DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of Minority Health

FUNDING OPPORTUNITY TITLE: Partnerships to Increase Coverage in Communities II Initiative

ACTION: Notice

ANNOUNCEMENT TYPE: COMPETITIVE GRANT AWARD

FUNDING OPPORTUNITY NUMBER: MP-CPI-15-003

CFDA NUMBER: 93.137

CFDA PROGRAM: Community Programs to Improve Minority Health Grant Program

Applications are due May 22, 2015 by 5 p.m. ET. To receive consideration, applications must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date. Applications which do not meet the specified deadlines will be returned to the applicant unread. All applicants must submit electronically via Grants.gov unless they obtain a written exemption from this requirement 2 business days in advance of the deadline by the Director, HHS/OASH Office of Grants Management. To obtain an exemption, applicants must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Requests should be submitted at least 4 business days prior to the application deadline to ensure the request can be considered prior to 2 business days in advance of the deadline. If requesting an exemption,

include the following in the e-mail request: the HHS/OASH announcement number; the organization's DUNS number; the name, address and telephone number of the organization; the name and telephone number of the Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* the heading "**APPLICATION and SUBMISSION INFORMATION** for more information on application submission mechanisms.

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

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

Applicants are strongly encouraged to register multiple authorized organization representatives.

Technical Assistance: A technical assistance webinar for potential applicants will be held on April 14, 2015; 2:30-4:00 p.m. Eastern Time. Information on how to access the webinar will be posted on the website of the Office of Minority Health, www.minorityhealth.hhs.gov.

EXECUTIVE SUMMARY: The United States Department of Health and Human Services (HHS or Department), Office of Minority Health (OMH), located within the Office of the Secretary, announces the anticipated availability of funds for Fiscal Year (FY) 2015. Partnerships to Increase Coverage in Communities II Initiative (PICC II) is under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. §300 u-6). This notice solicits applications for competing grant awards to serve various populations, including uninsured racial and ethnic minority populations and those that are economically or environmentally disadvantaged (see Appendix A).

The purpose of the Partnerships to Increase Coverage in Communities II (PICC II) Initiative is to educate various uninsured populations, including racial and ethnic minority populations and those that are economically and/or environmentally disadvantaged (such as limited English proficient (see Appendix A) and immigrant and refugee populations) who are eligible for health coverage through the Health Insurance Marketplace (Marketplace), about the Marketplace and to assist them with enrollment and completion of the application to determine their eligibility and obtain or purchase health coverage offered through the Marketplace.

Activities will include: establishing and/or strengthening diverse community partnerships to maximize outreach and enrollment of the targeted population(s); developing and providing culturally and linguistically appropriate information and education sessions regarding the Marketplace designed for consumers with limited English proficiency (LEP) or low health literacy levels; disseminating OMH, Centers for Medicare and Medicaid Services (CMS) or state-developed information that will increase awareness of the Marketplace; where necessary, editing or developing multilingual materials to effectively provide more culturally competent services specific to the target population; establishing SMART (specific, measurable, accurate, realistic, and timely) objectives that will include a measure for the number of individuals from the targeted population(s) over the two-year project period that will receive assistance with applying for health coverage offered through the Marketplace; and monitoring and/or adapting strategies to reach the application's enrollment targets.

Funds awarded under this opportunity may not be used by the grantee or any of its sub-recipients to carry out activities funded through other HHS grants or from a State-based Marketplace for similar outreach, education and enrollment assistance efforts.

I. FUNDING OPPORTUNITY DESCRIPTION:

Purpose

The Affordable Care Act, signed into law on March 23, 2010, established a new Health Insurance Marketplace (Marketplace), that has enabled millions of individuals to obtain and purchase affordable health coverage. The Affordable Care Act has created a streamlined system

for helping people connect with the health coverage options that best meet their needs while maximizing electronic data exchanges and other technology to reduce the application burden. Some of the features of the Marketplace include: 1) the option for eligible individuals to apply for affordable health coverage programs (Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits and cost-sharing reductions); and 2) enabling individuals and families to apply for coverage using a single streamlined application.

