



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

Office of Minority Health

**Notice of Funding Opportunity**

Community Level Innovations for Improving Health Outcomes

**Opportunity Number**

MP-CPI-24-001

**Application Due Date**

05/15/2024 at 6:00 PM Eastern

**Technical Assistance Webinar Date**

03/13/2024 03:00 PM Eastern

<b>OVERVIEW</b>	
<b>Opportunity Title</b> Community Level Innovations for Improving Health Outcomes	
<b>Program Office</b> Office of Minority Health	<b>Application Submission and Format</b> Electronic application submitted via Grants.gov ONLY.
<b>Opportunity Number</b> MP-CPI-24-001	
<b>Award Type</b> G (Grant)	<b>Application Deadline</b> 05/15/2024 06:00 PM Eastern
<b>Announcement Type</b> Initial	<b>Technical Assistance Webinar Date</b> 03/13/2024 03:00 PM Eastern
<b>Assistance Listing</b> 93.137	<b>Technical Assistance Webinar Details</b> <a href="https://www.minorityhealth.hhs.gov/">https://www.minorityhealth.hhs.gov/</a>
<b>Eligible Applicants (see Section C.1 for full details)</b> Any private nonprofit or public entity located in a State is eligible to apply for an award under this NOFO.	
<b>Estimated Total Funding Available</b> \$8,000,000	<b>Estimated Period of Performance (months)</b> 48
<b>Estimated Number of Awards</b> 14	<b>Estimated Award Date</b> 07/10/2024
<b>Funding Range</b> \$475,000 to \$600,000 per budget period	<b>Estimated Project Start Date</b> 08/01/2024
<b>QUESTIONS?</b> See contact information in Section G	

## **EXECUTIVE SUMMARY**

The Office of Minority Health announces the anticipated availability of funds for Fiscal Year (FY) 2024 under the authority of 42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act).

This notice solicits applications for projects to demonstrate that community level innovations that reduce barriers related to social determinants of health (SDOH) can increase use of preventive health services and make progress toward Leading Health Indicator (LHI) targets. LHIs are a subset of high priority [Healthy People 2030](#) (HP2030) objectives selected to drive action toward improving health and well-being. SDOH are described in HP2030 as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

We anticipate the availability of \$8,000,000 for up to 14 awards, ranging from \$475,000 to \$600,000 annually, for a period of performance of up to 48 months. Recipients will be required to report on progress and milestones as part of an annual noncompeting continuation application. Costs of medical services are unallowable under this funding opportunity.

After 36 months, we anticipate offering a competing continuation opportunity for an additional 12-month budget period (i.e., a fifth budget period) to support selected successful projects in their transition to sustainability. Funding available for the additional budget period is not guaranteed nor expected to be at the same level of previous budget periods.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administratively support this competition. GAM encourages all applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this notice to ensure that applications comply with all requirements and instructions.

# Table of Contents

A. PROGRAM DESCRIPTION.....	5
1. Background.....	5
2. Funding Opportunity Goals.....	7
3. Expected Performance Goals and Outcomes for Projects.....	7
B. FEDERAL AWARD INFORMATION.....	9
1. Legal Authority.....	9
2. Award Information.....	9
C. ELIGIBILITY INFORMATION.....	10
1. Eligible Applicants.....	10
2. Cost Sharing or Matching.....	11
3. Other - Application Responsiveness Criteria.....	11
4. Application Disqualification Criteria.....	11
D. APPLICATION AND SUBMISSION INFORMATION.....	12
1. Obtaining an Application Package.....	12
2. Content and Form of Application Submission.....	13
3. Application Content.....	16
4. Unique Entity Identifier and System for Award Management (SAM).....	25
5. Submission Dates and Times.....	26
6. Intergovernmental Review.....	28
7. Funding Restrictions.....	28
8. Other Submission Requirements.....	29
E. APPLICATION REVIEW INFORMATION.....	30
1. Criteria.....	30
2. Merit Review and Selection Process.....	32
3. Review of Risk Posed by Applicant.....	33
4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates.....	34
F. FEDERAL AWARD ADMINISTRATION INFORMATION.....	34
1. Federal Award Notices.....	34
2. Administrative and National Policy Requirements.....	35
3. Program Specific Terms and Conditions.....	36
4. Award Closeout.....	37
5. Lobbying Prohibitions.....	37
6. Non-Discrimination Requirements.....	38

7. Smoke- and Tobacco-free Workplace.....	38
8. Acknowledgement of Funding.....	38
9. HHS Rights to Materials and Data.....	39
10. Trafficking in Persons.....	39
11. Efficient Spending.....	39
12. Whistleblower Protection.....	39
13. Health Information Technology (IT) Interoperability .....	39
14. Certain telecommunications and video surveillance services or equipment.....	40
15. Human Subjects Protection.....	40
16. Research Integrity .....	41
17. Reporting.....	41
G. CONTACTS .....	44
1. Administrative and Budgetary Requirements .....	44
2. Program Requirements.....	44
3. Electronic Submission Requirements .....	44
H. OTHER INFORMATION .....	45
1. Application Checklist.....	45
2. Acronyms .....	46
3. Glossary .....	47
4. Object Class Descriptions and Required Justifications.....	49
5. Considerations in Recipient Plans for Oversight of Federal Funds .....	55
6. Financial Assistance General Certifications and Representations .....	56
7. Disparity Impact Statement.....	58
8. Leading Health Indicators.....	59
9. Reference Cited.....	60

## A. PROGRAM DESCRIPTION

The Office of Minority Health announces the anticipated availability of funds for Fiscal Year (FY) 2024 under the authority of 42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act).

At the U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH), we are dedicated to improving the health of racial and ethnic minority, American Indian, and Alaska Native populations through the development of health policies and programs that will help eliminate health disparities. Through our demonstration project grants, we support the advancement of effective and sustainable approaches for improving health outcomes. We do this by funding innovations in social and supportive services that address social determinants of health (SDOH) to reduce health disparities for populations of focus.

We encourage collaborative community networks as part of these innovations. We fund projects that include community networks prepared to strengthen community support services, provide health resources, and help connect individuals to preventive health services. Collaborative networks are also a key component of project development, implementation, and evaluation.

Under this notice of funding opportunity (NOFO), we intend to fund projects to demonstrate that community level innovations that reduce barriers related to SDOH can increase use of preventive health services and make progress toward Leading Health Indicator (LHI) targets. LHIs are a subset of high priority [Healthy People 2030](#) (HP2030) objectives to drive action toward improving health and well-being. SDOH impact people's health and are reflected in HP2030 objectives, including LHIs.

### 1. Background

HP2030 sets data-driven national objectives to improve health and well-being over the decade.<sup>[1]</sup> SDOH are a central focus of HP2030, which organizes them in five domains:

- Economic Stability – helping people earn steady incomes that allow them to meet their health needs. This includes being able to afford healthy foods, health care, housing, and reliable transportation.
- Education Access and Quality – increasing educational opportunities and helping children and adolescents do well in school. This includes an individual's ability to understand and apply health information.
- Neighborhood and Built Environment – creating neighborhoods and environments that promote health and safety. This includes ensuring communities have safe air, and water, and are safe from violent crimes.
- Social and Community Context – increasing social and community support. This includes belonging to strong social networks that encourage healthy behaviors and help protect individual and communities from discrimination or exclusion.
- Health Care Access and Quality – increasing access to comprehensive, high-quality health care. This includes having health insurance coverage, a primary care provider, and access to health screenings.

For more information about the SDOH domains, see <https://health.gov/healthypeople/priority-areas/social-determinants-health>.

Health disparities are differences in health status among groups of people who have experienced greater obstacles in their health, often linked to SDOH. Examples in the table below are from HP2030 and are meant to show how identified health disparities can be linked to SDOH. Funded projects will likely involve other combinations of SDOH and applications to address the particular population(s) of focus.

