

Department of Health and Human Services

Indian Health Service

Office of Direct Service and Contracting Tribes

National Indian Health Outreach and Education

Announcement Type: Limited Competition - New

Funding Announcement Number: HHS-2011-IHS-NIHOE-0002

Catalog of Federal Domestic Assistance Number: 93.933

Key Dates: Application Deadline Date: September 10, 2011

Review Date: September 16, 2011

Earliest Anticipated Start Date: September 30, 2011

I. Funding Opportunity Description

Statutory Authority:

The Indian Health Service (IHS) is accepting applications for two limited competition cooperative agreements (CAs).

The Behavioral Health - Methamphetamine Suicide Prevention Intervention (MSPI) outreach and education award is funded by IHS and is authorized under the Snyder Act, codified at 25 U.S.C. § 13, and the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2010, Pub. L. No. 111-88.

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) outreach and education award is funded by the Office of the Secretary (OS), Department of Health and Human Services (HHS). Funding for the HIV/AIDS award will be provided by HHS via an Intra-Departmental Delegation of Authority to IHS to permit obligation of funding appropriated by the Omnibus Appropriations Act, 2010, Pub. L. No. 111-117, for HIV/AIDS under the Minority AIDS Initiative (MAI), and subsequent continuing resolutions: Pub. L. No. 111-290; Pub. L. No. 111-317; Pub. L. No. 111-322; Pub. L. No. 112-4; Pub. L. No. 112-6; Pub. L. No. 112-8; and Pub. L. No. 112-10.

It is the intention of IHS and OS that one entity will receive both awards. OS and IHS will concur on the final decision as to who will receive the OS award.

Each award is funded through a separate funding stream by each respective agency's appropriations. The awardee is responsible for accounting for each of the two awards separately and must provide two separate financial reports (one for each award), as indicated in Section IV. Award Administration Information, Number 4. Reporting Requirements, Item A. Progress Reports and Item B. Financial Reports of this announcement.

This program is described at 93.933 in the Catalog of Federal Domestic Assistance (CFDA).

Limited Competition Announcement:

This is a Limited Competition announcement. The funding levels noted include both direct and indirect costs (IDC). Applicant must address **both** projects. Applicants must provide a separate budget for each application. Limited competition refers to a competing funding opportunity that limits the eligibility to compete to more than one entity but less than all entities.

Limited Competition Justification:

Competition for both of the awards included in this announcement is limited to national Indian health care organizations with at least ten years of experience providing education and outreach on a national scale. This limitation ensures that the awardee will have (1) a national information-sharing infrastructure which will facilitate the timely exchange of information between HHS and Tribes and Tribal organizations on a broad scale; (2) a national perspective on the needs of American Indian/Alaska Native (AI/AN) communities that will ensure that the information developed and disseminated through the projects is appropriate, useful and address the most pressing needs of AI/AN communities; and (3) established relationships with Tribes and Tribal organizations that will foster open and honest participation by AI/AN communities. Regional or local organizations will not have the mechanisms in place to conduct communication on a national level, nor will they have an accurate picture of the health care needs facing AI/ANs nationwide. Organizations with less experience will lack the established relationships with Tribes and Tribal organizations throughout the country that will facilitate participation and the open and honest exchange of information between Tribes and HHS. With the limited funds available for these projects, HHS must ensure that the

education and outreach efforts described in this announcement reach the widest audience possible in a timely fashion, are appropriately tailored to the needs of AI/AN communities throughout the country, and come from a source that AI/ANs recognize and trust. For these reasons, this is a limited competition announcement.

Background:

The Outreach and Education (programs) carry out health program objectives in the AI/AN community in the interest of improving Indian health care for all 565 Federally-recognized Tribes including Tribal governments operating their own health care delivery systems through self-determination contracts with the IHS and Tribes that continue to receive health care directly from the IHS. This program addresses health policy and health programs issues and disseminates educational information to all AI/AN Tribes and villages. These awards require that public forums be held at Tribal educational consumer conferences to disseminate changes and updates in the latest health care information. These awards also require that regional and national meetings be coordinated for information dissemination as well as for the inclusion of planning and technical assistance and health care recommendations on behalf of participating Tribes to ultimately inform IHS and HHS based on Tribal input through a broad based consumer network.

Purpose:

The purpose of these awards is to further IHS's health program objectives in the AI/AN community with expanded outreach and education efforts for the MSPI and HIV/AIDS programs on a national scale in the interest of improving Indian health care.

This announcement includes two separate awards, each of which will be awarded as noted in **Part II. Award Information** below:

A. Behavioral Health – MSPI Award

B. HIV/AIDS Award

II. Award Information:

Type of Award: Cooperative Agreements.

Estimated Funds Available: The total amount of funding identified for fiscal year (FY) 2011 is approximately \$275,000 to fund two cooperative agreements for one year; \$150,000 will be awarded for the Behavioral Health-MSPI award and \$125,000 will be awarded for the for HIV/AIDS award.

The awards under this announcement **are subject to the availability of funds and performance.**

Anticipated Number of Awards: **Two awards** are anticipated as follows: one IHS award for MSPI and one OS award comprised of the following component: HIV/AIDS. It is the intention of IHS and OS that one entity will receive both awards. OS and IHS will concur on the final decision as to who will receive the OS award.

