



REQUEST FOR APPLICATIONS – FEDERAL FUNDS

The State of Nebraska, Department of Health and Human Services, Division of Public Health (“DHHS”) Maternal and Child Health, is issuing this Request for Applications (“RFA”) for the purposes of entering into grant agreement(s) (“subaward” or “subawards”) and awarding federal funds to an eligible and qualified entity to support community-level strategies to address children and youth health priorities. A more detailed description may be found in **Project Description, Section 2**.

This funding opportunity is open only to “Non-Federal Entities” as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A “Non-Federal Entity” is limited to local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals are not eligible to apply for this funding.

A more detailed description may be found in **Project Description, Section 2**.

RFA #	RELEASE DATE
6413	January 29 th , 2024
APPLICATION DUE DATE	POINT OF CONTACT
February 26 th , 2024	Office of Procurement and Grants

INITIAL PERIOD OF PERFORMANCE	TOTAL FUNDING AVAILABLE
April 1, 2024, to March 31, 2025	\$800,000.00

The resulting subaward from this RFA is subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subawards may only be paid up to the actual and allowable costs (as defined herein) of completing the **Project Description, Section 2**. No Subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward. More detail about the terms of this funding is set forth in **Terms, Section 5**, below.

A copy of this RFA may be found online at DHHS’ website at <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>. Until final Subawards are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

Table of Contents

1. RFA OVERVIEW	4
1.1. Funding Information	4
1.2. Funding Restrictions	4
1.3. Period of Performance	4
1.4. Applicable Law	4
1.5. Award of Funding	5
2. PROJECT DESCRIPTION	5
2.1. Background and Purpose	5
2.2. Priorities.....	6
2.3. Target Population	7
2.4. Project Design.....	7
2.5. Reporting Requirements	8
2.6. Eligibility Information	8
2.7. Attachments.....	8
3. RFA PROCEDURE	9
3.1. RFA Point of Contact (“POC”)	9
3.2. Schedule of Events.....	9
3.4. Written Questions and Answers	10
3.5. Submission of Applications	10
3.6. Form of Application Submission	11
3.7. Evaluation Committee	11
3.8. Evaluation of Applications.....	11
3.9. Late Applications	12
3.10 Corrections	12
3.11.Grievance and Protest Procedures	13
3.12.Competition / Joint Efforts.....	13
3.13.DHHS Reservations of Authority During Application and Evaluation Process	13
4. APPLICATION INSTRUCTIONS	13
4.1. Application Contents	13
4.2. Form 2 - Organizational Overview	13
4.3. Form 3 - Applicant’s Essential Idea	14
4.4. Form 4 - Applicant’s Budget	15
4.5. Form 5 – Applicant’s Work Plan.....	15

4.6. Form 6 – Qualifications to Lead Stakeholder-Engaged Projects.....15

4.7. Form 7 – Additional Required Information.....16

5. TERMS.....16

5.1. Addenda.....16

5.2. Budget Changes16

5.3. Direct Costs16

5.4. Indirect Costs.....17

5.5. Program Income17

5.6. Matching Requirements.....17

5.7. Additional Program Requirements17

6. GLOSSARY OF TERMS19

1. RFA OVERVIEW

1.1. Funding Information

Federal Agency Name / State Agency	Assistance Listing Program Name	Assistance Listing Number	Federal Award Date	Federal Award Identifier Number (FAIN)
U.S. Department of Health and Human Services; Health Resources and Services Administration (HRSA) – Maternal Child Health Bureau (MCHBG)	Title V Maternal and Child Health Services Block Grant to States	93.994	11/01/2023	B0452937

The total anticipated available funds for Subawards under this RFA is \$800,000.00 (eight hundred thousand dollars). A total award of this amount of funds is not guaranteed, but is subject to the applications received, to actual money awarded to DHHS from the Federal Awarding Agency, and to DHHS’ discretion. DHHS may establish a cap on total amount of funds that any one applicant, or applicants acting jointly, may request. Any cap shall be set forth in the **Applications Instructions, Section 4.4**, below. The total funds may be split among multiple Subrecipients in the discretion of DHHS.

1.2. Funding Restrictions

There is no established cap on a single Application because the request depends on the comprehensiveness of the proposed project. However, reasonable funding requests for the initial period are most likely in the range of \$25,000 to \$80,000 (with proportional amounts for 12-month renewal periods). This does not include the match, which is a minimum 20% of total project costs, further described in **Section 5.6 Matching Requirements**.

1.3. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting Subaward. See the definitions in 2 CFR § 200.1 or 45 CFR § 75.2. The initial Period of Performance for this RFA is from April 1, 2024, to March 31, 2025. This period may be extended by DHHS as allowable by the Federal Funding Agency. If state funds are involved in the award, this may also determine whether DHHS may extend a Period of Performance.

For the initial Period of Performance, all costs must be liquidated (i.e., spent) by April 30, 2025, and invoiced to DHHS by May 15, 2025. These dates are dependent on federal periods of allowability and DHHS’ own ability to timely process payments. They may be subject to change; final dates will be included in the final Subaward between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligation and liquidation deadlines.

