U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Maternal and Child Health Workforce Development

Maternal and Child Health Interdisciplinary Education in Pediatric Pulmonary Centers Program

Funding Opportunity Number: HRSA-20-040
Funding Opportunity Type(s): Competing Continuation and New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: January 21, 2020

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately! HRSA will not approve deadline extensions for lack of registration. Registration in all systems, including SAM.gov and Grants.gov, may take up to 1 month to complete.

Issuance Date: October 18, 2019

Claudia Brown, MSN
Senior Public Health Analyst
Division of Maternal and Child Health Workforce Development
Telephone: (301) 443-0869
Email: CBrown4@hrsa.gov

Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Maternal and Child Health Interdisciplinary Education in Pediatric Pulmonary Centers (PPC) program. The purpose of the PPC program is to improve the health status of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs. PPC award recipients accomplish this through: (1) graduate and post-graduate level interdisciplinary training of health professionals; and (2) working within collaborative systems that promote family-centered care, public health practices, and cultural competence to address health disparities and expand access to care.

The FY 2020 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Maternal and Child Health Interdisciplinary Education in Pediatric Pulmonary Centers Program
Funding Opportunity Number:	HRSA-20-040
Due Date for Applications:	January 21, 2020
Anticipated Total Annual Available FY 2020 Funding:	Up to $2,125,000 (includes $25,000 for annual grantee meeting and $60,000 for the annual interdisciplinary trainee meeting, which will be determined each year post-award).
Estimated Number and Type of Award(s):	Up to six grants
Estimated Award Amount:	Up to $340,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)
Eligible Applicants:	Only domestic public and nonprofit private institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b).). See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Tuesday, November 5, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-769-9403
Participant Code: 5241014
Weblink:
https://hrsa.connectsolutions.com/fy_2020_pediatric_pulmonary_centers_application_ta/

HRSA will record the webinar and make it available at:
https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1
2. BACKGROUND 1

II. AWARD INFORMATION 3

1. TYPE OF APPLICATION AND AWARD 3
2. SUMMARY OF FUNDING 4

III. ELIGIBILITY INFORMATION 5

1. ELIGIBLE APPLICANTS 5
2. COST SHARING/MATCHING 5
3. OTHER 5

IV. APPLICATION AND SUBMISSION INFORMATION 6

1. ADDRESS TO REQUEST APPLICATION PACKAGE 6
2. CONTENT AND FORM OF APPLICATION SUBMISSION 6
   - *i. Project Abstract* *7*
   - *ii. Project Narrative* *7*
   - *iii. Budget* *26*
   - *iv. Budget Justification Narrative* *26*
   - *v. Program-Specific Forms* *27*
   - *vi. Attachments* *27*
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT 28
4. SUBMISSION DATES AND TIMES 29
5. INTERGOVERNMENTAL REVIEW 29
6. FUNDING RESTRICTIONS 29

V. APPLICATION REVIEW INFORMATION 30

1. REVIEW CRITERIA 30
2. REVIEW AND SELECTION PROCESS 33
3. ASSESSMENT OF RISK 34

VI. AWARD ADMINISTRATION INFORMATION 34

1. AWARD NOTICES 34
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 35
3. REPORTING 35

VII. AGENCY CONTACTS 37

VIII. OTHER INFORMATION 38

APPENDIX A 39

APPENDIX B 44

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Maternal and Child Health Interdisciplinary Education in Pediatric Pulmonary Centers program (PPC program). The purpose of the PPC program is to improve the health status of infants, children, and adolescents[1] with chronic respiratory conditions, sleep issues, and other related special health care needs.

The specific objectives of the PPC program are to:

(1) Provide interdisciplinary leadership training at the graduate and post-graduate levels in pediatric pulmonary medicine, nursing, nutrition, social work, and at least one additional discipline;
(2) Engage with families as full partners to support family-centered practice, policies, and research;
(3) Increase access to health services through innovative methods, such as telehealth, collaborative systems of care (i.e., medical homes), and distance-learning modalities;
(4) Provide technical assistance, consultation, continuing education (CE), and subject matter expertise to facilitate academic-practice partnerships; and
(5) Support diverse and underrepresented trainees and faculty, and increase the cultural competence and skills of trainees and faculty to address health disparities in underserved communities.