A. Behavioral Health – MSPI in the amount of \$150,000.

B. HIV/AIDS in the amount of \$125,000.

Project Period: September 30, 2011 with completion by September 29, 2012.

A. Behavioral Health – MSPI award in the amount of **\$150,000**.

IHS Award Activities:

The MSPI is a national pilot demonstration project aimed at addressing the dual problems of methamphetamine use and suicide in Indian country. The awardee shall work closely with the IHS Division of Behavioral Health (DBH) MSPI Project Officer Team and community-based pilot project funded under the MSPI to help ensure successful implementation of proposed projects. For additional information, the IHS MSPI Fact Sheet is available upon request to the MSPI Project Team. Please contact Ms. Raven Murray, Public Health Advisor, DBH, via e-mail at Raven.Murray@ihs.gov or via telephone at (301) 443-2038 to request a copy.

The awardee must demonstrate a thorough understanding of the unique challenges faced by Tribal communities, particularly, in dealing with methamphetamine use and suicide prevention. The awardee shall act as an information clearinghouse for culturally competent evidence- and practice-based tools and technical assistance for MSPI Tribal and other projects. The awardee shall support methamphetamine and suicide prevention training and educational efforts at national meetings and events.

The following schedule of deliverables outlines the requirements necessary to effectuate timely and effective support services to Tribal and other MSPI projects:

SUMMARY OF TASKS TO BE PERFORMED: The awardee shall provide culturally

competent educational and technical assistance related to the prevention and treatment of methamphetamine addiction and suicide to Tribal MSPI projects at DBH and other national meetings. The awardee shall attend designated national meetings and provide educational workshops and general technical assistance specific to MSPI Tribal projects using funding associated with this award. Additional funding for travel is not authorized. Meeting attendance shall include at minimum: the annual DBH Behavioral Health Conference; the annual MSPI Conference; National Tribal Advisory Committee meetings; and the DBH Behavioral Health Work Group. The awardee shall get approval from the DBH Project Officer Team for presentation and materials for distribution at national meetings, allowing for a reasonable amount of time for review.

- The awardee shall provide workshops on topics of particular importance to Tribal MSPI projects at the annual DBH Behavioral Health Conference. Topics will be discussed prior to the meeting and will focus on the needs of Tribal MSPI projects; topics will be subject to approval from the DBH Project Officer Team. Topics should include youth services, youth methamphetamine use and suicide prevention, Tribal promising practices, etc.
- The awardee shall also provide relevant and timely educational and practice-based information for Tribal MSPI programs.
- The awardee shall attend and conduct workshops and/or presentations at the annual DBH MSPI Conference on practice-based evidence and

promising practices effective in preventing suicide and methamphetamine use in Indian country (to be agreed upon by awardee and the DBH MSPI Project Officer Team).

- The awardee shall conduct workshops and/or presentations including, but not limited to, challenges, potential solutions, and successes in the form of promising practices of Tribal MSPI projects at one national conference (venue and content of presentations to be agreed upon by the awardee and the DBH MSPI Project Officer Team).
- The awardee shall provide in-person Tribal MSPI program updates, focusing on practice-based and promising practices at face-to-face meetings of the DBH National Tribal Advisory Committee and the DBH Behavioral Health Work Group.
- The awardee shall develop, maintain, and disseminate information regarding MSPI with a special focus on the relevance to Tribal communities, working in consultation with the DBH MSPI Project Officer Team in determining the information most useful to Tribal MSPI projects.
- The awardee shall provide comprehensive information on MSPI prevention programs, curricula, findings, and strategies to all Tribal MSPI programs, and:

- Present the information at conference and meeting booths as described above.
 - Post and maintain methamphetamine and suicide prevention-related information on its organizational website, the MSPI portal and otherwise make materials accessible to Tribal MSPI projects.
 - Partner with at least one other national organization (subject to approval of the DBH MSPI Project Officer Team) to develop and disseminate culturally informed promotional materials for a National Methamphetamine and Suicide Prevention Campaign, highlighting the use of evidence-based and practice-based prevention programming.
 - Develop a comprehensive list of evidence-based and practice-based programs for use by Tribal MSPI projects.
 - Coordinate with DBH staff and other Federal agencies to develop and disseminate promotional materials geared toward positive messaging to Tribal communities who are addressing suicide and methamphetamine issues.
 - Provide and update monthly promotional materials on websites for access by Tribal MSPI projects.
 - Provide the DBH MSPI Project Officer Team copies of all materials for review prior to dissemination.
- The awardee shall, in collaboration with the DBH MSPI Project Officer

Team, provide expert guidance in the areas of practice-based and evidence-based practice implementation and culturally-appropriate traditional practices regarding methamphetamine and suicide prevention with a special focus on Indian youth. The awardee shall provide to the DBH MSPI Project Officer Team written documentation of the assistance provided to the projects.

- The awardee shall provide one-on-one technical assistance to 25 percent of MSPI projects, identified by the DBH MSPI Project Officer Team as having program implementation issues (i.e. program development and administration issues, implementing practice-based practices/evidence-based practices/culturally relevant traditional methods issues, or program marketing challenges).
- The technical assistance provided by the awardee shall consist of e-mail and phone conversations with the MSPI project staff, expert guidance for specific implementation concerns, and work with the MSPI project to identify challenges and solutions, etc.
- The awardee shall participate in at least 90 percent of the MSPI area conference calls facilitated by the DBH MSPI Project Officer Team. The awardee must be included on the agenda and provide presentations on specific areas of interest identified by the Tribal MSPI

programs/DBH MSPI Project Officer Team. PowerPoint slides will be approved prior to the presentation and will be made available on the awardee's organizational website and the MSPI portal.

