U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Services for Children with Special Health Needs

Family Leadership in Language and Learning Center

Funding Opportunity Number: HRSA-20-051
Funding Opportunity Type(s): Competing Continuation, New
Assistance Listings (CFDA) Number: 93.251

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: November 8, 2019

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

Issuance Date: August 6, 2019

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Authority: Public Health Service Act, Title III, Section 399M(a) (42 U.S.C. 280g-1(a))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 for the Family Leadership in Language and Learning (FL3) Center.

The purpose of the FL3 Center is to provide technical support to national, state and territory, and local Early Hearing Detection and Intervention (EHDI) systems of care in order to increase family engagement and leadership, and to strengthen family support for families, parents, and caregivers with newborns, infants, and young children up to 3 years of age who are deaf or hard-of-hearing (DHH).

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Family Leadership in Language and Learning Center
Funding Opportunity Number:	HRSA-20-051
Due Date for Applications:	November 8, 2019
Anticipated Total Annual Available FY 2020 Funding:	$450,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $450,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2020 through March 31, 2024 (4 years)
Eligible Applicants:	Any domestic public or private entity, including states (including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the jurisdictions encompassing the former Trust Territory of the Pacific Islands). Domestic faith-based and community-based organizations, tribes, and tribal organizations (as those terms are defined at 25 U.S.C. 450b) are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, August 27, 2019
Time: 3–4 p.m. ET

Call-In Number: 1-888-790-3407
Participant Code: 9983978
Weblink: https://hrsa.connectsolutions.com/hrsa-20-051-fl3-center-nofo-ta/

This webinar will be captioned.

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the Family Leadership in Language and Learning (FL3) Center.

HRSA takes a comprehensive approach to support the Early Hearing Detection and Intervention (EHDI) system. One form of support is provided through the EHDI National Technical Resource Center (NTRC) (HRSA-20-048) which supports state and territory EHDI systems and professionals. A second form of support, provided through the FL3 Center, focuses on families. The purpose of the FL3 Center is to provide technical support to national, state and territory, and local Early Hearing Detection and Intervention (EHDI) systems of care[1] in order to increase family engagement[2] and leadership, and to strengthen family support[3] for families, parents, and caregivers with newborns, infants, and young children up to 3 years of age[4] who are deaf or hard-of-hearing (DHH).[5] This will be achieved by providing national leadership in the following areas:

1) Supporting EHDI Program (HRSA-20-047) recipients in meeting their family engagement, leadership, and family support program objectives through technical assistance, training, education, quality improvement and evaluation.
2) Serving as a technical resource center to increase family engagement, leadership, and support for families, parents, and caregivers of children who are DHH in EHDI systems of care by analyzing, compiling, and disseminating evidence-based and innovative practices, policies, tools, and resources.
3) Increasing the number of parents and caregivers of children who are DHH who are trained to serve as family leaders in EHDI systems; and
4) Developing and sustaining collaborative partnerships with all EHDI Program (HRSA-20-047) recipients and their stakeholders. This includes the Early Hearing Detection and Intervention National Technical Resource Center (EHDI NTRC) (HRSA-20-048) recipient, Advancing Systems of Services for Children

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[1] For the purposes of this NOFO, the **<u>"EHDI systems of care"</u>** refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territory systems so that families with newborns, infants, and young children who are deaf or hard of hearing receive appropriate and timely services that include hearing screening, diagnosis, and intervention.
[2] For the purposes of this funding opportunity, "**<u>family engagement</u>**" is defined as the patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care. See the Background section of this NOFO for the full citation.
[3] For the purposes of this funding opportunity, "**<u>family support</u>**" is defined as the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies, and procedures by the varying entities that the family encounters through hearing screening, diagnosis, early intervention, and beyond. See the Background section of this NOFO for the full citation.
[4] For the purposes of this funding opportunity, "**<u>children</u>**" is defined as all newborns, infants, and young children up to 3 years of age.
[5] For the purposes of this funding opportunity, "**<u>deaf and/or hard-of-hearing</u>**" or "**<u>DHH</u>**" is used to represent the entire spectrum of children with varying hearing levels (from mild to profound) and laterality, and is intended to be inclusive of those who also have other disabilities and/or conditions.

and Youth with Special Health Care Needs (HRSA-18-069) medical home focus area recipient, and other relevant national EHDI system organizations, stakeholders, and programs that represent and/or serve families with children who are DHH.

Optional Project(s)

As part of this funding opportunity, you may apply for additional funds, should they become available, up to $50,000 (up to $25,000 for each of the optional projects below), to address an identified need of the EHDI system that enhances family engagement, leadership, and/or support for parents and caregivers of children who are DHH. You may apply for one ($25,000) or both ($50,000) of the following projects:

a) DHH-specific training for family-based organizations and programs that are not experienced in supporting families with children who are DHH.
b) Technical enhancements for the organization to provide training and education through technology platforms that support distance learning and adult education. Technology enhancements may also include database infrastructure development for collecting data, evaluating program activities, and reporting activities.