2. Background

This program is authorized by the Social Security Act, Title V, Section 501(a)(2), (42 U.S.C. 701(a)(2)).

Need for Pediatric Pulmonary Centers (PPCs)

The prevalence of asthma among children under the age of 18 years in the United States is high. According to combined 2016 and 2017 National Survey of Children's Health reported data, an estimated 7.9 percent (5,762,777) of U.S. children under 18 have asthma.[2] Despite advances in pharmacological treatments, asthma remains a leading public health problem,[3] especially in socially disadvantaged minority populations. Non-Hispanic Black children experience a higher prevalence of asthma and are more likely to have severe and/or poorly controlled asthma than non-Hispanic White children. Over 30,000 people, in the United States, are also living with cystic fibrosis, which is a life-threatening genetic disease that primarily affects the lungs and digestive system. [4] Pediatric patients with cystic fibrosis can suffer from a variety of

[1] For the purposes of the PPC program, the age range of the target population is *generally* birth through 21 years.
[2] 2016–2017 National Survey of Children's Health (NSCH), HRSA, Maternal and Child Health Bureau: http://childhealthdata.org/browse/survey.
[3] Wood, B. L., Miller, B. D., & Lehman, H. K. (2015). Review of Family Relational Stress and Pediatric Asthma: The Value of Biopsychosocial Systemic Models. *Family Process*, *54*(2), 376–389.
[4] Cystic Fibrosis Foundation. (n.d.). About Cystic Fibrosis. Bethesda, MD: Cystic Fibrosis Foundation. Retrieved May 3, 2019 from http://www.cff.org/AboutCF/.

physical and behavioral health complications. Co-morbid disorders, such as moderate to severe sleep problems, problematic mealtime behaviors, obesity, behavioral health issues, and difficulty adhering to prescribed physiotherapy, often require specialty care for pediatric populations with medically complex pulmonary health needs or other related disease conditions.[5] The importance of sleep health is underscored by a growing literature that links sleep problems with other pulmonary morbidities. Onset of sleep problems in children and adolescents could further complicate underlying medical conditions, such as asthma and cystic fibrosis, and exacerbate other co-morbidities including obesity and behavioral health issues, such as depression, anxiety, and substance use.[6] Sleep problems, some of which are preventable, are associated with chronic diseases, mental disorders, health-risk behaviors, limitations of daily functioning, injury, and mortality.[7]

There is a shortage of interdisciplinary leaders and health care providers trained in pediatric pulmonary and sleep health, which is greatly attributed to unfilled pediatric pulmonary positions and expected to worsen due to an aging pediatric pulmonary workforce.[8] Currently, there are over 65,000 children per average pediatric pulmonologist (under the age of 70 in the United States).[9] This shortage results in lack of access to pediatric pulmonary services and systems of care for infants, children, and adolescents, particularly for vulnerable and underserved populations, including infants, children, and adolescents in rural and other geographically isolated communities. In 2016, almost 1.8 million visits were made to emergency departments with asthma as the primary diagnosis.[10] To this point, minority children with asthma were more likely to visit emergency departments for uncontrolled asthma treatment as compared with White children.[11]

To address the shortage of pediatric pulmonary and sleep specialty care, the PPC program supports interdisciplinary graduate and post-graduate training of health care professionals in pediatric pulmonary care, sleep health, and other related special health care needs. Multidisciplinary PPC providers work to improve access to pediatric pulmonary, sleep, and specialty health services in rural, urban, underserved, tribal, and geographically isolated communities, as well as other hardest-to-reach areas, such as populations with medical service access barriers. PPC programs also support the implementation of innovative regional and national systems of care to improve the health status and access to services of infants, children, and adolescents with chronic respiratory conditions, sleep issues, and other related special health care needs.