Health Disparity	Example of SDOH Domain and Application
8.6 new cases of diabetes per 1,000 adults for American Indians or Alaska Natives, compared to 4.7 for non-Hispanic Whites	<p><i>Domain:</i> Education Access and Quality, and Health Care Access and Quality</p> <p><i>Example:</i> Community health workers are engaged as health education providers and patient navigators to improve identification of risk factors, and available resources for diabetes screening and other prevention tools.[2]</p>
26.2 percent obesity among Hispanic or Latino children and adolescents, compared to 16.6 percent for non-Hispanic Whites	<p><i>Domains:</i> Education Access and Quality, and Social and Community Context</p> <p><i>Example:</i> Adolescents receive weight management guidance and education through virtual training and digital self-monitoring tools that increase their health literacy, and peer support in online discussion groups.[3]</p>
19.8 percent of Black or African American households experienced food insecurity in the past 12 months, compared to 7 percent for non-Hispanic Whites	<p><i>Domains:</i> Economic Stability, and Neighborhood and Built Environment</p> <p><i>Example:</i> Community based organizations create a network of support services that connect individuals to housing services and provide transportation support that enables housing stability and access to healthy food options.[4]</p>

HP2030 includes racial, ethnic, and tribal health disparities data for LHIs. The LHIs address factors that impact major causes of death and disease in the United States (Section H.8). There are 23 LHIs organized by life stage: infants, children and adolescents, adults and older adults, and all ages. Each LHI focuses on risk factors and behaviors that affect health.[5] HP2030 presents LHIs with national baselines and targets, data methodology and measurements, and evidence-based resources.

Community level public health improvement models, such as the Community Readiness model [6, 7] or Community Organization model [8, 9, 10], are useful in planning activities to improve

the health of underserved populations. These models involve community members and partner organizations in creating supportive networks for health promotion and improvement. They can also facilitate novel approaches for community level innovations. For example, trained trusted messengers work within the community to help bridge gaps to health resources, promote the use of preventive health services, and encourage healthy choices. Trusted messengers may include health professionals like community health workers and healthcare providers, friends and family members, or community- and faith-based organizations and leaders.

## **2. Funding Opportunity Goals**

Projects awarded will contribute to the following programmatic goals for this funding opportunity:

Funding Opportunity Goals

- \* Increase use of preventive health services through community level innovations.
- \* Improve health outcomes as measured by progress toward LHIs.
- \* Reduce health disparities driven by SDOH.

## **3. Expected Performance Goals and Outcomes for Projects**

We will fund projects that meet this NOFO's goals and provide objective measurements for success. We expect recipients to:

### **a. Build or maintain a sustainable collaborative network**

By the end of the first six (6) months of the project, recipients should have established a network of organizations engaged through planned and/or existing partnerships. Recipients should also begin serving the population(s) of focus in the same timeframe. Network members should participate in project activities including ongoing strategic planning, implementation, quality improvement, data collection and analysis, and project evaluation. Recipients should create a network with the goal of being self-sustaining after the period of performance ends.

Network membership should include:

- Community-based organizations (CBOs) that provide social and supportive services that reduce SDOH related barriers to preventive health services
- CBOs with experience in health promotion for populations experiencing health disparities
- Medical organizations (e.g., safety net providers or other medical providers that have trusted relationships with the population(s) of focus)

We encourage recipients to partner with institutions of higher education that have trusted relationships with the population(s) of focus to conduct evaluation activities.

Awards under this NOFO will fund social and supportive services that address SDOH. Costs of medical services will be unallowable.



## **b. Implement community level innovations that impact up to two LHIs**

Recipients should use available national and local data to develop community level innovations that will reduce barriers in two SDOH domains and increase use of preventive health services to make progress towards the selected LHI targets. Recipients should use community level public health improvement models to strengthen the proposed approach and processes. Community level innovations should also incorporate the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Healthcare](#). Using the National CLAS Standards will help to ensure that project implementation is culturally and linguistically appropriate for the population(s) of focus.

## **c. Evaluate project processes and outcomes**

We expect recipients to evaluate processes and outcomes to assess project effectiveness and impact over the period of performance. The process evaluation should determine whether the recipient implemented the community level innovation as planned. The outcome evaluation should determine whether it reached the population(s) of focus and its impact on health outcomes for that population(s).

Over the course of the project, we expect recipients to describe changes over time in disparities among the population(s) of focus related to the selected LHI(s) and SDOH domains. Additionally, recipients should describe the level of involvement of the population(s) experiencing health disparities.

We expect recipients to build on and refine the baseline population data used in the application with additional data to produce a profile of the health disparity in the first three (3) months of the project. The profile should use existing data to describe how the health disparities among the population(s) of focus relate to the selected LHI(s) and SDOH domains. We expect recipients to participate in technical assistance offered by OMH.

We expect recipients to begin collecting data on the effect of the community level innovations on selected LHI(s) at the time the innovation is implemented (i.e., six (6) months into the period of performance). Recipients should compare data collected to baseline data identified in the profile and include other relevant measurable outcomes. A measurable outcome is an observable end-result that describes the impact of a particular project. A measurable outcome is not a measurable output, such as the number of partners committed or the number of health measures.

## **d. Share information about the project and its findings with the public**

Over the course of the project, we expect recipients to document and share project findings and results (e.g., best practices, lessons learned) with the population(s) of focus, the public, and other interested parties.

We expect recipients to share project information with other OMH recipients within the period of performance. OMH-hosted opportunities for sharing findings typically include virtual and in-person meetings.

Recipients should publish the findings and results in scholarly articles or brief reports. Publications should describe the community level innovation and the related impact on health outcomes and health disparities. Recipients are encouraged to involve the partner network and population(s) of focus in the development of publications to ensure transparency and credibility of the results. Published articles should be freely, immediately, and equitably accessible to the public.

## **B. FEDERAL AWARD INFORMATION**

### **1. Legal Authority**

Awards will be made under the legal authority in:

42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act)

### **2. Award Information**

We intend to make funds available for competing G (Grant) awards. The actual amount available will not be determined until enactment of the FY 2024 federal budget.

We anticipate the total amount of funds available to be \$8,000,000 for an estimated 14 competitive awards. Funding available for the first budget period will have a ceiling of \$600,000 per award and a floor of \$475,000.

We anticipate issuing notices of award 07/10/2024, with a project start date of 08/01/2024.

#### **Budget period(s)**

We expect to fund awards in 12-month budget periods for a total period of performance up to 48 month(s). However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months as a result of timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Funding for all approved budget periods after the first is generally the same as the initial award amount subject to any offset with funds unused in the previous budget period.

## **Opportunity for Transition to Post-Award Sustainability**

For this opportunity, we anticipate offering a competitive additional budget period for the purpose of funding selected recipients in transitioning successful projects to sustainability once the award has ended. Funding for this additional budget period is not guaranteed nor do we expect it to be at the same level of any previous budget periods. Therefore, this potential for an addition year is not reflected in the estimated performance period on page 1.

## **C. ELIGIBILITY INFORMATION**

### **1. Eligible Applicants**

Any private nonprofit or public entity located in a State is eligible to apply for an award under this NOFO.

“State” includes, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands, and any agency or instrumentality thereof exclusive of local governments. (42 U.S.C. § 201(f) (PHS Act, Section 2(f)), 45 C.F.R. § 75.2).

Eligible entities include private nonprofit or public faith-based organizations, community-based organizations, and American Indian/Alaska Native/Native American (AI/AN/NA) organizations.

Additional examples of eligible Organizations include:

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 recognized)

Public housing authorities/Indian housing authorities

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 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

## 2. Cost Sharing or Matching

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

If you voluntarily include cost sharing in your application, you must include in your budget narrative a non-federal sources justification as described in Section H.4 or your application will be disqualified (Section C.4). Voluntary cost sharing is not expected for research applications. During the merit review of an application, cost sharing will only be considered in the overall review of the adequacy of the total proposed budget (Federal and non-Federal share) to support the project proposed. You will not receive any preference, priority, or special consideration in the funding process for voluntarily including cost sharing in your proposed budget.

