U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

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

Early Hearing Detection and Intervention National Technical Resource Center

Funding Opportunity Number: HRSA-20-048
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: July 24, 2019

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Authority: Public Health Service Act, Title III, Section 399M(a)(2) (42 U.S.C. 280g-1(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 for the Early Hearing Detection and Intervention National Technical Resource Center (EHDI NTRC).

The purpose of the EHDI NTRC is to provide technical support to the HRSA Early Hearing Detection and Intervention (EHDI) Program (HRSA-20-047) recipients and to provide leadership and resources for EHDI systems of care and to stakeholders nationwide, including at the national, state/territory, and local levels.

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:	Early Hearing Detection and Intervention National Technical Resource Center
Funding Opportunity Number:	HRSA-20-048
Due Date for Applications:	November 8, 2019
Anticipated Total Annual Available FY 2020 Funding:	$850,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $850,000 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 6, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-877-471-4207
Participant Code: 74809883
Weblink: **https://hrsa.connectsolutions.com/u52_nofo/**

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the Early Hearing Detection and Intervention National Technical Resource Center (EHDI NTRC).

The purpose of the EHDI NTRC is to provide support to the HRSA Early Hearing Detection and Intervention (EHDI) Program (HRSA-20-047) recipients and to provide leadership and resources for EHDI systems of care and to stakeholders nationwide, including at the national, state/territory, and local levels. This will be achieved by:

1) Providing support to all EHDI Program (HRSA-20-047) recipients in meeting their program objectives through technical assistance, training, education, quality improvement (QI), and evaluation;
2) Serving as a national technical resource center that identifies, compiles, analyzes, and disseminates evidence-based and innovative practices, policies, tools, and resources to improve the system of care for newborns, infants and young children up to the age of 3 who are deaf and hard-of-hearing (DHH); and
3) Developing and sustaining collaborative partnerships with national EHDI systems of care organizations and key stakeholders, including organizations or programs that represent and/or serve families with children who are DHH.

Program Goal
HRSA supports EHDI systems of care nationwide, including at the national, state/territory, and local levels, through a coordinated portfolio of programs[1] and technical resource centers to ensure that children who are DHH are identified through newborn, infant, and early childhood hearing screening and receive diagnosis and appropriate early intervention services. The goal of the EHDI NTRC is to improve state and territory EHDI Program recipients' ability to reach program objectives/goals and to increase knowledge and use of evidence-based best practices and models by EHDI system[2] stakeholders to optimize language, literacy, cognitive, social, and emotional development of children who are DHH.

Program Objectives
Baseline data will be collected and reported by the recipient to HRSA after the first year of the program

By March 2024:
1. 100 percent of EHDI Program (HRSA-20-047) recipients will receive technical support to meet program objectives.
2. Increase by 25 percent from baseline the number of EHDI coordinator training

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[1] For more information, see https://mchb.hrsa.gov/maternal-child-health-initiatives/early-hearing-detection-and-intervention.html.
[2] For the purposes of this NOFO, EHDI systems of care refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territorial 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.

program participants that report being more knowledgeable about the EHDI systems of care.

3. Increase by 50 percent from baseline the number of EHDI Program recipients who participate in peer-to-peer or other learning opportunities that report adopting evidence-based and -informed practices addressing EHDI Program objectives or other topics.

4. Increase by 20 percent the dissemination of information to EHDI system stakeholders through multiple platforms on evidence/informed-based and innovative practices, policies, tools, and resources to improve the system of care for newborns, infants and young children up to the age of 3 who are DHH.

5. Increase by 25 percent the number of partnership activities with organizations that support the EHDI systems of care including organizations that represent and/or serve children who are DHH and their families from underrepresented and underserved populations.

Program Description

For a detailed description of the program, please see Section IV, page 12.

2. Background

This program is authorized by the Public Health Service Act, Title III, Section 399M(a)(2) (42 U.S.C. 280g-1(a)(2)).