Program Goal

HRSA supports EHDI systems at the national, state/territory, and local levels through a coordinated portfolio of programs and technical resource centers[6] that work to ensure that children who are DHH are identified through newborn, infant, and early childhood hearing screening receive appropriate early intervention services. The goal of the FL3 Center is to increase family engagement and leadership, and strengthen family support in EHDI systems of care in order to enable families, parents, and caregivers to optimize the language, literacy, cognitive, social, and emotional development of their children who are DHH.

Program Objectives

The recipient will collect and report on the following program objectives. Competing continuation applicants should propose baseline data in their application based on their experience to date. Baseline data for new applicants should be collected and reported to HRSA after the first year of the program.

By March 31, 2024:

1) Increase by 30 percent from baseline the number of technical assistance, education, and training opportunities provided to EHDI Program (HRSA-20-047) recipients and its stakeholders addressing evidence-based practices for family engagement, leadership, and family support.
2) Increase by 20 percent from baseline the number of parents and caregivers of children who are DHH who participate in training opportunities to serve as family leaders in EHDI systems.

[6] For more information, see https://mchb.hrsa.gov/maternal-child-health-initiatives/early-hearing-detection-and-intervention.html.

3) Increase by 10 percent from baseline the number of parents and caregivers of children who are DHH from underrepresented populations[7] who participate in training opportunities to serve as leaders in EHDI systems.
4) Increase by 30 percent from baseline the number of individuals accessing the FL3 Center's web-based resources around language, literacy, social, and emotional development of children who are DHH.

2. Background

This program is authorized by the Public Health Service Act, Title III, Section 399M(a) (42 U.S.C. 280g-1(a))

Approximately 1.7 of every 1,000[8] U.S. newborns are documented as being identified early as congenitally DHH. Children continue to be identified as DHH through early childhood and by kindergarten, the prevalence of deafness is estimated to increase to 6 of every 1,000[9] children. When children who are DHH are identified early and provided timely and appropriate intervention services, they demonstrate better outcomes than later-identified children in the areas of vocabulary development,[10] receptive language,[11,12,13,14] expressive language,[15,16] and social-emotional development.[17,18] To reduce risks for developmental delays in children who are DHH, experts recommend

[7] For the purposes of this funding opportunity, "**underrepresented populations**" is intended to be inclusive of but is not limited to: underrepresented racial and ethnic groups (i.e., Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, two or more races (OMB), nationality, language, locality, sex, sexual orientation, gender identity, disability, socio-economic status, and those who have adopted children who are DHH, etc.

[8] Centers for Disease Control and Prevention (2018, September 10). Annual Data Early Hearing Detection and Intervention (EHDI) Program. Retrieved from: https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html

[9] Northern JL, Downs MP. Hearing in children. 5th Ed. Chapter 1, Hearing and hearing loss in children. Baltimore: Williams and Wilkins; 2002.

[10] Yoshinaga-Itano C, Sedey AL, Wiggin M, et al. Early Hearing Detection and Vocabulary of Children With Hearing Loss. Pediatrics 2017; 140(2):e20162964

[11] Yoshinaga-Itano C, Baca RL, Sedey AL. Describing the trajectory of language development in the presence of severe-to-profound hearing loss: a closer look at children with cochlear implants versus hearing aids. Otol Neurotol. 2010;31(8):1268-1274. doi:10.1097/MAO.0b013e3181f1ce07.

[12] Watkin P, McCann D, Law C, et al. Language ability in children with permanent hearing impairment: the influence of early management and family participation. Pediatrics. 2007;120(3):e694-e701. doi:10.1542/peds.2006-2116.

[13] Kennedy CR, McCann DC, Campbell MJ, et al. Language ability after early detection of permanent childhood hearing impairment. N Engl J Med. 2006;354(20):2131-2141. doi:10.1056/NEJMoa054915.

[14] Vohr B, Topol D, Girard N, St. Pierre L, Watson V, Tucker R. Language outcomes and service provision of preschool children with congenital hearing loss. Early Hum Dev. 2012;88(7):493-498. doi:10.1016/j.earlhumdev.2011.12.007.

[15] Pipp-Siegel S, Sedey AL, VanLeeuwen AM, Yoshinaga-Itano C. Mastery motivation and expressive language in young children with hearing loss. J Deaf Stud Deaf Educ. 2003;8(2):133-145.

