

Department of Health and Human Services

Indian Health Service

Office of Direct Service and Contracting Tribes

Announcement Type: New Limited Competition

Funding Announcement Number: HHS-2011-IHS-NIHOE-0003

Catalog of Federal Domestic Assistance Number: 93.933

Key Dates

Application Deadline Date: September 8, 2011

Review Date: September 12, 2011

Earliest Anticipated Start Date: September 15, 2011

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) announces a National Indian Health Outreach and Education Limited Competition cooperative agreement (CA) that is open for receipt of applications from national non-profit organizations specializing in conducting outreach and educational training and technical assistance for Federally recognized Tribes and Tribal organizations. The selected entity and/or entities will carry out outreach and educational training on the Patient Protection and Affordable Care Act, Pub. L. No. 111-148 [H.R. 3590], 124 Stat. 119, (2010), (ACA) and the Indian Health Care Improvement Reauthorization and Extension Act (IHCIA) (S. 1790), as enacted and amended by the Patient Protection and Affordable Care Act, Pub. L. No. 111-148

[H.R. 3590], § 10221, 124 Stat. 119, 935 (2010). This national outreach and educational program is authorized under Public Health Service Act 301(a)(1). This program is described at 93.933 in the Catalog of Federal Domestic Assistance (CFDA).

Purpose

The Office of Direct Service and Contracting Tribes (ODSCT) on behalf of the Director, IHS, has designated funds for the Limited Competition National Indian Health Outreach and Education Cooperative Agreement program to further health program objectives in the American Indian/Alaska Native (AI/AN) community with outreach and education efforts in the interest of improving Indian health care. Qualified national American Indian organizations/entities must have experience and expertise on the variety of issues related to the provision of health care to Indian people.

The IHS will accept CA applications for either one of the following:

1. Two entities collaborating and applying as one entity.
2. Two entities applying separately to accomplish appropriately divided program activities.

The goal of this program announcement is to coordinate and conduct consumer centered outreach and education, training and technical assistance on a national scale for the 565 Federally-recognized Tribes and Tribal organizations on the changes and authorities of the new legislation for the ACA and the IHCA.

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.

Description of the Project

Health Care Reform and Indian Healthcare Improvement Act Outreach and Education.

The selected entity and/or entities will be required to:

- a. Complete a summary and written report of the key issues of the ACA and IHCA on the IHS, Tribal and Urban (I/T/U) system. Additionally, the selected entity and/or entities will develop material that will be used in educating individual Tribes and Tribal organizations on ACA and IHCA major provisions. These documents will be presented to the IHS for review and approval before being shared.
- b. Develop a detailed plan for outreach and communication to IHS, national Tribal organizations, and Tribes and Tribal organizations in each of the 12 IHS Areas using the documents developed pursuant to the preceding paragraph. Present this plan to the IHS for review and approval.
- c. The entities considering applying for this outreach and educational training and technical assistance can:
 1. Apply separately for selected portions offered or
 2. Partner with another organization and apply as one entity clearly delineating the portions being addressed by each partner.

II. Award Information

Type of Award: Cooperative Agreement.

Estimated Funds Available:

The total amount of funding identified for Fiscal Year (FY) 2011 is approximately \$640,000.

Awards issued under this announcement are subject to the availability of funds. In the absence of funding, the Agency is under no obligation to make awards that are selected for funding.

Award Amounts:

Awards will be issued as follows:

Option One: One Entity will be awarded up to \$640,000. This application would require that “two entities” collaborate together and submit one application as one entity. Administrative costs will be capped at \$40,000.

Option Two: Two separate awards will be made to two separate entities for a total of \$320,000 for each project, with administrative costs capped at \$20,000 per project.

Anticipated Number of Awards:

It is anticipated that up to two awards will be made under this program announcement.

Project Period:

The project period will be for 12 months and will run from September 15, 2011 through September 14, 2012.

Cooperative Agreement – Involvement of Parties:

This project is a cooperative agreement between the IHS and the selected entity or entities.

Selected entity is responsible for the following:

- Facilitate an open exchange of ideas and foster an atmosphere of open communication regarding outreach, educational training and technical assistance about these Acts.

- Provide the outreach and educational training and technical assistance about these Acts and their changes and requirements that will affect AI/AN whether doing so independently or jointly via a partnership as described previously. The project goals are two-fold for the IHS and the selected entity and/or entities:
 1. Communicate IHS approved communication about the content and meaning of the ACA and the IHCA.
 2. Maximize the provision of outreach, educational training and technical assistance for Tribes and their members and Tribal organizations.