Awarded applications including cost sharing or matching commitment, whether required or voluntary, will include the commitment on the notice of award at the level proposed in the application (Section D.3.b). Any change in the cost sharing or matching commitment will require prior approval of the grants management officer.

Cost-Sharing or Matching may include any in-kind contributions necessary for the implementation of the proposed project (45 C.F.R. § 75.306).

## 3. Other - Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it from the competition; we will not review it beyond the initial screening. The responsiveness criteria are:

- The Project Abstract Summary must state clearly two SDOH domains and at least one but no more than two LHIs (Section H.8) that will be the focus of the innovation.

## 4. Application Disqualification Criteria

Disqualification means **we will not review the application and will give it no further consideration.**

We will disqualify applications:

<ul style="list-style-type: none"><li>• not submitted electronically via Grants.gov</li></ul>
<ul style="list-style-type: none"><li>• not submitted by the due date and time indicated in this NOFO (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline).</li></ul>
<ul style="list-style-type: none"><li>• submitted <u>multiple times for the same project</u> from the same organization, <i>except</i> for the last application received by the deadline.</li></ul>
<ul style="list-style-type: none"><li>• not completed or missing required forms in the application package found on Grants.gov including: SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section D.2).</li></ul>

<ul style="list-style-type: none"> <li>• not meeting the formatting requirements (Section D.2), specifically those: <ul style="list-style-type: none"> <li>○ not in the English language and U.S. dollars (45 C.F.R. § 75.111(a)).</li> <li>○ not with an 8 ½” x 11” page size, with 1” margins on all sides (top, bottom, left and right). <ul style="list-style-type: none"> <li>▪ with a font size of not less than 12 points.</li> </ul> </li> <li>○ with a Project Narrative that is not double-spaced</li> <li>○ exceeding the 30 page limit for the Project Narrative.</li> <li>○ exceeding the total 50 page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• requesting total funds (direct plus indirect costs) that are either: <ul style="list-style-type: none"> <li>○ Above the Award Ceiling of \$600,000; or</li> <li>○ Below the Award Floor of \$475,000.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• lacking a non-federal sources justification in the budget narrative when including cost sharing (voluntary or required) (Section C.2).</li> </ul>
<ul style="list-style-type: none"> <li>• lacking and failing to address the Other – Application Responsiveness Criteria (Section C.3), if any.</li> </ul>

## **D. APPLICATION AND SUBMISSION INFORMATION**

### **1. Obtaining an Application Package**

The complete application package is available on Grants.gov. Search either the Assistance Listing number (93.137) or the NOFO number (MP-CPI-24-001). All materials will be under the Package tab when on the NOFO webpage. If you have problems locating the application package, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH\_Grants@hhs.gov

## 2. Content and Form of Application Submission

Your application must be prepared using the forms and information provided in the online application package on Grants.gov. This includes but is not limited to:

- SF-424 Application for Federal Assistance
- SF-424A Budget Information for Non-Construction Programs
- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary

Instructions for each form are found under the Related Documents tab on Grants.gov.

### a. Project Narrative Formatting

Following the formatting instructions below will help ensure that your application is readable for review process.

#### Names of Individuals

We encourage you to use individuals' full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays may result in award processing if full names are not provided. You should avoid submitting personally identifiable information such as personal contact information (e.g. home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit social security numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. Although your organization may recognize co-PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project. Clearly identify the individual to be PD/PI in your application. We typically expect this to be the person named on the SF-424 in box 8.f.

Do not use a placeholder or honorary PD/PI because this does not present an accurate picture about who will be responsible for the day-to-day management of the project. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. See Section F.2.c.

### **Page Formatting**

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process. You must double-space the Project Narrative pages.

You must submit your application in the English language and in terms of U.S. dollars (45 C.F.R. § 75.111(a))

Use an easily readable typeface, such as Times New Roman or Arial. You *must* use a 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

Your project narrative and total application including appendices, must adhere to the page limits indicated in Section C.4. The page limit does not include the budget narrative (including budget tables), the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary), and any required assurances/ certifications listed in Section C.3.

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 and total application (i.e., project narrative plus appendices (Section C.4)) when printed on 8.5” X 11” paper, the application will not be reviewed further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Pages must not be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation.

### **Electronic File Submission**

We require that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted in writing by the grants management officer (See Section D.5).

Applications, excluding required standard forms, **must be submitted as three (3) files.**

<p><b>File 1</b> the complete Project Narrative, <b>File 2</b> the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and <b>File 3</b> all documents that make up the Appendices described in Section D.3.c.</p>
--

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. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application. We only accept the file formats identified below to ensure compatibility across our other systems even though Grants.gov will allow you to attach any file format. To be accepted under this NOFO, all files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

Acceptable File Formats (extension)	Unacceptable File Formats (extension)
<ul style="list-style-type: none"> <li>• Adobe PDF (.pdf)</li> <li>• Microsoft Word (.doc or .docx)</li> <li>• Image formats (.jpg, .gif, .tif, or .bmp only)</li> </ul>	<ul style="list-style-type: none"> <li>• Microsoft Excel files (.xls)</li> <li>• Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)</li> <li>• Any password-protected files</li> </ul>

We strongly encourage you to upload your application in the Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available electronic document drafting tools have the ability to “Save As” or “Print To PDF.”

We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

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. We will not contact you for resubmission of files to correct the file type. 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.

## **b. Budget Narrative Format**

The budget narrative 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. The page limit does not include the SF-424A or the budget narrative (including budget tables).

## **c. Appendices Format**

Your appendices should include any specific items outlined in Section D.3.c. Your documents should be easy to read. You should use the same formatting specified for the project narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. All of your appendices must be uploaded as a single, consolidated file in the



Attachments section of your Grants.gov application. We strongly encourage you to convert your file(s) to PDF format before uploading.

#### **d. Project Abstract Summary Format**

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Do not include sensitive or proprietary information in your abstract.

The abstract will serve as the application summary going forward. If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any changes to the project. The abstract may also appear on the program office website or other government websites.

Research projects may enter zero for “Estimated number of people to be served as a result of the award of this grant.”

### **3. Application Content**

Successful applications will contain the following information:

#### **a. Project Narrative Content**

The Project Narrative is the most important part of your application, because we will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components and provide the requested information.

##### **1. Project Significance**

Describe the nature and scope of the specific health disparity(ies) the project is designed to address. Use available national and local data to explain your selection of the two SDOH domains and at least one but no more than two LHIs of focus for the project (you must identify these in the Project Abstract Summary). Include in quantitative and qualitative terms the project’s population(s) and geographic area(s) of focus, and related gaps and barriers to affecting change.

Describe the significance of your proposed community level innovation on reducing health disparities for underserved and disadvantaged populations in the broader public health context. These populations may include racial/ethnic minorities, American Indian and Alaska Native populations, and individuals with limited English proficiency. Emphasize how your project will affect use of preventive health services among the population(s) of focus. Activities related to your project may not be denied to any person based on race, sex, color, or national origin.

## 2. Proposed Approach

### *Goals, Objectives, and Outcomes*

Describe your project's proposed goal(s) and major objectives associated with each goal. Project goals should reflect this NOFO's goals and align with the selected SDOH domains and LHI(s). Your project goals should be ambitious and achievable in the period of performance.

Use baseline data and quantifiable time-frames to describe SMARTIE (specific, measurable, accurate, relevant, time-bound, inclusive, and equitable) objectives. Identify specific, quantified, measurable outcomes expected to result from the project. Connect the proposed goals, objectives, and outcomes to the activities described in your work plan. Outcomes should be reflected in your logic model.

Consider the benefits to the fields of SDOH, public health policy research, and preventive health strategies for underserved and disadvantaged populations.