---

[5] Prestidge, C., Chilvers, M., Davidson, A. A., Cho, E., McMahon, V. & White, C. (2011). Renal function in pediatric cystic fibrosis patients in the first decade of life. *Pediatric Nephrology*, *26*(4), 605–612. doi:10.1007/s00467-010-1737-1.
[6] Moturi S., & Avis, K. (2010). Assessment and Treatment of Common Pediatric Sleep Disorders. *Psychiatry*, *7*(6), 24–37.
[7] Morbidity and Mortality Weekly Review (2011). Unhealthy Sleep-Related Behaviors —12 States, 2009. *Centers for Disease Control and Prevention.* Retrieved May 14, 2019 from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6008a2.htm.
[8] Evolving Challenges in Pediatric Pulmonary Medicine: New Opportunities to Reinvigorate the Field. Collaco, JM & Abman, SH (2018, September).
[9] Evolving Challenges in Pediatric Pulmonary Medicine: New Opportunities to Reinvigorate the Field. Collaco, JM & Abman, SH (2018, September).
[10] 2016 National Hospital Ambulatory Medical Care Survey, CDC. Retrieved May 14, 2019 from https://www.cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf.
[11] Zhang, Q., Lamichhane, R., & Diggs, L. A. (2017). Disparities in emergency department visits in American children with asthma: 2006–2010. *Journal Of Asthma*, *54*(7), 679–686.

In FY 2015–2016, the PPC program supported interdisciplinary training for 748 long-term, medium-term, and short-term trainees.[12] Of these, 19 percent were from an underrepresented racial group and 10 percent were from an underrepresented ethnic group. During this same time, about 90 percent of former PPC trainees were working with vulnerable populations 5 years after completing the PPC program. In FY 2015–2016, PPC award recipients provided CE to over 41,000 practicing Maternal and Child Health (MCH) professionals and reported collaborating with state Title V agencies or other MCH-related programs on over 1,000 activities to advance pediatric pulmonary and sleep health. Past PPC award recipients have long worked to enhance system and service integration. The PPC program aligns with HRSA's goals to foster a health care workforce able to address current and emerging needs and to improve access to quality health care and services. To promote access to services, PPC award recipients collaborate at the federal, regional, state, and local levels by providing clinical consultation through a variety of methods, including telehealth and direct specialized care through mobile clinical services provided in remote, underserved areas. The PPC recipients developed evidence-based tools, resources, curricula, and interventions, including six comprehensive sleep modules about interdisciplinary approaches to sleep health for provider CE (https://go.uab.edu/PedSleepEducation), in addition to 100 peer-reviewed publications in FY 2016.

Title V of the Social Security Act
In 1935, Congress enacted Title V of the Social Security Act, authorizing the MCH Services Block Grant Program. This legislation has provided a foundation and structure for assuring the health of mothers and children in our nation for over 80 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children, and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

You are strongly encouraged to become familiar with the full scope of Title V Block Grant requirements. Information on the Title V Maternal and Child Health Services Block Grant Program can be found at https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program. Information on Special Projects of Regional and National Significance (SPRANS) research and training with respect to maternal and child health and children with special health care needs can be found at https://www.ssa.gov/OP_Home/ssact/title05/0501.htm.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

[12] Short-term trainees complete <40 program hours; Medium-term trainees I complete 40-149 program hours; Medium-term trainees **II** complete 150-299 program hours; Long-term trainees complete ≥300 program hours.

2. Summary of Funding

HRSA estimates approximately $2,125,000 to be available annually to fund six recipients (this includes $25,000 for the annual grantee meeting and $60,000 for the annual interdisciplinary trainee meeting, which will be determined each year post-award). The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to $340,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the PPC program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

Each year during the 5-year period of performance, HRSA will provide funds on a rotating basis to two different recipients to plan, develop, and convene: 1) the PPC program annual grantee meeting (using $25,000/year in supplemental funding), and 2) the annual national interdisciplinary trainee meeting (using $60,000/year in supplemental funding) to support meeting costs, pending availability of funds. The grantee meeting and national trainee meeting requirements may be waived during Year 5 of the period of performance.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
Pediatric Pulmonary Centers	6	$340,000	$2,040,000*
Pediatric Pulmonary Centers Grantee Meeting	1 PPC award recipient per year	$25,000	$25,000
Interdisciplinary Trainee Meeting	1 PPC award recipient per year	$60,000	$60,000

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
Anticipated Annual Total Availability of Funds			$2,125,000

*The total noted in the "Summary of Funding" includes $25,000 to support the annual grantee meeting and $60,000 to support the national interdisciplinary trainee meeting, which will be determined each year post-award.

III. Eligibility Information

1. Eligible Applicants

Only domestic public and nonprofit private institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b).).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

A trainee/fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. As defined in the HHS Grants Policy Statement, a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. Please see **Appendix A** for additional trainee/fellow information and guidelines.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachments #7–15: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide.*

ii. *Project Narrative*
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1: Need*
  Briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1: Need*
  Outline the needs of the community and/or institution for pediatric pulmonary care, sleep health, and other related special health care needs as important health issues to be addressed, discussing any relevant need, gaps, and barriers in the service area that the project hopes to overcome.