The need for outreach efforts continues in order to ensure that the public, including minority populations, understand these health insurance options and receive the assistance they need to obtain coverage through the Marketplace as smoothly as possible.

Since its enactment, the Affordable Care Act has reduced the number of uninsured and the overall costs of health care. However, racial and ethnic minority remain at disproportionate risk of still being uninsured. For the purpose of this announcement, "minority populations" are American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian and other Pacific Islanders, consistent with the Standards for Classification of Federal Data on Race and Ethnicity.

As of 2011, nonelderly Hispanics had the highest uninsured rate, with nearly one in three lacking coverage (32%), followed by American Indians/Alaska Natives (27%), Blacks (21%), and Asians/Pacific Islanders (18%), all of whom are more likely than Whites (13%) to be uninsured.[1] Since then, minority populations have significantly benefited from the Affordable Care Act's expansion of health coverage. As of June 2014, 1.7 million African Americans and 2.6 million

[1] *Health Coverage by Race and Ethnicity: The Potential Impact of the Affordable Care Act, Kaiser Family Foundation*, (The Henry J. Kaiser Family Foundation, March 3, 2013).

Latinos (ages 18-64) gained health insurance coverage since the start of the Affordable Care Act initial open enrollment period in October 2013.[2] Yet, racial and ethnic minority populations remain disproportionately uninsured and lack access to quality health services, often due to cultural and linguistic barriers.

The actions under the PICC II Initiative will provide funding to successful applicants to educate various populations, including racial and ethnic minority populations andthose that are economically and environmentally disadvantaged (see Appendix A), and to assist them with completion of the Marketplace's streamlined health insurance application to determine their eligibility to purchase a health insurance plan offered through the Marketplace or for Medicaid and the Children's Health Insurance Program (CHIP). Services under the PICC II Initiative will not be denied to any person based on race, color, or national origin.

Successful applicants will have established relationships with coalitions/partners and have a demonstrated track record of working with racial and ethnic minority populations including those that are economically and environmentally disadvantaged to develop and implement a strategy to educate eligible target population(s) about the Affordable Care Act, the Marketplace and the application process. Applicants in states in which the Federally Facilitated Marketplace (FFM) does not operate may also apply for these funds. However, they must work with the State-based

[2] *The Affordable Care Act and African Americans* Fact Sheet and *The Affordable Care Act and Latinos* Fact Sheet; HHS, November 5, 2014. http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-african-americans04122012a.html and http://www.hhs.gov/healthcare/facts/factsheets/2012/04/aca-and-latinos04102012a.html.

Marketplace (SBM) in their state to receive training and educational materials. Successful applicants in states in which the FFM operates must use materials developed by the Centers for Medicare & Medicaid Services (CMS) on the Affordable Care Act, the Marketplace, and the Marketplace application process to ensure that the information given to the targeted populations is correct. Overall outreach efforts and assistance offered in completing the application must be culturally and linguistically appropriate. The applicants that receive an award must assist any consumer seeking assistance, even if that consumer is not a member of the group they stated they expect to serve in their funded proposal.

Description of Project Activities

For the PICC II Initiative, approximately 14 - 17 projects will be funded at an estimated range of $200,000 to $250,000 per project.

The applicant must describe different types of strategies and activities for both written and oral communications for all appropriate target audiences and populations. For example, successful applicants may use funds to implement a community health worker (CHW) model and/or train health educators to conduct outreach and education to raise awareness about the Marketplace, and to facilitate enrollment, where applicable, among various populations, including racial and ethnic minority populations and those that are economically and environmentally disadvantaged.

Since CHW programs are often designed to improve access to care and increase knowledge, outreach strategies based on CHW models have proved to be successful in assisting vulnerable populations, particularly low-income and minority populations, to enroll in health coverage.

While not limited to these options, recommended CHW program models include the following (a detailed description of each model is included in Section IV):

a. Promotores de Salud/Lay Health Worker Model;
b. Member of Care Delivery Team Model;
c. Care Coordinator/ Manager Model;
d. Health Educator Model;
e. Outreach and Enrollment Agent Model; and
f. Community Organizer and Capacity Builder Model.