1.4. Applicable Law

Because the funds to support the activities under this RFA involve federal funds, usage of these funds is subject to federal law, in addition to any applicable state law. The Uniform Grant Guidance, [2 CFR §§ 200 et seq.](#) (“UGG”) applies to subawards funded from the United States Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Labor (DOL), the Environmental Protection Agency (EPA) or other federal agencies. The United States Department of Health and Human Services (HHS) has adopted the UGG, but has implemented and re-codified it at [45 CFR §§ 75 et seq.](#) (“HHS GG”); for awards funded by HHS, those regulations apply. Throughout this RFA, both the UGG and the HHS GG will be cited, although they are substantially similar.

The HHS GG shall apply to this RFA if it awards funds from block grants authorized by the Omnibus Budget Reconciliation Act of 1981, unless Nebraska statute or regulation has established provisions for the payment costs and services; in all other respects, as provided herein, those block grant subawards are governed by [45 CFR §§ 96 et seq.](#)

Additional federal and state statutes and regulations may apply to the funding contained herein. These may be included in **Additional Program Requirements, Section 5.7**, below, as well as in the Subaward itself.

Further information about allowable costs and activities may be set forth herein.

1.5. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to Subaward will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a Subaward, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a Subaward has been executed by both the Applicant and DHHS. Subawards resulting from this RFA will have an optional one-year renewal.

2. PROJECT DESCRIPTION

2.1. Background and Purpose

The Department of Health and Human Services, Division of Public Health is issuing this RFA for the purposes of supporting community-level strategies to address children and youth health priorities designated in **Section 2.3 Priorities** and which were among the priorities identified in the five-year statewide needs assessment completed in 2020.

Since passage of the Social Security Act in 1935, the federal government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history. Several grants are authorized in Title V, including the Title V Maternal and Child Health (MCH) Services Block Grant, or simply the MCH Block Grant (MCHBG). MCHBG is one of the oldest federal funding sources to ensure the health of our nation's mothers and children.

The MCHBG program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1981. Under that legislation, several categorical grants programs were consolidated into the single MCHBG program. Extensive amendments to the authorizing statute in 1989 increased state programmatic and fiscal accountability under the program.

States and jurisdictions are allocated funds based on a formula. The objective of the grants to states under the MCHBG program is to provide funds for the improvement of the health of all mothers and children consistent with applicable health status goals and national health objectives established under the Social Security Act.

A state's acceptance of federal MCHBG funds imparts responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures. States must match three dollars to every four dollars of MCHBG funds, thereby creating a federal-state partnership. Also, states must use at least 30 percent (30%) for preventive and primary care services for children (defined as a child from 1st birthday through the 21st year), and at least 30 percent (30%) for services for children with special health care needs (CSHCN), and no more than 10 percent for administration. For more information, visit:

http://www.ssa.gov/OP_Home/ssact/title05/0500.htm

DHHS routinely reconsiders its funding decisions of MCHBG, which include Subawards to support community-level activities to address priorities identified in the five-year statewide needs assessment. The State Action Plan is responsive to state-level needs that align to National Performance Measures (NPM) and State Performance Measures (SPM). Subawards, the focus of this RFA, will support communities' role to help meet our state objectives in four of ten priorities in the State Action Plan. Focusing on children and youth health priorities complies with the statutory requirement to use at least thirty percent (30%) of the MCHBG funds for Children (ages 1 – 21).

2.2. Priorities

Applications must address at least one of four priorities (numbered for reference only):

- RFA Priority 1 - Access to Preventive Oral Health Care Services
- RFA Priority 2 - Child Abuse Prevention
- RFA Priority 3 - Motor Vehicle Crashes among Youth
- RFA Priority 4 - Suicide among Youth

The RFA priorities (among other identified priorities) resulted from the comprehensive statewide needs assessment completed in 2020 with the help of nearly 100 stakeholders. Stakeholders, working in subcommittees by Maternal Child Health (MCH) population domains, reviewed and evaluated data factsheets, nominated issues for consideration, subsequently writing problem statements and issue briefs to present to the large Needs Assessment Committee. The 2020 needs assessment report detailing the process and selection of priorities are available at <https://dhhs.ne.gov/Pages/Title-V.aspx>.

The State Action Plan was developed to be responsive to state-level needs that align to Performance Measures and a corresponding objective. An excerpt of the State Action Plan relevant to the RFA (below) is provided for context for communities' role to help meet our state objectives.

2.2.1. **Priority 1: Access to Preventive Oral Health Care Services**

Objective: By 2025, increase the percent of children ages 1 to 17 years who receive preventive oral health care services.

Performance Measure: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.

2.2.2. **Priority 2: Child Abuse Prevention**

Objective: By 2025, reduce rate of substantiated child abuse or neglect by: supporting prevention, early identification, and early intervention strategies; and investigating disproportionality of children and families involved with the Child Welfare Agency.

Performance Measure: The rate of substantiated reports of child abuse and neglect per 1,000 (one thousand) children ages 1-9

2.2.3. **Priority 3: Motor Vehicle Crashes Among Youth**

Objective: By 2025 reduce the number of crashes among adolescent drivers aged 14 to 19 years to prevent injury and death by addressing disparities in minority and rural populations.

Performance Measure: Rate of hospitalization for non-fatal injury per 100,000 (one hundred thousand) adolescents, ages 10 through 19.