Approximately 1.7 of every 1,000[3] 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 children identified as DHH is estimated to increase to 6 of every 1,000[4] 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,[5]

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[3] 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

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

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

receptive language,[6,7,8,9] expressive language,[10,11] and social-emotional development.[12,13] To reduce risks for developmental delays in children who are DHH, experts recommend 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.[14] 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.[15]

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 up to the age of 3. The 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 or health care providers (including those at medical homes for children), and referrals, as appropriate to early intervention services under Part C of the IDEA*; and encourages state agencies to "*increase the rate of such follow-up and referral.*" Additionally, the legislation called for ensuring information provided to families when children are identified as deaf or hard-of-hearing is "*accurate,*

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[6] 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.

[7] 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.

[8] 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.

[9] 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.

[10] 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.

[11] 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.

[12] 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.

[13] 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.

[14] 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.

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

comprehensive, up-to-date and evidence-based as appropriate to allow families to make important decisions for their children in a timely manner." [16]

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 improves quality of care, patient and family satisfaction, and families' communication and relationships with health care providers. It also reduces health care cost and parent/caregiver anxieties. [17]

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. Well-informed families are better able to make decisions to support their family and lead to 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*"[18] but it should be communicated in a timely, culturally sensitive, and understandable format at all stages of the EHDI system.[19]

Family-to-Family and DHH Adult Consumer-to-Family Support

Families with children who are DHH report the most valuable source of support received is specific to their child's hearing status[20] and a preference for connecting with other families that have children who are DHH.[21] 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."[22] 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."[23] Family support should come from

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[16] Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf

[17] 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.

[18] Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: https://www.congress.gov/bill/115th-congress/house-bill/1539/text

[19] 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.

[20] 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.

[21] Family Leadership in Language and Learning (FL3) (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[22] 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.

[23] 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.

professionals, other families who have children who are DHH, adults who are DHH, and current, up-to-date evidence-based information and resources.[24]

Families with children who are DHH also benefit from access to support, mentorship, and guidance from adults who are DHH.[25] 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.[26]

Provider Engagement
According to the 2013 supplement to the 2007 Joint Committee on Infant Hearing (JCIH) Position Statement, the success of EHDI Programs 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 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,[27] 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 from 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 and the National Technical Resource Center since 2005; 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.[28] During this

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[24] Ibid

[25] 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.

[26] Family Leadership in Language and Learning (FL3) (2018). Needs Assessment Report. Retrieved from: https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

[27] 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.*

[28] 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.

same time frame, 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.[29]

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 documentation (LTF/D) rates. Challenges in meeting these goals include limited family engagement, DHH-specific support services,[30] parent knowledge about availability and importance of EI services, [31] and pediatric provider knowledge of the 1-3-6 recommendations.[32,33] 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 with early childhood education 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 high turnover of state EHDI Program coordinators; variability in information and resources accessible on state websites and provided to families; inconsistent messaging about communication modalities for children identified as DHH; and lack of provider engagement in the EHDI system. The EHDI NTRC is necessary to coordinate technical assistance and training for state EHDI Programs coordinators in expanding screening of children for hearing loss, supporting professionals within the EHDI systems of care, and identifying, compiling, and disseminating evidence-based information and resources to support EHDI system stakeholders. The EHDI NTRC will provide a critical infrastructure to convene national organizations, stakeholders and other subject matter experts to support the state and territory EHDI Programs.

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[29] 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.

[30] 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.

[31] 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

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

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

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 program involvement will include:
1) Participation, as appropriate, in meetings conducted during the period of the cooperative agreement.
2) Ongoing review of activities and procedures to be established and implemented to accomplish the proposed project.
3) Participation, as appropriate, and review of project deliverables prior to dissemination.
4) Review of information/data on project activities.
5) Review and facilitation of discussions to assist recipients in program planning and technical assistance.
6) Assistance with the establishment of contacts with federal and state agencies, HRSA-funded projects, and other contacts that may be relevant to the project's mission and linkages to these agencies.

The cooperative agreement recipient's responsibilities will include:
1) Completing activities proposed in the application requirements outlined in Section IV.
2) Participating in face-to-face meetings and/or conference calls with HRSA conducted, at a minimum monthly, during the period of the cooperative agreement.
3) Developing and maintaining a stand-alone, publicly accessible website.
4) Providing technical assistance, including training opportunities, for EHDI system stakeholders.
5) Producing and disseminating materials, including publishing articles.
6) Provisioning of leadership, in collaboration with the federal project officer in data collection and analysis of evidence-based data and state/territory impact and QI data, relevant HP 2020 data, and data trends.
7) Collaborating with HRSA on ongoing review of activities, budget items, procedures, information, documents, and products prior to dissemination, contracts and interagency agreements through conference calls and/or face-to-face meetings.