While applicants will utilize existing resources made available by CMS and HHS, successful applicants will work to target such materials more effectively in order to provide culturally and linguistic appropriate services specific to the application's target population.

The grantee will, at a minimum:

- Provide education on the Marketplace using health information resources for consumers from websites and brochures available from HHS, CMS, and, where applicable, from State-based Marketplaces and State Partnership Marketplaces.

- With appropriate training, use materials, publications and enrollment forms developed and provided by HHS, CMS, and State-based Marketplaces, as well as such materials that are accurately translated into other languages by reliable sources to ensure they are culturally and linguistically appropriate and meaningful to the target population may also be used.

- Conduct workshops for consumers on accessing and obtaining health information. Workshops should be culturally and linguistically appropriate and especially designed for target population(s). Workshops may include basic information regarding health insurance coverage including key health insurance concepts (i.e., premiums, deductibles, co-payments, etc.), health literacy, and information regarding patient navigation to improve access to health services.

- Meet the application's established annual targets for the number of persons that received assistance to apply for health coverage through the Marketplace. Strategies should be monitored and adapted to ensure enrollment targets are met.

- Identify culturally and linguistically appropriate communication strategies needed to effectively reach the targeted population(s). Communication strategies should also address health literacy levels of targeted population(s).

- Promote community outreach events and information sessions that are easily accessible for targeted populations, such as local neighborhood community centers and faith-based settings.

- Promote the Marketplace education and enrollment assistance activities through community-based partners' websites, newsletters, etc.

- Make presentations, displays, and/or materials available to community-based organizations, faith-based organizations, and others for the purpose of outreach to racial and ethnic minority populations in English and in other languages specifically spoken by the application's targeted population(s).

- Utilize the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (www.thinkculturalhealth.hhs.gov) when conducting and implementing all aspects of outreach and enrollment activities.

- Conduct a monthly assessment of the effectiveness of the overall outreach strategies implemented. Grantees are required to submit quarterly progress reports that may include the following measures:
    - Date and location(s) of session, method(s) of advertisement for each session, and the number of participants attending each session.For those that were assisted with enrollment in a new coverage option: the number of women, men, and children by race and ethnicity; preferred language(s) spoken by those assisted; and whether assistance provided was primarily for the enrollment in a health insurance plan offered through the Marketplace or in Medicaid or CHIP.
    - List coalition and/or community partners that were involved in outreach strategies.

OMH Expectations

It is intended that the Partnerships to Increase Coverage in Communities II Initiative will result in the following:

- Increased awareness of the benefits and requirements of the Affordable Care Act among those to whom outreach is provided;
- Increased enrollment of a variety of populations including racial and ethnic minorities and those that are economically and environmentally disadvantaged in health coverage through the Marketplace or Medicaid/CHIP; and

- Increased awareness of racial/ethnic minority population health status and health care disparities in the general population (long-term and annual outcome measure).

Applicant Project Results

Applicants must select at least four of the following anticipated project results, all of which are consistent with the PICC II Initiative goals and OMH expectations:

- Increased awareness of the benefits and requirements of the Affordable Care Act among consumers including racial and ethnic populations and those that are economically and environmentally disadvantaged;
- Increased enrollment of various persons including racial and ethnic minorities and those that are economically and environmentally disadvantaged in private insurance through the Marketplace or Medicaid/CHIP;
- Increased awareness of health disparities among racial and ethnic minority consumers, community partners and other key stakeholders;
- Increased access to quality health care services by various populaitons, including racial and ethnic minorities; and
- Improved outreach to increase knowledge and understanding of basic health insurance coverage information and how to better navigate health systems to access care among the application's targeted populations through health literacy education.

AUTHORITY: The statutory authority for awards under the Partnerships to Increase Coverage in Communities II Initiative is Section 1707 of the Public Health Service Act, 42 USC §300u-6.