2.2.4. **Priority 4: Suicide Among Youth**

Objective: By 2025 reduce the suicide rates among youth by: increasing access to early intervention services and education; addressing stigma; promoting protective factors (resilience, asset-building, family engagement) and reducing risk factors.

Performance Measure: The death rate due to suicide per 100,000 (one hundred thousand) youth aged 10-19.

2.3. Target Population

The target population for Subawards resulting from this RFA are Nebraska Children and Youth (ages 1 – 21 years). All activities, and the related expense, shall be exclusively for children and youth to address a community’s needs that align with state priorities discussed in Section 2.2, Priorities. The focus on priorities specific to children and youth ensures that the state complies with a statutory requirement of Title V. This, however, shall not exclude children with special health care needs from the activities, resources, and services in Subawards resulting from this RFA.

It should be noted there are specific health priorities for infants (birth – 12 months). Infants are not considered children for purposes of Title V MCHBG. Adolescents or youth are within the age range for children and represented in priorities of this RFA. However, pregnant adolescents are categorized as “pregnant woman”, not children, for reporting purposes and are not a target population for this RFA.

2.4. Project Design

Public health practice to address health priorities occurs at several levels, presented in Table 1 (below). All are essential steps toward achieving desired health outcomes.

INDIVIDUAL- LEVEL APPROACH	MICRO POLICY-LEVEL APPROACH	MACRO POLICY-LEVEL APPROACH
Immediate health needs of individuals, especially marginalized populations, to reduce individual risk factors.	Intermediate steps through health promotion that change behaviors.	Long-term structural constructs that impact societal conditions to keep people healthy.

Table 1

This RFA seeks community response to immediate and intermediate needs while encouraging movement towards macro policy-level approaches that address root causes, e.g., social determinants of health, health equity, and mental health as origins of health problems.

Factors that applicants shall consider in project design include:

1. Whether objective(s) in the State Action Plan found in section **2.2 Priorities** is/(are) relevant to the community-based project.
2. If local data shows that there are disparities in the community, respond with how disparities will be addressed moving towards equity for the priority(ies) and strategy(ies) selected. See Issue Briefs produced during the 2020 needs assessment at <https://dhhs.ne.gov/Pages/Title-V.aspx>. For each Issue Brief, disparities data (criterion 1) provide contextual characteristics to the respective priority.
3. If existing community work is underway to address the selected RFA priority(ies), then explain how this project design will enhance current efforts without duplication or disagreement among the community.
4. Planning for project implementation is limited to the initial, Year 1 period. See **Form 3. Applicant’s Essential Idea**.

Applicant organizations are encouraged to assess their readiness to perform macro policy-level public health practice and be prepared to describe how that approach will be included in the lifespan of the project. If the assessment shows capacity for that approach is limited, applicant organizations are encouraged to engage with entities who work on macro policy-level issues to partner in the project.

Applicants may cooperate or submit applications jointly, but all such applications must clearly identify the applicants involved, the roles each will have administering the subaward, and that they are eligible for the subaward, as set forth herein. Applicants may create a legal entity or describe a plan for the creation of a legal entity, as a cooperative or joint venture if the entity itself is eligible for the subaward and all applicants are also eligible. DHHS shall determine the proper method for any resulting subaward, should the joint applicants be selected for funding.

Applicants who choose **RFA Priority 2- Child Abuse Prevention** shall also consider two project design matters:

1. Home visiting services are excluded from this RFA for the reason that other federal and state funds are invested in well-established, evidence-based home visiting programs in Nebraska communities through [Nebraska-Maternal Infant Early Childhood Home Visiting \(N-MIECHV\)](#).
2. As relevant, project design shall be in cooperation and coordination with any existing community activities through either *Bring Up Nebraska* or *Thriving Families, Safer Children* prevention efforts.

2.5. Reporting Requirements

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) requires that States report MCHBG expenses by three types of services. Subawards resulting from this RFA will support activities that fall into one or more of these HRSA-defined services:

1. Public Health Services & Systems
2. Enabling Services
3. Direct Services

- 2.5.1. Public Health Services & Systems is defined as the activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services.

Examples include the development of standards and guidelines, program planning, evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns.

- 2.5.2. Enabling Services is defined as the non-clinical, supportive services that allow individuals to access health/social services and reduce an environmental health risk.

Examples of the types of enabling services that will be approved in a Subaward resulting from this RFA are facilitating health literacy through public education, identifying available resources, outreach to bring people to existing health/social services, case management, care coordination, transportation, and eligibility assistance.

- 2.5.3. Direct Services HRSA narrowly defines direct services as preventive, primary, or specialty clinical services where MCHBG funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. As defined, Direct Services are not the focus of this RFA.

If awarded, a report on work plan activities and the associated expense will be required quarterly. DHHS shall reimburse Subrecipient for allowable costs to perform the project. The last Quarter report will also include submitting final data tables to report the numbers of children and youth (ages 1 – 21 years) served by Enabling Services, Direct Services, and/or the numbers impacted by Public Health Services & Systems. The numbers reported for persons who receive an Enabling Service and Direct Service will be delineated by primary source of coverage as per federal requirements.

