AMERICAN INDIAN / ALASKA NATIVE HEALTH EQUITY INITIATIVE
FUNDING OPPORTUNITY ANNOUNCEMENT: #MP-AIA-17-001
TECHNICAL ASSISTANCE WEBINAR

U.S. Department of Health and Human Services
Office of the Secretary
Office of Minority Health
February 8th, 2017
3PM Eastern Time
AMERICAN INDIAN / ALASKA NATIVE
HEALTH EQUITY INITIATIVE
FUNDING OPPORTUNITY
ANNOUNCEMENT: #MP-AIA-17-001
TECHNICAL ASSISTANCE WEBINAR

Programmatic Questions:
Makeda Harris
Project Officer
U.S. Department of Health and Human Services
Office of the Secretary
Office of Minority Health
February 8th, 2017
3PM Eastern Time
Budgetary Questions:
HHS/OASH Office of Grants Management
Senior Grants Management Specialist
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AI/AN HEALTH EQUITY INITIATIVE

Office of Minority Health (OMH)
Mission Statement

The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs to eliminate health disparities.
AI/AN HEALTH EQUITY INITIATIVE

Program Summary (FOA page 3)

The AI/AN Health Equity program seeks to support tailoring or developing, and implementing, of evidence-based models and/or promising practices to help address trauma (historical and generational) that exist in AI/AN communities.
1. Employ culturally appropriate and effective public health interventions designed to improve the physical, social, emotional and cultural well-being of AI/AN adolescents (ages 12 to 16 at the beginning of the program);

2. Build and strengthen cultural competency among healthcare professionals and paraprofessionals serving AI/AN adolescents, their caregivers and communities;

3. Disseminating evidence-based practices to accomplish these goals.
1. Strengthen protective and resiliency factors including by incorporating traditional AI/AN practices.

2. Build capacity and improve cultural competency among AI/AN serving healthcare professionals and paraprofessionals by increasing knowledge and informing their attitudes and practices through training and technical assistance.
3. Applicants are required to use the National Standards for Culturally and Linguistically Appropriate Services in Health Care (National CLAS Standards) as part of the framework to develop their proposals.

www.thinkculturalhealth.org
Program Requirements: **Partnerships** (FOA page 7-8)

Applications should demonstrate highly innovative, multi-partner approach and must involve at least two of the following:

1. Native American tribal government (Federal and/or state recognized)
2. Native American tribal organization (other than federal or state recognized tribal governments)
3. Tribal College or University
4. Alaska Native-Serving Institution
AI/AN HEALTH EQUITY INITIATIVE

Program Requirements: **Partnerships** (FOA page 7-8), continued

5. Tribal Epidemiology Center

6. Urban Indian Health Program

7. Urban Indian Organization

8. Additional collaborating partner
Program Requirements: **Cohort** (FOA page 8-9)

1. Each project must serve a cohort of no fewer than 40 at-risk AI/AN adolescents ages 12-16 at the beginning of the project, and should serve the same cohort for the five years of the project.

2. All adolescents served should be ages 12-21 throughout the five years of the project.

3. Describe the cohort and the geographic area to be served.

4. Specify an approach to longitudinal tracking.
Program Requirements: **Cohort** (FOA page 9), continued

5. OMH expects grantees will maintain the same cohort throughout the five year period of the grant, ages 12-16 years at the time they enter the program, selected in the first year of the project period, in order to track baseline indicators/measures in comparison to outcome indicators/measures.
Program Requirements: **Cohort** (FOA page 9), continued

6. Power analysis should determine the group size needed in the last year of the intervention to detect *significant* differences in key outcome variables.