II. AWARD INFORMATION

The Office of Minority Health intends to make available approximately $3,500,000 for the FY 2015 Partnerships to Increase Coverage in Communities II Initiative competing grant. Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to two years although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: $3,500,000

Anticipated Number of Awards: 14-17

Range of Awards: $200,000 - $250,000 per budget period

Anticipated Start Date: August 1, 2015

Period of Performance: Not to exceed 2 years

Budget Period Length: 12 months

Type of Award: Grant

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

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

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

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

Important Note: Funds awarded under this opportunity may not be used by the grantee or any of its sub-recipients to carry out activities funded through other HHS grants or from a State-based Marketplace for similar outreach, education and enrollment assistance efforts.

2. Cost Sharing or Matching

None.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant's project is not funded through other HHS grants or from a State-based Marketplace for similar outreach, education and enrollment assistance efforts.

Application Screening Criteria

All applications appropriately submitted will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by May 22, 2015at 5:00 p.m. Eastern Time.

2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 40 pages.
4. The total application including Appendices must not exceed 55 pages. NOTE: Required forms including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary and Budget narrative do not count toward total page limit.
5. Proposed budget does not exceed maximum indicated in Range of Awards.
6. The application has met the Application Responsiveness Criteria outlined above.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Information to Request Application Package

Application packages may be obtained electronically by accessing Grants.gov at http://www.grants.gov/. If you have problems accessing the application or difficulty downloading, contact:

Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email ASH@LCGnet.com.

2. Content and Form of Application Submission

Application Format

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

The Project Narrative, and total application including appendices, must be limited to 55 pages as indicated in Application Screening Criteria.

Project Narrative pages must be double-spaced.

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget narrative/ justification, required forms, assurances, and certifications as described in Application Screening Criteria. All pages, charts, figures, and tables, whether in the narrative or appendices, should be numbered. Applications that exceed the specified page limits when printed on 8.5" X 11" paper by HHS/OASH/OGM will not be considered. We recommend applicants print out their applications before submitting electronically to ensure that they are within the page limit and are easily readable.

Appendices

Appendices should include any specific documents outlined in the Application Content section of this FOA. If not specified, appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created specifically for the application should use the same formatting required for the Project Narrative, including double-line spacing. However, appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents, may use other formatting but must be easily readable (e.g., organizational structure).

Project Abstract

Applicants must submit the Project Abstract Summary with the electronic application submission. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management and program summary documents. Abstracts may be published by HHS/OASH and should not include sensitive or proprietary information.

Budget Narrative

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

Electronic Submission

The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

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

Applications will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines

specified in the DATES section on page 1 of this announcement. Application submissions that do not adhere to the due date and time requirements will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **Important Grants.gov Information**

You may access the electronic application for this program on http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.

To ensure successful submission of applications, applicants should carefully follow the step-by-step instructions provided at http://www.grants.gov/web/grants/applicants/apply-for-

grants.html. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov.

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Instructions are available on the Grants.Gov web site as part of the organization registration process at http://www.grants.gov/web/grants/applicants/organization-registration.html.
- All applicants must register in the System for Account Management (SAM). You should allow a *minimum* of five days to complete the SAM registration.

  Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (https://www.sam.gov.)

  You must renew your SAM registration each year. Organizations registered to apply for Federal grants through http://www.grants.gov will need to *renew* their registration in SAM.

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so potential applicants should ***check for active registration well before the application deadline.***
- Applicants must maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an HHS agency.

An award cannot be made until the applicant has complied with these requirements. In accordance with 2 CFR 25.205, at the time an award is ready to be made, if the intended recipient has not complied with these requirements, HHS/OASH:

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

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

B. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

Problem Statement/Background

Goal(s) and Objective(s)

Proposed Intervention

Special Target Populations and Organizations

Project Management

Evaluation Plan

Dissemination

Organizational Capability

Executive Summary. This section should include a brief description of the proposed project including: goal(s), objective(s), outcomes, and products to be developed.

Problem Statement/Background. This section should describe, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. It should clearly explain how efforts will potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. It is recommended that applicants focus their problem statement on the specific aspects of the history, extant literature, current status, and policy considerations bearing on the program area, and the roles of the national, state, and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not directly related to the proposed interventions and activities. A detailed description of the applicant's demonstrated history and experience with implementing strategies

targeted to address health disparities among racial and ethnic minorities including those that are economically and environmentally disadvantaged populations must also be provided.