2.6. Eligibility Information

To be eligible for this funding opportunity, entities must be a “Non-Federal Entity” as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A “Non-Federal Entity” is limited local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals are not eligible to apply for this funding. Applicants may only submit one application per RFA priority (max of four applications).

2.7. Attachments

The following documents are incorporated as attachments to this RFA proposal.

1. Attachment 1: End User Guide Shared File Link
2. Attachment 2: Applicant’s Budget (Excel Workbook)

3. RFA PROCEDURE

This RFA seeks applications to complete activities allowable under the funding source identified in 1.2, above. All applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

3.1. RFA Point of Contact (“POC”)

Nebraska Department of Health and Human Services (DHHS)
 Office of Procurement and Grants
 PO Box 94926
 Lincoln, NE 68508
DHHS.Grants@nebraska.gov

From the date the RFA is issued until the Intent to Subaward is issued, communication from the applicant or prospective applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Subaward is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Subaward on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. The electronic submission of the Application to the address designated **Submission of Applications, Section 3.5.**
2. Contact made pursuant to pre-existing contracts, subawards, or obligations.
3. Contact required by the schedule of events, or an event scheduled later by the RFA POC; and
4. Contact required for negotiation and execution of the final subaward.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Subaward, or terminate a Subaward if DHHS determines there has been a violation of these procedures.

3.2. Schedule of Events

ACTIVITY		DATE
1.	Release RFA	January 29 th , 2024
2.	Last day to submit written questions	February 1 st , 2024
3.	State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx	February 5 th , 2024
4.	Application Review Period Begins (Application due date)	February 26 th , 2024
5.	Evaluation Period	February 27 th , 2024- March 17 th , 2024
6.	Post “Intent to Subaward” to Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx	March 18 th , 2024
7.	Period of Performance Start*	April 1 st , 2024

**The Period of Performance start may occur before a Subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way.*

No binding agreement has been made between DHHS and any Applicant until a Subaward is fully executed by both parties.

3.3. Written Questions and Answers

Questions regarding information needed for an application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to POC via email and clearly marked "RFA Number 6413; Questions." The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Subaward will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to **DHHS.Grants@nebraska.gov**. DHHS recommends that Applicants submit questions using the following format:

RFA Section Reference	RFA Page Number	Question

Written answers will be posted at the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

3.4. Submission of Applications

DHHS is accepting either electronically submitted responses or hard copy, paper responses for this funding opportunity. Applicants must submit a complete Application, including all the parts required herein, in one of two ways:

Electronic Response:

Applicants submitting electronically can upload the response via ShareFile here:

ShareFile link:

<https://nebraska.sharefile.com/r-rc2f52143fff747c6b675184c777805cc>

Applicants should reference **Attachment 1 End User Guidance: Shared File Link** for more information regarding ShareFile.

The submission shall include the Application as a single Portable Document Format (PDF) or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without Evaluation.

The applicant should clearly identify the uploaded response files. To assist in identification please use the following naming convention:

RFA6458 ABC Company

If multiple files are submitted for one funding opportunity, add number of files to file names:

RFA6458 ABC Company File 1 of 2

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

Physical Mailing Response:

Option 1. Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC’s address listed above in **RFA Point of Contact, Section 3.1**. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Option 2. Hand delivered responses or responses delivered by FedEx or UPS should be delivered to:

ATTN: Office of Procurement and Grants
 DHHS - 3rd Floor Reception Desk
 301 Centennial Mall South
 Lincoln, NE 68509

The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Regardless of submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein. All Applications must be received by the beginning of the Application Review Period, as stated in the **Schedule of Events, Section 3.2**.

3.5. Form of Application Submission

Applications do not have a limit to the number of pages submitted, the font size or typeface, or margin format. Applications shall be submitted as a single Portable Document Format (PDF) or multiple PDFs. Additional information for each form can be found in Table 2. Required forms are provided by DHHS as part of this RFA and are noted below:

Submission Requirement	Required Content and Limitations	Required form provided by DHHS
Form 1 – Cover Sheet	Completed and signed per Section 4.1	Yes
Form 2 – Organizational Overview	See Section 4.2	Yes
Form 3 – Applicant's Essential Idea and Work Plan	Project Readiness Stage (1,000-word limit) Identified Strategies (500-word limit/strategy) Work Plan (Attachment 3) must be included with Applicant's Essential Idea.	Yes
Form 4 – Applicant's Budget	Line-item budget on attached template (Attachment 2)	Yes
Form 5 – Qualifications to lead stakeholder-engaged projects	Description of prior projects (300-word limit) Identified stakeholders (100-word limit)	Yes
Form 6 – Additional Requirements	Signed W9 from most recent tax year	No

Table 2

3.6. Evaluation Committee

Applications are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFA may result in the rejection of this Application and further administrative actions.