- The awardee shall identify and provide education, assistance, and recommendations to MSPI projects regarding one special population per year for the life of the award (e.g., youth; elderly; lesbian, gay, bisexual and transgender; disabled, etc.).
- The awardee shall provide semi-annual reports documenting and describing progress and accomplishment of the activities specified above.
- The awardee shall attend bi-weekly, regularly scheduled, in-person and conference call meetings with the IHS DBH MSPI team to discuss the awardee's services and MSPI related issues. The awardee must provide meeting minutes that highlight the awardee's specific involvement and participation.
- The awardee shall provide expert guidance to the IHS DBH MSPI team specifically regarding Tribal programs.
- The awardee shall help the IHS DBH MSPI team identify challenges

faced by participating Tribal communities and assist in developing solutions.

- The awardee shall provide a semi-annual and annual progress report to IHS, attaching any necessary documentation to adequately document accomplishments.
- The awardee must get approval from the IHS DBH MSPI team before presenting or disseminating materials regarding the MSPI. This also includes mass e-mail communications.

Deliverables:

- Evidence of workshops and/or presentations provided at the:
 - a) Annual IHS Behavioral Health Conference;
 - b) Annual MSPI Conference;
 - c) National Tribal Advisory Committee meeting(s); and
 - d) IHS Behavioral Health Work Group meetings.

(PowerPoint slides in electronic form and one hard copy are to be submitted to the program official and the DBH MSPI Team as required).
- Copies of educational and practice-based information provided to Tribal MSPI programs.
- Copies of all promotional and educational materials provided to Tribal

MSPI programs and other projects (electronic form and one hard copy).

- Evidence of posting of MSPI-related information on organizational websites.
- Documentation of dissemination of culturally-informed promotional materials geared toward positive messaging to Tribal communities.
- Finalized list of evidence-based and practice-based programs for use by Tribal MSPI projects.
- Evidence of one-on-one technical assistance to projects identified as having program implementation issues (meeting minutes, brief report including at a minimum, the description of the problem, resources provided and action plan).
- Participation on no less than 90 percent of the MSPI area conference calls facilitated by the DBH MSPI Project Officer Team, evidenced by meeting agenda and minutes.
- Attendance at regularly scheduled meetings between awardee and the DBH MSPI Project Officer Team, evidenced by meeting minutes which highlight the awardee's specific involvement and participation.

- Semi-annual and annual progress reports to DBH, due no later than 30 days after the reporting cycle, attaching any necessary documentation. For example: meeting minutes, correspondence with Tribal programs, samples of all written materials developed including brochures, news articles, videos, radio and television ads to adequately document accomplishments.

B . HIV/AIDS award in the amount of \$125,000.

OS HIV Award Activities:

HIV and AIDS are a critical and growing health issue within the AI/AN population. The IHS National HIV/AIDS Program seeks to avoid complacency and to increase awareness of the impact of HIV/AIDS on AI/ANs. All activities are part of the IHS's implementation plan to meet the three goals of the President's National HIV/AIDS Strategy (NHAS) to: reduce the number of people who become infected with HIV, increase access to care and optimize health outcomes for people living with HIV, and reduce HIV-related disparities. AI/ANs are ranked third in the nation in the rate of HIV/AIDS diagnosis compared to all other races and ethnicities. This population also faces additional health disparities that contribute significantly to the risk of HIV transmission such as substance abuse and sexually transmitted infections. Amongst AI/AN people, HIV/AIDS exists in both urban and rural populations (and on or near Tribal lands); however, many of those living with HIV are not aware of their status. These statistics, risk factors, and missed opportunities for screening illuminate the need to

go beyond raising awareness about HIV and begin active integration of initiatives that will help routinize HIV services. If the status quo is unchanged, prevalence will continue to increase and AI/AN communities may face an irreversible problem. Therefore, the National HIV/AIDS Program is working to change the way HIV is discussed to change and improve the way HIV testing is integrated into health services, and to firmly establish linkages and access to care. The IHS HIV/AIDS Program is implemented and executed via an integrated and comprehensive approach through collaborations across multi-health sectors, both internal and external to the agency. It attempts to encompass all types of service delivery 'systems' including IHS/Tribal/Urban (I/T/U) facilities. The IHS HIV/AIDS Program is committed to realizing the goals of the President's NHAS and has bridged the objectives and implementation to the IHS HIV/AIDS Strategic Plan.

In alignment with the above program and independent from MSPI activities (both via fiscal resources and programmatic implementation), the awardee is expected to:

- Disseminate existing HIV/AIDS messages to AI/AN audiences in a format designed to solicit, collect, and report on community-level feedback and generate discussion regarding the disease and its prevention. This may include electronic and emerging means of communication. At least four distinct audiences will be addressed and engaged. Preference will be given to reaching audiences with the highest HIV burden or potential increases as supported by the NHAS.
- Disseminate existing IHS HIV/AIDS program and other HIV/AIDS

training materials to educators, health care providers, and other key audiences. Collect and report on relevant evaluation criteria, including impacts on underlying knowledge, attitudes, or beliefs about HIV acquisition, testing, or treatment.

