

Response to Written Questions

As per the Request for Applications for subgranting Title V / Maternal and Child Health (MCH) Block Grant (RFA #21734-Y3) released May 1, 2014 by the Nebraska Department of Health and Human Services (DHHS), DHHS will respond to questions at the conclusion of the two periods. These questions and answers (numbered 1-6) are in response to the period ending May 15 at 5:00 p.m.

Question 1: *“Are activities to develop family engagement in the areas of Special Healthcare Needs and/or Underserved Populations fundable?”*

Answer 1: Family Leadership and Engagement may be an acceptable strategy under this RFA, depending on several considerations such as the strength of the strategy for the proposed project, and whether the project meets all three minimum criteria as described in the subsection **1.02.2 Type of Projects/Services**. If those considerations are satisfied, activities to develop Family Leadership and Engagement would be fundable under this RFA.

Additional points are possible for projects in which “children” (age 1-22) are the exclusive target population, as stated in subsection **1.02.2 Type of Projects/Services** and shown in Table 4 Evaluation Criteria & Points in subsection **2.05.1 Criteria and Scoring**. Children with Special Health Care Needs (CSHCN) and “children” are separate populations in Title V of the Social Security Act of 1935. A project that involves the population of Special Healthcare Needs will not receive extra points under this RFA. Use of evidence-based practice or an evidence-based program are optional but encouraged criteria.

Question 2: *“The RFA indicates that there needs to be an audit for the 3 preceding years. Would this be FY 2011, 2012 and 2013?”*

Answer 2: To clarify, please note revisions to item 2. in **Attachment C: Organization Overview** (RFA, p 56) to read:

2. Has the agency submitted audited financial statements to DHHS for the organization’s preceding three fiscal years?
 Yes (no additional information is needed) No (go to #3)

This would be FY 2011, 2012, and 2013 unless the organization’s FY 2013 audit has not yet been completed.

Question 3: *“If collaborating with other organizations, do the partnering entities decide which organization is the fiscal agent and the fiscal agent submits audits of only its*

organization? Would the other organizations complete only a memorandum of understanding?”

Answer 3: Partnering entities determine the relationship of the collaborative partners. The Applicant organization is required to submit its audited financial statements to DHHS, and only if Applicant has not submitted the audited financial statements to DHHS for another award. (**Attachment C: Organization Overview** (RFA, p 56, as revised in the preceding response to written question #2).

The response to the second part of this question depends on whether the organizations partnering with the Applicant will be non-paid or paid, as addressed in subsection **1.06 Personnel, Collaborative Partners and Subcontractors** of the RFA. If the Applicant is relying on non-paid collaborative partners for the success of the proposed work, a Memorandum of Understanding (MOU) must be submitted as part of the Application. Organizations that enter into an MOU do not need to submit audited financial statements to DHHS.

There are additional considerations for the relationship between the Applicant and its paid partner(s). If the Applicant (referred to as a Subrecipient if awarded a subgrant) provides monetary compensation to another party to perform work under this subgrant, the relationship between the Subrecipient and another party must be formalized in a legally-binding agreement. Subrecipients are responsible for monitoring paid partners, thus the Subrecipient will need to determine whether to require audited financial statements of a paid partner be submitted to Subrecipient.

Question 4: “Can subgrant funds from another DHHS subgrant be used towards the matching requirement?”

Answer 4: No, subgrant funds from another DHHS subgrant cannot be used towards the matching requirement. Federal awards that pass through to a lower-tier organization, or subrecipient, do not lose federal identity, and are unallowable as match to another federal award.

Question 5: “Breastfeeding is on the list of priorities (#9) but states that it is not a priority for children. Can you further explain why this is not considered a priority?”

Answer 5: Table 1 (RFA, p 6) lists the priorities resulting from the Five-Year Comprehensive Needs Assessment (RFA, p 3). Priority #9 is specific to infants who breastfeed exclusively through six months of age. MCH subpopulations, as defined by the federal Health Resources and Services Administration (HRSA), include “infants” and “children” (**Appendix 3: Glossary**). Because additional points are possible for an application under this RFA in which “children” are identified as the

exclusive target population with subgrant funding (RFA, pp 4, 21), Table 1 is intended to clarify the potential relationship of each priority to “children”. Priority #9 is not applicable to “children”.

Question 6: *“Can this grant be awarded to individual graduate student researchers who are collecting data for their dissertation? I know the grant focuses on mothers, but my work is on fathers (which is an important area). Could funds be awarded to me for this purpose?”*

Answer 6: No, individuals are ineligible to apply for these funds (**2.01.3 Eligible Applicants**). While ineligible to apply for these funds, individuals may participate as collaborative partners with an eligible Applicant, as stated in **1.06 Personnel, Collaborative Partners and Subcontractors**. Fathers are not specifically defined by the federal Health Resources and Services Administration (HRSA), although HRSA defines family-centered care which is included in **Appendix 3: Glossary** of the RFA. A project that involves a population other than “children” will not receive extra points under this RFA.