7. Applicants should provide a participant recruitment plan that demonstrates an understanding of likely attrition rates, a risk mitigation plan for reducing attrition, and that final group size in the last year of the project is sufficiently large to detect significant differences in the key outcome variables.
AI/AN HEALTH EQUITY INITIATIVE

Program Requirements: Interventions (FOA page 10-13)

1. Establish a meeting site where project activities for adolescents and families will take place.

2. Conduct a summer program of at least six weeks in duration;

3. Deliver a culturally-appropriate evidence-based program for adolescents that includes academic enrichment, personal development and wellness;

4. Provide education regarding historical and generational trauma related to the American Indian experience and history;
5. Provide access to trauma-informed counseling services;

6. Collaborate with local school(s) to obtain de-identified student data such as GPA, standardized test scores, attendance rates, and records of suspension and expulsions;

7. Conduct a comprehensive program of support education for the cohort of adolescents which includes services to mitigate childhood trauma and promote academic enrichment, personal development and wellness, cultural enrichment, and career development.
AI/AN HEALTH EQUITY INITIATIVE

Community Based Participatory Research (FOA page 13)

1. Designed to include community stakeholders throughout the research spectrum.

2. Effective means to address health disparities and promote health equity in all policies.

3. Shown to facilitate active participation on multiple levels, because AI/AN communities and research collaborators can guide how research partnerships are created, executed, sustained, and disseminated in culturally appropriate ways.
OMH Expectations (FOA page 14)

1. Reduction in high risk behaviors among AI/AN adolescents that contribute to high rates of suicide; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs); unhealthy dietary behaviors; and physical inactivity;
OMH Expectations (FOA page 14), continued

2. Identification and testing of evidenced-based culturally-appropriate interventions and/or promising practices to address complex trauma (historical, contemporary and generational) that significantly increase resilience and protective factors among AI/AN adolescents (ages 12-16 at the beginning of the program) with a focus on the utilization of traditional practices;
OMH Expectations (FOA page 14), continued

3. Increase number of AI/AN adolescents’ awareness and knowledge of historical and generational trauma as it relates to AI/AN communities;

4. Increase number of AI/AN adolescents with resilient and protective factors to reduce risky behavior;

5. Development of skills and behaviors by AI/AN adolescents that lead to healthier lifestyle choices and to overall success in life; Increased knowledge, and better-informed attitudes and practices among AI/AN serving healthcare professionals and paraprofessionals in delivering culturally appropriate health services;
AI/AN HEALTH EQUITY INITIATIVE

OMH Expectations (FOA page 14), continued

6. Dissemination of effective culturally-appropriate, evidence-based models and/or promising practices to help address complex trauma; and

7. Publication of evaluated project results and outcomes.
AI/AN HEALTH EQUITY INITIATIVE

Eligible Applicants (FOA page 15-16)

1. Native American tribal governments (federal and/or state recognized)
2. Native American tribal organizations (other than federal or state recognized tribal governments)
3. Tribal Colleges and Universities
4. Alaska Native-Serving Institutions
5. Tribal Epidemiology Centers
6. Urban Indian Health Programs
7. Urban Indian Organizations
8. A signed letter from the authorized representative must accompany the application. The letter should include documentation establishing the authorized representative’s authority.

9. Eligible tribes whose status is a state-recognized tribe must include a letter of recognition from their state.
Eligible Applicants (FOA page 16), continued

10. Eligible tribes’ status as a federally-recognized tribe will be verified through the list published by the Bureau of Indian Affairs, which may be found at:


11. All other eligible applicants must include documentation verifying the status which makes it an eligible applicant.
AI/AN HEALTH EQUITY INITIATIVE

Application Responsiveness Criteria (FOA pages 16-17)

1. Applicants are required to submit a signed Letter of Commitment (LOC) between the applicant and each partner organization and agency (should include activities, resources, specific dates and the terms for terminating the agreement).

2. One application per organization.

AI/AN HEALTH EQUITY INITIATIVE

Application Content (FOA page 20-21)

1. Executive Summary
2. Problem Statement
3. Organizational Capability
4. Goals and Objectives
5. Outcomes
6. Program Plan
6a. Proposed Intervention/Plan
6b. Focal Populations and Organizations
6c. Project Management
7. Evaluation
8. Dissemination Plan
9. Budget
10. Appendices
Application Content (FOA page 21)

1. Executive Summary:
   • Document brief description of the proposed project, including: focal population, goal(s), objective outcomes, and evaluation plan.