- Design and launch an HIV/AIDS technical assistance and activity support program. Engage in documented partnerships with AI/AN communities to expand their capacity relevant to HIV/AIDS education and prevention efforts. Local activity support may include subawards of resources and distribution of incentives to qualified AI/AN-serving community organizations increasing HIV/AIDS education and prevention in their populations. Subaward eligibility standards and management controls will be proposed by the awardee and will be subject to IHS approval. Awardee will collect and maintain relevant evaluation materials and generate reports that highlight progress towards the President's NHAS goals on the community level and that collect best practices for dissemination to other communities.
- Contribute technical expertise to the IHS HIV/AIDS program and develop formal written documents responding to information requests regarding HIV/AIDS initiatives.
- Develop and launch anti-stigma messaging for at least one audience,

coordinated with other local activities to: increase HIV screening; increase access to services, or increase positive role modeling for people living with, or at risk of, acquiring HIV/AIDS.

- Support and document issue-specific discussions with Tribal Leaders as appropriate, including input regarding the coordination of activities with the Centers for Disease Control and Prevention to address effective prevention interventions for AI/AN populations as noted in the President's NHAS.

Project Period: September 30, 2011 with completion by September 29, 2012.

ROLES OF INVOLVEMENT:

In accordance with the Federal Grant and Cooperative Agreement Act of 1977, two CAs will be awarded as the IHS will have substantial programmatic involvement.

COOPERATIVE AGREEMENT – INVOLVEMENT OF PARTIES:

As noted above, it is the intention of IHS and OS that one entity will receive both awards. OS and IHS will concur on the final decision as to who will receive the OS award.

The awardee is responsible for the following in addition to fulfilling all requirements noted for each award component: MSPI and HIV/AIDS.

- 1) To succinctly and independently address the requirements for each of the two awards listed above: Behavioral Health - MSPI and HIV/AIDS.
- 2) To facilitate a forum or forums at which concerns can be heard that are representative of all Tribal governments in the area of health care policy analysis and program development for each of the two components listed above.
- 3) To assure that health care outreach and education is based on Tribal input through a broad-based consumer network involving the Area Indian health boards or health board representatives from each of the twelve IHS areas.
- 4) To establish relationships with other national Indian organizations, with professional groups, and with Federal, State, and local entities supportive of AI/AN health programs.
- 5) To improve and expand access for AI/AN Tribal governments to all available programs within the HHS.
- 6) To disseminate timely health care information to Tribal governments, AI/AN health boards, other national Indian organizations, professional groups, Federal, State, and local entities.
- 7) To provide periodic dissemination of health care information, including publication of a newsletter four times a year that features articles on MSPI HIV/AIDS health promotion/disease prevention activities and models of best or improving practices, health policy, and funding information relevant to AI/AN, etc.

Programmatic Involvement of the IHS staff in the IHS and OS awards:

IHS staff will be providing support for the HIV/AIDS award as follows:

- 1) The IHS assigned program official will work in partnership with the awardee in all decisions involving strategy, hiring of personnel, deployment of resources, release of public information materials, quality assurance, coordination of activities, any training, reports, budget, and evaluation. Collaboration includes data analysis, interpretation of findings, and reporting.
- 2) The IHS assigned program official will monitor the overall progress of the awardee's execution of the requirements of the two awards: IHS award and the OS award noted above as well as their adherence to the terms and conditions of the cooperative agreements. This includes providing guidance for required reports, development of tools, and other products, interpreting program findings, and assistance with evaluation and overcoming any slippages encountered.
- 3) The IHS assigned program official will work closely with OS and all participating IHS health services/programs as appropriate per their requirements noted in each of their respective sections.
- 4) The IHS assigned program official will coordinate the following for OS and the participating IHS program offices and staff:
 - Discussion and release of any and all special grant conditions upon fulfillment.
 - Monthly scheduled conference calls.
 - Appropriate dissemination of required reports to each participating program.

- 5) The IHS will, jointly with the awardee, plan and set an agenda for each of the conferences mentioned in this announcement that:
 - Shares the training and/or accomplishments.
 - Fosters collaboration amongst the participating program offices, agencies, and/or departments.
 - Increases visibility for the partnership between the awardee and the IHS and OS.
- 6) IHS will provide guidance in addressing deliverables and requirements.
- 7) IHS will provide guidance in preparing articles for publication and/or presentations of program successes, lessons learned, and new findings.
- 8) IHS will communicate via monthly conference calls, individual or collective site visits, and monthly meetings.
- 9) IHS staff will review articles concerning the HHS, OS, and the Agency for accuracy and may, as requested by the awardee, provide relevant articles.
- 10) IHS will provide technical assistance to the entity as requested.
- 11) IHS staff may, at the request of the entity's board, participate on study groups and may recommend topics for analysis and discussion.