IHS Programmatic Involvement will be as follows:

- IHS will have final approval of the selection of any consultants.
- IHS will approve the training and education curriculum content, facts, delivery mode, pre- and post-assessments, and evaluation before any materials are printed and the training is conducted.
- IHS will review and approve the final draft products before they are published and distributed.

III. Eligibility Information

1. Eligible applicants include 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 healthcare in Indian Country.

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

2. Cost Sharing or Matching

This program does not require matching funds or cost sharing.

3. Other Requirements

- a. The funding level noted includes both direct and indirect costs. Administrative costs are capped.

- b. If application budget documents exceed the stated dollar amount that is outlined within this announcement, then the application will be returned to the applicant without further consideration.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at

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

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

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package.

Mandatory documents for all applicants include:

- Table of contents.
- Abstract (one page) summarizing the project.
- Application forms:
 - Standard Form (SF)-424, Application for Federal Assistance.
 - SF-424A, Budget Information – Non-Construction Programs.
 - SF-424B, Assurances – Non-Construction Programs.
- Budget Narrative and justification (must be single-spaced and must not exceed 3 pages).
- Project Narrative (must not exceed 10 pages) providing:

- Background information on the Tribe.
- Proposed scope of work, objectives, and activities that provide a description of what will be accomplished including a one-page Time Frame Chart.
- Tribal Resolution.
- 501(c)(3) Certificate (if applicable).
- Biographical sketches for all Key Personnel.
- Contractor/Consultant resumes or qualifications and scope of work.
- Disclosure of Lobbying Activities (SF LLL).
- Copy of current Negotiated Indirect Cost (IDC) Rate agreement in order to receive IDC.
- Organizational Chart (optional).
- Documentation of current OMB A-133 required Financial Audit. 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/dissemin/accessoptions.html?submit=Retrieve+Records>

3. Public Policy Requirements

All Federal-wide public policies apply to IHS grants with the exception of Discrimination policy.

4. Requirements for Project and Budget Narratives

A. Project Narrative

This narrative should be a separate Microsoft Word document that is no longer than ten pages and must: be single-spaced, be type written, have consecutively numbered pages, use black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8-1/2" x 11" paper. Be sure to succinctly answer all questions listed under the evaluation criteria (refer to Section V.1. Evaluation Criteria in the announcement) and place all responses and required information in the correct section (noted below), or they will not be considered or scored. These narratives will assist the ORC in becoming more familiar with the grantees' activities the first ten pages will be reviewed. The ten page limit for the narrative does not include the work plan, standard forms, Table of contents, budget, budget justifications, narratives, and/or other items. 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.

Part A: Program Information (4 page limitation)

Section 1: Needs

Describe the organizational structure of the entity and its ability to manage the proposed project.

Part B: Program Planning and Evaluation (4 page limitation)

Section 1: Program Plans

Describe fully and clearly the methodology and activities that will be used to accomplish the goals and objectives of the project.

Section 2: Program Evaluation needs of the people to be served, and are they achievable within the proposed time frame.

Part C: Program Report (2 page limitation)

Section 1: Describe major activities over the last 24 months. Please identify and describe major health related project activities regarding the delivery of quality health services.

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

Please identify and describe significant program achievements associated with the delivery of quality health services, as described in the previous section.

B. Budget Narrative

This narrative must describe the budget amount requested and match the scope of work described in the project narrative. The page limitation should not exceed three pages.

5. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 12:00 a.m. midnight Eastern Daylight Time (EDT) on September 8, 2011. Any application received after the application deadline will not be accepted for processing. If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via e-mail to support@grants.gov or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If problems persist, contact Paul Gettys, DGM, at Paul.Gettys@ihs.gov or (301) 443-5204. Please be sure to contact Mr. Gettys at least ten days prior to the application deadline. Please do not contact the

DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a tracking number, call the DGM as soon as possible.

If an applicant needs to submit a paper application instead of submitting electronically via Grants.gov, prior approval must be requested and obtained. The waiver must be documented in writing (e-mails are acceptable), before submitting a paper application. A copy of the written approval must be submitted along with the hardcopy that is mailed to the DGM. Once your waiver request has been approved, you will receive a confirmation of approval and the mailing address to submit your application. Paper applications that are submitted without a waiver will be returned to the applicant without review or further consideration. Paper applications must be received by the DGM no later than 5:00 p.m. (EDT), on the application deadline date. Late applications will not be accepted for processing or considered for funding and will be returned to the applicant.

6. Intergovernmental Review

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

7. Funding Restrictions

Pre-award costs are not allowable.