[16] Watkin P, McCann D, Law C, et al. Language ability in children with permanent hearing impairment: the influence of early management and family participation. Pediatrics. 2007;120(3):e694-e701. doi:10.1542/peds.2006-2116.

[17] Pipp-Siegel S, Sedey AL, Yoshinaga-Itano C. Predictors of parental stress in mothers of young children with hearing loss. J Deaf Stud Deaf Educ. 2002;7(1):1-17. doi:10.1093/deafed/7.1.1.

[18] Yoshinaga-Itano C, Sedey A, Coulter D, Mehl A. Language of early-and later-identified children with hearing loss. Pediatrics. 1998;102(5):1161-1171. doi:10.1542/peds.102.5.1161.

following the 1-3-6 recommendations: all infants have their hearing screened no later than 1 month of age; for those infants who do not pass the initial newborn hearing screen, a diagnostic audiological evaluation should be completed no later than 3 months of age; and infants confirmed to be DHH should be referred for enrollment in EI services no later than 6 months of age.[19] To promote healthy child development pediatric health supervision guidelines call for hearing screening based on risk assessment criteria or whenever parents/caregivers express concern about hearing or language development at every health supervision visit for young children.[20]

EHDI Legislation

Legislation first providing support for the development of state/territory newborn hearing screening and intervention systems was passed by Congress in 1999. The reauthorization of the EHDI Act of 2017, which amended the Public Health Service Act, expands the target population for hearing screening beyond newborns to include young children under the age of 3.[21] This EHDI legislation also supports programs and systems that "*foster family-to-family and deaf and hard-of-hearing consumer-to-family supports;"* the identification or development of educational and medical models "*to ensure that children who are identified as deaf or hard-of-hearing through screening receive follow-up by qualified early intervention providers or qualified health care providers (including those at medical homes for children), and referrals, as appropriate including to early intervention services under Part C of the Individuals with Disabilities Education Act;"* and for state/territory agencies to *"increase the rate of such follow-up and referral."* Additionally, the reauthorization legislation calls for ensuring information provided to families when children are identified as deaf or hard-of-hearing is *"accurate, comprehensive, up-to-date, and evidence-based, as appropriate to allow families to make important decisions for their children in a timely manner."* [22]

Family Engagement and Education

Family engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care." Family engagement[23] improves quality of care, parent and family satisfaction, and families' communication and relationships with health care providers. It also reduces health care cost and parent/caregiver anxieties.[24] Families need to be empowered and involved in the development of systems to ensure their needs and those of their newborns, infants, and children who are DHH, are addressed.

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[19] Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007-2333.

[20] Hagan et al. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Bright Futures/American Academy of Pediatrics, 2017: 286-287.

[21] Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

[22] Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

[23] Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223–231)

[24] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. Lucile Packard Foundation for Children's Health.

Well-informed families are better able to make decisions to support their family and to lead the healthy development of their children who are DHH. The information provided to families should not only be high quality, "*accurate, comprehensive, up-to-date, and evidence-based*"[25] but it should be communicated in a timely, culturally sensitive, and understandable format at all stages of the EHDI system.[26]

Family-to-Family and DHH Adult Consumer-to-Family Supports

Families with children who are DHH report the most valuable source of support received is specific to their child's hearing status[27] and a preference for connecting with other families that have children who are DHH.[28] A growing body of literature demonstrate that "parent-to-parent support groups provide positive assistance in managing the needs of parents with children who have disabilities and their families as they seek service for their child."[29] Family support is defined as "the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies, and procedures by the varying entities that the family encounters through hearing screening, diagnosis, EI, and beyond." Family support[30] should come from professionals, other families who have children who are DHH, adults who are DHH, and current, up-to-date evidence-based information and resources.[31]

Families with children who are DHH also benefit from access to support, mentorship, and guidance from adults who are DHH.[32] However, a 2018 needs assessment revealed that of families surveyed with children who are DHH under the age of 6, only 28 percent of these families were offered formal parent-to-parent support program services, and only 27 percent of these families were offered access to an adult who is DHH as a mentor, role model, or guide.[33]

Provider Engagement

According to the 2013 supplement to the 2007 Joint Committee on Infant Hearing (JCIH) Position Statement, the success of EHDI systems depends on families working in partnership with professionals as a well-coordinated team. Providers and professionals who interact with families at the time of diagnosis should be providing

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[25] Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

[26] Joint Committee on Infant Hearing. (2013) Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention after Confirmation that a Child is Deaf or Hard-of-hearing. *Pediatrics.* Retrieved from: https://pediatrics.aappublications.org/content/131/4/e1324.

[27] Jackson, C.W. (2011). Family supports and resources for parents of children who are deaf or hard of hearing. Am Ann Deaf, 156(4) 343–362.

