Grant Writing Workshop

March 6, 2019

Presented by DSHPSHWA

What is DSHPSHWA?

Directors of **S**peech and **H**earing **P**rograms in

State **H**ealth and **W**elfare **A**gencies

DSHPSHWA's mission is to support the leaders of speech and hearing programs in the United States. We represent professionals who serve children with speech and hearing disorders and their families through advocacy, professional development, and collaboration.

About DSHPSHWA

- Provides a voice to many **E**arly **H**earing **D**etection and **I**ntervention (**EHDI)** program members that are unable to lobby due to official positions
- Provides representation on many committees
  - American Speech Language Hearing Association (ASHA)
    - Audiology Quality Consortium
    - Healthcare Economics Committee
  - Joint Commission on Infant Hearing (JCIH)
  - Deaf and Hard of Hearing Alliance

Learning Objectives

- Identify components of an EHDI Grant application
- Identify strategies to create a high scoring application
- Develop skills in preparing grant application components

Overview: EHDI Grant Funding Sources

CDC (Centers for Disease Control and Prevention)

- Primary focus is on data collection and analysis and the EHDI Information System

HRSA (Human Resources Services Administration) through MCHG (Maternal Child Health Bureau)

- Primary focus is on engagement and support of families and education of families and physicians

Other (??)

- Private organizations (Medical Centers, Hearing Aid companies, etc)
- Universities

Terms to Understand

- RFP = Request for Proposal
- RFA = Request for Applications
- FOA = Funding Opportunity Announcement
- NOFO = Notice of Funding Opportunity

Also may be referred to as "the guidance" or "instructions"

Grants vs. Cooperative Agreements

- Grant – Award of financial assistance from a Federal agency to a recipient to carry out a public purpose of support authorized by a law of the United States
- Cooperative Agreement – Differs from a grant – requires substantial collaboration by the funding agency

RFA/FOA Contents

- WHO: is eligible to apply, is the target population
- WHAT: activities are being funded
- WHY: purpose of funding
- WHERE: services will occur, to get help
- WHEN: applications are due, activities should occur
- HOW: much funding is available, to access & complete an application

Application Narrative Components

HRSA	CDC
Introduction	Background
Needs Assessment	Purpose and Outcomes
Methodology	Strategies and Activities, Collaboration
Work Plan	
Resolution of Challenges	
Evaluation and Technical Support Capacity	Evaluation and Performance Measurement Plan
Organizational Information	Organizational Capacity

Other Components

- SF-424 (Federal budget forms)
- Budget Narrative
- Project Abstract
- Common Attachments:
  - Memorandum of Agreement (MOA)/Understanding with partners
  - Organizational charts
  - Resume/CV of key personnel
  - Logic model
  - Work plan
  - Letters of support

Application Components – Other Examples: Subgrants

NJ - RFA
Assessment of Needs
Objectives of the Project
Methods
Evaluation
Budget and Justification
Attachments

MN - RFA
Application Information
Organizational Capacity
Linkages and Collaborations
Work Plans – Goals, Objectives, and Strategies
Budget Justification

- Your state may have a standard format used for RFAs/RFPs

Reading the RFP/FOA

- Begin to develop a workplan/timeline for writing the grant
  - Be aware of your internal timelines. How long does fiscal, commissioner approval take? Plan for that.
- What aspects will require partnerships, especially new partnerships?
  - Request letters of support that specify the collaborative work
- Study format specifications
- Determine if parts of the writing will be assigned to others
- Which aspects are most urgent?
  - Letter of Intent (LOI)
- Identify those pieces that are already in existence and readily available
  - MOUs, contracts
  - Job descriptions
  - IDC rate agreement
- What's unclear, eg, sustainability?

Introduction/Background

- Purpose of the proposed project (repeat from RFA/FOA)
- Goals of program (1-2 sentences)
- Brief description of activities (1 sentences)
- Describe history of current program

Needs Assessment
Purpose and Outcomes

- Target population and unmet health needs
- Demographic data to support the information provided
- Quantitative data as requested in guidance or related to the problem statement
- If data not available, explain why
- Barriers in the service area that the project hopes to overcome
- Help reviewers understand the community and/or organization

Needs Assessment Purpose and Outcomes

- Population vs. Target Population
- Examples of Demographics
  - Race/ethnicity, and foreign born
  - Birth rate, trends
  - Birth location
  - Maternal: age, education, race, ethnicity, etc
  - Distribution within the state, density
  - Mobility, ie, migrant, military
  - Languages
  - Literacy levels

Needs Assessment
Purpose and Outcomes

- Health - Examples
  - Medicaid – number, percentages (children, newborns)
  - Uninsured – number, percentages, ranking (children, newborns)
  - Children with Special Health Care Needs – number, percentages
  - Medically Underserved and Health Professional Shortage Areas
  - Hospitals/birthing facilities – numbers, changes
  - Health Care Providers – specialties, distribution
  - Audiologists – pediatric, distribution
  - Early Intervention professionals – D/HH, distribution
  - Availability of services
  - Access to services/barriers

Needs Assessment
Purpose and Outcomes

- Geography - Examples
  - Physical size
  - Number of counties
  - Classification (urban, rural, etc.)
  - Unique characteristics, ie, borders
- Economy - Examples
  - State budget and impact
  - Unemployment
  - Bankruptcies
  - Poverty (population and children)
  - Household income

Needs Assessment Purpose and Outcomes

- EHDI Program - Example
  - Context of program (history, national stats, etc.)
  - Strengths/weaknesses of current program
  - 1-3-6: benchmarks, numbers, percentages, trends
    - Hospital-specific data
    - Types of screening
    - Screening rates
    - Refer rates

Hospital Specific

Table 2: Lost to Follow-up/Documentation at Hospital Screening (2009) indicates a 2.48% loss to follow-up/documentation (LTFU/LTD) at screening.