III. Eligibility Information

1. Eligible Applicants: Eligible applicants include 501(c)(3) non-profit entities who meet the following criteria.

Eligible entities must have demonstrated expertise in the following areas:

- Representing all Tribal governments and providing a variety of services to Tribes, Area health boards, Tribal organizations, and Federal Agencies, and playing a major role in focusing attention on Indian health care needs, resulting in progress for Tribes.
- Promotion and support of Indian education, and coordinating efforts to inform AI/AN of Federal decisions that affect Tribal government interests including the improvement of Indian health care.
- National health policy and health programs administration.
- Have a national AI/AN constituency and clearly support critical services and activities within the IHS mission of improving the quality of health care for AI/AN people.
- Portray evidence of their solid support of improved health care in Indian Country.
- Provide evidence if at least ten years of experience providing education and outreach on a national scale.

IHS will be available to provide technical assistance to eligible applicants that meet the above criteria.

2. Cost Sharing or Matching: The NIHOE Program does not require matching funds or cost sharing.

3. Other Requirements and/or Restrictions:

- If the application budget for either award exceeds the stated dollar amount that is outlined within this announcement, it will not be

considered for funding.

- Applications addressing other projects will be considered ineligible and will be returned to the applicant.
- Please refer to Section IV, Part 5, “Funding Restrictions” for further information regarding ineligible activities.
- Nonprofit organizations must submit a copy of the 501(c)(3) Certification as proof of non-profit status.
- Health board resolution must be submitted if applicable.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and instructions may be located at

<http://www.Grants.gov> or

http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_funding

2. Content and Form of Application Submission

Mandatory documents for both the IHS award and the OS award include:

Application forms:

- SF-424, Application for Federal Assistance.
- SF-424A, Budget Information - Non-Construction Programs.
- SF-424B, Assurances - Non-Construction Programs.

- Two separate budget narratives, one for each of the two components (not to exceed two single-spaced pages each). Two separate project narratives, one for each of the two components (not to exceed ten single-spaced pages each).
- Budget narrative (must not exceed four single spaced pages; two pages allowed for each project).
- Health board resolution if applicable.
- 501(c)(3) Non-Profit Certification.
- Resumes for all key personnel.
- Position descriptions.
- Disclosure of Lobbying Activities (SF LLL) (if applicable).
- Copy of current negotiated indirect cost (IDC) rate agreement (if applicable).
- Documentation of current OMB A-133 required financial audit (if applicable). Acceptable forms of documentation include:
 - E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
 - Face sheets from audit reports. These can be found on the FAC website at:

<http://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve+Records>.

Public Policy Requirements

All Federal-wide public policies apply to IHS grantees with the exception of the Discrimination policy. All guidelines provided in this announcement apply to both the IHS and OS.

Requirements for Project and Budget Narratives

A. Project Narratives for each of the two components: This announcement is for two cooperative agreements. The narrative should be a separate Word document that is no longer than **ten pages for each component: IHS will have ten pages for one component and OS will have ten pages for one component** with consecutively numbered pages. Be sure to place all responses and required information in the correct section or they will not be considered or scored. If the narrative exceeds the page limits, only the first **ten pages of the IHS submission and only the first ten pages of the OS submission will be reviewed.** There are three parts to the narrative: Part A – Program Information; Part B – Program Planning and Evaluation; and Part C – Program Report. See below for additional details about what must be included in the narrative:

Page Limitations for Narrative For Each of the Two Components:

Part A: Program Information

Section 1: Needs

Part B: Program Planning and Evaluation

Section 1: Program Plans

Section 2: Program Evaluation

Part C: Program Report

Section 1: Describe major accomplishments over the last 24 months.

Section 2: Describe major activities over the last 24 months.

B. Narratives: A separate budget narrative is required for each component.

Each narrative must describe the budget amount(s) requested and match the corresponding scopes of work described in the project narrative. **The page limitation should not exceed two pages for the IHS submission and two pages for the OS submission.**

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by **September 10, 2011 at 12:00 midnight Eastern Time (ET)**. Any application received after the application deadline will not be accepted for processing.

4. Intergovernmental Review

Executive Order 12372 requiring intergovernmental review is not applicable to this program.

5. Funding Restrictions

- Pre-award costs are not allowable.
- The available funds are inclusive of direct and appropriate IDC.
- Other Limitations - A current recipient cannot be awarded a new, renewal, or competing continuation grant for any of the following

reasons:

- The current project is not progressing in a satisfactory manner;
- The current project is not in compliance with program and financial reporting requirements; or
- The applicant has an outstanding delinquent Federal debt. No award shall be made until either:
 - o The delinquent account is paid in full; or
 - o A negotiated repayment schedule is established and at least one payment is received.

6. Electronic Submission Requirements

Use the <http://www.Grants.gov> website to submit an application electronically and select the “Find Grant Opportunities” link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the application via the Grants.gov website. Electronic copies of the application may not be submitted as attachments to e-mail messages addressed to IHS employees or offices.

Applicants that receive a waiver of the requirement to submit electronic applications must follow the rules and timelines noted below when they submit a paper application. The applicant must request a waiver, if needed, at least ten days prior to the application deadline.

Applicants that do not adhere to the timelines for Central Contractor Registry (CCR) and/or Grants.gov registration and/or request timely assistance with technical issues will not be considered for a waiver to submit a paper application. Refer to the CCR section below for further information.