2. Summary of Funding

HRSA estimates approximately $850,000 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 $850,000 in total cost (includes both direct and indirect, facilities and administrative costs) per year. 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 EHDI NTRC in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Optional Environmental Scan Project
As part of the funding opportunity, you may also propose a budget and work plan to conduct a 1-year environmental scan of evidence-based and evidence-informed approaches to early childhood screening up to the age of 3. This plan would include where screening could occur, mechanisms for collaboration and referral across early childhood programs, and the role of state EHDI Programs. Funding for this project depends on the availability of funds. If available, the award will be approximately $25,000. See Section IV.2.ii for further details.

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 Early Hearing and Detection Intervention National Technical Resource Center (HRSA-20-048) and the Family Leadership in Language and Learning Center (HRSA-20-051). If an applicant does apply for both funding opportunities, it 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 Attachment 8: Other Relevant Documents.

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

Program Description
Successful applications will propose methodologies and strategies to achieve the following:

1. Technical Assistance, Training, and Education to EHDI Program Recipients:
    a. Develop a mechanism to assess on a regular basis the TA, training, and educational needs of the EHDI Program recipients.
    b. Develop mechanism(s) to support the EHDI Program recipients through individual technical assistance, peer-to-peer learning, or other training or education opportunities. Based on identified needs, topics could include, but are not limited to:
        i. Achieving the EHDI Program (HRSA-20-047) objectives;
        ii. Implementing evidence-based and informed practices for improving the EHDI systems of care;
        iii. Accessing and benefiting from quality, coordinated care in a family-centered medical home;
        iv. Integrating health information technology and promoting data sharing between systems;
        v. Utilizing QI methodologies to improve their EHDI Program;
        vi. Utilizing telehealth strategies;
        vii. Expanding screening for hearing loss in young children up to age 3; or
        viii. Other issues identified by the program recipients.
    c. Establish a mechanism that allows EHDI Program recipients to request technical assistance and a mechanism to track the type of assistance provided.
    d. By Year 1, develop a training program for EHDI Program coordinators; by Year 2, measure increase from baseline the percentage of coordinators

participating in the program who report being more knowledgeable about the EHDI systems of care.

  e. Provide assistance to EHDI Program recipients in developing mechanisms to reach young families with children through texting, social media, videos, websites, and other communication platforms.

2. Establish a Resource Infrastructure to Support the EHDI Systems of Care:

  a. Establish a mechanism to identify topics, as well as to facilitate peer-to-peer learning opportunities for the EHDI Program recipients to support recipients' ability to adopt evidence-based and -informed practices to meet the objectives of the program. Topics addressed include, but are not limited to, partnerships across Title V programs, late onset hearing loss, loss to follow-up, telehealth, and other areas as identified by EHDI Program recipients.

  b. Create an annual learning forum to support the education and training of health professionals (e.g., primary care providers (PCPs), nurses, midwifes, service coordinators) across the EHDI systems, to provide up-to-date knowledge/practices about the EHDI systems and an understanding of topics, such as:

    i. Implementing the 1-3-6 guidelines, and

    ii. Providing information to families that is accurate, comprehensive, up-to-date, and evidence-based 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.