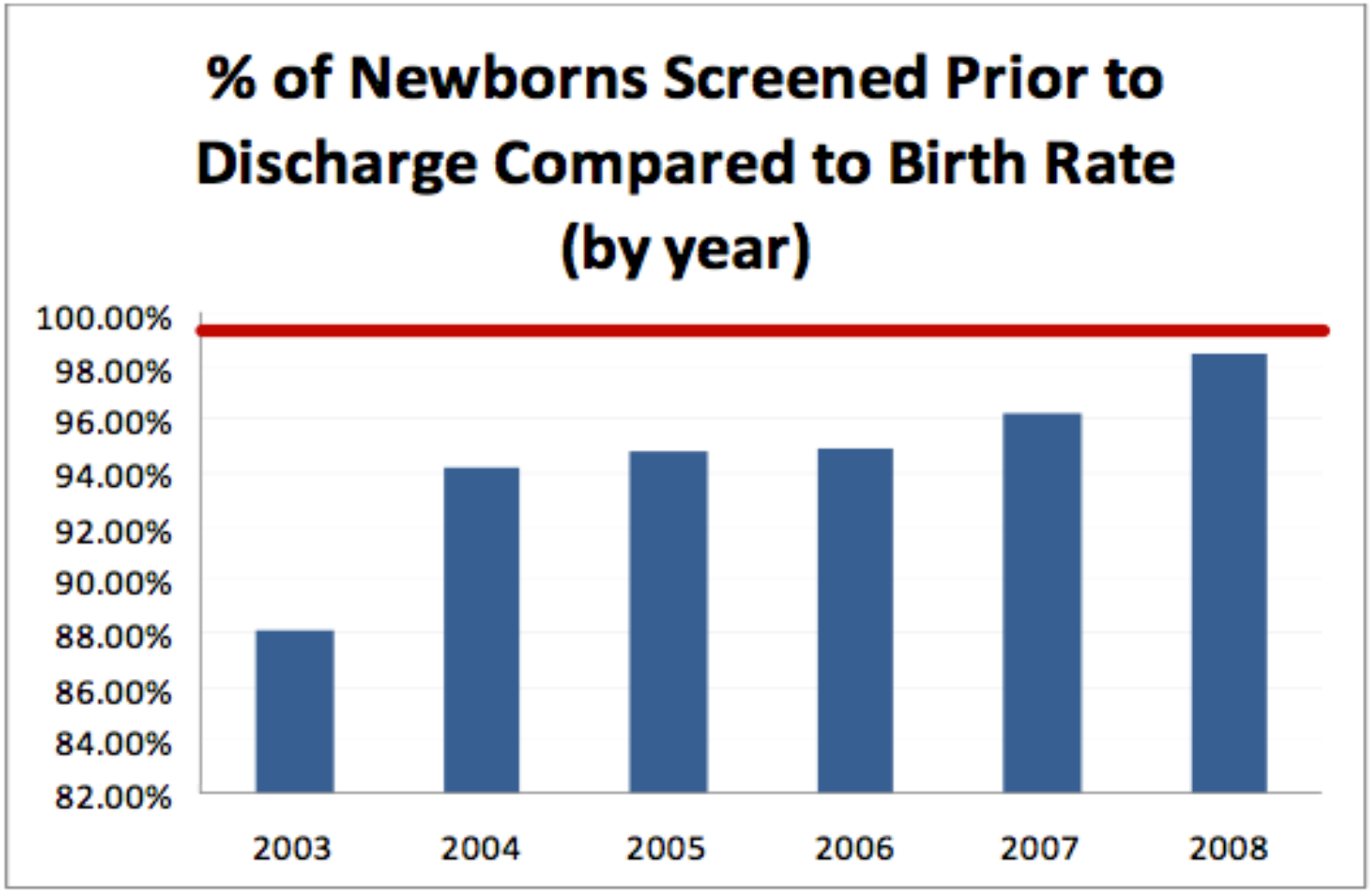
Hospital	# Births	#Screened	%Screened	# LFU/D	% LFU/D at Screening
Hospital A	53	50	94%	3	5.66%
Hospital B	120	119	99%	1	0.83%
Hospital C	80	74	92%	6	7.50%
Hospital D	154	154	100%	0	0.00%
Hospital E	824	823	99%	1	0.12%
Hospital F	100	98	98%	2	2.00%
Hospital G	1672	1627	97%	45	2.69%

Subgroups

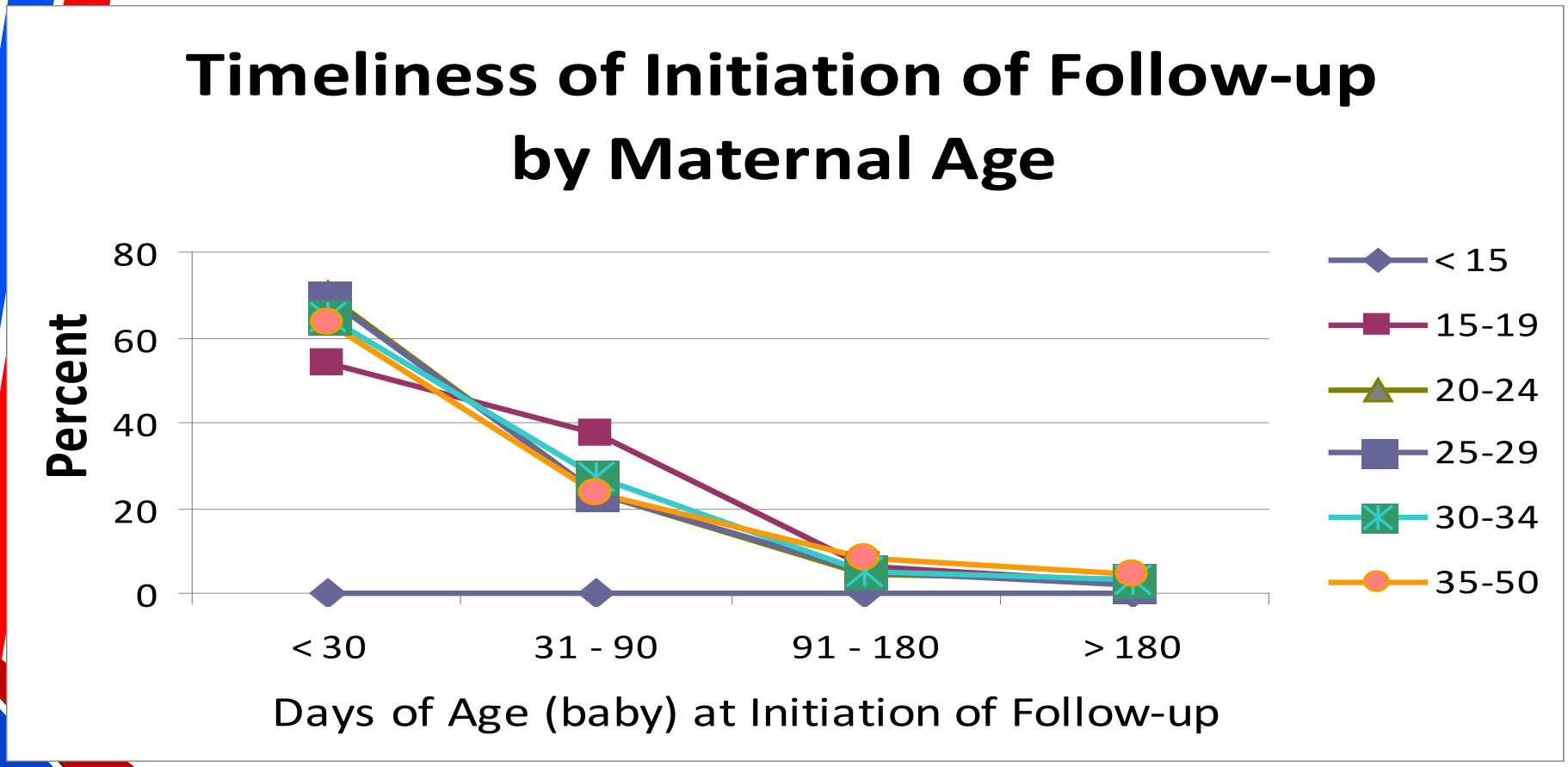
2008 DOB Data - Lost to System by Maternal Education Level					
Maternal Education Level	**Inpatient Refers**	**Percent of Inpatient Refers**	**Lost to System Status**	**Percent: Lost/Total Lost to System (1)**	**Percent: Lost/Refers - row count (2)**
< HS	242	22.7%	38	**34.9%**	**15.7%**
HS or GED	258	24.2%	31	**28.4%**	**12.0%**
Some college or AA/AS	328	30.8%	27	24.8%	8.2%
College grad or above	228	21.4%	12	11.0%	5.3%
Unknown	10	0.9%	1	0.9%	0.0%
TOTAL	**1066**	**100%**	**109**	**100%**	**10.2%**

(1) numerator = # lost for education level, denominator = total of "lost to system" count of 109 (38/109, 31/109, etc.)
(2) numerator = # lost for education level, denominator = # of refers for maternal education level (row count)
(i.e. <HS: 38/242, HS or GED: 31/258, etc.) [compare percent (2) to 10.2% - "lost to system" state average percentage]

Trends


% of Newborns Screened Prior to Discharge Compared to Birth Rate (by year)
100.00%
98.00%
96.00%
94.00%
92.00%
90.00%
88.00%
86.00%
84.00%
82.00%
2003
2004
2005
2006
2007
2008