Please be aware of the following:

- Please search for the application package in Grants.gov by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- Applicants are strongly encouraged not to wait until the deadline date to begin the application process through Grants.gov as the registration process for CCR and Grants.gov could take up to fifteen working days.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by the DGM.
- Page limitation requirements apply equally to paper and electronic applications.
- After you electronically submit your application, you will receive an automatic acknowledgment from Grants.gov that contains a Grants.gov tracking number. The DGM will download your application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither the DGM nor the Office of Direct Service and Contracting Tribes (ODSCT) will notify applicants that the application has been received.

Technical Challenges

If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via e-mail at support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and waiver from the agency must be obtained.

If problems persist, contact Paul Gettys, Division of Grants Management (DGM) (Paul.Gettys@ihs.gov) at (301) 443-5204.

Waiver requests must be submitted in writing to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Please include a clear justification for the need to deviate from our standard electronic submission process. If the waiver is approved, the application should be sent directly to the DGM by the deadline date of **September 10, 2011**.

A copy of the approved waiver must be submitted along with the paper application that is mailed to the DGM (Refer to Section VII to obtain the mailing address). Paper applications that are submitted without a waiver will be returned to the applicant without review or further consideration. Late applications will not be accepted for processing or considered for

funding and will be returned to the applicant.

Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS)

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the CCR database. Additionally, all IHS grantees must notify potential first-tier sub-recipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. These requirements will ensure use of a universal identifier to enhance the quality of information available to the public. Effective October 1, 2010, all HHS recipients were asked to start reporting information on subawards, as required by the Federal Funding Accountability and Transparency Act of 2006, as amended (“Transparency Act”). The DUNS number is a unique nine-digit identification number provided by D&B, which uniquely identifies your entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, you may access it through the following website:

<http://fedgov.dnb.com/webform>, or to expedite the process, call (866) 705-5711.

CCR

Organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the CCR

home page at: <https://www.bpn.gov/ccr/default.aspx> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration will take approximately 3-5 business days to process. Registration with the CCR is free of charge. Additional information on implementing the Transparency Act, including the specific requirements for DUNS and CCR, can be found on the IHS DGM website: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_topics.

V. Application Review/Information

Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 60 points is required for funding. Points are assigned as follows:

1. Evaluation Criteria

Part A: Program Information

Needs (15 points)

Part B: Program Planning and Evaluation

Program Plans (40 points)

Program Evaluation (20 points)

Part C: Program Report (15 points)

Budget Narrative (10 points)

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. Points will be assigned to each evaluation criteria adding up to a total of **100** points.

PART A: PROGRAM INFORMATION:

Project Narrative

- A. Abstract - One page summarizing project (narrative).
- B. Criteria.

1. INTRODUCTION AND NEED FOR ASSISTANCE (15 points)

- a) Describe the organization's current health, education and technical assistance operations as related to the broad spectrum of health needs of the AI/AN community. Include what programs and services are currently provided (i.e., Federally-funded, State-funded, etc.), and identify any memorandums of agreement with other national, Area or local Indian health board organizations. This could also include HHS' agencies that rely on the applicant as the primary gateway organization that is capable of providing the dissemination of health information. Include information regarding technologies currently used (i.e., hardware, software, services, websites, etc.), and identify the source(s) of technical support for those technologies (i.e., in-house staff, contractors, vendors, etc.). Include information regarding how long

the applicant has been operating and its length of association/partnerships with Area health boards, etc. [historical collaboration].

- b) Describe the organization's current technical assistance ability. Include what programs and services are currently provided, programs and services projected to be provided, and describe any memorandums of agreement with other national Indian organizations that deem the applicant as the primary source of health policy information for AI/ANs, or any other memorandums of agreement with other Area Indian health boards, etc.
- c) Describe the population to be served by the proposed projects. Are they hard to reach? Are there barriers? Include a description of the number of Tribes who currently benefit from the technical assistance provided by the applicant.
- d) Describe the geographic location of the proposed project including any geographic barriers experienced by the recipients of the technical assistance to the health care information provided.
- e) Identify all previous IHS cooperative agreement awards received, dates of funding and summaries of the projects' accomplishments. State how previous cooperative agreement funds facilitated education, training and technical assistance nation-wide for AI/ANs and relate the progression of health care information delivery and development relative to the current proposed project. (Copies of reports will not be

accepted.)

- f) Describe collaborative and supportive efforts with national, Area, and local Indian health boards.
- g) Explain the need/reason for your proposed projects by identifying specific gaps or weaknesses in services or infrastructure that will be addressed by the proposed projects. Explain how these gaps/weaknesses were discovered. If the proposed projects include information technology (i.e., hardware, software, etc.), provide further information regarding measures taken or to be taken that ensure the proposed projects will not create other gaps in services or infrastructure (i.e., IHS interface capability, Government Performance Results Act reporting requirements, contract reporting requirements, information technology compatibility, etc.), if applicable.
- h) Describe the effect of the proposed project on current programs (i.e., Federally-funded, State funded, etc.) and, if applicable, on current equipment (i.e., hardware, software, services, etc.). Include the effect of the proposed projects on planned/anticipated programs and/or equipment.
- i) Describe how the projects relate to the purpose of the cooperative agreement by addressing the following: Identify how the proposed project will address national Indian health care outreach and education regarding various health data listed, e.g. MSPI and HIV and AIDS, dissemination, training, and technical assistance, etc.