[28] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[29] Henderson, R.J., Johnson, A., and Moodie S., Parent-to-Parent Support for Parents With Children Who are Deaf or Hard of Hearing: A Conceptual Framework. Am Jour of Audiology. 2014.

[30] Global Coalition of Parents of Deaf/Hard of Hearing Children (2010). Position Statement and Recommendations for Family Support in the Development of Newborn Hearing Screening Systems (NHS)/Early Hearing Detection and Intervention (EHDI) Systems Worldwide.

[31] Ibid

[32] Watkins S, Pittman P, Walden B. The Deaf Mentor Experimental Project for young children who are deaf and their families. Am Ann Deaf. 1998; 143(1):29–34.

[33] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

families comprehensive, evidence-based information as noted in the legislation. In addition, the child's primary care provider, that also serves as his/her medical home,[34] plays an essential role not only in supporting the family, but also in monitoring the child's developmental skills, the coordination of specialty and service referrals, and the assurance of timely follow-up and educational interventions. However, pediatric primary care providers do not always receive newborn hearing screening results, or provide active referrals to audiologists for young children when there are concerns raised by the parents and caregivers. Continued development of an integrated health information system and implementation of evidence-informed strategies for data sharing and linkage will allow for important health information to be consolidated and shared among the professionals involved in the child's medical home. This approach not only promotes parents as partners in decision-making, but fosters coordinated, ongoing, and comprehensive care in the medical home.

Progress to Date

HRSA has supported U.S. state and territory EHDI systems since 2000; however, the Centers for Disease Control and Prevention did not begin collecting data from all states until 2008. During the years 2008 to 2016, the rate of all newborns completing a hearing screen by 1 month of age increased from 92.1 percent to 94.8 percent and the rate of those who completed a diagnostic audiological evaluation by 3 months of age increased from 68.1 percent to 75.9 percent, resulting in a total of over 48,000 infants identified as DHH.[35] During this same timeframe, the rate of enrollment in EI services for those identified to be DHH by 6 months of age increased from 52.8 percent to 67.3 percent.[36]

Despite success in achieving near-universal newborn hearing screening rates, significant gaps remain with achieving timely diagnostic audiological evaluation and enrollment in EI services and reducing loss to follow-up and loss to documentation (LTF/D) rates. Challenges in meeting these goals include limited family engagement, DHH-specific support services,[37] parent knowledge about availability and importance of EI services,[38] and pediatric provider knowledge of the 1-3-6 recommendations.[39,40] Additionally, states and territories face unique, individual challenges in addressing the needs of the populations they serve, including differences in geography, race, ethnicity, disability, gender, sexual orientation, family structure, socio-economic status; limitations in availability and accessibility of pediatric audiologists; limitations in availability of culturally appropriate, evidence-based information for families; inconsistent data sharing

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[34] Joint Committee on Infant Hearing. (2013) Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention after Confirmation that a Child is Deaf or Hard-of-hearing. *Pediatrics.*

[35] Centers for Disease Control and Prevention (2018, September 10). Annual Data Early Hearing Detection and Intervention (EHDI) Program. Retrieved from: https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html

[36] Ibid

[37] Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[38] United States Government Accountability Office Report to Congressional Requestors. (2011). *Deaf and Hard-of-hearing Children – Federal Support for Developing Language and Literacy.* GAO-11-357

[39] American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

[40] Ibid.

with early childhood programs and services such as those provided through the Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilities Education Act (IDEA); and limitations in systems integration with other relevant programs and services.

HRSA addresses these issues through a coordinated portfolio of programs focused on enhancing multiple components of the national and state EHDI systems. State EHDI systems face additional challenges, such as limited involvement of families of newborns, infants, and children who are DHH and adults who are DHH at all levels of the EHDI system; lack of parents and caregivers of children who are DHH who are trained to serve as family leaders in their state; and lack of support for families, parents and caregivers of children who are newly-identified as DHH. A national resource center focused on family engagement and leadership in the EHDI system is necessary to identify, review, investigate, compile, and disseminate additional mechanisms, policies, and evidence-based strategies that can improve family engagement, leadership, and support for families of children who are DHH in state EHDI systems of care. The FL3 Center will provide a critical infrastructure to convene national family-based and family-led organizations, family leaders, and community stakeholders to support the state and territory EHDI Programs.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New.

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA's **responsibilities will include**:

1) Participating, when appropriate, in meetings conducted during the period of performance;
2) Reviewing activities, data, measures, and tools designed and implemented to accomplish this initiative;
3) Participating, as appropriate, in the review of project materials prior to dissemination;
4) Reviewing data associated with program activities;
5) Participating in discussions to assist recipient in program planning and providing technical assistance; and
6) Assisting with the establishment of federal and state/territory interagency partnerships, collaboration, and cooperation that may be necessary for project success.