  Include a concise assessment of the target population of infants, children, and adolescents and their unmet health needs, including socio-cultural determinants of health and existing health disparities. Highlight the need for service delivery systems to be leveraged through policies and practices as venues for promoting health and driving impact at the national, regional, local, and family levels. Provide any other available and relevant data that further demonstrates the need for the training/interventions/activities proposed in the application. Include a needs assessment summary with findings reflecting the need/demand for interdisciplinary training and health care. This assessment summary is expected to specifically identify the needs, gaps, and barriers to be filled by the project, particularly as related to interdisciplinary providers in pediatric pulmonary medicine, nursing, nutrition, social work, and other discipline(s) relevant to your state/region, with an

emphasis on engaging the family leader and incorporating the family perspective in your program, in ***Attachment 1***.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion [#2: Response](#)*

1) PROGRAM PHILOSOPHY, GOALS, AND OBJECTIVES

State the overall goal(s) of the project and list the specific objectives that respond to the stated need/purpose. The goals and objectives should be specific, measurable, achievable, relevant, and time-oriented (SMART) with explicit outcomes for each project year, which are attainable in the stated time frame; and that address the five overarching program objectives as stated in the [Purpose](#) section.

A) Interdisciplinary Training and Practice

HRSA supports PPC programs in educating and training health professionals at the graduate/post-graduate levels for leadership roles and practice in an interdisciplinary and collaborative manner in diverse primary care, public health, and specialty care settings in MCH. *Interdisciplinary training* comprises an integrated education program involving the interdependent contributions of the knowledge, skills, attitudes, values, and methods of the collaborating disciplines based on the belief that the contribution and collaboration of all team members is essential to appropriately address the health care needs of clients and their families. An interdisciplinary training environment allows trainees to see the potential of fully staffed, broadly-defined teams. Describe the interdisciplinary competencies that program completers are expected to achieve as a result of participation in the PPC program.

Interdisciplinary Core Disciplines

- Demonstrate interdisciplinary leadership development in five core health disciplines to include ***pediatric pulmonary medicine***; ***nursing***; ***nutrition***; ***social work,*** **another discipline** relevant to your local/state/regional needs.
- Define the content and process which will assure that this interdisciplinary requirement is satisfied within your PPC program.
- Include trainees/fellows and core faculty within these disciplines.

B) Family-Centered Care and Engagement

Family-centered care is the standard of practice that results in high quality services. Evidence establishes family/professional partnership, shared decision making, and patient/family-centered care as a national quality indicator. Family-centered services support youth as they transition to adulthood with policies, practices, and systems that have the family in mind.

- Describe ways in which the proposed program promotes family-centered care.
- Describe family-centered concepts and activities as integral parts of the PPC curriculum and training activities that facilitate care transitions and connection to community services, and ensure coordination amongst a wide range of disciplines in practice.

- Include content about family-centered care that assures the health and well-being of children and their families through a respectful family-professional partnership and honors the strengths, cultures, traditions, and expertise that everyone brings to the relationship.

C) <u>Innovative Methods to Increase Access to Health Services,</u>

To address the complexity and prevalence of pulmonary concerns, sleep issues, and other related special health care needs in MCH population, PPC programs differ from "standalone" pulmonary medical fellowships and provide innovative enhancements to medicine fellowships by developing a cadre of interdisciplinary leaders and diverse care providers consisting of pulmonologists as well as nurses, nutritionists, social workers, other related health disciplines, and families to address children's complex needs. PPCs have increased access to and improved quality of comprehensive, coordinated, family-centered, and culturally competent care, including for underserved populations through innovative regional and national models, collaborations, and systems of care. These collaborations have included telehealth via video conferencing and phone sessions. Additional approaches include in-person guidance and direct specialized care through mobile clinical services provided in remote, underserved areas, which align with other HRSA investments, including community health centers (CHC), rural health centers, and, programs associated with the National Health Service Corps (NHSC).