Demographics

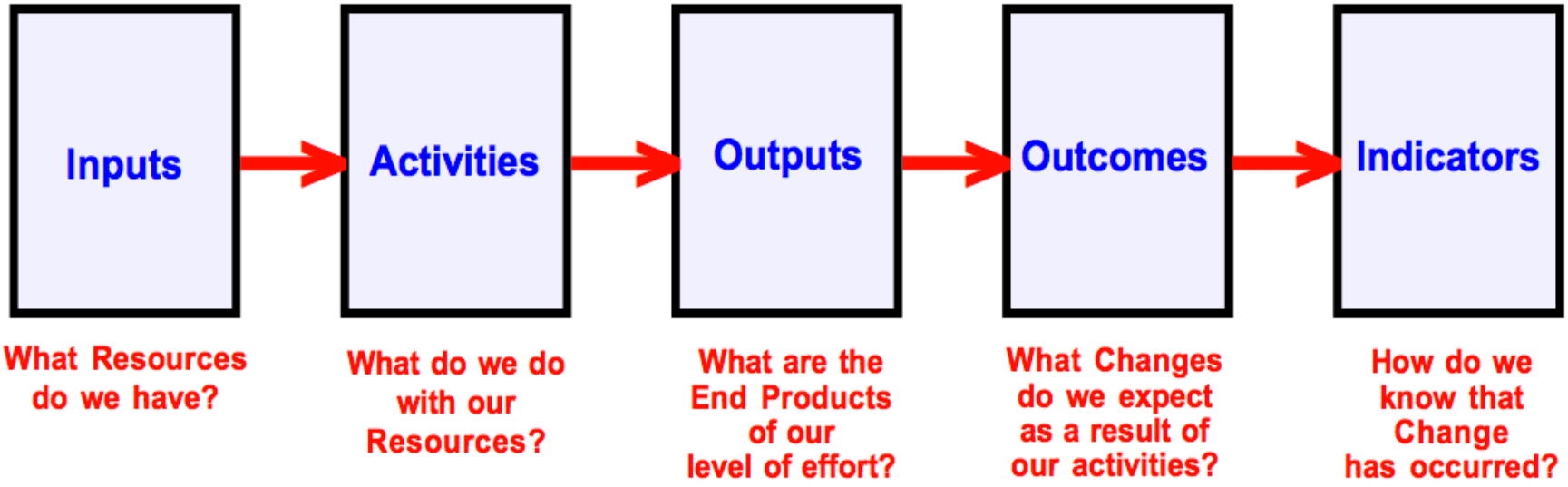


Logic Model


Your Resources before you start
Steps you would take
"End" Product of these steps
Benefits of your choice
Evidence or Indicators

Logic Model

The United Way of America
Program Outcomes Model



Logic Model - Activity

Identifying Outcomes

Which of the components in the following sets are *"outcomes"*?
How would you identify the other components, using the United Way model?

Vacationing

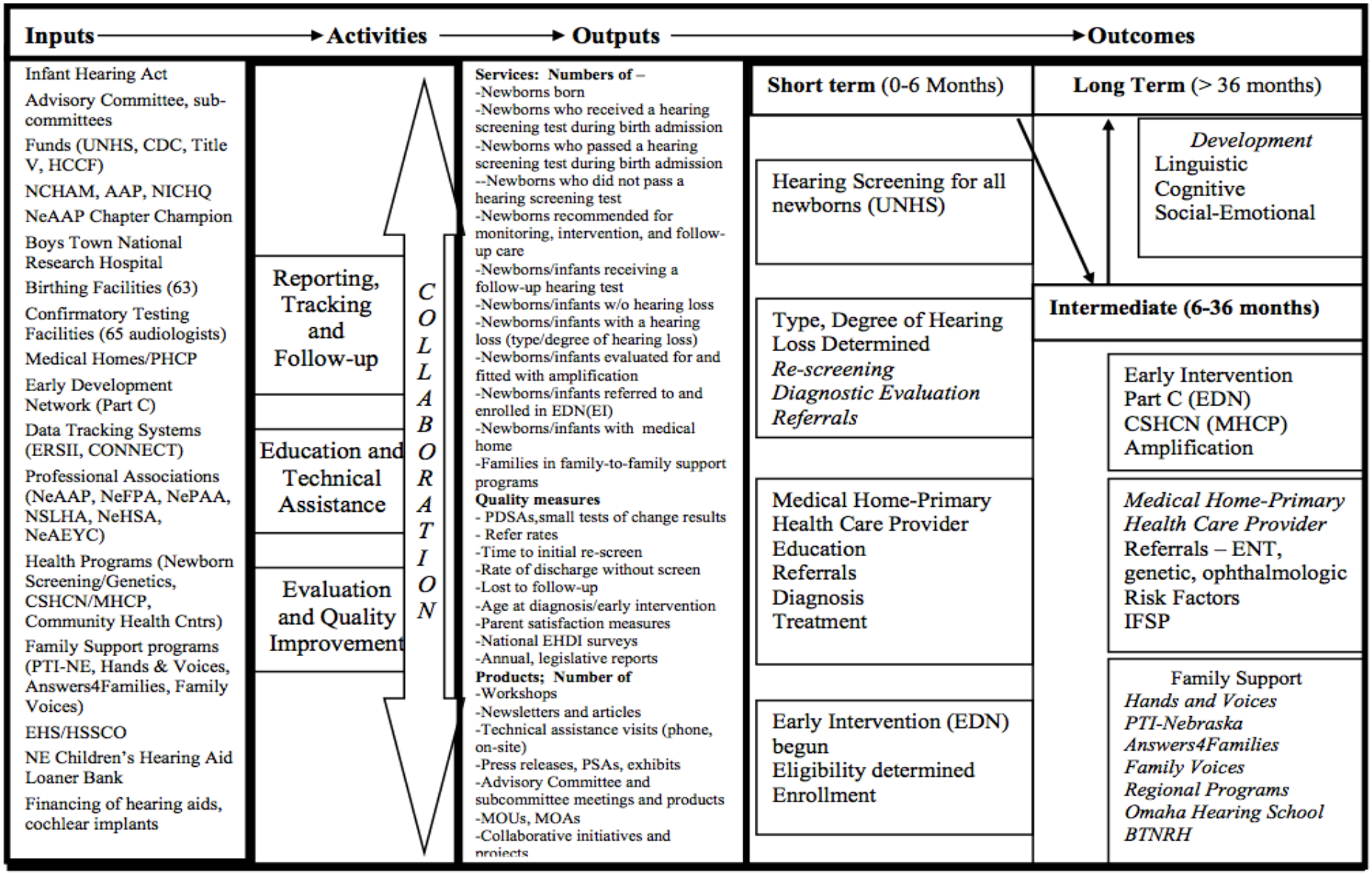
_____	Packing your bags
_____	Deciding to travel to San Francisco
_____	Feeling relaxed and ready to go back to work
_____	Knowing how much money you can spend
_____	Enjoying good food and sightseeing
_____	Arriving in San Francisco
_____	Getting "traveler's checks" from the bank