Potential challenges, gaps or barriers expected during implementation should be provided, as well as a description of how the proposed activities will address these issues. The applicant should clearly demonstrate that it has assessed how best to use the available funds and where funds will be of most assistance.

Goal(s) and Objective(s). This section should consist of a description of the project's goal(s) and major objective(s). All objectives should be provided in a SMART format (specific, measurable, accurate, realistic, and timely). Baseline data and time frames for achievement should also be provided.

Proposed Intervention. This section must include interventions designed to address, develop and/or improve, at minimum, one of the following strategies aimed to address access to care and/or health equity through Marketplace enrollment:

- Navigation of health care systems and appropriate utilization of health services by racial and ethnic minority populations including those that are economically and environmentally disadvantaged populations.
- Health literacy among racial and ethnic minority populations.
- Awareness and education regarding health insurance concepts and terminology among racial and ethnic minority populations.

- Health information technology to improve quality of health care services to populations, including racial and ethnic minority populations.
- Health care needs of populations including minority populations, those that are rural and/or isolated, identified emerging racial and ethnic communities and LEP individuals, and immigrant and refugee populations.

The intervention should include activities such as: establishing and/or strengthening diverse community partnerships to maximize outreach and enrollment of the service population(s); developing and providing culturally appropriate and linguistically comprehensive information and education sessions regarding the Marketplace that are designed for consumers with LEP or low health literacy levels; disseminating OMH, CMS or state-developed information that will increase awareness of the Marketplace; where necessary, editing/developing multilingual materials to effectively provide more culturally and linguistically appropriate services specific to the target population(s); establishing measurable objectives that will include the targeted number or percentage of individuals that will receive assistance with applying for health coverage offered through the Marketplace or Medicaid/CHIP; monitoring outreach and enrollment efforts to ensure enrollment targets are met. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (www.thinkculturalhealth.hhs.gov) should be utilized when conducting and implementing all aspects of outreach and enrollment activities.

Applicants should provide a clear and concise description of the intervention they propose to use to address the need identified in the "Problem Statement" and how one of the strategies listed

above will be incorporated into the intervention. Applicants are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goal(s) and objective(s). Discussion as to why these specific activities were selected is appropriate (e.g., whether this approach been successful in other settings, or whether the research suggests this direction). If a specific community health worker program model is used, the applicant must provide details regarding the evidence-based model, why it was chosen and how it is expected to be effective. Also note any major barriers and/or challenges you anticipate encountering and how your project will be able to overcome them.

Details should also be provided regarding the role and makeup of potential sub-recipients who are intended to be involved in completing specific tasks, and identify the percentage of level of effort sub-recipients are anticipated to provide in completing programmatic activities. Specifics about the intervention strategies, expected outcomes, and barriers should be provided for the entire project period.

Successful applicants may use funds to implement a community health worker (CHW) model to raise awareness about the Marketplace. Recommended CHW program models include, but are not limited to, the following:

Promotores de Salud/Lay Health Worker Model

In the promotores de salud/lay health worker model, CHWs are members of the target population that share many of the same social, cultural and economic characteristics. As trusted members of

their community, promotores de salud provide culturally and linguistically appropriate services and act as a patient advocate, educator, mentor, outreach worker, and translator. They are often the bridge between the diverse populations they serve and the health care system. The promotores de salud model has been applied in the United States and Latin America to reach Hispanic communities in particular. It has been used widely in rural communities to improve the health of migrant and seasonal farm workers and their families.

Member of Care Delivery Team Model

In this model, CHWs render direct health services in collaboration with a medical professional. They may measure blood pressure and pulse and provide first aid care, medication counseling, and health screenings among other basic services. In programs with a more holistic approach or a medical home model, CHWs may work alongside a team comprised of a physician, nurse or allied health worker, or assistant to deliver health education or basic screening services while the provider conducts a medical exam. This model is often used when CHWs work with providers in a mobile clinic setting.