2. Problem Statement:
   • Describe the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address (quantitative and qualitative terms).
2. Problem Statement, continued:
   • Detail how the project will potentially affect the focal populations, specific subgroups within those populations.
   • Describe problem statement on the specific aspects of the history, existing literature, current status, and policy considerations bearing on the program area, and the roles of the tribal, national, state, and local agencies responsible for their operation.
   • Describe the demographics of the local AI/AN adolescent population expected to be affected by the project.
3. Organizational Capability:
   • Describe organization’s capability to successfully implement the proposed project.
   • Document significant experience addressing trauma informed and behavioral health services to AI/AN adolescents.
   • Describe the role of each participating tribe, tribal organization, and/or other partner involved in project activities.
Application Content (FOA page 22)

3. **Organizational Capability**, continued:
   - Describe duties of staff and proposed consultants.
   - Must provide an Organization Chart in Appendices section showing the relationship of the project to the current organization.
   - Document any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.
4. **Goals and Objectives:**
   - Document proposed goal(s) and major objectives.
   - Objectives must be *measurable*.
   - Document short-term objectives for each year of the project period AND long-term objectives for the entire five year project period.
   - SMART.
5. **Outcomes:**
   - Must clearly identify the measurable outcome(s) that will result from your project. OMH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.
   - Demonstrates the *impact* of the intervention.
5. **Outcomes**, continued:
   • Describe *what* outcome(s) will be produced by the project.
   • Application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited.
   • Project might have only one outcome per goal that it is trying to achieve through the intervention reflected in the project’s design.
5. **Outcomes**, continued:
   - Demonstrate that the project will result in the following core outcomes;
   - Establish culturally appropriate trauma-informed services and support systems to improve health outcomes for AI/AN adolescents and families;
   - Establish a social determinant based trauma-informed model focused on social and emotional support and academic achievement programs which incorporates culturally appropriate services that may be replicated;
AI/AN HEALTH EQUITY INITIATIVE

Application Content (FOA pages 24-25)

5. **Outcomes**, continued:
   - Increase the number of adolescents and families participating in trauma-informed and behavioral health interventions;

   - Increase the support systems and services in place that build resilience, support and educate AI/AN adolescents who reside in communities experiencing trauma;

   - Increase the number of AI/AN adolescents and families who succeed in improving their physical, social, emotional and cultural well-being;
AI/AN HEALTH EQUITY INITIATIVE

Application Content (FOA page 25)

5. **Outcomes**, continued:
   - Strengthen cultural competency among healthcare providers, paraprofessionals, caregivers and communities serving AI/AN adolescents; and
   - Produce documents, case studies, reports and other materials on the topic of trauma-informed and behavioral health services tailored in a culturally appropriate manner to AI/AN adolescents and their families residing in urban and native communities.
6a. **Program Plan/Proposed Intervention(s)/Plan:**
   - Provide a clear and concise description of the intervention you are proposing to use to address the need identified in this FOA.
   - Provide rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and your proposed activities.
   - Detail the process you will employ to ensure that the intervention is culturally appropriate.
6b. **Program Plan/Cohort Populations and Organizations:**

- Demonstrate how intervention will focus on AI/AN adolescents (ages 12-16 at the start of the project, and no older than 21 at the conclusion of the funding for the project).

- Document with data the magnitude of the problem of historical and generational trauma, maltreatment, abuse, or other unhealthy behaviors of the cohort population.

- Describe the cohort population including geographic areas to be served (with data).
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Application Content (FOA pages 26 – 27)

6b. Program Plan/Cohort Populations and Organizations, continued:

- Describe risk factors faced by the adolescents to be served by the intervention.
- Describe how community-based organizations, network partners, and stakeholders will be involved in a meaningful way.
- Outline vested stakeholders, how they were/will be identified, and how they will be meaningfully incorporated into the project.
- Identify partner organizations and provide the rationale for including each of them in the project.
6c. **Program Plan/Project Management:**

- Clear delineation of the roles and responsibilities of project staff and sub-recipients and how they will contribute to achieving the project’s objectives and outcomes.

