describe plans to collaborate with the SSDI award recipient in your state to build data capacity and infrastructure, as applicable.

- Describe the plans and activities that will be implemented to foster collaborative learning with traditional and non-traditional partners, including tribes/tribal organizations, and cross-sector agencies such as employment, housing, and corrections.

Maternal Health Data Capacity

- Discuss plans to disaggregate maternal health indicators and outcomes by maternal race/ethnicity, age, level of education, income, health insurance coverage, and geographic location (urban/rural).

- Describe plans to assure access to and usage of state/jurisdictional data on pregnancy-related deaths, SMM, and other maternal health-related indicators.

- Describe plans to improve quality and timeliness of maternal health data, including improving or establishing data linkages to support surveillance activities.

- *Work Plan -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  - Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Incorporate a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. We recommend that you submit a work plan in table format as *Attachment 1* and include all of the activities detailed in the Project Narrative and Program Requirements and Expectations sections of the application.

- *Resolution of Challenges -- Corresponds to Section V's Review Criterion #2 Response*

  - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

  - If the applicant organization is a non-state entity, please discuss how coordination will occur between the award recipient and state agency involved in maternal health data collection. A letter of agreement should be included as *Attachment 4*.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*

  - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

  - Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  - Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization

will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

- Describe the strategy to collect, analyze, and monitor data to measure process and impact of innovations, particularly for the populations disproportionately impacted by maternal mortality and SMM.

- Explain how the data will be used to inform program development and implementation of program activities.

- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is $212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

In addition, the State Maternal Health Innovation program requires the following:

- Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of performance (Years 1–5). Line-item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the "other" category is justified. The budget

justification must be concise. Do NOT use the budget justification to expand the project narrative.

v.   *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the *Application Guide)*

> Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (Does not count towards the page limit)

> Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding (as required for documenting relationship with state health agency)

> Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, beyond the membership of the Maternal Health Task Force. If the applicant organization is a non-state agency, you should include a letter of agreement from the State Maternal and Child Health Title V Director as Attachment 4. The letter of agreement should outline the state support, including providing access to state data and data systems. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A Section B does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide.*

Attachment6: Project Organizational Chart

Provide a one-page figure that shows the project's organizational structure.

Attachment 7: Tables, Charts, etc.

Provide tables or charts that give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 8: Proof of Non-profit Status (Does not count towards the page limit)

Attachments 9–15: Other Relevant Documents (no more than 15)

Include any other documents that are relevant to the application. This may include letters of support, which are not required for eligibility. Letters must show a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[13]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

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[13] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)**.**

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *April 2, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

State Maternal Health Innovation must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 (P.L. 117-328)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. The information in this section helps you understand the criteria we use in our review. We have measures for each review criterion to help you present information and to help reviewers evaluate the extent to which applications seek to improve maternal health outcomes.

We use 6 review criteria to review and rank State Maternal Health Innovation program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#)

How well the applicant described:

- Maternal health indicators and outcomes at the state-level, including factors that contribute to maternal mortality and SMM (number of live births, pregnancy-related deaths, pregnancy-related mortality rate, rate of SMM and other maternal health measures), and if possible categorized by race, age, income, etc.;

- The factors that contribute to maternal mortality and SMM and the barriers to overcome to improve these outcomes;

- The geographic and demographic disparities in maternal health indicators and social determinants of health (SDOH);

- The maternal health services delivery landscape, including distribution and types of facilities, providers, and payors;

- Existing state-led maternal health initiatives and the alignment of the proposed project;

- The state's capacity to collect, report, and analyze high quality and timely data on maternal health status and outcomes, categorized by factors like maternal race/ethnicity, age, education level, health insurance coverage, and location (urban or rural). Or if the data does not currently exist, proposals to address gaps in and improve the state's data capacity, quality, and timeliness.

Criterion 2: RESPONSE (38 points) – Corresponds to Section IV's [Approach](#), [Work Plan](#), and [Resolution of Challenges](#)

Approach (25 points)

- Assess the alignment of the applicant's proposed project to the "Purpose" section of the NOFO.

- Assess the quality of the proposed goals and objectives and how they relate to the project's focus. Consider the adequacy, reasonableness, clarity, and significance of the activities described in the Methodology section that will take place during the project timeline.

- Evaluate if the strategies and activities outlined in the application can effectively tackle the issues identified in the needs assessment and achieve the project's goals. This involves considering the use of innovative approaches to address maternal health needs, especially among populations disproportionately impacted by maternal mortality and SMM.