Care Coordinator/Manager Model

As a care coordinator or care manager, CHWs help individuals with complex health conditions to navigate the health care system. They liaise between the target population and a variety of health, human, and social services organizations. They may support individuals by providing information on health and community resources, coordinating transportation, and making appointments and delivering appointment reminders. Additionally, CHWs may work with patients to develop a care management plan and use other tools (e.g., food and exercise logs) to track their progress over time. For example, in one rural CHW program, CHWs served as a care transition coach for rural elders that were discharged from home health services.

Health Educator Model

In this model, CHWs deliver health education to the target population related to disease prevention, screenings, and healthy behaviors. CHWs may teach educational programs in the community about chronic disease prevention, nutrition, physical activity, and stress management, and also provide health screenings. Additionally, in rural communities or *colonias* along the U.S.-Mexico border where families live in close proximity to agricultural fields, CHWs often provide training on pesticide safety and environmental hazards.

Outreach and Enrollment Agent Model

The outreach and enrollment agent model is similar to the health educator model with additional outreach and enrollment responsibilities. In this model, CHWs conduct intensive home visits to deliver psychosocial support, promote maternal and child health, conduct environmental health and home assessments, offer one-on-one advice, and make referrals.

Community Organizer and Capacity Builder Model

As community organizers and capacity builders, CHWs promote community action and garner support and resources from community organizations to implement new activities. CHWs may also motivate their communities to seek specific policy and social changes. They build relationships with public health organizations, grassroots organizations, health care providers, faith-based groups, universities, government agencies, and other organizations to develop a more coordinated approach to serving their target population. In this model, a CHW may be employed by a health care provider, community organization or other entity. [3]

[3] "Community Health Workers Evidence-Based Models Toolbox", HRSA Office of Rural Health Policy, U.S. Department of Health and Human Services. Health Resources and Services Administration. August 2011. http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf.

Special Target Populations and Organizations. This section should describe how you plan to involve community-based organizations that have a demonstrated track record of serving racial and ethnic minority populations including those that are economically and enviornmentally disadvantaged including limited English speaking immigrants and/or refugees. Additionally, this section should outline who the applicant considers vested stakeholders in the successful operation. This should include how they were/will be identified and how they will be meaningfully incorporated into the project. This section must include a statement that the applicant will assist any consumer seeking assistance, even if that consumer is not a member of the group they stated they expect to serve in their funded proposal.

Project Management. This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in and substantial knowledge about all aspects of the project.

Evaluation Plan. The evaluation plan must describe in detail the process and plan for program monitoring activities which include *process* and *outcome* measures. Include in this description the specific process and outcome measures, what data will be collected, how the data will be collected, and who will conduct the local evaluation.

HHS/OASH will not fund any project that does not include measurable outcomes. A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates the "impact" of the intervention - for example, a change in the targeted population's knowledge and awareness of health insurance coverage and the benefits associated with the Affordable Care Act. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive or whether they are satisfied with the way a service is delivered. Strong applications will possess evaluation plans whose outcome measures are aligned with "OMH Expectations" and "Anticipated Project Results" as previously listed in Section I.

The project must be able to produce documented results that demonstrate whether and how the strategies and interventions funded under the PICC II Initiative made a difference in the racial and ethnic minority populations that are economically and environmentally disadvantaged through, at minimum, one of the following strategies listed in the "Proposed Intervention" section, such as:

- Navigation of health care systems and appropriate utilization of health services by racial and ethnic minority populations including those that are economically and environmentally disadvantaged.
- Health literacy among racial and ethnic minority populations.
- Awareness and education regarding health insurance concepts and terminology among racial and ethnic minority populations.

- Health information technology to improve quality of health care services to populations, including racial and ethnic minority populations.
- Health care needs of populations, including minority populations, those that are rural and/or isolated, and identified emerging racial and ethnic communities including LEP, immigrants and refugees.