- Specify who would have day-to-day responsibility for key tasks.

- Describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.
Application Content (FOA page 27)

7. **Evaluation:**
   - Describe the methods you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s); assess and evaluate the impact of activities you propose.

**Note:** This program is not intended to fund ongoing program operations or replace existing or expiring funding, but rather to test modifications or new innovative programs grounded in and built upon successful evidence-based programs.
Application Content (FOA page 28)

7. **Evaluation**, continued:
   - Clearly describe existing models/programs and the associated outcomes achieved in or for AI/AN populations.

   - Clearly describe the novel components or execution of the revised logic model associated with an expected significant improvement of outcomes for AI/AN populations.
7. **Evaluation**, continued:
   - Clearly describe the research approach and design (i.e., community-based research, community-based participatory research, or experimental or quasi-experimental).
   - Develop and implement a comprehensive evaluation plan, including formative, process and outcome evaluation.
7. **Evaluation**, continued:
   - Develop and implement a comprehensive evaluation plan, including formative, process and outcome evaluation.
   - Specify planned outcome measures that are specific, achievable, reliable, time bound and valid.
   - Describe procedures to ensure compliance with 45 CFR Part 46 (Human Subjects Protection).
7. **Evaluation**, continued:
   - Provide a power analysis on key outcome measures that demonstrate the proposed test will be able to detect a significant difference between the intervention group and comparison group at the alpha = .05 level.

   - Describe mechanisms used to document the steps which others may follow to replicate the proposed project in similar communities.
AI/AN HEALTH EQUITY INITIATIVE

Application Content (FOA page 29)

7. **Evaluation**, continued:
   • Applicants are encouraged to consider a *mixed-method approach* for evaluation with the incorporation of community based participatory research methods, in addition to more unobtrusive but quantifiable measures based on existing data (i.e., grades, attendance) and other data sources.
8. Dissemination Plan:

• Describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats to the population served, the general public, and other parties who might be interested in using the results of the project.

• Propose innovative approaches to informing parties who might be interested in using the results of your project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project.
9. **Budget Narrative:**

- Complete all required budgetary forms and submit a budget narrative with detailed justification as part of your application.
- Budget Information Non-construction Programs standard form (SF-424A).
- Review Section D.6 Funding Restrictions.
- Budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs.
AI/AN HEALTH EQUITY INITIATIVE

Application Content (FOA page 38-41)

10. **Appendices** count toward the **total** page limit:
    - Work Plan
    - Letter of Commitment from all Participating Organizations and Agencies (not “letters of support”)
    - Logic Model
    - Institutional Review Board Approval Agreement (IRB)
    - Confidentiality Plan
    - CV/Resume for Key Project Personnel
    - Organizational Chart
    - Project Chart
### AI/AN HEALTH EQUITY INITIATIVE

Application Review Information Criteria (FOA page 48-53)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Criteria</th>
<th>Points</th>
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<tbody>
<tr>
<td>Factor 1</td>
<td>Executive Summary and Problem Statement</td>
<td>10 points</td>
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<tr>
<td>Factor 2</td>
<td>Organizational Capability</td>
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<td>Factor 3</td>
<td>Goals and Objectives and Outcomes</td>
<td>10 points</td>
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<tr>
<td>Factor 4</td>
<td>Program Plan including Proposed Interventions/Plan, Special Populations and Organizations and Project Management</td>
<td>30 points</td>
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<tr>
<td>Factor 5</td>
<td>Evaluation and Dissemination Plan</td>
<td>35 points</td>
</tr>
<tr>
<td>Factor 6</td>
<td>Budget</td>
<td>5 points</td>
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</tbody>
</table>
Factor 1: Executive Summary and Problem Statement
– 10 points (FOA page 48)

1. The depth and breadth of knowledge of the problem impacting AI/AN communities and the cohort populations demonstrated by the application.