3. Partnership Building:

  a. Convene an advisory committee on a regular basis to advise the EHDI NTRC on supporting EHDI Program recipients, as well as national EHDI systems and stakeholders more broadly. Members of the advisory committee should include representation from organizations that serve families of children who are DHH; adults who are DHH; providers who work with newborns, infants, and children who are DHH; state EHDI Program coordinators, leaders, and professionals from diverse populations; representatives of underserved/underrepresented populations; as well as other key national stakeholders in the EHDI systems. A minimum of 25 percent of the advisory committee members should represent parents of children who are DHH and adults who are DHH. The advisory committee will advise the direction of the program, including guidance on gaps in the EHDI systems of care, promising practices, and emerging issues.

  b. Develop and maintain partnerships with pertinent stakeholder groups that interface with populations served by the EHDI systems, including national organizations that represent and/or serve children who are DHH and their families, organizations in underrepresented and underserved areas, and other federal and non-federal organizations.

  c. Collaborate with other HRSA EHDI portfolio recipients (e.g., Family Leadership in Language and Learning Center (FL3 Center) (HRSA-20-051) recipient, Pediatric Audiology Competitive Supplement to

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs (HRSA-16-190) recipients, and the National Resource Center of Patient/Family-Centered Medical Home (HRSA-18-069) recipient.

4. Policy Analysis and Research:
   a. Identify and examine policy and program initiatives at the state and national levels that address improving access to care for children who are DHH, including, but not limited to:
      i. Access to a family-centered medical home in rural and/or medically underserved areas;
      ii. Structures, programs, and policies that promote data sharing between programs (e.g., EHDI and Part C);
      iii. Periodic hearing screening for identification of hearing loss in young children up to the age of 3 in early childhood systems and programs; and
      iv. Innovative approaches to implement telehealth/teleaudiology to provide screening and follow-up in rural and underserved areas.
   b. Develop a plan to increase the understanding of EHDI system professionals to ensure that at the time of a child's DHH diagnosis, they understand and communicate about the full range of communication modalities, so that families can make informed decisions.
   c. In Year 1, develop a plan to include leaders and professionals who represent underrepresented populations in EHDI NTRC activities.

5. Communication and Dissemination:
   a. In Year 1, develop and implement a comprehensive plan to increase information sharing between the EHDI Program recipients as well as with the EHDI NTRC.
   b. Convene an annual meeting for the HRSA-funded state EHDI Program coordinators.
   c. By the end of Year 2, develop a public facing, free-standing culturally and linguistically competent website with current best practices, models, and resource materials for the EHDI systems of care, which contains information that is accurate, comprehensive, up-to-date, and evidence-based.
   d. Deliver regular communications to EHDI system stakeholders, including, but not limited to, resources developed at the local, state, and national level.
   e. Interface with EHDI system stakeholders and recipients to ensure relevant resources, tools, and trainings are disseminated through multiple and diverse channels.
   f. Disseminate information through multiple platforms on strategies, trends, and best practices identified and/or developed by the EHDI NTRC that address topics such as, but not limited to, improving access to care and language development for children who are DHH.
   g. Collaborate with the FL3 Center (HRSA-20-051) recipient to ensure resources developed and disseminated are inclusive of diverse family needs.

6. Optional Environmental Scan Project: As part of this funding opportunity, you may also propose a plan to conduct a 1-year environmental scan of evidence-based and evidence-informed approaches to early childhood screening up to the age of 3. 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 Criteria 1 and 5*
  Briefly describe the purpose of the proposed project, including how you will provide leadership and resources to support the EHDI Program recipients to accomplish the goals of the program and to support the broader EHDI systems of care.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1*
  Outline the needs of the community. Describe and document the target population and its unmet health needs. Demonstrate an understanding of the needs of the HRSA-funded EHDI Program recipients, the EHDI systems of care more broadly, and the population of children who are deaf and hard-of-hearing and their families. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community that you will serve with the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2, 3, and 4*
  Propose methods that you will use to address the stated needs and **meet each of the previously described Purpose, Program Description, and expectations in this NOFO (see pages 1 and 10–12).** As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

You should describe the methods that will be utilized for the following activities:

1) Provide Technical Assistance, Training, and Education to EHDI Program Recipients. This should include a description of mechanisms developed to assess the TA, training and educational needs of the EHDI Program recipients. (See Program Description page 10 for a full description of what to address.)
2) Establish a Resource Infrastructure to Support the EHDI Systems of Care. This should include a mechanism to identify topic areas, and annual learning forums for health professionals. (See pages 11)
3) Partnership Building – This includes convening an advisory committee and developing partnerships with EHDI system stakeholder groups. (See page 11)
4) Policy Analysis and Research – This includes increasing the understanding of EHDI system professionals and including leaders and professionals from underrepresented populations. (See pages 11–12)
5) Communication and Dissemination – This includes convening an annual meeting for EHDI Program coordinators and developing a free-standing website. (See page 12)
6) Additionally, propose a plan 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 systems of care.
7) Optional Environmental Scan Project: To participate in the Environmental Scan Project, you must submit a budget, budget narrative, and work plan to conduct a 1-year environmental scan of evidence-based and evidence-informed approaches to early childhood screening up to the age of 3. The plan would include where screening could occur, mechanisms for collaboration and referral across early childhood programs, and the role of state EHDI Programs (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 Environmental Scan Project amount will be on the Notice of Award (NOA). Recipients will be expected to submit a revised budget and work plan to reflect the Environmental Scan Project award.

- *WORK PLAN (Attachment 1) -- Corresponds to Section V's Review Criteria 2 and 4*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

  Submit a logic model (also in 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:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if

applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2*
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 and 5*
 Describe the plan for the program performance evaluation that will include:
  1) Evaluating annually the progress of the EHDI NTRC in achieving goals and objectives of the cooperative agreement
  2) Conducting an independent evaluation of the EHDI NTRC and use the findings to inform program and EHDI system stakeholder decisions, policies, procedures, and processes
  3) Developing a mechanism to track the knowledge gained from the training program for EHDI Program coordinators
  4) Providing technical assistance to EHDI Program recipients on utilizing QI methodologies to improve their EHDI Program

The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project as listed in the Purpose section. 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. Emphasis should be on experience related to data collection, providing technical assistance, creating technical assistance modules and materials. Describe how project personnel are qualified by training and/or experience to provide quality technical support.

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. Provide an evaluation plan that will measure

the progress and results of the project. 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]*
  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 meet program requirements. Include a project 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. Describe the working partnerships among federal and non-federal entities including, but not limited to, other EHDI-funded recipients such as the state EHDI Program recipients and the FL3 Center recipient, the American Academy of Pediatrics, Centers for Disease Control and Prevention, the Administration for Children and Families, Department of Education, as well as with families and family organizations and other key stakeholders

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 and (5) Resources/Capabilities
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
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*.

1. Include the cost of access accommodations as part of their 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.

2. Include a minimum of 15 percent of the total program budget towards the evaluation of the program.

3. If you will receive funding from other sources to support the EHDI NTRC, describe how HRSA funded activities will be distinguished from other funded activities, including, but not limited to funding from the Centers for Disease Control and Prevention "to provide technical assistance to State agencies or designated entities of States" for certain purposes, under subsection 399M(b)(1)(A).

4. Optional Environmental Scan Project: You may propose a budget and a work plan to conduct a 1-year environmental scan of evidence-based and evidence-informed approaches to early childhood screening up to the age of 3. This plan

would include where screening could occur, mechanisms for collaboration and referral across early childhood programs, and the role of state EHDI Programs. Include a budget of up to $25,000. Should you choose to apply for the optional Environmental Scan project, the budget, budget narrative, and work plan should be included in Attachments 8–15.

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. 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) <u>The period covered (dates).</u>

(2) <u>Specific objectives</u> - Briefly summarize the specific objectives of the project.

(3) <u>Results</u> - 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.). Also, include here a work plan, budget and budget narrative for the Optional Environmental Scan Project.

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 Early Hearing Detection and Intervention National Technical Resource 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 $850,000 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 FY 2020 appropriation. The NOA will reference the FY 2020 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the following 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: except for the progress report (Attachment 7) submitted with a competing continuation application and attachments submitted for the optional environmental scan project (Attachments 8-15), which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Early Hearing Detection and Intervention National Technical Resource 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:
  1) Describes the purpose of the proposed project, including how the applicant will provide leadership and resources to support the EHDI systems of care.
  2) Describes how the EHDI Program recipients will be supported to accomplish the goals of the EHDI Program (HRSA-20-047) .
  3) Discusses any relevant barriers and gaps to serving children who are deaf and hard-of-hearing and their families 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 applicant proposes methods used to address the stated needs and meet each of the previously described Purpose, Program Description, and expectations in this NOFO (see pages 1 and 10–12). This includes the extent to which the application:

Technical Assistance and Resource Infrastructure (15 points)
  1) Proposes plans for providing technical assistance, training, and education to EHDI Program Recipients. This should include a description of mechanisms developed to assess the TA, training and educational needs of the EHDI Program recipients. (See Program Description page 10 for a full description of what to address.)