### *Project Plan*

Explain the rationale for your approach and activities. Describe how your community level innovations will address the selected LHI(s) by reducing SDOH related barriers to using preventative health services among the population(s) of focus. Apply a community level public health improvement model to the planned approach and activities. Propose an approach for developing activities to reflect the cultural and linguistic preferences of the population(s) of focus.

Detail the nature of the activities, why they were selected, and how they address your identified gaps and barriers. Support your proposed approach with the summary of proposed activities included in your work plan.

Identify public, private, and community partners, including trusted messengers, who will participate in the development and implementation of project activities. Explain your rationale and approach for engaging these partners and describe how they will contribute to the project.

Describe anticipated project challenges. These might include challenges around planning, implementation, evaluation, or other activities. Explain your approach to addressing identified and unanticipated barriers.

### ***Project Management***

Describe how you will monitor and track progress of the project at the task level to ensure timeliness and project integrity. Describe how you will oversee and maintain partner engagement to accomplish project activities within the period of performance. Explain your risk management approach to avoiding major disruptions to project timelines (e.g., loss of staff, partners, or project participants), including a plan for managing key staff transitions such as promotions or turnover. Describe your organization leadership's role in oversight of the project.

### **3. Evaluation**

Describe the methods you will use to evaluate whether the project achieves its SMARTIE objectives and measurable outcome(s). Summarize your evaluation plan, identifying individuals/organizations responsible for evaluation activities and including your approach to:

- Monitoring, documenting, measuring, and reporting key project outcome(s) and progress towards reducing SDOH-related barriers, linkages to and use of preventive health services, selected LHI target(s), and incorporation of National CLAS Standards
- Collecting baseline, interim, and post-intervention data related to process and outcome measures
- Anticipating and overcoming any potential obstacles to data collection
- Using quantitative and qualitative tools, and process and outcome evaluation techniques to analyze the goals and objectives of the initiative
- Documenting lessons learned
- Ensuring evaluator independence

Describe the validity and reliability of your proposed measures or indicators. Include in your rationale why these measures or indicators are suitable for assessing your outcomes. Align your evaluation plan with your logic model.

### **4. Dissemination**

Describe the method(s) you will use to disseminate the project's results and findings to the population(s) of focus, the public, and other parties interested in using the project results. Include any innovative approaches as well as traditional forms of dissemination, such as scholarly articles in peer reviewed journals. Consider how your results may inform practice, service delivery, program development, and policymaking.

## 5. Organizational Capability

### *Applicant Organization Description*

Summarize your organization's capability and capacity to successfully implement the proposed project. Include your organization's current mission, scope of activities, and readiness to demonstrate impact within the period of performance. Describe your organization's experience with successfully administering grant projects of similar size and scope. Refer to the organizational chart in your appendices to show the relationship of the project to the overall organization.

### *Community Level Expertise and Collaborative Partnerships*

Describe your organization's experience and capability to work with organizations to form a collaborative network. Describe the role of trusted messengers and others in the network. Describe the network's ability to engage in community level strategies and public health improvement models within the population(s) of focus.

Describe the network members' anticipated level of effort and responsibility for completing programmatic activities. Refer to any memoranda of agreement or letters of commitment provided in your appendices to demonstrate network readiness and level of commitment. Also include information about the role(s) of any contractors and consultants that will be involved in implementing the project and achieving project goals.

### *Project Staff and Key Roles*

Identify the individual who will be the Project Director/Principal Investigator (PD/PI) and any additional key personnel whose contributions are essential to the project. Key personnel include the PD/PI and those individuals who will oversee the technical, professional, managerial, and support functions. Key personnel may also have responsibility for assuring the validity and quality of the project. Submit curricula vitae, résumés, or biographical sketches in your appendices that describe key personnel areas of expertise. Describe each key personnel's qualifications, competing time commitments, and related ongoing projects.

Specify who would have day-to-day responsibility for key tasks, such as project leadership, monitoring the project's ongoing progress, preparation of reports, and communicating with the collaborative network. We expect that throughout the award period the PD/PI will be involved in, and have substantial knowledge about, all aspects of the project.

## **b. Budget Package Content**

A complete budget package consists of the required standard form “Budget Information Non-construction Programs” (SF-424A) and a budget narrative with detailed justification. You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices.

### **1. Standard Form SF-424A**

You must enter the project budget according to the directions provided with this standard form.

You must provide an object class category budget for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. For awards with an estimated period of performance of one year or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424; the amounts entered in these sections should only reflect the first budget period.

### **2. Budget Narrative and Justification**

The budget narrative must include a detailed line-item budget that includes calculations for all costs and activities by the "object class categories" identified on SF-424A and a justification for the costs. The object class budget organizes your proposed costs into a set of defined categories.

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. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in [45 C.F.R. §§75.400-75.477](#). We have provided additional information on the most common cost categories for applications for OASH awards in Section H.4.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review

Section D.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

For each proposed cost for the first budget period of the project, provide a budget justification, which includes explanatory text and line-item detail. The budget narrative should describe how you derived the categorical costs. Discuss the necessity and reasonableness of the proposed costs for the project you propose.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Funding for all approved budget periods after the first is generally the same as the initial award amount subject to offset with funds unused in the previous budget period.

#### Preparing the Budget Narrative

Use the guidelines in Section H.4 for preparing the detailed object class budget. 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.

<b>Object Class</b>	<b>Federal Funds Requested</b>	<b>Non-federal Resources</b>	<b>Total Budget</b>
Personnel	\$100,000	\$25,000	\$125,000

#### Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying under this NOFO. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources.

If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

#### Selecting an Indirect Cost Method

You must state the method you are selecting for your indirect cost rate. See Indirect Costs (Section H.4) for further information.

If you are providing in-kind contributions of any type or value, including costs otherwise covered by your indirect cost rate, you must identify those costs, and you should, as appropriate, include the value of the in-kind contribution as proposed cost-sharing (voluntary or required) ([45 C.F.R. § 75.306](#)).

If you are using a negotiated indirect cost rate, you should submit your negotiated agreement with your budget narrative. We may require a copy of your agreement prior to making any award to you.

Subrecipient/contract and consultant activities must be described in sufficient detail to describe accurately the project activities that each will conduct.

All subrecipient/contract and consultant detailed costs should be included in their respective line items and not broken out in the overall project object class line items. For example, subrecipient/contract travel should be included in the Contractual line item not in Travel. See Section H.4 for more information.

### **3. Plan for Recipient 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 award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- 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.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

**If your internal controls are available online, you may provide the link as part of your plan in the budget narrative.** Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section E.3).

Section H.5 contains questions you may find useful in preparing your “Recipient Plans for Oversight of Federal Funds.”

## **c. 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.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

### **Work Plan**

Include a detailed work plan that is consistent with your project narrative and budget narrative. Your work plan should cover all years of the estimated period of performance.

A work plan should include a statement of the project's overall goal(s), key SMARTIE objectives (specific, measurable, achievable, relevant, time-bound, inclusive, and equitable), milestone activities, and anticipated measurable outcome(s)/impact(s). Your objectives should align with the expectations of this opportunity, and the major tasks, action steps, or activities to achieve the goal and outcome(s). For each major task, action step, or activity, the work plan should identify the person(s) responsible, the timeline for completing activities (including start- and end-dates), and measures of success.

A suggested Work Plan Template is included under Related Documents in grants.gov (the instruction pages will not count toward your page limit) or you may create your own work plan. Regardless of the option you choose, the work plan you submit must address all of the content requested.

### **Logic Model**

Submit a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the proposed project. All program objectives, activities, and anticipated outcomes should be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach. A sample is provided on Grants.gov under Related Documents for this NOFO.

### **Documentation of Level of Commitment**

Submit documentation to support the level of commitment of any partners or collaborators you have described as having essential or important roles in the project's success.

Documentation of commitment is typically a Memorandum of Agreement (MOA) or a Letter of Commitment (LOC). A signed MOA generally demonstrates a higher level of commitment between the partners or collaborators. LOCs are typically a precursor to an MOA that the partners or collaborators sign before a project begins.