The cooperative agreement recipient's responsibilities will include:

1) Completing activities proposed in response to the Program Description;

2) Participating in face-to-face meetings and/or conference calls with HRSA conducted, at a minimum monthly, during the period of performance;
3) Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings;
4) Assisting with the establishment of federal and state/territory interagency partnerships, collaboration, and cooperation that may be necessary for project success;
5) Providing technical assistance, including training opportunities;
6) Providing leadership, collaboratively with HRSA, in data collection; analysis of evidence-based data; impact and quality improvement data, and any relevant data trends;
7) Providing the federal project officer opportunity to review documents and products prior to dissemination;
8) Producing and disseminating materials, including publishing articles; and
9) Maintaining a stand-alone website that acknowledges HRSA. [41] The website must clearly label all posted individual resources, materials, trainings, and webinars that were developed fully, or in-part, with funds or sponsorship by any other organization, entity, or private for-profit company.

2. Summary of Funding

HRSA estimates approximately $450,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to $450,000 in total cost (includes both direct and indirect, facilities and administrative costs) per year. In addition to this amount, you may apply for up to $50,000 (up to $25,000 for each of the optional projects) as further described in this NOFO. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is April 1, 2020 through March 31, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the FL3 Center in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Optional Project(s)

As noted above, as part of this funding opportunity, you may apply for additional funds up to $50,000 (up to $25,000 per project) should they become available, to address an identified need of the EHDI system that enhances family engagement, leadership, and/or support for parents and caregivers of children who are DHH. You may apply for one or both optional projects:

a) DHH-specific training for family-based organizations and programs that are not experienced in supporting families with children who are DHH.
b) Technical enhancements to the organization to provide training and education through technology platforms that support distance learning and adult education.

[41] https://www.hrsa.gov/grants/manage/acknowledge-hrsa-funding

Technology enhancements may also include database infrastructure development for collecting data, evaluating program activities, and reporting activities

You should propose a budget and work plan to conduct one or both optional projects.

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

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including states (including the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the jurisdictions encompassing the former Trust Territory of the Pacific Islands). Domestic faith-based and community-based organizations, tribes, and tribal organizations (as those terms are defined at 25 U.S.C. 450b) are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

An applicant may NOT apply for both the Family Leadership in Language and Learning Center (HRSA-20-051) and the Early Hearing Detection and Intervention National Technical Resource Center (HRSA-20-048). If an applicant does apply for both funding opportunities, the applicant will be considered non-responsive and both applications will be disqualified.

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachments 8–15: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Description

A successful applicant of the FL3 Center will propose methodologies and strategies to provide national leadership to achieve the following:

1) Technical Assistance, Training, and Education
    a) Develop a mechanism to regularly assess the family engagement, leadership, and family support needs of the EHDI Program (HRSA-20-047) recipients and stakeholders.
    b) Provide culturally-sensitive, family-centered technical assistance, training, and education to EHDI Program (HRSA-20-047) recipients and their stakeholders related to achieving their program objectives and required activities, specifically those addressing family support and engagement, including the following:
        - Increase by 20 percent the number of families enrolled in family-to-family support services no later than 6 months of age.
        - Increase by 10 percent the number of families enrolled in DHH adult consumer-to-family support services no later than 9 months of age.
    c) Establish a mechanism that allows the EHDI Program (HRSA-20-047) recipients and its stakeholders to request technical assistance and a mechanism to track the type of technical assistance provided.
    d) Develop resources that address the families' role in all aspects of the EHDI system including:
        a. The availability, access, and quality of family support services including family-to-family[42] support programs and DHH adult consumer-to-family[43] support programs.
        b. Family-professional partnerships and the benefits of quality, coordinated care in a family-centered medical home.

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[42] For the purposes of this document, a "**family-to-family support program**" consists of services and supports provided in response to the needs of a given family through a family-led organization or program. Types of support and services provided will be based on the capacity of the family-led organization or program and may include, but are not be limited to: direct parent-to-parent support, information, education, technical assistance, training, and referral.
[43] For the purposes of this document, "**DHH adult consumer-to-family support program**" consists of services and supports provided by a trained DHH adult who has the knowledge and skills to mentor, support, and guide families and their children who are DHH in culturally and linguistically sensitive ways and to serve as communication/language and social role models and mentors.

c. Evidence-based and evidence-informed practices for supporting language, literacy, social, and emotional development in children who are DHH.

e) Develop a curriculum and deliver leadership training for parents and caregivers to become family leaders in the EHDI system.

f) Collaborate with the EHDI NTRC (HRSA-20-048) recipient to ensure resources developed and disseminated are family-friendly and inclusive of family needs.

g) Develop a mechanism to convene national Learning Communities comprised of teams including state/territory EHDI Coordinators, state/territory stakeholders leading family engagement, leadership, and/or family support activities for the EHDI Program (HRSA-20-047) recipients to share best practices and successful strategies used to address specific, identified challenges in state/territory EHDI systems.

