

Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health  
**Request for Applications (RFA)**

**Submit original + 4 copies to:**  
Rayma Delaney  
Lifespan Health Services  
DHHS  
301 Centennial Mall South  
PO Box 95026  
Lincoln NE 68509-5026

## Application **Amended** Cover Sheet

<b>RFA #</b>	<b>RELEASE DATE</b>
RFA 21734-Y3	May 1, 2014
<b>APPLICATION DEADLINE</b>	<b>POINT OF CONTACT</b>
<del>July 1, 2014, 5:00 p.m.</del> <b>July 10, 2014, 5:00 p.m.</b>	Rayma Delaney

This form is part of the specification package and must be signed and returned, along with application materials, by the application deadline.

**PLEASE READ CAREFULLY!**

### PURPOSE, PROJECT PERIOD and FUNDING SOURCE

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Lifespan Health Services, is issuing this Request for Applications (RFA), RFA # 21734-Y3 for the purpose of selecting qualified Subrecipients for Nebraska's Maternal and Child Health Block Grant.

**Funding Source:** Title V / Maternal & Child Health Services (MCH) Block Grant Program  
U.S. Department of Health and Human Services (HHS)  
Health Resources and Services Administration (HRSA)  
Maternal and Child Health Bureau (MCHB)  
CFDA #93.994 awarded to Nebraska Department of Health and Human Services (DHHS)

**Pass through:** Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health

**Project Period:** October 1, 2014 through September 30, 2016

**Electronic RFA:** [http://dhhs.ne.gov/Pages/grants\\_loans.aspx](http://dhhs.ne.gov/Pages/grants_loans.aspx)

**Issuing Office:** Lifespan Health Services  
Nebraska Department of Health and Human Services, Division of Public Health  
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### APPLICANT MUST COMPLETE THE FOLLOWING

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

## 2.02 Amended Schedule of Events

DHHS expects to adhere to the schedule shown in Table 3 below. Times are stated as Central Daylight Time. It should be noted, however, that some dates are approximate. DHHS reserves the right to change any or all dates and times, and to postpone or cancel this RFA. Any change notices and the responses to written questions will be posted at [www.dhhs.ne.gov/TitleV\\_MCH](http://www.dhhs.ne.gov/TitleV_MCH).

	Activity	2014 Dates / Times
1.	DHHS issues RFA	May 1
2.	Submit written questions – 1 <sup>st</sup> period by this date/time	May 15 - 5:00 p.m.
3.	DHHS posts response to written questions – 1 <sup>st</sup> period	May 21
4.	Submit Letters of Intent to Apply ( <i>strongly recommended</i> )	May 27 preferred
5.	Submit written questions – 2 <sup>nd</sup> period by this date/time	June 10 - 5:00 p.m.
6.	DHHS post response to written questions – 2 <sup>nd</sup> period	June 16
7.	Deadline to submit Applications	<del>July 1 - 5:00 p.m.</del> <b>July 10 5:00 p.m.</b>
8.	Evaluation period	July 2 - 15
9.	DHHS posts Notice of Intent to Award	<del>August 1</del> <b>August 15</b>
10.	Project period begins	October 1

**Table 3:** Schedule of Events