8. Electronic Submission Requirements

All applications must be submitted electronically. Please 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 from the website, complete it offline, and then upload and submit the completed 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 to submit paper application documents must follow the rules and timelines that are noted below. The applicant must seek assistance at least ten days prior to the application deadline (exact date: August 29, 2011).

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

Please be aware of the following:

- Please search for the application package in Grants.gov (<http://www.Grants.gov>) by entering the CFDA number (93.444) or the Funding Opportunity Number (HHS-2011-IHS-NIHOE-0003). Refer to the CCR section below for further information.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: <http://www.Grants.gov/Customersupport> or (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 a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (e-mails are acceptable) 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 8, 2011.
- Audits being sent separately must be received by the due date, September 8, 2011.
- 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.
- All applicants must comply with any page limitation requirements described in this Funding Announcement.
- 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 ODSCT will notify applicants that the application has been received.
- E-mail applications will not be accepted under this announcement.

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. 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.

Effective on 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"). Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

Central Contractor Registry (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 the CCR is free of charge. Applicants may register online at <http://www.ccr.gov>.

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and CCR, can be found on the IHS Grants Policy website: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_topics.

V. Application Review and Information

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. A minimum score of 65 points is required for funding. Points are assigned as follows:

Evaluation Criteria

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. The narrative is limited to 14 pages.

1. NARRATIVE
 - A. Abstract – one page summary.
 - B. Criteria - Program Requirements:

1. Identify role of applicant's coordinating efforts in developing and conducting the ACA and IHCIA Outreach and Education Training and Technical Assistance.
2. Identify and Describe the ACA and IHCIA Training and Education Program – refer to Attachment.

Describe how to ensure the training curriculum content addresses all IHCIA and ACA requirements describe in the attached document.

Describe the review and approval of the training materials.

Describe the review and approval of the training presentation delivery including electronic presentation in large group, small group discussions, and individual responses to questions.
3. Other Deliverables:

Describe how applicant will ensure that the training will provide a complete educational package for all Tribal Leaders and their Tribal members.

Describe plans for posting materials on one unique consumer focused web-site for all American Indians and Alaska Natives to access.
4. Provide clear timelines for coordination and implementation of training.
5. Budget justification should include all cost relevant to the proposed goals and objectives of the proposed program plan.

Project Objectives, Work plan, Consultants and Budget (100 Points Total)

NARRATIVE

1. Abstract – one page summary.

A. PROJECT NARRATIVE: INTRODUCTION AND NEED FOR ASSISTANCE (15 points)

1. 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 authorized delegation of authority, i.e., memorandum of agreement from a national organization representative of all AI/AN authorizing entities to act in the health care advocacy role for all AI/AN communities. Include what programs and services are currently provided (i.e., Federally funded, State funded, etc.), any memorandums of agreement with other National, Area or Local Indian Health Board organizations, Department of Health and Human Services' agencies that rely on the applicant as the primary gateway organization that is capable of providing the dissemination of health information, information regarding technologies currently used (i.e., hardware, software, services, 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].
2. Describe the organization's current technical assistance ability. Include what programs and services are currently provided, programs and services projected to be provided, memoranda of agreement with other National AI/AN organizations that deem the applicant as the primary source of health policy information for AI/AN, memoranda of agreement with other Area Indian Health Boards, etc.

3. Describe the population to be served by the proposed project. Include a description of the number of Tribes and Tribal members who currently benefit from the technical assistance provided by the applicant.
4. State how previous cooperative agreement funds facilitated education, training and technical assistance nation-wide for AI/AN and relate the progression of health care information delivery and development relative to the current proposed project. (Copies of reports will not be accepted.)
5. Describe collaborative and supportive efforts with National, Area and local Indian Health Boards.
6. Describe how the project relates to the purpose of the cooperative agreement by addressing the following: Identify how the proposed project will address the changes and requirements of the Acts.

B. PROJECT OBJECTIVE(S), WORKPLAN AND CONSULTANTS (45 points)

1. Identify the proposed project objective(s) by addressing the following:
 - a) measurable and (if applicable) quantifiable.
 - b) results oriented.
 - c) time-limited.
2. Submit a workplan in the appendix which includes the following information:

Provide the action steps on a timeline for accomplishing the proposed project objective(s).

Identify who will perform the action steps.

Identify who will supervise the action steps taken.

Identify what tangible products will be produced during and at the end of the proposed project objective(s).

Identify who will accept and/or approve work products during the duration of the proposed project and at the end of the proposed project.

Include any training that will take place during the proposed project and who will be attending the training.

Include evaluation activities planned.

3. 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):
 - a) Educational requirements.
 - b) Desired qualifications and work experience.
 - c) Expected work products to be delivered on a timeline.
 - d) If a potential consultant/contractor has already been identified, please include a resume in the Appendix.