2) Partnership Building and National Leadership

a) Convene an advisory committee to advise the FL3 Center on supporting EHDI Program (HRSA-20-047) recipients and their stakeholders or contractors as well as national EHDI systems and stakeholders more broadly to:

i. Advise on the direction of the FL3 Center, including guidance on addressing family engagement, leadership, and family support gaps in EHDI systems and other emerging issues.

ii. Leverage expertise of advisory committee members to develop recommendations to increase access to family-to-family support program and DHH adult consumer-to-family support program services.

b) Develop and sustain partnership activities with relevant national EHDI system organizations and stakeholder groups to:

i. Advance family engagement and leadership opportunities.

ii. Enhance family-professional partnerships with health care professionals.

c) Convene an annual meeting for family leaders of state/territory EHDI Program (HRSA-20-047) activities for family engagement, leadership, and family support.

d) Engage and collaborate with deaf-based organizations and programs that operate evidence-based DHH adult consumer-to-family support programs, or have evidence-based resources to learn best practices and to integrate new knowledge into FL3 Center resources and training curriculums.

e) Develop strategies to support meaningful inclusion of DHH adults within national, state/territory, and local EHDI systems.

f) Collaborate with the EHDI NTRC (HRSA-20-048) recipient, the Advancing Systems of Services for Children and Youth with Special Health Care Needs (HRSA-18-069) medical home focus area recipient, and the Pediatric Audiology Competitive Supplement to Leadership Education in

Neurodevelopmental and Related Disabilities (LEND) (HRSA-16-190) recipients.

g) Develop a Diversity and Inclusion Plan that addresses inclusion of underrepresented populations (e.g., rural, urban, race, ethnicity, disability, gender, sexual orientation, family structure, SES) in family engagement, leadership, and family support across the national and state/territory EHDI systems.

3) Communication and Dissemination

a) By the end of Year 2, develop a public facing, freestanding culturally and linguistically competent website with current best practices, models, and resources for family engagement, leadership, and support for the EHDI system, which contains information that is accurate, comprehensive, up-to-date, and evidence-based.

b) Develop a strategic communications plan for regular communications and outreach to EHDI Program (HRSA-20-047) recipients and their stakeholders and to national EHDI system stakeholders.

c) Ensure information, resources, tools, technical assistance, trainings, and education about family engagement, leadership, and family support is available through multiple channels to EHDI Program (HRSA-20-047) recipients, their stakeholders, and families.

d) Ensure information provided to families is *"accurate, comprehensive, up-to-date, and evidence-based, as appropriate, to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communication modalities, as appropriate."*[44]

e) Collaborate with national experts in language and literacy acquisition, and social and emotional development in children who are DHH:

    i. Identify the latest up-to-date, evidence-based findings for early childhood language, literacy, social, and emotional development in children who are DHH.

    ii. Develop resources and/or training opportunities that highlight and summarize current research about early childhood language, literacy, social and emotional development for children who are DHH.

    iii. Disseminate to parents and EHDI system stakeholders and professionals for families to support and track their DHH child's language, literacy, social, and emotional development and its milestones.

f) Communicate the importance of enrollment of children who are DHH in early intervention services such as those supported by Part C of the IDEA.

4) Evaluation

a) Develop a plan to evaluate progress of FL3 Center activities in meeting goals and objectives of the cooperative agreement.

[44] Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

b) Disseminate evidence-based resources for EHDI Program (HRSA-20-047) recipients to evaluate family engagement, leadership, and family support in state/territory EHDI systems.

5) Optional Project(s)

As part of this funding opportunity, you may apply for additional funds to address an identified need of the EHDI system that enhances family engagement, leadership, and/or support for parents and caregivers of children who are DHH. You may apply for one or both optional projects:

c) DHH-specific training for family-based organizations and programs that are not experienced in supporting families with children who are DHH.

d) Technical enhancements to the organization's capacity to provide training and education through technology platforms that support distance learning and adult education. Technology enhancements may also include database infrastructure development for collecting data, evaluating program activities, and reporting activities.

Details are provided in the Methodology section below.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*

  Briefly describe the purpose of the proposed project. You should include a discussion that exhibits a solid understanding of the EHDI system and the status of family engagement, leadership, and family support activities in state/territory EHDI programs. Include how the EHDI Program (HRSA-20-047) recipients will be supported to accomplish their program objectives.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*

  This section outlines the needs of the community and/or organizations you plan to serve with the proposed project. Use and cite demographic data whenever possible to support the information provided.