2. The significance and prevalence of targeted health issues in the proposed community and cohort population(s).
AI/AN HEALTH EQUITY INITIATIVE

Factor 2: Organizational Capability – 10 points
(FOA page 49)

1. The extent to which the applicant demonstrates access to the AI/AN adolescent population and whether it is well positioned and accepted within the tribal community(ies) to be served.

2. The applicant organization’s experience in managing project activities involving AI/AN adolescents.

3. The extent and documented successful outcome of past efforts and activities with AI/AN adolescents.
Factor 2: Organizational Capability – 10 points
(FOA page 49)

4. Applicant’s capability to implement, manage, and evaluate the project as determined by:
   • The strength of the qualifications, experience and appropriateness of proposed partner organizations.
   • The strength of the qualifications, experience and appropriateness of proposed key staff or consultants or requirements for those to be hired;
   • The reasonableness of the proposed level of effort for each staff member;
   • The strength of management and service delivery experience of the applicant;
Factor 2: Organizational Capability – 10 points
(FOA pages 49)

4. Applicant’s capability, continued:

- The logic of the applicant’s proposed project organizational structure.

- The depth of the applicant’s experience within the community to be served, connection to critical stakeholders, and ability to bring together key individuals and organizations on various levels to effect change.
AI/AN HEALTH EQUITY INITIATIVE

Factor 3: Goals and Objectives and Outcomes – **10 points** (FOA pages 50)

1. The extent to which project goals and objectives are aligned to the AI/AN Health Equity program purpose and expectations and to the stated problems to be addressed.
2. The merit of the goals and objectives.
3. The extent to which the goals and objectives appear to be achievable in the stated time frame.
4. The extent to which the objectives are specific, measurable, achievable, realistic, and time-phased (SMART).
Factor 4: Program Plan including Proposed Interventions/Plan, Special Populations and Organizations, and Project Management – 30 points total (FOA pages 50-52)

4.1: Program Interventions/Plan and Project Management (25 of 30 points)

1.Extent to which proposed strategies and overall project is an innovative promising practice and/or an evidence-based model.

2. Appropriateness and merit of proposed approach, strategies, and specific activities for each objective.
Factor 4: Program Plan including Proposed Interventions/Plan, Special Populations and Organizations, and Project Management – 30 points total (FOA pages 50-52)

4.1: Program Interventions/Plan and Project Management (25 of 30 points), continued

3. Extent to which the project demonstrates that the intervention is culturally appropriate.

4. Logic and sequencing of the planned approaches as they relate to the specified health areas to be addressed and the needs of AI/AN adolescents
AI/AN HEALTH EQUITY INITIATIVE

Factor 4: Program Plan including Proposed Interventions/Plan, Special Populations and Organizations, and Project Management – 30 points total (FOA pages 50-52)

4.1: Program Interventions/Plan and Project Management (25 of 30 points), continued

5. Logic and sequencing of the planned approaches as they relate to the problem statement.
6. Logic and sequencing of the planned approaches as they relate to SMART objectives.
7. Appropriateness of defined roles including staff reporting channels and that of any proposed consultants.
AI/AN HEALTH EQUITY INITIATIVE

Factor 4: Program Plan including Proposed Interventions/Plan, Special Populations and Organizations, and Project Management – 30 points total (FOA pages 50-52)

4.1: Program Interventions/Plan and Project Management (25 of 30 points), continued

8. The experience and knowledge of applicant and proposed partner organizations with the National Appropriate Services in Health and Health Care

9. The quality and completeness of the signed Letter of Commitment.
AI/AN HEALTH EQUITY INITIATIVE

Factor 4: Program Plan including Proposed Interventions/Plan, Special Populations and Organizations, and Project Management – 30 points total (FOA pages 50-52)

4.2 Special Populations of Focus (5 of 30 points)

1. The quality of applicant’s description and documentation with data demographic information on the targeted geographic area.