Data Sharing Agreements (DSAs) are a type of documentation of commitment that establish the parameters and responsibilities related to data collection, storage, and sharing. See Section F.9 for information about the federal governments interests in any data produced under an award under this NOFO.

**Do not provide copies of contracts.**



Regardless of what you call your document, it should include specific roles, responsibilities (including specific activities), resources, and contributions of the partner(s) or collaborator(s) to the project. The document should also describe each partner's or collaborator's specific expertise, experience, and access to the targeted population(s) or community(ies). It is your responsibility to ensure that all partners and collaborators have the necessary understanding of their roles to participate in the project.

If signed documentation for one or more partners or collaborators are not available when you submit your application, submit an unsigned draft of the document and the anticipated date of having all signatures.

Fully-executed DSAs and MOAs identified for essential roles in the project will be required within the first 30 days of the period of performance for any award made under this announcement. Special conditions may be applied to an award that does not meet this deadline.

Letters of support are not the same as MOAs and LOCs. Letters of support are general in nature and 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 will not be considered during the review.

### **Organizational Chart**

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization. Include as applicable the relationship with any partners or collaborators.

### **Curricula Vitae, Résumés, Biographical sketches for Key Project Personnel**

Submit curricula vitae, résumés, or biographical sketches (biosketches) for all key project personnel including the Project Director/Principal Investigator (PD/PI). 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 project. Do not include curricula vitae, résumés, or biosketches for individuals who provide routine administrative support to the project as part of their broader support of the organization. For key personnel positions that are currently vacant, please provide a copy of the position description or a list of duties for the position.

You should use full names (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. Use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

### **References Cited**

Include your references cited in your project narrative. You may use any standard format that you choose as long as it clearly leads the reader to your source of the information or data.

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

If you anticipate applying for this opportunity, ensure your organization has an active registration SAM well before the application deadline and that it will be active through the competitive review period.

**We will not provide deadline extensions for applicants based on delayed registrations.** We cannot make an award unless you have an active SAM registration. In accordance with 2 C.F.R. § 25.205, if you have not complied with this requirement, we:

- 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 subrecipients must have a UEI number at the time you, the recipient, make a subaward to them.

### *Registering in SAM*

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. You will find instructions on the Grants.gov website as part of the [organization registration](#) process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have a registration that is currently active and will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an [Entity Registration Checklist](#) to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or
- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question “Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?” Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section E.3) and may delay any award you are recommended to receive.

The list of representations and certifications to be certified as part of your registration is reproduced in Section H.6 with the corresponding HHS regulation citations. By submitting your application to this NOFO, your authorized representative certifies to these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization’s legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

## ***SAM Registration Renewal***

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must [renew your SAM registration](#) each year. If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

## ***Timing of Registration***

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

## **5. Submission Dates and Times**

You must submit your application for this funding opportunity by 6:00 PM Eastern on 05/15/2024.

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.

It is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application. For information on registering for Grants.gov, refer to <https://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](mailto:support@grants.gov).

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, Grants and Acquisitions Management (GAM) Division, Office of the Assistant Secretary for Health (OASH), Department of Health and Human Services (HHS).

### ***Programmatic Technical Assistance***

We will provide a technical assistance webinar for applicants on 03/13/2024 03:00 PM Eastern.

You should review the entire announcement promptly to have any questions answered well in advance of the application due date. You should also subscribe to this announcement in Grants.gov to receive any amendments, question and answer documents, or other updates.

### ***Timing Considerations***

To ensure adequate time to submit your application successfully, OASH recommends that you register as early as possible in Grants.gov because the registration process can take up to one month, including your SAM registration. You must register an authorizing official for your

organization. Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application. OASH does not determine your organization's authorizing official; your organization makes that designation. Your authorizing official must have the authority to act on behalf of your organization.

We strongly encourage you to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in case you encounter technical difficulties, either on your end or with 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. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number so that we can verify the problem.

A "system problem" does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions.

This announcement is subject to Executive Order 12372. 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 F.6 Intergovernmental Review. See Section D.6.

#### ***Exemption to Grants.gov Submission Requirement***

To obtain an exemption, you must request one via email from GAM at OASH [Grants@hhs.gov](mailto:Grants@hhs.gov), 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.

In your e-mail requesting an exemption include: the NOFO number; your organization's UEI number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (e.g., GRANT#####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH [Grants@hhs.gov](mailto:Grants@hhs.gov).

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. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

GAM 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. If you receive an exemption, you must still submit your complete application by the deadline. Only applications submitted through the Grants.gov portal or pre-approved alternate format (hardcopy paper via U.S. mail or other service or PDF via email) will be accepted. See Section D.8 ("Other Submission Requirements").

## 6. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 C.F.R. 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 <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Plaza Level, 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 Grants and Acquisitions Management Division at 240-453-8822.

## 7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the award must meet the cost requirements of 45 C.F.R. part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See Section D.3.b and Section H.4 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://www.hhs.gov/about/agencies/asa/psc/indirect-cost-negotiations/contact-us/index.html>.

### a. Pre-Award Costs

**Pre-award costs are NOT allowed.** Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

### b. Salary Rate Limitation

Each year’s appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2023, the Executive Level II salary is \$212,100. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award. An example

of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation	
<b>Individual’s <i>actual</i> base full-time salary</b> \$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	<b>Direct salary (\$350,000 x 0.5) = \$175,000</b>
	<b>Fringe (25% of salary) = \$43,750</b>
	<b>Total = \$218,750</b>
<b>Individual’s base full-time salary <i>adjusted to Executive Level II</i>: \$212,100 with 50% of time devoted to the project</b>	<b>Direct salary (\$212,100 x 0.5) = \$106,050</b>
	<b>Fringe (25% of salary) = \$26,512.50</b>
	<b>Total amount allowed = \$132,562.50</b>

Appropriate salary rate limits will apply as required by law.

### c. Medical Services Costs

Costs of medical services are NOT allowed under this funding opportunity.

## 8. Other Submission Requirements

### a. Important Grants.gov Information

You may access the application for this opportunity on Grants.gov. Search for the downloadable application page by the NOFO number (MP-CPI-24-001) or Assistance Listing number (93.137).

To ensure successful submission of your application, you should carefully follow the step-by-step instructions on the site. 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 G.3 for contact information.

See Section D.4 for requirements related to UEI numbers and SAM registration.

### b. Program-Specific Requirements

Applicants recommended for an award may be required to submit documentation of non-profit status prior to receiving an award.

## E. APPLICATION REVIEW INFORMATION

During the review process, we do not release information about individual applications. If you would like to track your application, please see the [instructions](#) on Grants.gov.

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.

### 1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

#### **Project Significance**

**Maximum Points: 10**

The degree to which the applicant:

- Demonstrates project significance through national and local data describing health disparities for the population(s) and geographic area(s) of focus, and two selected SDOH domains affecting the chosen LHI(s).
- Provides evidence for potential impact on the use of preventive health services for individuals within the population(s) of focus who experience health disparities.
- Describes the extent to which the proposed innovation will impact underserved and disadvantaged populations.

#### **Proposed Approach: Goals, Objectives, and Outcomes**

**Maximum Points: 10**

The degree to which the applicant:

- Demonstrates a strong and clear alignment of goals, objectives, and measurable outcomes to implement an innovative approach to increase the use of preventive health services by reducing SDOH-related barriers.
- Clearly describes objectives that are each specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE), using baseline data and including quantifiable timeframes for achievement.
- Includes appropriate measurable outcome(s) expected from the proposed project.

#### **Proposed Approach: Project Plan**

**Maximum Points: 15**

The degree to which the applicant:

- Provides a concise, well-supported description of and rationale for the approach; the nature of activities and why they were selected, including addressing system gaps and identified challenges; and how activities will assist in achieving the overall project objectives.