- Examine the applicant's ability to take a leadership role as a convener or collaborator in advancing state maternal health initiatives. Also, see if the applicant includes plans for involving pregnant and postpartum individuals with lived experiences from populations disproportionately impacted by maternal mortality and SMM in program development, implementation, and evaluation.

- Examine how well the applicant has explained the structure of the Maternal Health Task Force (MHTF), its composition, how it will represent the affected communities in the state, partnership objectives, and how the partnership will be involved in and support the execution of project activities.

    - If an MHTF needs approval from a state-level public health department, evaluate how well the agreement letter from that entity explains their role as an equal partner in meeting cooperative agreement requirements.

- Assess the thoroughness of the applicant's plan for creating the Maternal Health Strategic Plan (MHSP) and the engagement of the MHTF in the process.

- Evaluate if and how the applicant proposes to implement recommendations from the Maternal Mortality Review Committee (MMRC) or another state-focused entity that tracks maternal health data for data-driven innovations.

Work Plan (7 points)

- Evaluate if the applicant's proposed work plan follows the SMARTIE approach: Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable. Consider if the timeline is appropriate and sensible, with clear assignment of tasks and staff responsibilities, and if it outlines support and collaboration with key partners.

- Assess how well the applicant outlines plans and actions to encourage cooperative learning with community and cross-sector partners, including tribes or tribal organizations if relevant.

- Evaluate how well the applicant intends to address need as a central part of all program activities, with strategies to reduce disparities for groups with high rates of pregnancy-related mortality and SMM, as well as other intersections like housing insecurity, employment status, and geographic differences, if relevant.

- Assess if the applicant's project aligns with State Title V MCH Block Grant efforts to enhance maternal health and if it identifies opportunities to support these plans.

- Examine how well the applicant outlines a plan for ensuring coordination of maternal health activities across the state.

- Consider the robustness of the proposed work plan to ensure access to state or jurisdictional maternal health data. Also, assess the current capability or future plans to break down maternal health indicators and outcomes by different social markers like race, age, education, etc.

Resolution of Challenges (6 points)

- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.

- The extent to which the application demonstrates substantial coordination between the state's efforts, including state agency involvement in data collection and coordination, planning, execution, and evaluation of the proposed activities described in the work plan. A letter of agreement with the state health department should be included as Attachment 4, where applicable.

Criterion 3: EVALUATIVE MEASURES (12 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

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

Specifically:

- The extent to which the applicant describes the systems, inputs, and process that will support the organization's performance management requirements.

- The extent to which the applicant describes the strategy to collect, analyze, and track data to measure impact, particularly for the populations disproportionately impacted by maternal mortality and SMM (e.g., racial/ethnic populations, rural/urban, employment status, housing and economic security, etc.)

- The strength of the plan for the program performance evaluation that will contribute to continuous quality improvement.

- The extent to which the applicant describes potential obstacles for implementing the project performance evaluation, and their plan to address those obstacles.

- The extent to which the evaluation findings will inform progress towards project goals and objectives.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Approach](), [Work Plan](), and [Evaluation and Technical Support Capacity]()

- The extent to which the proposed plan will improve outcomes for populations disproportionately impacted by maternal mortality and SMM.

- Discusses how the project will be effective, if funded.

  o This may include the effectiveness of plans for dissemination of project results, the impact results may have on a specific community or target population, the degree to which the project activities are replicable and scalable.

- The extent to which the project is expected to improve quality, validity, access to, and timeliness of maternal health data.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Organizational Information]()

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of resources to fulfill the needs and requirements of the proposed project, including following the approved plan, properly accounting for federal funds, and documenting all costs to avoid audit findings.

Specifically:

- The extent to which the applicant describes their organization's mission, structure, and scope of current activities to improve maternal health, and the extent to which these components contribute to the organization's ability to conduct the project activities and meet the project goals and expectations.

- The extent to which project personnel, including proposed partners, are clearly described, and whether they have sufficient training, qualifications, expertise, and experience to carry out the project.

- The extent to which the applicant provided a detailed staffing model that supports state-wide project implementation. The model should list staff titles (e.g., Program Director, Program Assistant, and Data Coordinator), number of FTEs fulfilling the role, and roles and responsibilities.

- The extent to which the applicant details a list of proposed partners for the MHTF, identifies partner roles and responsibilities for program implementation,

and demonstrates collaborative commitments (Attachment 4) from the State Maternal and Child Health Title V Director and MMRC (as applicable). Partners may include organizations or individuals representing people representative of groups with highest rates of adverse pregnancy outcomes, and any other organization or entity with a focus on addressing maternal health (e.g., Healthy Start, MIECHV, state perinatal quality collaboratives, state hospital association, professional organizations).