2. The number of individuals the project expects to serve.
Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.1: Clarity and Appropriateness of Methodology for Evaluation (20 of 35 points)

1. The degree to which expected results are appropriate for the proposed objectives and activities.
2. Appropriateness of the proposed methods for data collection (including demographic data to be collected on project participants), analysis and reporting.
3. The quality and suitability of the applicant’s outcome measures.
AI/AN HEALTH EQUITY INITIATIVE

Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.1: Clarity and Appropriateness of Methodology for Evaluation (20 of 35 points), continued

4. The soundness of applicant’s plan to document the project for replicability in similar communities.

5. The quality and appropriateness of the applicant’s logic model.
AI/AN HEALTH EQUITY INITIATIVE

Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.1: Clarity and Appropriateness of Methodology for Evaluation (20 of 35 points), continued

6. The quality and soundness of a clearly articulated and detailed plan for tracking, assessing and documenting progress toward achieving objective, planned activities, and intended outcomes.
Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.1: Clarity and Appropriateness of Methodology for Evaluation (20 of 35 points), continued

7. The quality, soundness and clarity of the applicant’s plan for measuring project outcome and accomplishments.

8. The potential for the proposed project to impact the status of the population(s)
Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.2: Innovation (10 of 35 points)

1. The extent to which the proposed intervention represents an innovative or new approach that is expected to result in a substantial and significant improvement over current practices. Improvements may be increased efficiencies (e.g., greater number of participants trained or served at lower cost with same significant outcomes) and/or an increased magnitude of change in knowledge, attitudes or practices.
Factor 5: Evaluation and Dissemination Plan – 35 points total (FOA pages 52-53)

5.3: **Soundness of Dissemination Plan** (5 of 35 points)

1. The detail, specificity and quality of applicant’s plan for disseminating project model(s), outcomes and findings in a timely manner and in easily understandable format, including at the local community level, other parties who might be interested in using the results of the project, and to the general public.
Factor 6: Budget – 5 points (FOA page 53)

1. The quality and completeness of the applicant’s Budget Narrative.

2. The degree to which the proposal demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget.

3. The degree to which the Budget Narrative defines the amount of work that is planned and expected to be performed and what it will cost with an explanation of how it will be cost effective.
AMERICAN INDIAN / ALASKA NATIVE HEALTH EQUITY INITIATIVE
# MP-AIA-17-001

Competitive Application Deadline

Due Date: April 3, 2017
Cutoff Time: 5:00 p.m. ET
AMERICAN INDIAN / ALASKA NATIVE HEALTH EQUITY INITIATIVE FUNDING OPPORTUNITY ANNOUNCEMENT: #MP-AIA-17-001 TECHNICAL ASSISTANCE WEBINAR

U.S. Department of Health and Human Services
Office of the Secretary
Office of Minority Health
February 8th, 2017
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AMERICAN INDIAN / ALASKA NATIVE HEALTH EQUITY INITIATIVE
# MP-AIA-17-001

HHS/OASH Office of Grants Management
Senior Grants Management Specialist
Eric West, eric.west@hhs.gov
Telephone: (240) 453-8822
Address to Request Application Package

• Obtain an application package electronically by accessing Grants.gov at http://www.grants.gov/. Find it by searching the CFDA number on page 1 of the FOA.

• CFDA Number is 93.137
Submission Dates and Times

• 5pm Eastern Time on the date indicated on page 1 of the FOA.

• Your submission time will be **determined by the date and time stamp provided by Grants.gov when you complete your submission.**

• Strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date.

• Grants.gov may take up to 48 hours to notify you of a successful submission.

• If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration.

• OASH requires that all applications be submitted electronically via Grants.gov unless an exemption has been granted. If you submit an application via any other electronic communication, it will not be accepted for review.

• Access Grants.gov website portal. All funding opportunities and grant application packages are made available on www.Grants.gov.

• An Application will not be considered valid until all application components are entered in Grants.gov and received by HHS Office of Grants Management according to the deadlines specified in the “DATES” section on page 1 of the FOA.