It is important to note that a measurable outcome is **not** a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided. Such "output" data should be collected as part of the applicant's *process* evaluation. Activities monitored as part of the process evaluation should include those previously listed under "Description of Project Activities" in Section I such as: education and awareness of the Marketplace; developing and providing culturally and linguistically appropriate information and education sessions regarding the Marketplace designed for racial and ethnic minority populations including those that are economically and environmentally disadvantaged with LEP or low health literacy levels; dissemination of OMH, CMS or state-developed Marketplace informational multilingual materials; and tracking the number of individuals from the targeted population(s) that were assisted in applying for health coverage offered through the Health Insurance Marketplace.

Applicants must provide a logic model as suggested in the *Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities*. The OMH Strategic Framework can be found at: http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=20. Applicants are also strongly

encouraged to refer to "Evaluation Planning Guidelines for Grant Applicants" when developing the evaluation plan for the proposal. This document can be found at: http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Evaluation%20Planning%20Guidelines%20for%20Grant%20Applicants.pdf.

Note: Successful applicants will also be required to report project-related data in the Office of Minority Health's Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grant recipients

Dissemination. This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products will be posted on a HHS/OASH sponsored website as determined by the HHS/OASH project officer. Therefore, applicants should propose innovative approaches to informing parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OASH expects that nationwide dissemination of products and knowledge will occur.

Organizational Capability. Each application must include an organizational capability statement and curriculum vitae for key project personnel. The organizational capability

statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization.

Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal to the exact dollar figure of the year one budget. ***Please Note:*** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the ***cost estimated per proposed project, activity, or product***. This budget justification should define the amount of work that is planned and expected to be performed and what it will cost. The Budget Narrative does not count toward your total application page limit.

Appendices

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

Work Plan. The Project Work Plan should reflect and be consistent with the Project Narrative and Budget, and must cover all two (2) years of the project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), SMART objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Letters of Commitment and Memoranda of Understanding from Subrecipient Organizations and Agencies

Letters of Commitment are required for all organizations and entities that have been specifically named as a subrecipient to carry out any aspect of the project. The signed letters of commitment must detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment.

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an

applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should NOT provide letters of "support," and letters of support such as this will not be considered during the review.

Within 90 days of the award, each successful applicant must indicate to the Office of Grants Management that it has received signed MOUs with partnering agencies, organizations, and institutions.

3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Applications must be submitted by that date and time.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

4. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, ‘‘Intergovernmental Review of Federal Programs,’’ as implemented by 45 CFR part 100, ‘‘Intergovernmental Review of Department of Health and Human Services Programs and Activities.’’ As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

5. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs may be charged to HHS/OASH grants in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 79 Federal Register 75871 (December 19, 2014).

Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State. A list of DCA Regional Offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is $183,300. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is $350,000 per year plus fringe benefits of 25% ($87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to $183,300, their direct salary would be $91,650 (50% FTE), fringe benefits of 25% would be $22,912.50, and a total of $114,562.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's *actual* base full time salary: $350,000 50% of time will be devoted to project	
Direct salary	$175,000
Fringe (25% of salary)	$43,750
Total	$218,750

Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary *adjusted* to Executive Level II: $183,300 50% of time will be devoted to the project	
Direct salary	**$91,650**
Fringe (25% of salary)	**$22,912.50**
Total amount	**$114,562.50**

Appropriate salary limits will apply as required by law.

Similar Projects:

Funds awarded under this opportunity may not be used by the grantee or any of its sub-recipients to carry out activities funded through other HHS grants or from a State-based Marketplace for similar outreach, education and enrollment assistance efforts.

V. APPLICATION REVIEW INFORMATION

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

A. Factor 1: Problem Statement/Background (20 points**)**

- The extent to which the application demonstrates, in quantitative and qualitative terms, the problem and associated contributing factors.
- The extent to which the demonstrated need(s) of the target population(s) to be served are adequately described in the problem statement.
- The extent to which the applicant's past efforts and activities with the target population(s) are documented.

- The applicant's demonstrated track record of implementing strategies/activities targeted to racial and ethnic minority populations including those that are economically and environmentally disadvantaged; racial and ethnic minority uninsured populations; and/or limited English proficiency (LEP) populations.