  1. Describe and document the target population and its unmet health needs.

2. Describe the needs of EHDI systems and the population of children who are DHH and their families.
3. Describe the needs of EHDI systems for families to be engaged and trained as leaders in order to support parents with children newly identified as DHH.
4. Describe disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, non-English speaking populations, health literacy, and other relevant dimensions that should be considered. Include sociocultural-determinants of health and health disparities affecting the population or communities served and unmet.
5. Discuss any relevant barriers in the service area that the project hopes to overcome.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested*

  Describe how you will serve as the technical assistance resource center for family engagement, leadership, and support in EHDI systems. Describe the methods that will be utilized to operationalize the following activities (as outlined in *Section 1. Purpose and Section IV Program Description)*:

  1. Provide Technical Assistance, Training, and Education to EHDI Program (HRSA-20-047) recipients. This should include a description of mechanisms developed to assess the TA, training and educational needs of the EHDI Program (HRSA-20-047) recipients. (See pages 11–12 for a full description of what to address.)

  2. Partnership Building and National Leadership – This includes convening an advisory committee and developing partnerships with national EHDI stakeholder groups. (See page 12.)

  3. Communication and Dissemination – This includes developing a freestanding website and plan for strategic communications with EHDI Program (HRSA-20-047) recipients, stakeholder groups, and families. (See page 13.)

  4. Sustainability – Propose a plan for project sustainability after the period of federal funding ends. HRSA expects the recipient to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and/or led to improved outcomes for the EHDI system.

  5. Optional Project(s) – To participate in these optional projects, you must submit a budget, budget narrative, and work plan to conduct one or both of the proposed activities below (Attachments 8–15). This portion of the proposal will be evaluated separately from the rest of the application by HRSA staff. If awarded, the actual amount of the optional project (s) will be on the Notice of Award (NOA). Recipients will be expected to submit a revised budget and work

plan to reflect the optional project (s). You may apply for one or both optional projects:

a) DHH-specific training for family-based organizations and programs that are not experienced in supporting families with children who are DHH.
b) Technical enhancements to the organization's capacity to provide training and education through technology platforms that support distance learning and adult education. Technology enhancements may also include database infrastructure development for collecting data, evaluating program activities, and reporting activities.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response, (3) Evaluative Measures, and (4) Impact*

The work plan section (Attachment 1) describes your ability to demonstrate clarity, feasibility, and scope of addressing the program's purpose, core functions, and program priorities. It requires you to develop a work plan with activities that are aligned with the needs assessment, proposed budget, and the organization's capacity. Describe the activities or steps that will be used to achieve each of the core activities proposed in the methodology. Proposed activities should be clearly linked to the project goals and objectives. The application should show compelling evidence that such plans are supported and can be accomplished and sustained throughout the proposed period of performance.

Clearly describe an approach that is specific, measurable, attainable, realistic, and time-bound (SMART). Use a time line, time allocation table, graph, or chart that includes each activity and identifies responsible staff and partners, proposed outcome, intended impact, and how the activity's outcome and impact will be measured.

Logic Models

You must submit a logic model (Attachment 1) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how-to" steps. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested*
  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  - **Data Collection/Outcomes**
    Data collection strategies and outcomes for the proposed project should be outlined. Both process and outcome data should be monitored, including the use of qualitative and quantitative data collection strategies.

  Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
  Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart (Attachment 5). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you

will routinely assess and improve the unique needs of target populations of the communities served.

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, (4) Impact, and (6) Support Requested
Work Plan	(2) Response, (3) Evaluative Measures, and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, (5) Resources/Capabilities, and (6) Support Requested
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Access Accommodations: You should include the cost of access accommodations as part of your project's budget. This includes sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the FL3 Center requires the following:

- **Attend the Annual Early Hearing Detection and Intervention Meeting.** You should budget for a minimum of two staff members to attend the annual EHDI meeting.
- **Convene an annual family engagement, leadership, and family support meeting** to provide opportunities for technical assistance, education, training, and information exchange for family leaders in state/territory EHDI Programs (HRSA-20-047).

Optional Project (s): To participate in these optional projects, you must submit a budget, budget narrative, and work plan to conduct one or both of the proposed activities below (Attachments 8–15). You may propose a budget up to $50,000 (up to $25,000 for each project). You may apply for one or both optional projects:

- DHH-specific training for family-based organizations and programs that are not experienced in supporting families with children who are DHH.
- Technical enhancements to the organization's capacity to provide training and education through technology platforms that support distance learning and adult education. Technology enhancements may also include database infrastructure development for collecting data, evaluating program activities, and reporting activities.