Logic Model

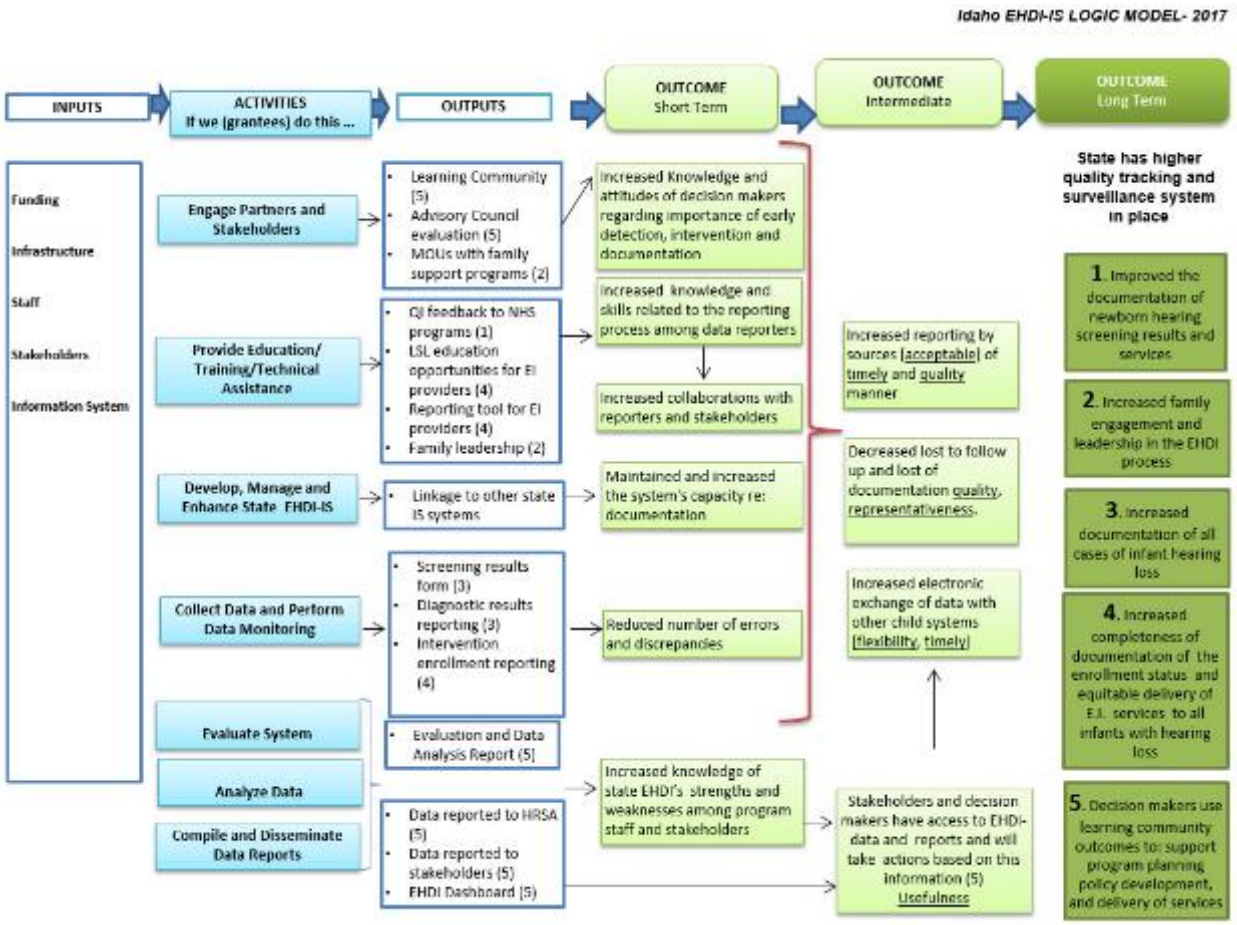
Vacationing

Activity:	Packing your bags
Activity:	Deciding to travel to San Francisco
Outcome:	Feeling relaxed and ready to go back to work
Input:	Knowing how much money you can spend
Outcome:	Enjoying good food and sightseeing
Output:	Arriving in San Francisco
Activity:	Getting travelers' checks from the bank

Logic Model - Example



Attachments



Logic Model

Activity: Develop a Logic Model for an EHDI Family Support Group

1. Start by specifying the desired outcome(s) for families
2. Identify the indicators (outcome measures)
3. List the activities that your program will organize to achieve the desired outcomes
4. List the outputs of those activities (process measures)
5. List the resources available to conduct those activities

What resources does your program need? (Resource Gap)

Work Plan, Goals, Objectives, Activities

- Used to meet program requirements and expectations
- Rational, direct, chronological description of the proposed project
- Process proposed in order to achieve the outcome and accomplishments
- Include quality improvement strategies, including measures
- Goals + Objectives + Activities -> Work Plan

Goals

- Broad, general statements
  - Results intended by the program
  - What the program intends to accomplish
- Identify the population to be reached
- Identify problem/opportunity addressed
- Bridge between the mission statement and specific objectives
- Provide the “what” information, not the “how” information

Goals

- Structure of a Goal Statement

  To [action verb] [object] [modifiers]

- Examples:
  - To [enable] [students] [to improve their writing skills]
  - To [reduce] [the number of English Language Learners] [scoring Level 2 on FCAT]
  - To [improve] [energy conservation] [in the city]

Goals - Examples

- Assure the quality and accuracy of reportable data.
- Development and evaluation of materials that address the cultural and linguistic needs of parents.
- Improve public health informatics by leveraging current and future IT innovations.
- Engage in community partnership building activities including collaboration with pediatric health care providers and audiologists as well as the Early Head Start Program to strengthen and enhance the role of the medical home.
- Increase the enrollment of infants and toddlers diagnosed with permanent hearing loss into early intervention services.

Objectives

- States the results to be achieved
- Criteria by which the results will be measured, ie, degree of change
- Time frame for achieving the objective
- Identifies the target group toward which the objective is directed
- Future focus: state in active voice, ie, "*will* be reduced..," "*will* increase.."
- Avoid "to" language, ie, "to provide information…" is an activity

SMART Objectives

SMART Objectives

Specific	Is the objective precise and well-defined? Is it clear? Can everyone understand it?
Measurable	How will the individual know when the task has been completed? What evidence is needed to confirm it? Have you stated how you will judge whether it has been completed or not?
Achievable	Is it within their capabilities? Are there sufficient resources available to enable this to happen? Can it be done at all?
Realistic	Is it possible for the individual to perform the objective? How sensible is the objective in the current business context? Does it fit into the overall pattern of this individual's work?
Timely	Is there a deadline? Is it feasible to meet this deadline? Is it appropriate to do this work now? Are there review dates?

Objectives - Examples

- **Objective 3:2** By May 2014, the EHDI-IS will be capable of accurately reporting 75 % required early intervention data to the CDC.
- **Objective 1.1**: By June 2016, decrease the number of children LTFU/D for screening to 1%.
- **Objective 1:6:** From November 2011 through August 2012, at least 8 stakeholder meetings (up to two face-to-face) will be held to determine other strategies for decreasing loss to follow-up/loss to documentation and develop educational materials.

Goals and Objectives

SECTION 3: METHODOLOGY

GOAL 1: NHSP will increase the percentage of children meeting early hearing screening, evaluation and intervention (EHDI) 1-3-6 timelines by strengthening collaboration with screening facilities, medical home, audiologists, and EI.

OBJECTIVE 1. 1: By March 2014, decrease the proportion of children who are LFU/D for screening to 1%. *(Baseline: In 2009, 2.9% births were LFU/D for screening.)*

Method:

- **Improve follow-up coordination.** A Parent Support/Follow-up Coordinator will be hired to coordinate the services needed for infants who miss newborn screening or who are referred from newborn screening.
- **Parents are aware of the hearing screening performed at the hospital, and families of infants who have failed screening are informed of the importance and process of follow-up at the time of screening.** Currently there is no standard procedure to inform parents of screening results, with most hospitals verbally sharing results. In 2009, the NHSP Learning Collaborative team piloted a simple record of infants' screening results that is given to the parents at the hospital. If the infant does not pass screening, the parent is also given the "Family Guide" Roadmap, which provides information on the steps regarding rescreening, diagnosis, and intervention. The team also developed the script for screeners to share information with parents of infants. The Roadmap are being piloted at all birthing hospitals and will be implemented statewide in April 2011.

Activity

- Write one GOAL for an EHDI Family Support component
- Write one SMART objective for the Family Support goal

Work Plan Activities

- Activities
  - Timeframe to assess progress
  - Lead Staff and Partner Support/Collaborations
  - Process Measures
  - Outcome Measures

Process Measures
vs.
Outcome Measures

- Process Measure
  - Specific steps in a process, protocol, or intervention
  - Activities undertaken to achieve an objective or goal.
- Outcome Measure
  - Metric that is the product of a process, protocol, or intervention
  - Target specified in a SMART objective

Work Plan

Attachment 1 – IDAHO WORK PLAN

Aim Statement 1

Increase timely diagnosis of hearing loss by 30% (thirty percent) from baseline over 3 (three) years by scheduling diagnostic appointments for each infant that refers on their NHS prior to discharge in all birthing facilities in Idaho.