- Justifies engagement of planned and existing public, private, and community partnerships, including trusted messengers, and describes the anticipated contribution of partners to the project through ongoing planning, quality improvement, implementation, data collection, and evaluation.
- Adequately describes a community level public health improvement model that will strengthen the project approach and processes to achieve the intended outcomes.
- Clearly summarizes proposed activities in a work plan that includes major tasks, action steps, products that will be developed, timeframes, and persons/partners responsible.

**Proposed Approach: Project Management**

**Maximum Points: 10**

The degree to which the applicant:

- Describes a feasible approach to monitor and track project progress at a task level.
- Clearly illustrates how partners will be managed to accomplish proposed project activities.
- Provides a feasible approach to risk management and a plan for managing key staff transitions.

**Project Evaluation**

**Maximum Points: 15**

The degree to which the applicant:

- Employs a process and outcome evaluation approach to analyze the goals and objectives of the proposed project.
- Presents reasonable methods for evaluating project achievement of SMARTIE objectives and measurable outcomes, including the validity and reliability of the proposed measures or indicators.
- Describes how outcomes of the project will be monitored, documented, measured, and reported, including a description of quantitative and qualitative tools and techniques and how lessons learned will be identified and documented.
- Allows for the evaluation of the impact of the community level innovations on:
  - Linkages to organizations that provide preventive health services
  - Use of preventive health services
  - Progress towards the LHI target(s)
  - Incorporation of National CLAS Standards as appropriate
  - Reduction of SDOH-related barriers to preventive health services

**Dissemination**

**Maximum Points: 5**

The degree to which the applicant:

- Proposes traditional and innovative methods to disseminate the results and findings of the demonstration project and its impact on the population(s) of focus in a timely manner and at an appropriate scale (e.g., national, regional, local).
- Describes a feasible approach for disseminating project data and information to the population(s) of focus, the public, and other parties who may be interested in applying methodologies and lessons learned to their own work.



**Organizational Capability: Applicant Organization Description**

**Maximum Points: 10**

The degree to which the applicant:

- Demonstrates the capability, infrastructure, expertise, and readiness to successfully conduct project activities.

**Organizational Capability: Community Level Expertise and Collaborative Partnerships**

**Maximum Points: 10**

The degree to which the applicant:

- Demonstrates the ability to establish a collaborative network capable of participating in community level innovations that reduce SDOH-related barriers to using preventive health services.
- Clearly illustrates the network's ability and readiness to engage in project activities.

**Organizational Capability: Project Staff and Key Roles**

**Maximum Points: 10**

The degree to which the applicant:

- Adequately describes key personnel roles and responsibilities, including identification of the PD/PI, and describes their qualifications, competing time commitments, and level of involvement with the project.

**Budget Reasonableness**

**Maximum Points: 5**

The degree to which the applicant:

- Demonstrates a detailed, reasonable, adequate, and cost-efficient budget that aligns with the proposed technical approach and adequately supports proposed activities.

## 2. Merit Review and Selection Process

An independent merit review panel will evaluate applications that are not disqualified and meet the responsiveness criteria (Section C.3). 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 rate the applications, focusing their comments and ratings 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 Deputy Assistant Secretary for Minority Health will provide recommendations for funding to the Grants Management Officer to conduct risk analysis. No award decision is final until a Notice of Award is issued by the Grants Management Officer.

In providing these recommendations, the Deputy Assistant Secretary for Minority Health will take into consideration the following additional factors(s):

- Balance of SDOH domains and chosen LHIs.
- Geographic distribution of projects.

### **3. Review of Risk Posed by Applicant**

Before issuing any award, GAM evaluates each application recommended for funding by the program official indicated in Merit Review and Selection Process for risks in accordance with [45 C.F.R. § 75.205](#). This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

#### ***Risk Factors Considered***

We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are 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. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)). If you are a prior Federal award recipient, the information in the system must, at a minimum, “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2); see also 45 C.F.R. §75.212 for additional information.

You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM. GAM 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.

#### ***Risk Review Outcomes***

If GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. § 75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. See 45 C.F.R. §75.212(a).

If GAM determines that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather

than cash advance basis. See 45 C.F.R. §75.207.

## 4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

**We are not obligated to make any federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the federal government to the expenditure of funds.**

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

## F. FEDERAL AWARD ADMINISTRATION INFORMATION

The following subsections describe the award notification process and the terms and conditions that will apply to any award you receive under this NOFO.

### 1. Federal Award Notices

#### *Funded Applications*

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

## ***Unfunded Applications***

If you are unsuccessful or your application was disqualified, you will be notified by OASH by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was “approved, but unfunded” (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

## **2. Administrative and National Policy Requirements**

### ***Recipient Responsibilities***

You will have the full responsibility for the conduct of the approved project or activity and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is the project described in your application subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

You will be encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise. Such advice does not diminish your responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

### ***Accepting an Award***

You accept the terms and conditions of an award by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the [HHS Grant Policy Statement](#) (GPS), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and

requirements or limitations in any applicable appropriations acts.

### ***Scope of the Award and Prior Approvals***

You may only use award funds to support activities in your funded project. HHS GPS Section II and [45 C.F.R. § 75.308](#) describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- a change in the scope or the objective(s) of the project (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(s) specified in your application;
- reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- the transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

### **d. Applicable Termination Provisions**

If you receive an award, HHS may terminate it if any of the conditions in [2 C.F.R. §§ 200.340\(a\)\(1\)-\(4\)](#) are met. No additional termination conditions apply, unless otherwise noted under Program Specific Terms and Conditions (Section F.3).

## **3. Program Specific Terms and Conditions**

We may include on any awards made under this NOFO the following as special terms and requirements.

### **a. Paperwork Reduction Act Clearance Packages**

Any collection of information you conduct as defined in 5 C.F.R. § 1320.3(c) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

### **b. Disparity Impact Statement (DIS)**

Successful recipients must develop a disparity impact statement (DIS) using local data and input to identify populations at highest risk for health, social, economic, or other disparities such as low health literacy. Recipients may choose to use the Centers for Disease Control (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI), or other local data tools, in developing disparity impact statements.

The DIS will identify social, policy, historical, and other context associated with root causes and drivers of disparities. It will also provide the framework and plan for ongoing action and

accountability, such as program improvement, incorporation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, monitoring and assessment of the impact of the project on the program's equity goals.

Project activities must comply with the non-discrimination requirements described in Section F.6.

Below are available HHS resources:

- HHS OMH Disparity Impact Strategy
- CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement
- SAMHSA.gov: Disparity Impact Statement

Additional information and links to resources are available in Section H.6.

## 4. Award Closeout

When the period of performance expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us. See Section F.17.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS). As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

## 5. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See [45 C.F.R. § 75.450](#).

You must 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
- 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 must not use any funds from an award made under this NOFO 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.

## 6. 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](#).

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), [78 Fed. Reg. 58539](#) (HHS Office of Minority Health, 2013), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. For further guidance on providing culturally and linguistically appropriate services, you should review the [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#).

## 7. Smoke- and Tobacco-free Workplace

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

## 8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by Office of Minority Health .

You must also include a disclaimer stating the following:

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Office of Minority Health , OASH, HHS, or the U.S. Government. For more information, please visit [Office of Minority Health website, if available].

## 9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to [45 C.F.R. § 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 C.F.R. § 75.322\(d\)](#), the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

## 10. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended ([22 U.S.C. § 7104](#)).

## 11. Efficient Spending

Awards will 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](#).

## 12. Whistleblower Protection

Awards will include a term and condition that applies the [48 C.F.R. § 3.908](#) to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

## 13. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at [45 C.F.R. § 170.102](#). The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in [45 C.F.R. part 170, Subpart B](#), if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT



Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

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/>.