PART B: PROGRAM PLANNING AND EVALUATION:

Section 1: Program Plans:

2. PROJECT OBJECTIVE(S), WORKPLAN AND CONSULTANTS

(40 points)

a) Identify the proposed project objective(s) for each of the two projects, as applicable, addressing the following:

- measurable and (if applicable) quantifiable.
- results oriented.
- time-limited.

Example: Issue four quarterly newsletters, provide alerts and quantify number of contacts with Tribes.

Goals must be clear and concise.

b) Address how the proposed projects will result in change or improvement in program operations or processes for each proposed project objective for the selected projects. Also address what tangible products, if any, are expected from the project, (i.e. legislative analysis, policy analysis, Annual Consumer Conference, mid-year conferences, summits, etc.).

c) Address the extent to which the proposed projects will provide, improve, or expand services that address the need(s) of the target population. Include a strategic plan and business plan currently in

place that are being used that will include the expanded services.

Include the plan(s) with the application submission.

d) Submit a work plan in the Appendix that:

- Provides the action steps on a timeline for accomplishing each of the projects' proposed objective(s).
- Identifies who will perform the action steps.
- Identifies who will supervise the action steps taken.
- Identifies what tangible products will be produced during and at the end of the proposed project objective(s).
- Identifies who will accept and/or approve work products during the duration of the proposed projects and at the end of the proposed projects.
- Identifies any training that will take place during the proposed projects and who will be attending the training.
- Identifies evaluation activities proposed in the work plans.

e) If consultants or contractors will be used during the proposed project, please include the following information in their scope of work (or note if consultants/contractors will not be used):

- Educational requirements.
- Desired qualifications and work experience.
- Expected work products to be delivered on a timeline.

If a potential consultant/contractor has already been identified, please include a resume in the Appendix.

- f) Describe what updates will be required for the continued success of the proposed project. Include when these updates are anticipated and where funds will come from to conduct the update and/or maintenance.

Section 2: Program Evaluation:

PROJECT EVALUATION (20 points)

Each proposed objective requires an evaluation component to assess its progression and ensure its completion. Also, include the evaluation activities in the work plan.

Describe the proposed plan to evaluate both outcomes and process. Outcome evaluation relates to the results identified in the objectives, and process evaluation relates to the work plan and activities of the project.

- a. For outcome evaluation, describe:
- What will the criteria be for determining success of each objective?
 - What data will be collected to determine whether the objective was met?
 - At what intervals will data be collected?
 - Who will collect the data and their qualifications?
 - How will the data be analyzed?
 - How will the results be used?
- b. For process evaluation, describe:

- How will the projects be monitored and assessed for potential problems and needed quality improvements?
 - Who will be responsible for monitoring and managing project improvements based on results of ongoing process improvements and what are their qualifications?
 - How will ongoing monitoring be used to improve the projects?
 - Describe any products, such as manuals or policies, that might be developed and how they might lend themselves to replication by others.
 - How will the organization document what is learned throughout the projects' periods?
- c. Describe any evaluation efforts planned after the grant period has ended.
- d. Describe the ultimate benefit to the AI/AN population served by the applicant organization that will be derived from these projects.

PART C: PROGRAM REPORT:

Section 1: Describe major accomplishments over the last 24 months.

Section 2: Describe major activities over the last 24 months.

ORGANIZATIONAL CAPABILITIES AND QUALIFICATIONS (15 points)

This section outlines the broader capacity of the organization to complete the

project outlined in the work plan. It includes the identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the projects outlined in the work plans.

- a) Describe the organizational structure of the organization beyond health care activities, if applicable.
- b) Describe the ability of the organization to manage the proposed projects. Include information regarding similarly sized projects in scope and financial assistance, as well as other cooperative agreements/grants and projects successfully completed.
- c) Describe what equipment (i.e., fax machine, phone, computer, etc.) and facility space (i.e., office space) will be available for use during the proposed projects. Include information about any equipment not currently available that will be purchased through the cooperative agreement/grant.
- d) List key personnel who will work on the projects. Include title used in the work plans. In the Appendix, include position descriptions and resumes for all key personnel. Position descriptions should clearly describe each position and duties, indicating desired qualifications and experience requirements related to the proposed project. Resumes must indicate that the proposed staff member is qualified to carry out the proposed project activities. If a position is to be filled, indicate that information on the proposed position description.
- e) If personnel are to be only partially funded by this cooperative agreement, indicate the percentage of time to be allocated to this project

and identify the resources used to fund the remainder of the individual's salary.

Budget Narrative:

CATEGORICAL BUDGET AND BUDGET JUSTIFICATION (10 points)

This section should provide a clear estimate of the program costs and justification for expenses for the entire cooperative agreement periods. The budgets and budget justifications should be consistent with the tasks identified in the work plans. Because each of the two awards included in this announcement are funded through separate funding streams, the applicant must provide a separate budget and budget narratives for each of the two components and must account for costs separately.

- a) Provide a categorical budget for each of the 12-month budget periods requested for each of the two projects.
- b) If IDC are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the Appendix.
- c) Provide a narrative justification explaining why each line item is necessary/relevant to the proposed project. Include sufficient costs and other details to facilitate the determination of cost allowability (i.e., equipment specifications, etc.).

APPENDIX ITEMS

- 1) Resolution from health board of directors (if applicable).