Changes / Activities (sequence as needed)	Start Date	Estimated Completion Date	Lead Staff and Partner Support (where applicable)	Process Measures	Outcome Measures
Audiology Consulting Team (ACT) training and outreach.	4/2017	3/2020	Data Manager ACT Team Idaho Birthing Facilities Idaho Audiology Clinics	Percentage of diagnostic appointments scheduled of infants that refer on their Newborn Hearing Screening (NHS)	Percentage of diagnostic results received by Idaho EHDI of appointments scheduled

Aim Statement 2

Increase timely diagnosis of hearing loss by 30% (thirty percent) from baseline over 3 (three) years by obtaining 100% of screening results forms for each infant that refers on their NHS by 1 (one) month of age.

Changes / Activities (sequence as needed)	Start Date	Estimated Completion Date	Lead Staff and Partner Support (where applicable)	Process Measures	Outcome Measures
Request Screening Results Forms from each birthing facility for each infant that refers on their NHS	4/2017	3/2020	Data Manager Idaho birthing facilities	Number of screening results forms requested by Idaho EHDI	Number of screening results forms received by Idaho EHDI

Work Plan

WHAT WE WILL DO	WHO'S RESPONSIBLE	Yr. 1 Quarters				Yr. 2 Quarters				Yr. Quarters				HOW TO EVALUATE
		1	2	3	4	1	2	3	4	1	2	3	4	
GOAL 1: Increase the percentage of children meeting EHDI 1-3-6 timelines by strengthening collaboration with screening facilities, medical home, audiologists, and EI.														
OBJECTIVE 1.1: By March, 2014, decrease the proportion of children who are LFU/D for screening to 1% (in 2009, 2.9% were LFU/D for screening).	Project Supervisor Research Statistician	X	X	X	X	X	X	X	X	X	X	X	X	Monthly HI*TRACK data
Activity 1.1.1 By June 2011, all parents whose infants receive hearing screening will receive written documentation of screening results.	NHSP staff Screeners			X	X	X	X	X	X	X	X	X	X	Parent survey
Activity 1.1.1.1 Hearing screening results card will be printed and distributed to birthing hospitals.	Project Coordinator Parent Support/Follow-up Coordinator			X	X	X	X	X	X	X	X	X	X	
Activity 1.1.1.2 Birthing hospitals will have policy in place to provide parents with written document of their infant's newborn hearing screening results.	NHSP Supervisor with Hospital Administrator & NHS Coordinator					X	X	X	X	X	X	X	X	Written policy
Activity 1.1.2 By September 2011, utilize a Roadmap to guide parents through the process of screening, evaluation, and intervention.	Parent Support/Follow-up Coordinator			X	X	X	X	X	X	X	X	X	X	HI*TRACK notes
Activity 1.1.2.1 Family Guide (Roadmap) will be finalized, printed, and distributed to birthing hospitals.	NHSP staff			X	X	X	X	X	X	X	X	X	X	Record of Roadmap distribution

Work Plan

System Goal 1 - The hearing of all newborns born in Nebraska will be screened during the birth admission or, if born out-of-hospital, by one month of age.	**Healthy People 2010 (28-11) -** Increase the proportion of newborns who are screened for hearing loss by age one month, have audiologic evaluation by age three months, and are enrolled in appropriate intervention services by age six months.	
Program Objective 1.1 – Birthing facilities will submit hearing screening status reports for 100 percent of newborns, including transfers to NICUs.	**Measurement** – Number and percent of "refers," number and percent of discharges prior to screening, reasons for discharge, timeliness of reporting, error rate.	
Activities	**Quarters**	**Person(s) Responsible**
Individual hearing screening status reports submitted electronically during birth certificate registry process.	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	CHEII, Hosp Staff
Transfers to different hospitals reported electronically with follow-up, reporting, and input completed electronically.	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	CHEII, Hosp Staff
Training and orientation of hospital staff; technical assistance provided,	Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	Prgm Mgr; BAnalyst, CHEII; Hosp Staff

WORK PLAN

AIM: 1. Concurrence between state agencies on the definition of data points. 2. Reduce the number of infants not screened in-patient or not re-screened out-patient by 15% (5% per year) as compared to 2008 data, 3. Reduce the number of infants for which follow-up is discontinued or no information was available by 15% (5% per year) as compared to 2008 data, 4. Reduce the number of infants "in-process" at 12 -18 months of age by 15% (5% per year) as compared to 2008 data 5. Sustain a mean age of 3 months for age of diagnosis of a hearing loss for a minimum of 6 months 6. Increase the documentation of infants enrolled in Part C or other early intervention services to 70%

To be met on a statewide level by March 2014.

Goal: Implementation of a standardized newborn hearing screening training curriculum for birthing hospitals and execution of NICHQ strategies for change using the Plan-Do-Study-Act model in these hospitals;

Objective	Members Involved	Start Date	End Date	Comments
Enlist birthing hospitals to complete the NHSTC training (through gaining support of the perinatal network administrators and education on the need for standardized competency based training)	10 hospitals per year and associated stakeholders in communities, DSCC, IDPH, perinatal network administrators, and NHSTC contractors	Yearly effort beginning April 2011	March 2014	This project was piloted in 2010 with the assistance of Randi Winston and Karen Munoz. Preliminary data suggests a statistically significant change as a result of training.

Work Plan

Table 4: Goals, Objectives, Activities, Timelines and Evaluation

Goal 1: By March 31, 2012, reduce the rate of infants lost to follow-up between hospital discharge and outpatient screening to no more than 10%.			
Objective 1.1: Rates of infants receiving timely follow-up after referring on inpatient screening will rise annually during the funding cycle.		Measurement: Percent of babies who referred on inpatient screening that had follow-up documented. Goal: 90% by 3/31/12, baseline: 66.8% for 2007 births. Percent of babies who referred on inpatient screening that have *timely* follow-up documented. Goal: 85% by 3/31/12, baseline: 62.4% for 2007 births.	
Activities	*Timeframe*	*Person(s) Responsible*	*Evaluation/Measurement:*
Throughout the funding cycle, distribute hospital-specific quarterly reports which will include refer rates, follow-up rates, and unduplicated individual data on all children not passing initial screening.	May, August and November 2009; February, May, August and November 2010; February, May, August and November 2011; February 2012	RS	Document distribution date and number of recipients

Tips

- Ensure activities that need to run consecutively are framed that way on your Work Plan
- The goals and objectives are often stated in the FOA and can be used directly in the Work Plan
- Make sure all of your objectives are written in SMART format
- Make sure your measures are measurable
- Review your Work Plan periodically during the grant period to ensure you stay on track
- Proofread everything…again

Evaluation

- Measures – Relevant, understandable, useful
  - Quantitative- numeric data – i.e. percentage screened
  - Qualitative – descriptive (words) – i.e. family satisfaction interview questions
  - Process – are we doing what we said we'd do, are we sticking to our timeline?
  - Outcome – are we achieving our goals/objectives, are we making the differences we planned to make?
- Data Sources, ie, EHDI IS, health records, stakeholder interviews
- Methods/Tools, ie, raw data review, focus group
- Activities/Steps - ***tasks to gather evidence about measures***
  - One activity for multiple measures, ie, data review
  - Several activities for one measure, ie, survey and IS data to evaluate effectiveness of new protocol, stakeholder evaluation surveys
- Timeline – Milestones, if spans multiple years
- Person Responsible

Evaluation Plan

- Consistency and alignment with objectives and activities
- Process measures
- Performance measures (outcomes)
- Quality assurance measures
- Sources of data
- Methods and tools for data collection
- Activities to implement the evaluation plan
  - Timeline, including milestones if multiple years
  - Staff responsible

Process

- Assessment of EHDI surveillance process
  - Measures of program implementation
    - ✓ Implementation as planned
    - ✓ Effective use of inputs/resources
- Coverage/acceptability of surveillance system and activities
  - Measures to determine if activities serve/meet needs of target population

Performance (Outcome)

- Effectiveness of EHDI surveillance system and activities
- Performance metrics
- Key indicators of success and accomplishment

Quality Assurance

- CDC QA - Measures of data:
  - Accuracy
  - Validity
  - Completeness
- HRSA QA – Evaluative Measures
  - What extent were program objectives met?
  - What extent can these be attributed to the project?
  - What extent does the applicant describe the quality improvement (QI) methodologies that will be incorporated?