- The extent to which the applicant describes their organization's capability to collect, analyze, and track data to measure process and impact, and explain how the data will be used to inform program development and implementation.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of the cooperative agreement.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:
- Review past performance (if it applies)
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around September 30, 2024. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.

- Other federal regulations and HHS policies in effect at the time of the. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply

- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

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

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

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

If it applies, the NOA will address HRSA's rights regarding your award.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline.

   Please be advised the administrative forms and performance measures for MCHB discretionary grants have been updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible at https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2024 – September 29, 2029 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2024 – September 29, 2025 September 30, 2025 – September 29, 2026 September 30, 2026 – September 29, 2027 September 30, 2028– September 29, 2029	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2028 – September 29, 2029	Period of performance end date	90 days from the available date

2) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](). More specific information will be included in the NOA

3) **Progress Report**(s). The recipient must submit a progress report to us annually. The NOA will provide details.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](), as [45 CFR part 75 Appendix I, F.3.]() and [45 CFR part 75 Appendix XII]() require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Ernsley Charles
Grants Management Specialist
Division of Grants Management Operations, OFAM

Health Resources and Services Administration
Phone: (301) 443-8329
Email: ECharles@hrsa.gov

Program issues or technical assistance:

Sarah Meyerholz, MPH
Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Attn: State Maternal Health Innovation Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (301) 443-1702
Email: wellwomancare@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application
See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	*My attachment = ___ pages*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 6: Tables, Charts, etc.	*My attachment = ___ pages*
Attachments Form	Attachment 7: 5th Year Budget	*My attachment = ___ pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Attachments Form	Attachment 8: Indirect Cost Rate Agreement (Does not count against the page limit)	*My attachment = ___ pages*
Attachments Form	Attachment 9:	*My attachment = ___ pages*
Attachments Form	Attachment 10:	*My attachment = ___ pages*
Attachments Form	Attachment 11:	*My attachment = ___ pages*
Attachments Form	Attachment 12:	*My attachment = ___ pages*
Attachments Form	Attachment 13:	*My attachment = ___ pages*
Attachments Form	Attachment 14:	*My attachment = ___ pages*
Attachments Form	Attachment 15:	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-047 is 50 pages		**My total = ____ pages**

Appendix B: Additional Information for Applicants

Please note that the following list of examples do not constitute a complete list of maternal health innovations currently being implemented by the State Maternal Health Innovation program award recipients. Applicants under this award should seek to implement innovations at the individual, interpersonal, community, and societal levels in at least 1 or more of the following categories: 1) quality services; 2) data capacity; and 3) health disparities. These innovations should serve to address needs of those populations disproportionately impacted by maternal mortality and SMM.

1. *Quality Services*:

    a. Convening a state advisory panel on innovative payment or service-delivery models for maternal care.

    b. Facilitating implementation and adoption of AIM patient safety bundles in all state birthing facilities.

    c. Identifying levels of maternal care for all birthing facilities using CDC's Levels of Care Assessment Tool (LOCATe).[14]

    d. Establishing levels of maternal care designations and achieving Levels of Maternal Care (LoMC) verification.

    e. Implementing innovative maternal health interventions for medically underserved communities.

    f. Implementing obstetric emergency simulation trainings for clinical staff and first responders.

    g. Developing training materials and associated resources for community health workers focused on preventing obstetric emergencies and the maternal early warning signs and symptoms.

    h. Promoting Medicaid and CHIP coverage continuity, including extending Medicaid coverage beyond 60 days postpartum to 12 months.

    i. Educating providers and Medicaid beneficiaries on accepted screening tools for postpartum depression, Medicaid and CHIP billing codes, and referral and treatment options.

2. *Data Capacity*:

    a. Creating state-focused maternal health data dashboards to easily access and report on maternal health outcomes.

    b. Improving the quality, timeliness, and use of data on maternal health to address gaps and/or missing data.

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[14] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/cdc-locate/index.html

   c. Stratifying state-level rates of postpartum care by race, ethnicity, language, disability, geographic location, and other relevant characteristics.

   d. Calculating rates of postpartum care at the plan, provider, or program level to monitor performance (including stratified rates, where feasible).

   e. Improving SMM surveillance, including breakdown by race and ethnicity.

   f. Building quality improvement capacity among birthing facility staff through implementation of the AIM program in all birthing facilities within the state.

   g. Conducting SMM case reviews with state data leads and clinical staff.

   h. Creating state- and county-specific maternal health data briefs.

   i. Partnering with Managed Care Plans, providers, other state agencies, and other interested partners to establish collaborative learning opportunities to implement rapid-cycle tests of change to drive improvement.