3.7. Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS’ discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of

noncompliance with federal statutes, regulations, and the terms and conditions of the Subaward, such that DHHS should not award funding. DHHS will award to the top scoring Applicant or Applicants, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Applicant's Organizational Overview (Form 2).** Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA. **(50 points)**
2. **Applicant's Essential Idea and Work Plan (Form 3).** Applicants will receive higher scores if they demonstrate a "fit" between this RFA and the strategy(ies) in the project proposed. The essential idea shall feature the linkage between one or more RFA priorities and a named strategy(ies) that is/are evidence-based or evidence-informed, citing the evidence source. The essential idea shall present the overarching context of the proposed project with a realistic timeline for year one that includes strategy implementation beginning within the first quarter. Applicants work plan must respond to the Project Description and meet the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding DHHS has received. **(75 points)**
3. **Applicant's Budget (Form 4).** Applicants will receive higher scores if the budget is tailored to the Essential Idea and Work Plan and utilizes allowable direct and indirect costs. Total request for funding itself will not determine score; rather, Applicants will be scored based on whether budget accurately reflects allowable costs of completing the work set forth in the essential Idea and Work Plan. **(25 points)**
4. **Applicant's Qualifications to Lead Stakeholder-Engaged Projects (Form 5).** Applicants will receive higher scores if they adequately describe the organizational or individual staff qualifications to convene and meaningfully engage stakeholders who are representative of the community in all respects and to lead a community-engagement project. Applicants must identify potential stakeholders and detail how they will engage them in the project. **(25 points)**
5. **Additional Requirements (Form 6).** Applicants must include additional documentation with their application. Failure to include referenced documentation may result in an application being rejected without evaluation. **(Unscored).**

There are 175 total points available for Applications under this RFA.

DHHS may award to a single top Applicant, or may award to multiple top scoring Applicants, in its sole discretion. If all Applicants meet the minimum requirements and are meritorious, DHHS may also elect to award to all Applicants.

3.8. Late Applications

Applications received after the time and date of the Application opening will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.9. Corrections

An Applicant may correct a mistake in an application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by DHHS.

3.10. Grievance and Protest Procedures

All grievances must follow the DHHS Subaward Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

3.11. Competition / Joint Efforts

Applicants may cooperate or submit Applications jointly, but all such Applications must clearly identify the Applicants involved, the roles each will have administering the subaward, and that they are eligible for the subaward, as set forth herein. Applicants may create a legal entity or describe a plan for the creation of a legal entity, as a cooperative or joint venture if the entity itself is eligible for the subaward and all Applicants are also eligible. DHHS shall determine the proper method for any resulting subaward, should the joint Applicants be selected for funding.

3.12. DHHS Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

1. Amend the RFA.
2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications).
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.
4. Accept or reject a portion of or all of an application.
5. Accept or reject all Applications.
6. Withdraw the RFA.
7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Subaward is issued. DHHS also reserves the right to adjust the Work Plan with Applicant to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserve the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may enter either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Subawards with individual Applicants or non-Applicants.

4. APPLICATION INSTRUCTIONS

4.1. Application Contents

A complete, responsive Application must contain the following completed documents:

1. Form 1 – Application Form and Cover Sheet
2. Form 2 – Organization Overview
3. Form 3 – Applicant's Essential Idea and Work Plan
4. Form 4 – Applicant's Budget
5. Form 5 – Qualifications to Lead Stakeholder Engaged Project
6. Form 6 – Additional Required Information

Applications that do not contain all the required sections will be rejected. An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which applicants may fill in and submit.

4.2. Form 2 - Organizational Overview

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section

shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

1. **Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used. A UEI number shall be provided. A parent UEI number shall also be provided, if applicable.
2. **Summary of Federal Grants Experience.** A description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.
4. **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
 - Were terminated for cause; or
 - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

4.3. Form 3 - Applicant's Essential Idea and Work Plan (Attachment 3)

Applicants must submit Form 3 – Applicant's Essential Idea to describe key elements of the proposed project. Applicants will select which priority(ies) their project will focus on.

Applicant's Work plan must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

The project design shall implement evidence-based or evidence-informed strategy(ies). Applicant will explain readiness stage of project (i.e., project ready to implement or project expects to implement in the future).

If project is "Ready to Implement", applicant will describe the following:

- The community planning process with recommendations that align to at least one RFA priority.
- Include descriptive narrative to identify who was involved, the method or model used, the recommended strategies that align with or "fits" a RFA priority(ies), and the month/year that the recommendation was issued.
- Describe how the applicant will bring back together stakeholders, engage any additional stakeholders that may have been absent from planning.
- Describe the method or model to be used for continuous quality improvement and process evaluation.
- Include a timetable of key activities for year one of this award.

If project status is "Expects to Implement", applicant will describe the following:

- Explain how applicant expects to fast track a community-engagement process, presenting to a representative group the proposed project idea to implement evidence based or evidence informed strategy(ies).

- Include a descriptive narrative to identify community stakeholders who the application will recruit to critically evaluate the proposed strategies.
- Explain how the strategy(ies) “fit” RFA priority(ies)
- Describe the method or model to be used for continuous quality improvement and process evaluation.
- Include a timetable of key activities for year one of this award.

Descriptions should be approximately two pages in length and no longer than 1,000 (one thousand) words.

Applicants must also identify strategy(ies) outlined in their community plan. For each strategy identified, applicant must include a narrative to describe:

- How the applicant has or will invite, convene, and engage stakeholders in a meaningful way to gauge the suitability of this strategy for the community.
- Explain how this strategy is relevant to the priority(ies) selected.
- Explain why this strategy is selected to address the priority(ies) in the community where the project will be implemented.
- Explain the strategies relevancy to the target population.
- Describe how this project will address systemic barriers to health, social determinants of health, and move a community towards health equity.
- Explain any experience implementing the strategy in the past and the outcome of those efforts.