Evaluation Plan - Example

Goal 2: All infants who fail the inpatient screen will have a follow-up screen by one month of age.

Objective 2.a: By June 30, 2014, increase from 80% to 90% the number of infants who receive a follow-up screen or audiologic evaluation as documented by either the hospital coordinator or audiologist in the EHDI IDS.
Evaluation Plan for the Objective: The EHDI IDS will have documentation of the individual follow-up results for the rescreen or audiology evaluation of each infant as entered by the hospital coordinator or audiologist.

ACTIVITY	EVALUATION	TIMELINE	PERSON RESPONSIBLE	% OF FTE	OTHER FUNDING
1.All pediatric audiologists will be trained to enter data into the EHDI IDS.	Trainings documented and results are entered by the hospital coordinator or audiologist.	Year 1	[redacted]	20%	CDC EHDI
2. Monitor EHDI IDS to determine which populations of infants are not receiving follow-up.	Analysis of data to measure factors associated with children lost to follow-up.	Annually	[redacted]	10% 2%	CDC EHDI MCHB EHDI
2. Improve data entry by hospital coordinators to encourage real-time entry.	EHDI IDS query will analyze the dates of screens and rescreens with the date of entry.	Quarterly	[redacted]	20%	CDC EHDI

Evaluation Plan - Activity

- **Goal 1: Update EHDI-IS with detailed electronic processes to report and disseminate information on progress towards programmatic, jurisdictional, and national goals.**
- **Objective 3:** To provide local and statewide system status reports on a quarterly basis (report cards) utilizing EHDI data for statewide systems improvements beginning January, 2012.
- **Activity 7:** Hospital screening rates will be compared within the state and against national standards.

TASK: Develop an evaluation plan using Evaluation Plan worksheet

Resolution of Challenges - HRSA

- Discuss anticipated challenges in designing and implementing the activities
- Identify approaches that will be used to resolve such challenges

Resolution of Challenges - Example

Birth & Outpatient Screening Challenges and Resolutions

Challenge 1: *The majority of home births are not tracked in the OZ eSP database.*

Resolution 1: Identify the midwifery community and formalize a partnership through an MOA.

Resolution of Challenges – Example

SECTION 5: RESOLUTION OF CHALLENGES

Challenges in designing and implementing Work Plan activities	Approach to Address Challenges
State's slow economic recovery, with furlough (2 days/month) continuing at least to June 2011 – without a decrease in workload for NHSP staff	▪ Staff prioritization of work using the EHDI 1-3-6 goals as a guide
Increased time to obtain approvals for purchasing equipment and establishing positions	▪ Increase NHSP staff knowledge of the procurement and personnel process ▪ Prepare paperwork early, to be ready soon after project funding is awarded
New staff – Project Specialist, Project Parent Support/Follow-Up Coordinator	▪ Prepare recruitment and orientation plan while waiting for approval to hire ▪ NHSP Supervisor and Project Coordinator will provide training and mentoring for new staff. Close supervision will be necessary until the staff is able to work independently.

Sustainability

Criterion 4 – IMPACT - (20 points). The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal Funding.

- "Sustainability" is not addressed in the introduction or narrative guidance, yet…
- And…
- Should I include something about sustainability and, if so, where?

33 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)
Level: Grantee
Category: Infrastructure

The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

Organizational Information
Program Capacity

- Current mission and structure
- Scope of current activities
- Organizational chart
- How do these contribute to the ability of the organization to conduct the program requirements and meet program expectations?
- State and local resources
- Program infrastructure
- Current and prior experience in tracking and monitoring EHDI surveillance activities
- Job description and experience/background for key personnel
- "When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs."

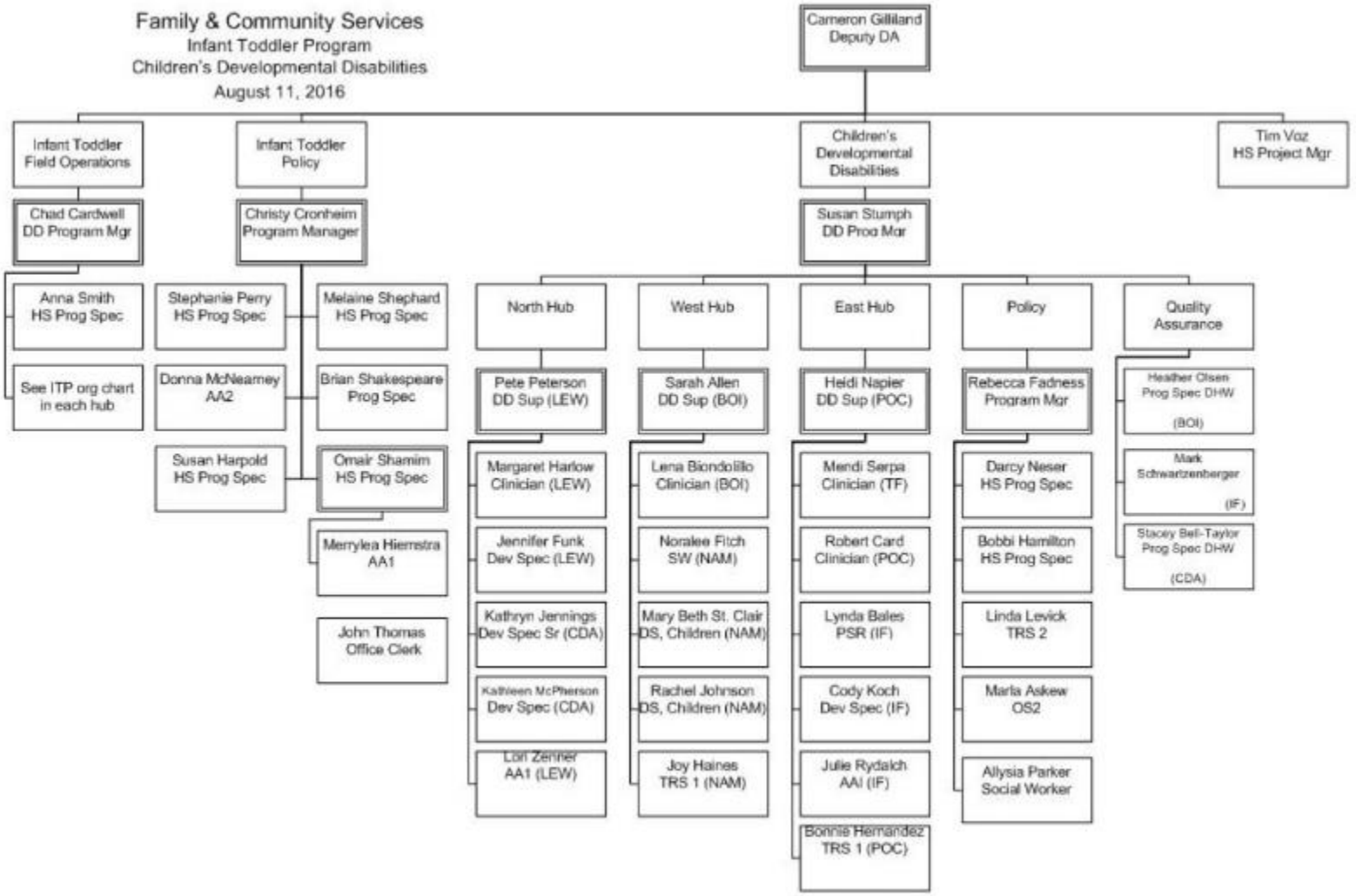
Attachments

Attachment 3 – IDAHO BIOGRAPHICAL SKETCHES OF KEY PERSONNEL

The EHDI Coordinator has worked for Idaho Early Hearing Detection and Intervention (EHDI) for five years and brings a variety of professional experience and education. He has prior work experience in organization and maintenance of personal litigation files, management, and directing daily operational activities. This skill set enables him to lead numerous Idaho EHDI Plan, Do, Study, Act (PDSA) cycles simultaneously. He is instrumental as a member of the Quality Improvement (QI) team in data procurement, management, and analysis. He has planned and overseen many projects including coding methods for parent refusal, follow-up appointments, physician's letters, and electronic transmission of birth reports. In addition, his skills are utilized for partnering with other programs for inter-agency data sharing. He readily demonstrates his prowess and thoroughness in improving data systems and knowledge of PDSA implementation and data interpretation.