HRSA encourages telehealth through the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. The range and use of telehealth services have expanded over the past decades, along with the role of technology in improving and coordinating care. You can refer to https://www.hrsa.gov/rural-health/telehealth/index.html for specific initiatives and resources related to telehealth within HRSA.

- Describe how you will incorporate the use of current technology for communication, training, and education, including distance-learning techniques and methodologies for remote, off-site, and/or online learning, collaboration, consultation, CE, and technical assistance.
- Describe how telehealth and/or other innovative methods will be used to improve and expand the training of health care providers; expand and improve the quality of health information available to health care providers, patients, and their families; improve health care services for medically underserved MCH populations in urban and rural communities; and expand access to, coordinate, and improve the quality of primary, specialty, and public health care services.
- Describe how you will use principles of adult and youth/child/developmentally-appropriate learning and proven education models utilizing available technologies such as multimedia networking, teleconferencing, satellite broadcasting, webcasting, blogging, social networking sites, and other innovative and interactive technologies.

D) Technical Assistance (TA), Consultation, Continuing Education (CE), and Subject Matter Expertise

PPC programs are expected to provide TA, consultation, continuing education, and subject matter expertise to the MCH field in order to integrate public health, primary care, and specialty care services. For example, to Title V agencies to assist them in supporting needs assessment and advancing selected state and national performance measures. The TA effort may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the state or organization, and may be geared to the needs of several states or a HRSA region. List and briefly describe the TA activities that you may be conducting and how you will market your capabilities.

PPC programs should provide CE and subject matter expertise to the MCH field; for example, to practicing professionals to enhance their knowledge, skills, and abilities in providing primary, specialty, and public health care to vulnerable, underserved, and special MCH populations. CE refers to continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. CE training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. List and briefly describe the CE activities that you may be conducting and how you will market your capabilities.

E) Diversity / Cultural Competence

HRSA strives to develop an MCH workforce that is reflective of the diversity of the nation. This strategy requires a focus on increasing the diversity of MCH faculty and students. By addressing faculty and trainee diversity, and incorporating cultural competence and family-centered care into training programs, HRSA aims to improve the quality of care for the MCH population. Over time, HRSA hopes to evaluate whether the emphases on diversity, cultural competence, and family-centered care might also help to reduce health disparities. Describe how you will recruit and retain culturally, racially, and ethnically diverse faculty and students. Demonstrate how your PPC program will address issues of diversity by recruiting culturally, racially, and ethnically diverse faculty and students.

Demonstrate how PPC curriculum provides trainees/fellows with knowledge and skills necessary to communicate and interact effectively with people regardless of differences, helping to ensure that the needs of all people and communities are met in a respectful way that is responsive to the cultural, social, linguistic, and ethnic diversity of the community. Describe how the PPC program will address issues of cultural competence, including incorporating cultural competence training in the curriculum; providing applicable clinical and community experiences; establishing appropriate administrative procedures; and developing trainee/fellow, faculty, and staff. An additional resource may be the

"Curricula Enhancement Module Series," created by the National Center for Cultural Competence at https://nccc.georgetown.edu/curricula/modules.html.

2) INTERDISCIPLINARY / INTERPROFESSIONAL EDUCATION AND TRAINING

Training experiences are expected to be interdisciplinary/inter-professional in nature, including didactic, skills-based, seminar, mentoring, community service projects, research skills, and peer leadership in addition to required oral and written presentation experiences. PPC programs should offer a balance of learning experiences to long-term, medium-term, and short-term trainees. The Project narrative should thoroughly document and include:

- Methods of recruitment, including the geographic area and types of trainees/fellows to be targeted by the project and special efforts directed toward recruitment of qualified trainees that are culturally, racially, and ethnically diverse as well as efforts to retain students once they have entered the program.
- Opportunities for trainees/fellows to engage with students and professionals in collaborative relationships that have been established with health-related programs within medical, nursing, nutrition, social work, and other relevant disciplines.
- How your PPC program facilitates a supportive environment in which the skills and expertise of team members from different disciplines, including a variety of professionals, MCH populations, and community partners, are acknowledged and seen as essential and synergistic.
- An estimate of the number and types of trainees/fellows (long-, medium-, and short-term) who will benefit from the program each year, including the criteria for meeting the trainee qualifications. *(A table, with this information, is encouraged, but is not required).*
- MCH training support (tuition, stipends, travel, etc.) that is limited to qualified trainees/fellows whose background, career goals, and leadership potential are consonant with the intent of the PPC training program.