4.4. Form 4 - Applicant’s Budget (Attachment 2)

A budget using the required Excel Financial Workbook (Attachment 2) shall be submitted as part of the application for this RFA. Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may submit it along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget: 1) A current federally approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

There is no established cap on a single Application because the request depends on the comprehensiveness of the proposed project. However, reasonable funding requests for the initial period of performance are most likely to be in the range of \$25,000 to \$80,000 (twenty-five thousand dollars to eighty thousand dollars). This does not include the match, which is a minimum 20% of total project costs, further described in **Section 5.6 Matching Requirements**.

4.5. Form 5 – Qualifications to Lead Stakeholder-Engaged Projects

Form 5 – Applicant Qualifications to Lead Stakeholder-Engaged Projects is included in this RFA and required of all applicants. Applicants will describe the organizational or individual staff qualifications to convene and meaningfully engage stakeholders who are representative of the community in all respects and to lead a community-engagement project.

For each prior project, describe:

1. How stakeholders are representative of the community were engaged.
2. Applicant's strategies for including non-traditional and diverse partners and stakeholders in their efforts.
3. Any challenges addressed.
4. The resulting outcomes.

Please observe a 300 (three hundred) word limit on narrative content for each prior project.

For the project proposed, list identified stakeholders and for each analyze:

1. The motivation to engage and support the work.
2. The anticipated biggest concern.
3. What is needed to get the stakeholder's support.
4. The next step to engage them.
5. The person(s) responsible for doing so.

For each stakeholder, please observe a 100 (one hundred) word limit to analyze their engagement in the proposed project.

4.6. Form 6 – Additional Required Information

Applicants must submit a signed W9 form from the most current tax year as part of their application. A certificate of insurance may also be required prior to subawarding depending on the RFA priority applied for.

5. TERMS

Applicants must be aware of the following terms when submitting their applications. These terms will be included in the resulting Subaward between the parties, as well.

5.1. Addenda

The following Addenda will be incorporated into any Subaward with a selected Applicant. They are available online at the [DHHS Website](#):

- Addendum A - DHHS Standard Terms – Subawards
- Addendum B - DHHS Insurance Requirements – Subawards
- Addendum C - DHHS Business Associate Agreement Provisions

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Subaward signed and executed by the parties; or any combination of the above. Terms required by federal, or state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Subaward and take any of the actions set forth herein.

5.2. Budget Changes

The final Subaward may contain terms to allow a Subrecipient to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets.

5.3. Direct Costs

Under this Subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

- Necessary for the performance of the Subaward activities.
- Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404.

- Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405.
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E.
- Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Subaward.

Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Applicants should be aware that direct personnel costs must be consistent with 45 CFR § 75.430 or 2 CFR § 200.430, as applicable. These costs must be able to be backed by sufficient documentation or must be shown to be allocable to the award via an alternative, allowable method, such as a random moment time study.

5.4. Indirect Costs

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.” 2 CFR § 200.1 and 45 CFR § 75.2. All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable.

As provided in 2 CFR § 200.414 and 45 CFR § 75.414, indirect costs may only be paid from a federal grant if paid through a federally approved rate or a rate negotiated between DHHS and the Applicant. If the Applicant has never had a federally approved indirect rate, it may charge indirect costs as consistent with the federal rules for *de minimis* indirect costs.

Cost Allocation plans may set forth a direct allocation of all costs under a subaward or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

5.5. Program Income

Any revenue generated by the Subaward is Program Income (see definition in 2 CFR § 200.1 or 45 CFR § 75.2). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307 or 45 CFR § 75.307. As per the Notice of Award for the federal funds involved in this RFA or from other regulation, all program income generated by the Subawards awarded as a result of this RFA must be handled under the matching method, please see the regulations cited above for more detail.

5.6. Matching Requirements

Subawards resulting from this RFA require the successful Applicant to match the funds awarded at a rate of a minimum of 20% of total program costs. See 2 CFR § 200.306 or 45 CFR § 75.306. Match must be based on the total costs, not the percentage of the federal funds alone. Federal funds from another source may not be used as match. The matching type will be cash and in-kind.

5.7. Additional Program Requirements

The subrecipient must comply with the laws governing Maternal and Child Health Block Grants, 42 U.S.C section 701 et seq., 45 FR Part 96, and to perform fiscal accountability functions in accordance with state and federal regulations. ([2 CFR § 200 et seq](#)) [45 CFR §75 et seq.](#)

The Subrecipient may not use funds paid to it for the following:

1. Inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve.
2. Cash payments to intended recipients of health services.

3. The purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment.
4. Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
5. Providing funds for research or training to any entity other than a public or nonprofit private entity.
6. Payment for any item or service (other than an emergency item or service) furnished—
 - a. by an individual or entity during the period when such individual or entity is excluded under this title or title XVIII, XIX, or XX pursuant to section 1128, 1128A, 1156, or 1842(j)(2), or
 - b. at the medical direction or on the prescription of a physician during the period when the physician is excluded under this title or title XVIII, XIX, or XX pursuant to section 1128, 1128a, 1156, or 1842(j)(2) and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person)

6. GLOSSARY OF TERMS

All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Applicant: Non-Federal Entity that has applied for funding under this RFA.