The Parent Outreach Coordinator has been an integral part of the Idaho EHDI team since 2007. With degrees in nursing, education, and health science, she brings both the medical perspective and family support elements necessary for the various training components inherent in an EHDI program. This complimentary duality allows her to provide guidance, assistance, support, hope, and education to parents of children with hearing loss. Her background as a pediatric and Neonatal Intensive Care Unit (NICU) nurse, a hospital community instructor, and educator for the perinatal population aids her in bringing a wealth of knowledge for significant components of the work plan. Her work background will be utilized on the QI team in formulating coding methods, engaging with parents, implementing National Center for Hearing Assessment and Management (NCHAM) screening training, case management, and midwife partnering and education. As a nurse, teacher, and parent of two children with hearing loss, she brings a diverse wealth of personal and professional experience to the team.

Attachments



Collaborations

- Ongoing working relationships should specify current collaborative activities.
- Past, current, and proposed collaboration with reporting sources that provide data, resources, or other support to address EHDI related services
- Strongest documents list specific commitments and activities
  - Contribute to the work plan
  - Can be measured or demonstrated as evidence of success.
- MOUs/MOAs
- Collaborations should be linked to Letters of Support/Partnership

Developing Budgets

Brian Shakespeare and Linda Hazard

OMB Circulars

- Instructions or information by Office of Management and Budget (OMB) to Federal agencies are contained in OMB Circulars
- Available at http://www.whitehouse.gov/omb/circulars
- Information about allowable and unallowable costs
  - OMB Circular A-122 for non-profits
  - OMB Circular A-87 for governments (state, local, Indian Tribal)

PART 225—COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS (OMB CIRCULAR A–87) – Unallowable Costs

- Alcoholic beverages
- Entertainment costs
- First class air tickets
- Country club or social club membership costs
- Goods or services for personal use
- Advertising and public relations costs

- Costs of events related to fund raising
- Political lobbying and contributions
- Organization furnished automobiles for personal use
- Legal fees for criminal and civil proceedings
- Housing and living expenses
- Insurance

PART 225—COST PRINCIPLES FOR STATE, LOCAL, AND INDIAN TRIBAL GOVERNMENTS (OMB CIRCULAR A–87) – Allowable Costs

- Describe and provide a justification for each:
  - Salaries and Wages (including fringe benefits)
  - Consultant and Contractual Costs
  - Equipment (related to specific program objectives)
  - Supplies (pens, pamphlets, videos, software, etc.)
  - Staff Travel (in-state and out-of-state)
  - Other (telephone, internet, postage, printing, equipment rental)
  - Indirect Costs (overhead)

Budget Narrative

- Explains the amounts requested for each line in the budget
- describe how each item will support the achievement of proposed objectives
- Explain the costs entered in the SF-424A
- Justify each item in the “other” category
- The budget justification MUST be concise
- Do NOT use the justification to expand the project narrative

Salaries and Wages

- Personnel
  - Brief Description of employee
  - Salary
  - Benefits
  - Percentage of time on project

Consultant and Contractual Costs:

Third Party Contact to Perform Program Activities

- **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
- **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
- **Period of Performance:** Specify the beginning and ending dates of the contract.

Consultant and Contractual Costs:

Third Party Contact to Perform Program Activities

- **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
- **Method of Accountability:** Describe how the progress and performance of the contactor will be monitored during and on close of the contract period
  Identify who will be responsible for supervising the contract.
- **Itemized Budget and Justification:** Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Consultant and Contractual Costs:

Third Party Contact to Perform Program Activities

- Family Based Organizations
- EHDI Programs that use contracted services for part or all of the program
- Early Intervention
- Other
- Appendix with detailed information: of personnel, time on project, salary, wages, travel (in and out of state), equipment, supplies , other and indirect costs

Equipment

- Equipment related to certain specific program objectives
  - HRSA allows for budgeting of equipment
    - Cost
    - Justification
    - Screening equipment maintenance and calibrations
  - CDC does not allow for equipment purchases

Supplies

- Office supplies
- Pamphlets
- Annual Reports
- Videos
- Software

Staff Travel

(in-state and out-of-state)

- EHDI Annual Meeting
  - Airfare
  - Meals and Lodging
  - Transportation
  - Conference registration
- In-State Travel- mileage and other approved expenses
  - Meetings
  - Learning Communities
  - Projects (i.e. Care Project Retreat)
  - Site visits
  - Educational Trainings with external stakeholders

Other

- Telephone
- Internet
- Printing
- Equipment Rental
- Translation of written materials

Indirect Costs

- To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.
  - Overhead including for example-office space, accounting, computer maintenance
- If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs

Budget Exercise

Collaborate with your table colleagues to develop a budget: HRSA or CDC

Review Process – CDC

New Competitive

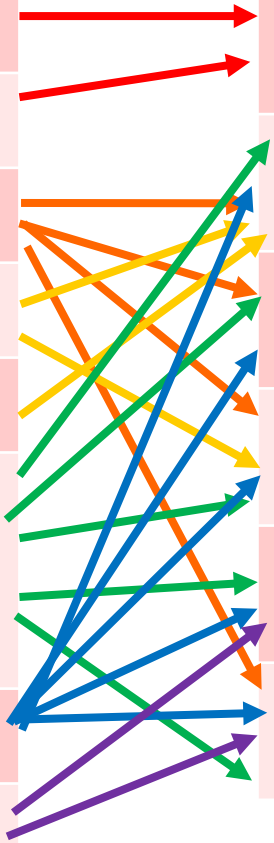
- CDC Office of Grant Services conduct pre-review for completeness and responsiveness
- Objective review by panel of 3 or more HHS employees
  - 100% from outside the funding branch
  - Federal employees, not associated with the cognizant program office
- No conflict of interest
- Numeric score assigned by each reviewer
- Recommendations to approve, disapprove, defer application
- All applications ranked based on scores
- Approval based on ranking

Review Scoring

HRSA		CDC	
Criteria	**Points**	**Criteria**	**Points**
Need	10	Background and Problem Statement	5
Response	34	Strategies and Work Plan	30
Evaluative Measures	20	Evaluation and Performance Measurement	25
Impact	20		
Resources/ Capabilities	10	Organizational Capacity	40
Support Requested	6		

Requirements vs. Scoring

Sections	Scoring
Introduction	Need – 10 points
Needs Assessment	
Methodology	Response – 34 points
Work Plan	Evaluative Measures – 20 points
Resolution of Challenges	Impact – 20 points
Evaluation and Technical Support Capacity	Resources/Capabilities – 10 points
Organizational Information	Support Requested – 6 points
Budget Narrative	



Review Process – HRSA

New Competitive

- Pre-review for eligibility and completeness by HRSA
- Independent, objective review
- Panel of experts identified from the HRSA Reviewer Recruitment Module (RRM)
- No conflicts of interest
- 3 panel members review and rate each application independently:
  - Strengths and weaknesses for each criterion
  - Points assigned for each criterion
- Panel meets to discuss each members' comments and rewrites strengths and weaknesses
- All panel members score independently and scores are averaged

REVIEWER'S GUIDE

This guide will assist the reviewers in identifying primary pages in the application corresponding to specific review criteria as listed below.