• Contact Grants.gov with any questions or concerns regarding the electronic application process 1-800-518-4726.
Application Submission

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

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

- Applications must be submitted as three (3) files
  - File 1: The ENTIRE project narrative
  - File 2: The ENTIRE budget narrative, including supporting documentation described in the Budget Narrative content section
  - File 3: All documents in the appendices

Exceptions: required standard forms do not apply to the submission requirements as stated in Disqualification Criteria
System for Award Management (SAM)

- Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.

- Minimum timeframe to complete an initial SAM registration (30min).

- Timeframe for applicant’s registration to become active (up to 10 days).

- SAM registration must be renewed each year.

- Average timeframe for updates to take effect in Grants.gov (72hrs).
System for Award Management (SAM)

SAM Continued

• Recommend applicants check active registration in SAM well before application deadline.

• If successful and receive award must maintain an active SAM registration w/current info at all times during the active award.

• If you have not complied with these requirements, HHS/OASH
  1. May determine you are not qualified to receive .
  2. May use that determination as a basis for making an award to another applicant.

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

• Allowability, allocability, reasonableness, and necessity of direct expenses; indirect costs may be charged on HHS/OASH grants in accordance with Department regulations and current policy effective at the time of the award

• Current requirements can be found online via 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards”

• Indirect costs may be included per 45 CFR 75.414. Applicants should indicate which method or rate is used for this application

• 2017 Salary Limitation: $187,000
Application Disqualification Criteria

a) Submitted electronically via www.grants.gov by 5pm on due date (unless an exemption was granted 2 business days prior to the deadline)

b) An applicant organization’s last successfully submitted application that is received by the deadline will be reviewed.

c) Project Narrative double-spaced, on the equivalent of 8.5” X 11” page size with 1” margins on all sides and font size not less than 12 points.

d) Project Narrative must not exceed 50 pages.

e) Total Application including Project Narrative plus Appendices must not exceed 80 pages.

f) Proposed Budget does not exceed the maximum indicated in Range of Awards.

g) Application meets the Application Responsiveness Criteria.
Award Decisions

- Independent review panel will evaluate each successfully submitted application

- Federal staff will review each application for programmatic, budgetary and grants management compliance

- Geographic distribution

- All award decisions are final, including
  - level/amount of funding, if an award is made
  - number of awards, if an award is made.

- Information about individual applications is not released
Review of Risk Posed by Applicant

- HHS/OASH will evaluate each application in the fundable range for risks posed by the applicant before issuing an award in accordance with 45 CFR 75.205
- OASH will use a risk-based approach and may consider any items such as the following as stated in the FOA:
  - Applicant’s financial stability;
  - Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
  - History of performance – Applicants record in managing Federal awards including timeliness of compliance with applicable reporting requirement, conformance to the terms and conditions of previous Federal awards;
  - Reports and findings from audits performed; and
  - The applicant’s ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
Funding Process

• We are not obligated to make any Federal award as a result of this announcement.

• Only the grants officer can bind the Federal government to the expenditure of funds.

• If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

• All award decisions, including level of funding if an award is made, are final and you may not appeal.
Funding Process

Notice of Award (NOA)

• Notifies the successful applicant of the selection; award amount; project & budget periods

• Includes any conditions on the award (e.g., requirements that must be met as a condition of receiving the grant funds)

• Includes standard terms, reporting requirements and contact information for OGM and the Program Office
Funding Process

• OGM is the official contact for the grantee.

• All official communication related to the grant is between OGM and the successful applicant.
AI/AN HEALTH EQUITY INITIATIVE

HHS/OMH Program Staff
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AMERICAN INDIAN / ALASKA NATIVE HEALTH EQUITY INITIATIVE FUNDING OPPORTUNITY ANNOUNCEMENT: #MP-AIA-17-001

TECHNICAL ASSISTANCE WEBINAR

U.S. Department of Health and Human Services
Office of the Secretary
Office of Minority Health
February 8th, 2017