If you will receive funding from other sources to support the FL3 Center, describe how HRSA-funded activities will be distinguished from other funded activities.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the

progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered - April 1, 2017 – March 30, 2020.

(2) Specific objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 8 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *November 8, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Family Leadership in Language and Learning (FL3) Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $450,000 per year (inclusive of direct **and** indirect costs). The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next FY, as required by law.

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

- Entertainment, fundraising, and/or support for lobbying/advocacy efforts.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Family Leadership in Language and Learning Center has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED ***(10 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment"***

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

INTRODUCTION (4 points)
The extent to which the applicant describes:

a) The purpose of the FL3 Center in its proposed project.
b) The national EHDI system and the status of current activities in state/territory EHDI systems.

NEEDS ASSESSMENT (6 points)
The extent to which the applicant describes:

a) The needs of the communities and populations to be served.

b) The unmet needs of the target population (newborns, infants, and young children up to the age of 3 who are DHH and their families).
c) Any relevant barriers in the service area that the project hopes to overcome.

Criterion 2: RESPONSE ***(30 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges."***

The extent to which the application proposes methods used to address the stated needs and meet each of the previously described Purpose and Program Requirements and expectations in this NOFO (see pages 1 and 8–11). This includes the extent to which the application:

Technical Assistance, Training, and Education (10 points)

1. Proposes plans for providing technical assistance, training, and education to EHDI Program (HRSA-20-047) recipients. This should include a description of mechanisms developed to assess the TA, training and educational needs of the EHDI Program (HRSA-20-047) recipients. (See pages 11-12 for a full description of what to address.)

Partnership Building and National Leadership (8 points)

2. Proposes plans to address partnership building and national leadership. This includes convening an advisory committee and developing partnerships with national and state/territory EHDI system stakeholder groups. (See page 12.)

Communication and Dissemination (8 points)

3. Proposes plans for communication and dissemination of information. This includes developing a freestanding website and strategic communications with EHDI Program (HRSA-20-047) recipients, stakeholder groups, and families. (See page 13.)

Sustainability (4 points)

4. Proposes plans for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and/or led to improved outcomes for the EHDI system.

Criterion 3: EVALUATIVE MEASURES ***(15 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Evaluation and Technical Support Capacity."***

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess:

1. To what extent the program objectives have been met.
2. To what extent these can be attributed to the project.

In addition, the extent to which the applicant describes:

3. The evaluation plan that details the practices and procedures for successfully conducting the evaluation that includes measurable progress towards achieving the stated goals and objectives, and outcome/process measures.

4. How the data will be collected, analyzed, and tracked.
5. The systems and processes that will support the FL3 Center's performance management requirements through effective tracking of performance outcomes, including a description of how the applicant will collect, analyze, and manage its data for accurate and timely reporting of outcomes.

Criterion 4: IMPACT ***(10 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Evaluation and Technical Support Capacity."***

The extent to which the applicant:

1. Demonstrates that the proposed plans are supported and can be accomplished and sustained throughout the proposed period of performance.
2. Describes the feasibility and effectiveness of plans for dissemination of project results.
3. Describes the impact results may have on the community or target population.
4. Describes the extent to which project results may be national in scope.

Criterion 5: RESOURCES/CAPABILITIES ***(25 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity" and "Organizational Information."***

The extent to which the applicant demonstrates:

1. Project personnel are qualified by training and/or experience to implement and carry out the project.
2. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. This includes experience and expertise in working with family-led organizations and programs, and in providing technical assistance, education, and training on a national scale.
3. The applicant's experience and expertise in family engagement, leadership, and family support in EHDI systems of care.
4. The engagement of adults who are DHH and families of children who are DHH in the development, implementation, and evaluation of proposed project goals, objectives, and activities.

Criterion 6: SUPPORT REQUESTED ***(10 points) – Corresponds to Section IV's "Methodology," "Evaluation and Technical Capacity," and "Budget and Budget Narrative"***

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

1. Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
2. Key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of April 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://perf-data.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/UJ1_1.html The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	April 1, 2020 – March 31, 2024 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	April 1, 2021 – March 31, 2022 April 1, 2022 – March 31, 2023	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	April 1, 2023 – March 31, 2024	Period of performance end date	90 days from the available date

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

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

VII. Agency Contacts

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

Hazel N. Booker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4236
Email: nbooker@hrsa.gov

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

Michelle Koplitz, MHS
Public Health Analyst, Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N116
Rockville, MD 20857
Telephone: (301) 880-4480
Email: mkoplitz@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, August 27, 2019
Time: 3–4 p.m. ET

Call-In Number: 1- 888-790-3407
Participant Code: 9983978
Weblink: https://hrsa.connectsolutions.com/hrsa-20-051-fl3-center-nofo-ta/

This webinar will be captioned.

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

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.