A) Trainee Qualifications:

Required Long-Term Trainees

- **Pediatric Pulmonary Medicine Fellows** – Three-year, non-degree conveying, post-residency fellowships in pediatric pulmonary medicine. The fellowship program must comply with Accreditation Council for Graduate Medical Education (ACGME) recommendations and guidelines for fellowship education in pediatric pulmonary medicine in order to ensure appropriate training for medicine fellows. Document how pediatric pulmonary medicine fellows will be trained to address and integrate specialty care, primary care, and public health, related to identified needs/gaps/issues in pediatric pulmonary health care.
- **Nursing Trainee/Fellows** – Master's or doctoral candidates. Consideration may be given to post-master's (advanced practice registered nurse) clinical fellowships up to 1 year. Document how nursing trainees/fellows will be trained to address and integrate specialty care, primary care, and public

health, related to identified needs/gaps/issues in pediatric pulmonary health care.

- **Nutrition Trainee/Fellows** – Master's or doctoral candidates. Consideration may be given to post-master's (registered dietitian) clinical fellowships up to 1 year. Document how nutrition trainees/fellows will be trained and will address nutritional health needs including healthy weight and childhood obesity prevention, related to identified needs/gaps/issues.
- **Social Work Trainee/Fellows** – Master's or doctoral candidates. Consideration may be given to Post-Master's (licensed certified social work-clinical) clinical fellowships up to 1 year. Document how social work trainees/fellows will be trained and will address case management, referral to care, and mental and behavioral health related to identified needs/gaps/issues.
- **Other Related Health Discipline Trainee/Fellows** - Master's or doctoral candidates. Consideration may be given to Post-Master's clinical fellowships up to 1 year. Document how the needs/gaps/issues are impacting the local, state, and/or regional MCH population, including relevant needs assessment data, and how need-based health discipline trainees/fellows will address identified health needs/gaps/issues.

Recommended (Optional) Trainee

- ***Family Trainees –*** Family members (parents, siblings, etc.) and/or individuals with special health care needs, who do not meet the formal educational requirements of health-related disciplines; but who have gained informal (experiential) training or knowledge based on self-care or care of family member, up to 1 year. Document how optional long-term and/or Level II medium-term family trainees will be trained and will facilitate partnerships between families and health care professionals to address identified health needs/gaps/issues.

B) Conditions of Support for All Trainees/Fellows:

- Enrolled in PPC programs providing a minimum of 50 percent of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of PPC training faculty.
- At least a master's candidate trainee or post-master's fellow in core health discipline (pulmonary medicine, nursing, nutrition, or social work) or other related health discipline.
- A long-term (at least 300 program hours) trainee/fellow in core health discipline or other related health discipline.
- *Provisional*: A Level II medium-term (150–299 program hours) "health"-discipline trainee *only* under the provision that long-term trainees/fellows from each of the five required core disciplines (pediatric pulmonary medicine, nursing, nutrition, social work, and other related health discipline) are recruited to be trained within the applicable year (See also "Conditions of Support for Level II Medium-Term Trainees" below)
- An **optional** family trainee. This can be a long-term or Level II medium-term (150–299 program hours) trainee.

C) Trainee/Fellow Representation and Types

- Long-Term Trainees, for purposes of this NOFO, are those individuals completing ≥ 300 program hours in a program. ***REQUIRED for EACH year*** in the 5-year period of performance:
  - ***PPC programs recruit and train long-term trainees/fellows from five core health disciplines -*** pediatric pulmonary medicine, nursing, nutrition, social work, and another discipline.
  - PPC programs provisionally have flexibility to consider other outstanding long-term trainees/fellows, in addition to the long-term trainees/fellows representative of the five core health disciplines.
  - ***IF*** *trainees/fellows from the five core health disciplines listed above are NOT recruited to be trained each year,* ***THEN prior approval from HRSA is required*** *for stipend support of long-term trainees/fellows from alternate disciplines (other than the five above).*

- Medium-Term Trainees for purposes of this NOFO, are represented by two types: 1) Level I – those completing 40–149 program hours in a program (Level I may not receive stipend support *in any instance; and,* 2) Level II – those completing 150–299 program hours in a program (Level II *may provisionally receive stipend support if specific conditions of support are met*). ***PROVISIONALLY, for EACH year*** in the 5-year period of performance, ***IF*** *the five core health disciplines of* pediatric pulmonary medicine, nursing, nutrition, social work, and other discipline are recruited/trained in **long-term traineeships**, ***THEN*** PPC programs have flexibility to consider some outstanding Level II medium-term trainees (150–299 program hours) for correlational stipend support for up to 12 months within the same budget period.