## **14. Certain telecommunications and video surveillance services or equipment.**

As described in [2 C.F.R. 200.216](#), recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

## **15. Human Subjects Protection**

Federal regulations ([45 C.F.R part 46](#)) require that applications and proposals involving human subjects 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 C.F.R. part 46](#). Additional information is available on the [Office of Human Research Protections](#) website. This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an

exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all IRB approvals (not full protocols), or documentation of exemption determinations, within 5 days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

## 16. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with [42 C.F.R. part 93](#). Compliance includes having written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, filing an [assurance of compliance](#) with the Office of Research Integrity (ORI), and taking all reasonable and practical steps to foster research integrity as described in part 93. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information about assurances is available on the [ORI assurance program](#) website.

## 17. Reporting

Recipients must report on project progress and financial status at defined, regular intervals during the course of the project. At the end of the project, acceptable final progress and financial reports are part of the required award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

### a. Performance Project Reports (PPR)

#### *Performance Project Reports (PPR)*

You must submit periodic performance project reports on a quarterly basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report.

You must submit a final performance report covering the entire period of performance 120 days after the end of the period of performance. The awarding program office may provide additional guidance on the content of the final report, which you must submit in the PPR module

#### *Project Performance and Continuation Awards*

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting application. This application will include a summary progress report for the current budget period, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the

application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

### ***Performance Measures***

Performance is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

At the end of each reporting period, you should be able to describe the performance in terms of:

- Progress towards the approved project goals and objectives, other project accomplishments, identifying and addressing current or anticipated problems, monitoring project changes, and identifying lessons learned
- Impact of the implemented community level innovation on the use of preventive health services, SDOH, and progress towards LHI target(s) for the population(s) of focus
- Reduction in SDOH barriers to preventive health services
- Increased linkages to organizations providing preventive health services
- Number and demographic characteristics of individuals reached and impacted by the community level innovation
- Incorporation of National CLAS Standards into project activities, as appropriate

### **b. Financial Reports**

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically for the:

Quarter ending September 30, your FFR is due October 30

Quarter ending December 31, your FFR is due January 30

Quarter ending March 30, your FFR is due April 30

Quarter ending June 30, your FFR is due July 30.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

### **c. Audits**

If your organization expends \$750,000 or greater in federal funds, it must undergo an independent audit in accordance with [45 C.F.R. 75, subpart F](#), often referred to as the Single Audit requirement.

### **d. FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<https://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

### **e. 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 SAM.gov that is made available in the designated integrity and performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 C.F.R. part 75. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 C.F.R. part 75.

### **f. Other Required Notifications**

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

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- 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 C.F.R. § 180.800(a); or
- 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 C.F.R. § 180.350, you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § 180.335.

## G. CONTACTS

### 1. Administrative and Budgetary Requirements

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

Duane Barlow  
OASH Grants and Acquisitions Management  
1101 Wootton Parkway, Plaza Level  
Rockville, MD 20852  
Phone: 240-453-8822  
Email: Duane.Barlow@hhs.gov

### 2. Program Requirements

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

Paul Rodriguez  
101 Wootton Parkway, Plaza Level  
Rockville, MD 20852  
Phone: 240-453-8208  
Email: paul.rodriguez@hhs.gov

### 3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: <https://www.grants.gov>

Phone: 1-800-518-4726

Email: [support@grants.gov](mailto:support@grants.gov)

## H. OTHER INFORMATION

### 1. Application Checklist

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

<b>Application Checklist</b>	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline)
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	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. <ul style="list-style-type: none"><li>○ Include a Plan for Recipient Oversight of Federal Award Funds</li></ul>
	Appendices – Submit all appendix content as a single acceptable file, specified above in the Attachments section of your Grants.gov application. <ul style="list-style-type: none"><li>○ Work Plan</li><li>○ Logic Model</li><li>○ Documentation of Level of Commitment</li><li>○ Organizational Chart</li><li>○ Curricula Vitae, Résumés, Biographical sketches for Key Project Personnel</li><li>○ References Cited</li></ul>

## 2. Acronyms

ABU	Approved, but unfunded
CBO	Community-Based Organization
CLAS	Culturally and Linguistically Appropriate Service
CLIIHO	Community Level Innovations for Improving Health Outcomes
FAPIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSRS	FFATA Subaward Reporting System
FY	Fiscal Year
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
HHS	Department of Health and Human Services
LHI	Leading Health Indicator
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
SDOH	Social Determinants of Health
SMARTIE	Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable
SPOC	State Single Point of Contact

### 3. Glossary

**Community Health Workers (CHWs)** - are members of the community who serve as advocates and liaisons between the community and the health care and social service systems. They provide services that improve health care access and education to promote understanding of health problems and how to navigate the health care system. (Collaborating with Community Health Workers to Enhance the Coordination of Care and Advance Health Equity: <https://www.cdc.gov/nccdphp/dch/pdfs/DCH-CHW-Issue-Brief.pdf> )

**Disparity Impact Statement (DIS)** – Documentation submitted by grant recipients that specifies populations of focus and disparate populations that will be involved in program activities, including demographic, cultural and linguistic information for population(s) considered at highest risk for health disparities, and the quality improvement plan designed to address the noted disparities.

**Health Disparity** – HP2030 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." (See <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9>).

**Health Equity** – HP2030 defines health equity as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” (See <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers#q9>).

**Leading Health Indicators** – A subset of high-priority HP2030 objectives selected to drive action toward improving health and well-being. As a set, LHIs cover the life span and include objectives across topic areas. LHIs address important factors that impact major causes of death and disease in the United States, and they help organizations, communities, and states across the nation focus their resources and efforts to improve the health and well-being of all people. Additional information can be found here: <https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>.

**Medical Services** – Clinical services provided in an outpatient clinic and or inpatient hospital setting by a licensed practitioner. In contrast, non-medical social and support services include community-based strategies that address social determinants of health (SDOH). Trained individuals, such as CHWs or promotores/as de salud provide non-medical social and support services.

**National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** – A set of 15 action steps that establish a blueprint for health professionals and organizations to provide health care and services that are responsive to diverse



cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Additional information can be found here:

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

**Outcome Evaluation** – Measures the effects of the project in the population of focus.[11]

**Process Evaluation** – Determines whether project activities are implemented as planned and result in certain outputs.[11]

**Public Health Improvement Model** – A framework to guide planning of public health programs that address specific and/or multiple factors at the individual, organizational, community, and population levels to reach targeted health goals. For example:

- Community Readiness Model – Provides a process for considering a community’s culture, resources, and level of readiness to address an identified health issue.[6,7]
- Community Organization Model – Encourages active community participation in the identification of health issues and the development of strategies to address them.[8,9,10]

**Social Determinants of Health (SDOH)** – The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Additional information can be found here:

<https://health.gov/healthypeople/priority-areas/social-determinants-health>.

**Trusted Messengers** – Individuals or organizations rooted in the communities they serve that are viewed among community members as reliable information sources due to their familiarity and experience with providing information via preferred methods (e.g., face-to-face, text message, social media) and with cultural and linguistic fluency and competency. For example, friends and family, community- and faith-based organizations and leaders, healthcare professionals.

## 4. Object Class Descriptions and Required Justifications

### Personnel

#### *Description*

Costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. 45 C.F.R. § 75.459.

#### *Justification*

Clearly identify the PD/PI, if known. 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 award salary; non-federal award 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.7.b) Funding Restrictions, Salary Rate Limitation for details).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

### Fringe Benefits

#### *Description*

Costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

#### *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 only.

Does NOT include travel costs for subrecipients or contractors under this object class.

### ***Justification***

For each trip proposed for your organization employees only, 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***

Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the 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. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non-Federal entity's regular accounting practices. See 45 C.F.R. § 75.2 for additional information.

### ***Justification***

For each type of equipment requested you 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.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in 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.

### ***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.

### ***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 C.F.R. § 75.329 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 and currently set at \$250,000. In some cases, HHS/OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) requires a detailed budget and budget narrative for each subrecipient/contractor, by title/name, 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, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient/contractor.

## **Other**

### ***Description***

Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

### ***Justification***

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

## **Indirect Costs**

### ***Description***

This category has one of two methods that you may select. You may only select one and must clearly identify that selection in your submitted budget.