Application: The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

Application Due Date: The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

Child/Children: An individual(s) from age 1(one) through 21 (twenty-one) years, who is not a pregnant woman and who is not otherwise included in any other class of individuals.

Children with Special Health Care Needs (CSHCN): those children who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

DHHS Website: www.dhhs.ne.gov.

Evaluation: The process of examining an Applicant after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

Evaluator: An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

HHS Grants Guidance ("HHSGG"): The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provide the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

Infants: individuals in their first year of life (<365 days).

Intent to Subaward: A document noting the results of the RFA evaluation process and identified any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Must: See Mandatory/Must and Shall/Will/Must.

Non-Responsive: When an application does not meet the minimum requirements of this RFA.

Point of Contact (“POC”): The person designated to receive communications and to communicate.

Pregnant Woman: a female from the time that she conceives to 60 (sixty) days after birth, delivery, or expulsion of the fetus.

Request for Applications (“RFA”): Written solicitation of competitive applications for federal grant funding.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Social Determinants of Health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The main social determinants of health include:

- Income and social status
- Employment and working conditions.
- Education and literacy
- Childhood experiences
- Physical environments
- Social support and coping skills
- Healthy behaviors
- Access to health services

Subaward: In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subaward means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

Subrecipient: In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subrecipient means the Non-Federal Entity that has executed a Subaward with DHHS.

Uniform Grants Guidance (“UGG”): The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

Will: See Shall/Will/Must.

FORM 1 – APPLICATION COVER SHEET

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

RFA #	RELEASE DATE
6413	January 29 th , 2024
APPLICATION DUE DATE	POINT OF CONTACT
February 26 th , 2024	Office of Procurement and Grants

CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.

ORGANIZATION*: _____

ORGANIZATION UEI NUMBER: _____ PARENT UEI (IF APPLICABLE): _____

COMPLETE ADDRESS: _____

CONGRESSIONAL DISTRICT: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

____ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.

____ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE: _____

TYPED NAME & TITLE OF SIGNER: _____

**Name must match UEI Number.*

FORM 2 – APPLICANT’S ORGANIZATION INFORMATION

The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

Applicant’s UEI Number:

U.S. Postal Service address (city/state/zip):

Primary contact name for this Project:

Primary contact phone and email for this Project:

Organizational structure: Using important aspects (e.g., type, purpose, governing body, levels of authority or chain of command, etc.), describe Applicant’s organizational structure. An organization chart may be included but does not replace a narrative description.

Summary of Federal Grants Experience: Describe the Applicant’s previous fiscal and administrative experience with federal grants either as a recipient or subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA. State the qualifications of individuals responsible for accounting / financial reporting, adding any training and experience specific to fiscal and administrative oversight of federal grant-funded activities.

Summary of Programmatic (or Project) Experience: Describe what key attributes qualify your organization for this specific project proposed. Attributes should focus on topical content, project management, knowledge of the community, specialized training, experience, and/or credentials, and any other key features to ensure project success.

Personnel and Management: Identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant who have demonstrated knowledge, training and experience with federal grants and project management.

Agreements Terminated or Costs Disallowed: Provide a list of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, Subawards, or contracts) that: were terminated for cause or where specific conditions were placed on Applicant (see (see 2 CFR § 200.207 or 45 CFR § 75.207).

FORM 3 – APPLICANT’S ESSENTIAL IDEA AND WORK PLAN

INSTRUCTIONS: Use only the fillable form (**Attachment 3 – Applicant’s Essential Idea**). This form is required.

Response categories. Type “x” in check-box options.

Response narrative. Type narrative in shaded area. The area expands as text is entered. Please observe the limit on narrative content where a word count is indicated.

Tentative Project Title:

The target population for Subawards resulting from this RFA is Nebraska Children (age 1 – 21). If the project focus is a subset of “Children”, then please indicate the more specific age range(s), e.g., preschool age, elementary school age, adolescents:

Select the RFA priority(ies) [mark “x” as relevant to this project]:

- RFA Priority 1. Access to Preventive Oral Health Care Services
- RFA Priority 2. Child Abuse Prevention
- RFA Priority 3. Motor Vehicle Crashes among Youth
- RFA Priority 4. Suicide among Youth.

The project design shall implement evidence-based or evidence-informed strategy(ies). Mark “x” to select one of two project readiness stages. *Either option is for strategy implementation beginning no later than the start of the first renewal period (April 1, 2024), i.e., a community planning process, if not already done, shall be completed by the end of the initial year.*