Review Criteria	Pages, Attachments
1 – NEED - (20 points)	
▪ Description of problem, associated contributing factors	5- 10,11, 34
▪ Problem described with quantitative measures of LTF at each EHDI stage	8 - 10
2 – RESPONSE - (30 points)	
▪ Project responsive to purpose	4, 6, 14
▪ Proposed goals and objectives	8-10,17-24,30-31,
▪ Quantitative measures, relationship to project	34-35
▪ Activities address the problem and capable of attaining the objectives	8,18-19, 22, 34 11-14, 17, 38, (A4)
▪ Barriers identified	14-16
▪ Resolutions to challenges	34
3 – EVALUATIVE MEASURES - (20 points)	
▪ Method to monitor and evaluate results	6-7, 13
▪ Measure the meeting of program objectives	29-30
▪ Measure of extent attributed to project	32
▪ Quantitative and qualitative measures	35-36, (A1)
4 – IMPACT - (20 points)	
▪ Plans to disseminate results	5, 29-30
▪ National scope of results	30
▪ Replication of project activities	31-32
▪ Sustainability of the program beyond federal funding	32
5 – RESOURCES/CAPABILITIES - (5 points)	
▪ Staff qualified by training, experience	34-35, (A2, A3)
▪ Applicant organization capability	36, (A4, A5, A6)
▪ Availability of facilities, personnel to meet needs, requirements of project	40, (A5)
▪ Past performance	(A7)
6 – SUPPORT REQUESTED - (5 points)	Compare project narrative to budget justification
▪ Reasonableness of proposed budget in relation to objectives, complexity of activities, and anticipated results	

Review Process

State/Local/Foundation:

- Varies:
  - Program staff
  - Staff recruited from other DOH programs
  - Individuals recruited from advisory boards or related programs

TIPS FOR WRITING A HIGH QUALITY APPLICATION

Patricia Burke and Linda Hazard

Tips

- Before the RFP/FOA is published:
  - Pay attention to trends, influences, ideas
  - Keep a list of "next time" ideas
  - Periodically update strategic/long-term planning with stakeholders
  - Research local grant writing resources.
  - Critically review current evaluation results. Where does that lead you for the next grant cycle?
  - Run key evaluation measures monthly so you have recent data elements at your fingertips
  - Make your CDC & HRSA (and other) grants work together. Can one objective (or variant) cover both grants?
  - Read through narratives from your prior submissions and other states to get ideas and also identify good writing styles:

    http://infanthearing.org/stategrants/index.php

Tips

- Read and re-read the guidance
- Follow the directions for EACH section, attachment, etc
  - Include ALL required documents (logic model, MOAs, indirect cost rate agreement, cover letter)
- Highlight areas of the FOA that you think might trip you up
- Do not exceed the page or file size limits
  - In general, allocate the total application pages based on scoring criteria (5% of pages address need, 20% address evaluation, etc.)
- If you don't have something:
  - acknowledge it is missing with a timeline for completing
  - submit a draft version (labelled as such)

Tips

- Arrange for uninterrupted time to write your application
- Plan for more time than you think you need
- Engage a team to help
- Include your data analyst in the process
- Ask questions of the funder and attend technical assistance calls/webinars
- If you have something you do really well, show off

Tips

- Start with an outline with required section headers. To be sure you address everything, copy/paste the requirements **and scoring** text from the RFA/FOA, then delete that after you've written the narrative.

Tips

- Use appendices appropriately and wisely
  - If you have many letters of support that say the same thing, attach 1 exceptional one (detailed description of activities & deliverables, critical partner) then attach a 1 page document that list the agency/author of the other letters of support
  - A well crafted work plan that clearly & concisely documents activities and evaluation measures is worth thousands of words of narrative
- It's not over when you submit the grant. This is an unending process

It's not always easy to follow the directions:

From RFP:

- A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.
- Attachment 1: Work Plan Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment.

Summary of Strengths & Weaknesses

- Weakness 2:
  The application does not include a logic model.

Tips

Write with the reviewer in mind:

- Include a list of ACRONYMS – on first page of the Narrative or as first attachment
- Ensure your references to attachments are correct (titled identically and numbered correctly)
- User footers with section and page number (Budget Narrative, page 1 of 6)
- Proofread…and proofread again
- Don't assume that the reviewers know your program or have a strong background in the area. Recruit someone unfamiliar with your program to read your application. Does it make sense to someone whose never heard our jargon (refer, lost to follow-up)?
- Give your reader volunteer the scoring criteria and ask them to score it. Consider a Reviewer Guide in your appendix

Post-Award Activities

- **Notice of Grant Award (aka NoGA, NGA, NoA)**
  - https://www.cdc.gov/grants/alreadyhavegrant/notice-of-award.html
  - Did you get amount of funding you requested?
  - Read **and respond to** your Terms and Conditions

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. **Due Date: Within 90 Days of Award Issue Date**

   The applicant is required to provide a logic model. The applicant is required to provide a signed Memorandum of Understanding (MOU)

Objective/Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, July 31, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

- Read through (at least once) ALL the small print
- Be sure your contact information is correct

Post-Award Activities

ALWAYS REQUIRED for each year of the grant:

Performance Report or Annual/Interim Progress Report

- Report of progress on goals & objectives
- Typically due a few months before the end of the current project year
- May be included with non-competitive renewal

Federal Financial Report (FFR)

- May be done by your fiscal office
- Due within 90 days after the END of the funding year

Performance Measures (HRSA)

- Global HRSA measures, selected for your grant, but not grant-specific: i.e.:

  The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.

- New system (DIGS) and measures coming this year (FY18 grants)

Post-Award Activities

Multi-Year Grant:
Non-Competing Continuation

- Purpose is to provide new activities/workplan for next year of grant. Overall goal and objectives should be the same
- Your original competitive application should have included Year 2 (& 3, etc.) activities. This is your opportunity to modify those
- Typically shorter than competitive application
- CDC requires budget. HRSA doesn't ask for new budget – funds allocated based on requested amounts for additional years in original application

Post-Award Activities

Platforms for Post-Award Activities:

You need to request user accounts to these systems to manage your grants

HRSA

HRSA | Electronic Handbooks

CDC

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General Resources (How to):

- HRSA Grant Manual:

  https://www.hrsa.gov/sites/default/files/grants/manage/awardmanagement/awardmanage.pdf

- CDC Grantee Information

  https://www.cdc.gov/grants/alreadyhavegrant/Other.html

Post-Award Activities

Prior approvals required for:

- **Key Personnel change**

- **Budget modification**

Re-budgeting of up to 25%* of total funds does not require approval

*verify this amount in the small print of you NoGA

- **Carry over unobligated funds**

For CDC, templates are available on the general grantee website

Wrap Up

- Pending questions?
- What will you do differently in your next new competitive application?
- What would be helpful to include in subsequent workshops on this topic?

Become a DSHPSHWA Member

Join on-line: www.DSHPSHWA.org

- **Special thanks to** Jeff Hoffman, MS, CCC-A for allowing DSPHSHWA sharing seamlessly, and allowing us to steal shamelessly.
- **Co-authors:** Kathy Aveni, Kirsten Coverstone, Marcia Fort, Bradley Hartman-Bakken, Linda Hazard, Stacy Jordan, Cathy Lester, Karin Neidt, and Brian Shakespeare

Thanks for Attending!!

Maya Angelou said, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

We hope that you feel supported and appreciated for all that you do for our children and families. You are not alone!