3. ***Health Disparities*:**

   a. Convening coalitions to ensure community member voices are reflected in the implementation of the strategic plan.

   b. Creating and disseminating patient education tools and resources on the early maternal warning signs and symptoms of an obstetric emergency that match the needs of the target population.

   c. Implementing social media campaigns focused on maternal health lived experiences with near misses and/or maternal death.

   d. Assessing state maternal health care providers to determine distribution of available providers and identify service area gaps.

   e. Conducting training for maternal health providers on mechanisms to address and improve maternal health (e.g., implicit bias training).

   f. Creating a rural OB/GYN Residency training track focused on obstetrical care in rural settings for general practitioners.

   g. Covering smoking cessation services and pharmacologic therapy for pregnant and postpartum individuals.

   h. Including home visiting services for pregnant and postpartum individuals and case management services as a part of the home visit.

   i. Providing access to non-emergency medical transportation for Medicaid and CHIP beneficiaries who need to get to and from medical visits but have no means of transportation.

Appendix C: Glossary of Key Terms

- Alliance for Innovation on Maternal Health (AIM): AIM is a national maternal safety and quality improvement initiative working to reduce preventable maternal mortality and SMM. AIM works through state and community-based teams to align national-, state-, and hospital-level quality improvement efforts to improve maternal health. Any hospital in a participating AIM state may join the growing and engaged AIM community of multidisciplinary health care providers, public health professionals, and cross-sector stakeholders who are committed to improving maternal outcomes in the U.S.

- Maternal Health Annual Report (MHAR): The purpose of the Maternal Health Annual Report is to share state-level data on maternal health, and provide recommendations aimed at reducing preventable maternal deaths. The MHAR will be used to share program plans and initiatives with policy leaders, maternal health stakeholders, and the general public.

- Maternal Health Training and Resource Center (MHTRC)Formerly the Maternal Health Learning Innovation Center (MHLIC), MHTRC serves as the direct technical assistance provider for the current State MHI and Rural Maternity and Obstetrics Management Strategies (RMOMS) award recipients and other state-focused maternal health initiatives. The goal of the MHTRC is to foster collaboration and learning amongst a wide range of maternal health stakeholders and the general public to accelerate evidence-informed maternal health interventions.

- Maternal Health Strategic Plan (MHSP): A strategic plan is a document that outlines a systematic process for moving toward a vision in a manner that involves the development and prioritization of strategic goals along with measurable strategies and objectives. The MHSP is a plan to improve maternal health by addressing identified gaps and incorporating activities outlined in the State Title V Needs Assessment. The Maternal Health Task Force is expected to develop the program's MHSP and assist with implementing strategies, with the expectation that the strategic plan will be a guiding document the Task Force uses to direct all Task Force activities.

- Pregnancy-Related Mortality: Pregnancy-related mortality ratios are the number of pregnancy-related deaths per 100,000 live births. A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.[15] Data on pregnancy-related deaths come from state or jurisdictional Maternal Mortality Review Committees. The Pregnancy Mortality Surveillance

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[15] Centers for Disease Control and Prevention. Preventing Pregnancy-Related Deaths. https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html. Accessed 7/28/2023.

System (PMSS) may also be used for pregnancy-related mortality, although injury deaths are not included.

- Rural Area: HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx. If the county is not entirely rural or urban, follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.

- Severe Maternal Morbidity (SMM): Severe maternal morbidity includes unintended outcomes of the process of labor and delivery, such as those that result in significant short-term or long-term consequences to a woman's health.[16] More information on SMM can be found in the Federally Available Data (FAD) Resource Document (starting on Page 13).

- Underserved Area: HRSA defines underserved areas by the following terms: a Health Professional Shortage Area (HPSA); a Partial Health Professional Shortage Area; a Medically Underserved Area/Population (MUA/P); or a Partially MUA/P.

  - Updated HPSAs and Medically Underserved Areas/Populations (MUA/Ps) are accessible through the HPSA Find, https://data.hrsa.gov/tools/shortage-area, and MUA/P Find tools, https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspxhttps://data.hrsa.gov/tools/shortage-area/mua-find, within the HRSA Data Warehouse, https://data.hrsa.gov/.

- Telehealth: the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Telehealth can be an important tool for delivering services and resources to HRSA's target populations. You are strongly encouraged to use telehealth in your proposed service delivery plans when feasible or appropriate. Additional information on telehealth can be found at Telehealth.hhs.gov.

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[16] American College of Obstetricians and Gynecologists (ACOG). Severe maternal morbidity includes unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health. (Severe Maternal Morbidity: Screening and Review | ACOG). Accessed 7/27/2023.