- 2) Work plan for proposed objectives.
- 3) Position descriptions for key staff.
- 4) Resumes of key staff that reflect current duties.
- 5) Consultant proposed scope of work (if applicable).
- 6) IDC Rate Agreement (if applicable).
- 7) Organizational chart.

REVIEW AND SELECTION PROCESS:

Each application will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the Objective Review Committee (ORC). Applicants will be notified by DGM, via e-mail or letter, to outline minor missing components (i.e., signature on the SF-424, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to the DGM on or before the due date listed in the e-mail notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation. Applicants that receive less than a minimum score will be considered to be “Disapproved” and will be informed via e-mail or regular mail by the IHS ODSCT of their application’s deficiencies. A summary statement outlining the strengths and weaknesses of the application will be provided to each disapproved applicant. The summary statement will be sent to the Authorized

Organizational Representative that is identified on the face page (SF-424) of the application within 60 days of the completion of the Objective Review.

VI. Award Administration Information

1. Award Notices

The Notices of Award (NoA) will be initiated by the DGM and will be mailed via postal mail to the entity that is approved for funding under this announcement.

The NoA will be signed by the Grants Management Officer as the authorizing document for which funds are disbursed to the approved entity. The NoA will serve as the official notification of the award and will reflect the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the awards, the effective date of the award, and the budget/project periods. The NoA is a legally-binding document.

2. Administrative Requirements

Grants are administrated in accordance with the following regulations, policies, and Office of Management and Budget (OMB) cost principles:

- A. The criteria as outlined in this Announcement.
- B. Administrative Regulations for Grants:
 - 45 C.F.R. Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal governments.
 - 45 C.F.R. Part 74, Uniform Administrative Requirements

for Awards and Subawards to Institutions of Higher Education, Hospitals, and other Non-profit Organizations.

C. Grants Policy:

- HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

- Title 2: Grant and Agreements, Part 225–Cost Principles for State, Local, and Indian Tribal governments (OMB Circular A-87).
- Title 2: Grants and Agreements, Part 230–Cost Principles for Non-Profit Organizations (OMB Circular A-122).

E. Audit Requirements:

- OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

3. IDC

This section applies to all grant recipients that request reimbursement of IDC in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC cost rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with the DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until

the current rate is provided to the DGM.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (<http://rates.psc.gov/>) and the Department of the Interior National Business Center (<http://www.aqd.nbc.gov/services/ICS.aspx>). If your organization has questions regarding the IDC policy, please call Mr. Andrew Diggs, DGM, at (301) 443-5204 to request assistance.

4. Reporting Requirements

The awardee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) the imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. The reporting requirements for this program are noted below.

A. Progress Reports

Separate progress reports are required, as noted herein, for each of the two awards included in this announcement. Semi-annual progress reports must

be submitted within 30 days of the conclusion of the first six months of the budget period and a final report within 90 days of the expiration of the budget period for each award. These reports will include a brief comparison of actual accomplishments to the goals established for the period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. Final reports must be submitted within 90 days of expiration of the budget/project period. Separate progress reports are required for the IHS award and the OS award.

B. Financial Reports

The awardee is responsible for accounting for each award separately. SF-425 Federal Financial Reports, Cash Transaction and Expenditure Reports are due 30 days after the close of every calendar quarter to the Division of Payment Management, HHS at: <http://www.dpm.psc.gov>. It is recommended that you also send a copy of your SF-425 reports to your Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to your organization. Separate financial reports are required for the IHS award and the OS award. The awardee is responsible for accounting for each award separately. Awardees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Reports.

C. Federal Subaward Reporting System (FSRS)

These awards may be subject to the (“Transparency Act”) subaward and executive compensation reporting requirements of 2 C.F.R. Part 170.

The Transparency Act requires OMB to establish a single searchable database, accessible to the public, with information on financial assistance awards made by Federal agencies. The Transparency Act also includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards.

Effective October 1, 2010, IHS implemented a new Term and Condition into all new NoA, regarding the requirements for use and reporting of Federal subaward data. Although required to be referenced in all Funding Opportunity Announcements, this IHS Term of Award is applicable to all New (Type 1) IHS grant and cooperative agreement awards issued on or after October 1, 2010. Additionally, all IHS Renewal (Type 2) grant and cooperative agreement awards and Competing Revision awards (Competing T-3s) issued on or after October 1, 2010, may also be subject to the following award term. Further guidance on Renewal and Competing Revision awards requirements to report subaward data is expected to be provided as it becomes available.

For the full IHS award term and condition implementing this requirement and additional award applicability information, please visit the DGM Website at: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_topics.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contact(s)

Grants (Business):

Mr. Andrew Diggs, DGM

Grants Management Specialist

801 Thompson Avenue, TMP 360

Rockville, Maryland 20852

Telephone: (301) 443-5204

Fax: (301) 443-9602

E-Mail: Andrew.Diggs@ihs.gov

Program (Programmatic/Technical):

Ms. Roselyn Tso

Acting Director, ODSCT

801 Thompson Avenue, Suite 220

Rockville, Maryland 20852

Telephone: (301) 443-1104

Fax: (301) 443-4666

E-Mail: Roselyn.Tso@ihs.gov

VIII. Other Information

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Date: _____ / Yvette Roubideaux / _____.
Yvette Roubideaux, M.D., M.P.H.
Director
Indian Health Service