#### Negotiated Indirect Cost Rate

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 in your Budget Narrative file.

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.

#### De minimis Rate

Per 45 C.F.R. § 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.”

The de minimis rate method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect costs on Federal awards for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000 (45 C.F.R. § 75.414 (c)(1)(i)).

### ***Justification***

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

## **Program Income**

### ***Description***

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in 45 C.F.R. § 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 C.F.R. § 75.307 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

***Justification***

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition/additive method unless otherwise specified in Section C.2. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

**Non-Federal Resources (Cost Share or Match)**

***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 C.F.R. § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

***Justification***

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See 45 C.F.R. § 75.306(c)).

**If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section C.4).**

## 5. Considerations in Recipient Plans for Oversight of Federal Funds

(See also Section D.3.b.3)

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions?
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:
  - Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
  - Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?



## 6. Financial Assistance General Certifications and Representations

When your organization completes its registration (new or renewal) in SAM.gov, your organization has attested to the accuracy of the below. Note that HHS awards are currently subject to 45 C.F.R. part 75. Where applicable the parallel citation to 45 C.F.R. part 75 is supplied in brackets following the 2 C.F.R. part 200 citation.

- a. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See 2 C.F.R. § 200.113 Mandatory disclosures [45 C.F.R. § 75.113], 2 C.F.R. § 200.214 Suspension and debarment [45 C.F.R. § 75.213], OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
- b. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See 2 C.F.R. § 200.302 Financial Management [45 C.F.R. § 75.302] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- c. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See 2 C.F.R. § 200.112 Conflict of interest [45 C.F.R. § 75.112]);
- d. Will comply with all limitations imposed by annual appropriation acts;
- e. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See 2 C.F.R. § 200.300 Statutory and national policy requirements [45 C.F.R. § 75.300] and 2 C.F.R. § 200.303 Internal controls [45 C.F.R. § 75.303]);
- f. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal financial assistance project covered by this certification document, including but not limited to:
  1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, 22 U.S.C. § 7104(g);
  2. Drug Free Workplace, 41 U.S.C. § 8103;
  3. Protection from Reprisal of Disclosure of Certain Information, 41 U.S.C. § 4712;
  4. National Environmental Policy Act of 1969, as amended, 42 U.S.C. § 4321 et seq;
  5. Universal Identifier and System for Award Management, 2 C.F.R. part 2;
  6. Reporting Subaward and Executive Compensation Information, 2 C.F.R. part 170;
  7. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), 2 C.F.R. part 180;

8. Civil Actions for False Claims Act, 31 U.S.C. § 3730;
9. False Claims Act, 31 U.S.C. §3729, 18 U.S.C. §§ 287 and 1001;
10. Program Fraud and Civil Remedies Act, 31 U.S.C. § 3801 et seq;
11. Lobbying Disclosure Act of 1995, 2 U.S.C. § 1601 et seq;
12. Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq;
13. Title VIII of the Civil Rights Act of 1968, 42 U.S.C. § 3601 et seq;
14. Title IX of the Education Amendments of 1972, as amended; 20 U.S.C. § 1681 et seq
15. Section 504 of the Rehabilitation Act of 1973, as amended; 29 U.S.C. § 794; and
16. Age Discrimination Act of 1975, as amended, 42 U. S.C. § 6101 et seq.

## 7. Disparity Impact Statement

Disparity impact statements (DIS) are a part of a comprehensive data-driven approach for identifying and addressing health disparities to promote health equity for racial and ethnic minority populations. A DIS refers to the demographic, cultural, and linguistic data that identify the population(s) in which health disparities exist and the quality improvement plan designed to address the noted disparities.

The DIS will provide the measurement framework for ongoing monitoring and determining the impact of the project activities on outcomes and overarching goal of advancing health equity.

Agencies within the U.S. Department of Health and Human Services offer resources to support developing a Disparity Impact Statement, including the following:

Building an Organizational Response to Health Disparities: Disparities Impact Statement (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>)

HDPulse — An Ecosystem of Minority Health and Health Disparities Resources (<https://www.nimhd.nih.gov/resources/hd-pulse.html>)

## 8. Leading Health Indicators

Infants	Children and Adolescents
<ul style="list-style-type: none"> <li>• Infant deaths</li> </ul>	<ul style="list-style-type: none"> <li>• 4th grade students whose reading skills are at or above the proficient achievement level for their grade</li> <li>• Adolescents with major depressive episodes who receive treatment</li> <li>• Children and adolescents with obesity</li> <li>• Current use of any tobacco products among adolescents</li> </ul>
Adults and Older Adults	All Ages
<ul style="list-style-type: none"> <li>• Adults engaging in binge drinking of alcoholic beverages during the past 30 days</li> <li>• Adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity</li> <li>• Adults who receive a colorectal cancer screening based on the most recent guidelines</li> <li>• Adults with hypertension whose blood pressure is under control</li> <li>• Cigarette smoking in adults</li> <li>• Employment among the working-age population</li> <li>• Maternal deaths</li> <li>• New cases of diagnosed diabetes in the population</li> </ul>	<ul style="list-style-type: none"> <li>• Children, adolescents, and adults who use the oral health care system (2+ years)</li> <li>• Consumption of calories from added sugars by persons aged 2 years and over (2+ years)</li> <li>• Drug overdose deaths</li> <li>• Exposure to unhealthy air</li> <li>• Homicides</li> <li>• Household food insecurity and hunger</li> <li>• Persons who are vaccinated annually against seasonal influenza</li> <li>• Persons who know their HIV status (13+ years)</li> <li>• Persons with medical insurance (&lt;65 years)</li> <li>• Suicides</li> </ul>

## 9. Reference Cited

1. Healthy People 2030 (HP2030). <https://health.gov/healthypeople>.
2. HP2030, Diabetes Prevention: Interventions Engaging Community Health Workers. Guide to Community Preventive Services, 2016. <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/diabetes-prevention-interventions-engaging-community-health-workers>.
3. HP2030, Obesity Prevention and Control: Digital Health Interventions for Adolescents with Overweight or Obesity. Guide to Community Preventive Services, 2019. <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/obesity-prevention-and-control-digital-health-interventions-adolescents-overweight-or-obesity>.
4. HP2030, Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities, HRSA Office of Health Equity, 2020. <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/health-equity-report-2019-2020-special-feature-housing-and-health-inequalities>.
5. Healthy People 2030, Leading Health Indicators. <https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>.
6. SAMHSA Tribal Training and Technical Assistance Center. *Community Readiness Manual on Suicide Prevention in Native Communities*. January 2014. [https://www.samhsa.gov/sites/default/files/tribal\\_tta\\_center\\_2.3.b\\_commreadinessmanual\\_final\\_3.6.14.pdf](https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf).
7. Harris KJ, Brown B, Shankle L, Tryon M, Pedersen M, Panarella SK, Swaney G. Community Readiness Model for Prevention Planning: Addressing Childhood Obesity in American Indian Reservation Communities. *J Racial Ethn Health Disparities*. 2019 Dec;6(6):1144-1156. doi: 10.1007/s40615-019-00616-6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6832812/>.
8. NIH, *Hearts N' Parks, Community Mobilization Guide*. June 2001. [https://file.lacounty.gov/SDSInter/dpr/033069\\_HeartsNParksCommunityMobilizationGuide.pdf](https://file.lacounty.gov/SDSInter/dpr/033069_HeartsNParksCommunityMobilizationGuide.pdf).
9. CDC, *Principles of Community Engagement (Second Edition)*. June 2011. [https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf).
10. Kadariya S, Ball L, Chua D, Ryding H, Hobby J, Marsh J, Bartrim K, Mitchell L, Parkinson J. Community Organising Frameworks, Models, and Processes to Improve Health: A Systematic Scoping Review. *Int J Environ Res Public Health*. 2023 Mar 30;20(7):5341. doi: 10.3390/ijerph20075341. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10093850/>.
11. CDC, Types of Evaluation. <https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf>.