  2) Proposes plans for establishing a resource infrastructure to support the EHDI System. This should include a mechanism to identify topic areas, and annual learning forums for health professionals. (See pages 11)

Partnership Building and Policy Analysis and Research (10 points)
  3) Proposes plans to address partnership building. This includes convening an advisory committee and developing partnerships with EHDI stakeholder groups. (See page 11)

  4) Proposes plans to conduct policy analysis and research - This includes increasing the understanding of EHDI system professionals and including leaders and professionals from underrepresented populations. (See pages 11–12)

Communication and Dissemination (5 points)
  5) Proposes plans for communication and dissemination of information. This includes convening an annual meeting for EHDI Program coordinators and developing a free-standing website. (See page 12)

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity

The extent to which the application describes the following activities:
1) Evaluating, on an annual basis, the progress of the EHDI NTRC in meeting goals and objectives of the cooperative agreement.
2) Conducting an independent evaluation of the EHDI NTRC and using the findings to inform program and EHDI system stakeholder decisions, policies, procedures, and processes.
3) Developing a mechanism to assess the TA, training, and educational needs of the EHDI Program recipients, and a mechanism to track the type of assistance provided.
4) Developing a mechanism to track the knowledge gained from the training program for EHDI Program coordinators.
5) Describing how the technical assistance provided to EHDI Program recipients on utilizing QI methodologies will improve their EHDI Program.
6) Describing how regular communications are delivered to EHDI system stakeholders, including but not limited to, resources developed at the local, state, and national level.

The application should describe how the applicant plans to conduct program performance evaluation. This should include monitoring ongoing processes and progress towards the goals and objectives of the project as listed in the Purpose section. The application should describe how project personnel are qualified by training and/or experience to provide quality technical support.

The application should describe systems and processes that will support the applicant organization's performance management requirements through effective tracking of performance outcomes. The application should include descriptions of current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. The application must describe any potential obstacles for implementing the program performance evaluation and the plan to address those obstacles.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

The extent to which the applicant:
1) Describes how promising and evidence-based and -informed innovations for deaf and hard-of-hearing children will be identified, including evidence-based models for language acquisition and literacy outcomes.
2) Proposes a plan to support the inclusion of underrepresented populations across the EHDI systems of care, including partnerships with pertinent stakeholder groups that represent and/or serve children who are DHH and their families.
3) Describes a plan to sustain the project after the period of federal funding ends.

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

The extent to which the applicant:
1) Provides information on the organization's current mission and structure, scope of current activities, and a project organizational chart (Attachment 5), and how these all contribute to the ability of the organization to meet the program expectations.
2) Demonstrates an understanding of the state EHDI Program, the national EHDI systems of care, and the population of children who are deaf and hard-of-hearing and their families, particularly in diverse and underserved areas.
3) Demonstrates experience in providing technical assistance on utilizing QI methodologies, establishing learning communities, and developing training curricula, mentoring programs, and learning forums.
4) Describes working partnerships among federal and non-federal entities including family organizations.

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

The reasonableness of the proposed budget for each of the 4 years of the period of performance in relation to the objectives and the anticipated results.
1) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
2) The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
3) The extent to which the applicant describes how a minimum of 15 percent of the awarded budget will be allocated to the evaluation of the program.

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 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/U52_3.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, 2020 – March 31, 2021 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.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Tonya Randall
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 594-4259
Fax: (301) 594-5461
Email: TRandall@hrsa.gov

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

Anna Maria Padlan
Public Health Analyst
Division of Services for Children with Special Health Needs
Attn: Funding Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18W-10D
Rockville, MD 20857
Telephone: (301) 443-1737
Fax: (301) 443-2960
Email: APadlan@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 6, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-877-471-4207
Participant Code: 74809883
Weblink: **https://hrsa.connectsolutions.com/u52_nofo/**

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*.