- Ready to Implement:** Describe in about 2 (two) pages (1,000-word limit) all the following information:
 - Cite the community planning process with recommendations that align to at least one RFA priority.
 - Add a descriptive narrative to identify who was involved, the method or model used, the recommended strategies that align with or “fits” a RFA priority(ies), and the month/year that the recommendation was issued. As an alternative, if an Executive Summary of the community planning contains that information, indicate that in the fillable space and submit the Executive Summary.
 - Also describe:
 - how the Applicant will bring back together the stakeholders, engaging any additional stakeholders that may have been absent from planning who have a stake in implementation
 - the method or model to be used for continuous quality improvement and process evaluation.
 - the timetable of key activities in the initial year.
 - The expected outcome of Year 1 is the stakeholder-engagement group provides advisement on implementation, CQI, process evaluation, and contributes to the Year 1 performance report identifying whether objectives were met, and if not, why not.
- Expects to Implement:** Describe in about 2 (two) pages (1,000-word limit) all the following information:
 - Though the Essential Idea does not result from a community planning process, applicant expects to fast track a community-engagement process, presenting to a representative group the proposed project idea to implement evidence-based or evidence-informed strategy(ies). Add a descriptive narrative to identify community stakeholders who applicant will recruit to critically evaluate the proposed strategies, how the strategy(ies) “fit” RFA

priority(ies), and the timeline to accomplish any retrofit that arises from stakeholder input while still maintaining “fit” to RFA.

- Also describe:
 - the method or model to be used for continuous quality improvement and process evaluation, and the timetable of key activities in the initial year.
 - The expected outcome of Year 1 is the stakeholder-engagement group provides advisement on implementation, CQI, process evaluation, and contributes to the Year 1 performance report identifying whether objectives were met, and if not, why not.

Strategy(ies): Regardless of readiness stage, *mark “x” as relevant to this project in Year 1. Cite the strategy and its source of evidence using hyperlinks or other references. If more than one priority is selected, specify in the strategy(ies) the priority to which it is aligned.*

Below each strategy, add narrative to describe the following:

1. How the Applicant has or will invite, convene, and engage stakeholders in a meaningful way to gauge the suitability of this strategy for the community?
2. How this strategy is relevant to the priority(ies) selected.
3. Why this strategy is selected to address the priority(ies) in the community where the project will be implemented.
4. Its relevancy to the target population.
5. How this project will address systemic barriers to health, social determinants of health, and move a community toward health equity.
6. Any experience implementing the strategy and the outcome.

Description should be about 1 (one) page in length and no longer than 500 (five hundred) words.

- Strategy 1:
- Strategy 2:
- Strategy 3:
- Strategy 4:
- Strategy 5:
- Strategy 6:

[applicant organization] – Title V MCH Block Grant Work Plan
 Year 1 – 2021 MCHBG subaward (April 1, 2024 – March 31, 2025)

Project Title: _____

GOAL: [goal statement]

Project Objective 1: by March 31, 2025, etc.								
Background:								
Key Activities	Target Group	Lead	Partners	Timeline				Expected Outcome (Evaluation Measures)
				Q1	Q2	Q3	Q4	
PO 1 Quarter 1 Progress (April 1- June 2024):								

Project Objective 2:								
Background:								
Key Activities	Target Group	Lead	Partners	Timeline				Expected Outcome (Evaluation Measures)
				Q1	Q2	Q3	Q4	
PO 2 Quarter 1 Progress (April 1- June 2024):								

Project Objective 3:								
Background:								
Key Activities	Target Group	Lead	Partners	Timeline				Expected Outcome (Evaluation Measures)
				Q1	Q2	Q3	Q4	
PO 3 Quarter 1 Progress (April 1- June 2024):								

Project Objective 4:								
Background:								
Key Activities	Target Group	Lead	Partners	Timeline				Expected Outcome (Evaluation Measures)
				Q1	Q2	Q3	Q4	
PO 4 Quarter 1 Progress (April 1- June 2024):								

FORM 4 – APPLICANT’S BUDGET

INSTRUCTIONS: A budget using the required **Applicant’s Budget (Attachment 2)** shall be submitted with each application.

The budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may submit it along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget:

1. A current federally approved indirect cost rate agreement.
2. A currently approved indirect cost rate agreement with DHHS.
3. A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

There is no established cap on a single Application because the request depends on the comprehensiveness of the proposed project. However, reasonable funding requests for the initial period are most likely in the range of \$25,000 to \$80,000 (with proportional amounts for 12-month renewal periods). This does not include the match, which is a minimum 20% of total project costs, further described in **Section 5.6 Matching Requirements**.

FORM 5 – APPLICANT QUALIFICATIONS TO LEAD STAKEHOLDER ENGAGED PROJECTS

INSTRUCTIONS:

Describe the organizational or individual staff qualifications to convene and meaningfully engage stakeholders who are representative of the community in all respects and to lead a community-engagement project. Demonstrate these qualifications by citing specific example(s):

For each prior project, describe:

1. How were representative stakeholders of the community engaged?
2. Describe applicant's strategies for including non-traditional and diverse partners and stakeholders in their efforts.
3. Explain any challenges addressed in prior projects.
4. Describe the resulting outcomes.

Please observe a 300 (three hundred) word limit on narrative content for each prior project:

For the project proposed, list identified stakeholders and for each analyze:

1. The motivation to engage and support the work.
2. The anticipated biggest concern.
3. What is needed to get their support.
4. The next step to engage them.
5. The person(s) responsible for doing so.

For each stakeholder, please observe a 100 (one hundred) word limit to show the analysis to garner their engagement in the project proposed.

FORM 6- ADDITIONAL REQUIRED INFORMATION

Additional documentation that must be submitted at time of application includes the following:

- Signed W9 from most recent tax year