B. Factor 2: Goal(s)/Objective(s) (25 points)

- The extent to which project goal(s) and objective(s) are aligned to "OMH Expectations" and "Applicant Project Results".
- The merit of the goal(s) and objective(s).
- The extent to which the objectives are SMART.
- Attainability of the goal(s) and objective(s) in the stated time frames.

C. Factor 3: Program Plan (30 points)

- The extent to which the proposed strategies, activities, and interventions are designed to address, develop and/or improve identified areas addressing access to care and health equity.
- The extent to which the proposed strategies, activities, and interventions are designed to provide written and oral communication and/or education to targeted audiences about health coverage and Marketplace enrollment.
- The extent to which the intervention will address OMH Expectations, as stated above.
- The appropriateness of the integration of community health worker or other outreach and enrollment models.

- If applicable, the extent to which the intervention includes activities that identify and strengthen community partnerships to maximize outreach and enrollment of the targeted population(s).
- Qualifications, experience and appropriateness of proposed project staff including any proposed consultants and sub-recipients.
- Soundness of the established partnership roles in the program as documented by Letters of Commitment.
- The extent to which the proposed strategies, activities, and interventions are in compliance with the adoption and implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

D. Factor 4: Evaluation Plan/ Logic Model (20 points)

- The degree to which indicators and measures are appropriate for the objectives of the proposed program.
- Appropriateness of the proposed methods for data collection, analysis, and reporting for both outcome and process evaluation components.
- Clarity of the plans to regularly assess and document progress toward achieving objectives, planned activities, and intended outcomes, including the established baseline.
- Appropriateness of the logic model.

E. Factor 5: Budget (5 points)

- Appropriateness and relevance of requested costs.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria in this Funding Opportunity Announcement.

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

Final award decisions will be made by the Deputy Assistant Secretary for Minority Health. In making these decisions, the following additional criterion will be taken into consideration:

- Geographic distribution

Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR Part 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the

degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

(1) Applicant's financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

3. Anticipated Announcement and Award Dates

HHS/OASH seeks to award funds as much in advance of the estimated project start date shown in Section II "Award Information," as practicable, with a goal of 10-15 days.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at http://www.grants.gov/web/grants/applicants/track-my-

application.html. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. Successful applicants will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

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

2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration

regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan.

Smoke- and Tobacco-free Workplace

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

Acknowledgement of Funding

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

Trafficking in Persons

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

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

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

country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage."

Programmatic Reporting

Quarterly progress reports must be submitted by grantees thirty days after the end of each three month period of performance. Progress reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module. OMH Grantees are required to submit data via the Performance Data System (PDS). The PDS (OMB No. 0990-0275, Expiration date 08/31/16) is a web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goal(s) and objective(s) and document programming impacts and results. All OMH grantees are required to report program information via the PDS (http://omh.norc.org) on a quarterly basis. Training will be provided to all new grantees on the use of the PDS system.

A final progress report covering the entire project period is due 90 days after the end of the project period. Final reports must be submitted by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period. FFRs must be submitted via upload to our grants management system (GrantSolutions.gov), in the FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note these FFR reports are separate submissions via the Division of Payment Services. At this time, data is not transferable between the two systems and you will report twice on certain data elements. Grantees receiving $750,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133 or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well advance of the application due date.

FFATA and FSRS Reporting

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

VII. AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

DeWayne Wynn

1101 Wootton Parkway, Suite 550

Rockville, MD 20852

Phone: 240-453-8822

Email: DeWayne.Wynn@hhs.gov

For information on program requirements, contact the program office.

Makeda S. Harris

1101 Wootton Parkway, Suite 600

Rockville, MD 20852

Phone: 240-453-8444

Email: Makeda.Harris@hhs.gov

VIII. OTHER INFORMATION

Application Elements

Application for Federal Assistance (SF-424)

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

Budget Narrative

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

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Appendices

March 19, 2015

J. Nadine Gracia, MD, MSCE

Deputy Assistant Secretary for Minority Health

Director, Office of Minority Health

U.S. Department of Health and Human Services

APPENDIX A

Definitions

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

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

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

Limited English Proficiency (LEP) refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.[4]

[4] http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/.