C. PROJECT EVALUATION (15 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.

1. For outcome evaluation, describe:
 - a) What the criteria will be for determining success of each objective.

- b) What data will be collected to determine whether the objective was met.
 - c) At what intervals will data be collected.
 - d) Who will collect the data and their qualifications.
 - e) How the data will be analyzed.
 - f) How the results will be used.
2. For process evaluation, describe:
- a) How the project will be monitored and assessed for potential problems and needed quality improvements.
 - b) Who will be responsible for monitoring and managing project improvements based on results of ongoing process improvements and their qualifications.
 - c) How ongoing monitoring will be used to improve the project.
 - d) Any products, such as manuals or policies, that might be developed and how they might lend themselves to replication by others.
 - e) How the project will document what is learned throughout the project period.
3. Describe any evaluation efforts that are planned to occur after the grant period ends.
4. Describe the ultimate benefit for the AI/AN that will be derived from this project.

D. ORGANIZATIONAL CAPABILITIES AND QUALIFICATIONS (15 points)

- 1. Describe the organizational structure of the organization.
- 2. Describe the ability of the organization to manage the proposed project. Include information regarding similarly sized projects in scope and financial assistance as well as other cooperative agreements/grants and projects successfully completed.

3. 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 project.
4. List key personnel who will work on the project. Include title used in the workplan. 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. CATEGORICAL BUDGET AND BUDGET JUSTIFICATION (10 points)

1. Provide a categorical budget for 4-month budget period requested.
2. If indirect costs are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the appendix.
3. Provide a narrative justification explaining why each line item is necessary/relevant to the proposed project. Include sufficient cost and other details to facilitate the determination of cost allowability (i.e., equipment specifications, etc.).

APPENDIX ITEMS

- A. Work plan for proposed objectives.
- B. Position descriptions for key staff.
- C. Resumes of key staff that reflect current duties.
- D. Consultant proposed scope of work (as applicable).

- E. Indirect Cost Rate Agreement, if applicable.
- F. Organizational chart.
- G. Application Checklist.

2. Review and Selection Process

Each application will be pre-screened 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 ORC for evaluation. Applicants will be notified by the 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.

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 of 65 points will be considered to be “Disapproved” and will be informed via e-mail or regular mail by the OTSG 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 (AOR) 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 Notice of Award (NoA) is a legally binding document, signed by the Grants Management Officer, and serves as the official notification of the grant award. The NoA will be initiated by the DGM and will be mailed via postal mail or e-mailed to each entity that is approved for funding under this announcement. The NoA is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period. Applicants who are approved but unfunded or disapproved based on their ORC score will receive a copy of the Final Executive Summary which identifies the weaknesses and strengths of the application submitted. Any correspondence other than the NoA announcing to the Project Director that an application was selected is not an authorization to begin performance.

2. Administrative and National Policy Requirements

Cooperative agreements are administered in accordance with the following regulations, policies, and OMB cost principles:

A. The criteria as outlined in this Program 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.

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).

E. Audit Requirements:

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

3. Indirect Costs

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, the IHS requires applicants to obtain a current IDC 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, the IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (<http://rates.psc.gov/>) and the Department of 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

Grantees 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; or (2) the non-funding or non-award of other 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

Program progress reports are required to be submitted annually. 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. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Reports

SF 425 Federal Financial Report, Cash Transaction 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 report to your Grants Management Specialist, Andrew Diggs (see Section VII., 2, of this application).

Failure to submit timely reports may cause a disruption in payments to your organization.

Grantees are responsible and accountable for accurate information being reported on all required

Progress and Federal Financial Reports.

C. Federal Subaward Reporting System (FSRS)

This award 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 as of October 1, 2010, the IHS implemented a Term of Award into all NoAs issued on/after the date of this announcement by incorporating it on all IHS Standard Terms and Conditions. Although referenced on all NoAs, the IHS Term of Award is applicable to all New (Type 1) IHS grant and cooperative agreement awards that were issued on or after October 1, 2010. Additionally, all IHS Renewal (Type 2) grants and cooperative agreement awards and Competing Revision awards (Competing T-3s) issued on or after October 1, 2010, may be subject to the award term. Further guidance on the requirements for Renewal and Competing Revision awards is expected to be provided as it becomes available. For the full IHS award term implementing this requirement and additional award applicability information, visit the Grants Policy, Division of Grants Management Website at:

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

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

VII. Agency Contacts

IHS Contacts:

Programmatic Concerns

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

Grants Management (Business) Concerns

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The PHS 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