  Conditions of Support for Level II Medium-Term Trainees:
  - Qualify for traineeship in ***nursing, nutrition, social work, other related health discipline,*** and/or ***optional family discipline*** (as listed on page 12).
  - Participate in a developed training plan, which is provided within application and includes appropriate didactic instruction through the ***MCH Curriculum*** in ***Attachment 2***.
  - Participate in all program activities as the long-term trainees in the same discipline; although, understandably, to a lesser degree and within a shorter period of time congruent with program hours.
  - Stipend support for Level II medium-term trainees must be reasonable, correlated to the established training plan/activities, and allocable to the number of program hours; compliant with your institution's established written policy around stipends; and consistent with the same federal stipend guidelines that are applicable to long-term trainees: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-036.html.

Faculty and Trainee Summary Table			
Core Faculty/Partners	***Condition***	***Stipend-supported Long-term Trainees***	***Condition***
pediatric pulmonology medicine faculty (can be project director)	Required	pediatric pulmonary medicine fellow	Required
nursing faculty	Required	nurse trainee/fellow	Required
nutrition faculty	Required	nutrition trainee/fellow	Required
social work faculty	Required	social work trainee/fellow	Required
needs-based faculty	Required	needs-based trainee/fellow	Required
family leader	Required	family trainee	Optional (Long-Term or Medium-Term II)

- Short-Term Trainees, for purposes of this NOFO, are defined as those completing < 40 program hours.
  - PPC programs are expected to develop exemplary models of education/training that may include elective experiences for short-term trainees. For example, CHC might be utilized as an experiential training site with center providers/staff participating as short-term “other” trainees.
  - Since short-term trainees must meet the same qualifications as long- and medium-term trainees (as outlined in **Appendix A**), CE recipients are not included in this category.
  - Short-term trainees may not receive stipend support *in any instance.*

D) Trainee/Fellow Support
Please thoroughly review **Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows** for specific information about qualifications, restrictions, allowable and non-allowable trainee costs, and stipend levels.

3) CLINICAL PREPARATION/SERVICE
The training plan should be structured to assure sufficient formal interaction, and informal association, to accomplish and enhance the interdisciplinary experience on which the program is based. Training should occur, in both institutional (inpatient and outpatient) and remote site community-based settings, with a client population representative of the cultural, social, and ethnic diversity of the community. It is expected that the clinical component of the training will include primary care, primary care with specialist consultation, specialty care in dedicated practices, and public health training in diverse community settings. Training should include comprehensive, exemplary, interdisciplinary/inter-professional, clinical services which are family-centered and culturally competent. Training should focus on prevention, early detection, assessment, care coordination, and treatment, including home care and follow up of children who have, or are at risk for development of, chronic pulmonary conditions, including asthma, sleep issues, and/or who have related special health care needs. This might be an opportunity for you to build upon existing interdisciplinary, diversity, and team-based strategies and community approaches. You are encouraged

to coordinate clinical training opportunities with HRSA-funded sites and Title V programs such as Community Health Center and Look-Alike program grantees, free clinics, public health departments, rural outreach clinics, and telemedicine programs/services.

4) CURRICULUM AND COMPETENCIES

Describe the required curriculum for the PPC program, including didactic and practicum components. If you are proposing to support both masters-level and doctoral-level trainees and post-masters fellows and post-doctoral fellows, include a description of the requirements for all types of trainees and fellows. Include a description of required and elective coursework, practicum experiences, and other pertinent information, differentiating between required and elective components. Include the following:

- Descriptions of courses;
- Clinical experiences;
- Community/public health opportunities;
- Competency preparation; and
- Research activities.

PPC projects must include content and infuse the topical areas described below, including a "snapshot" description of trainee experiences over the course of the project within the **MCH Curriculum** in ***Attachment 2.***

a. Leadership Competencies

The PPC program emphasizes leadership education and training. The curriculum must include content and experiences to foster development of leadership attributes. Leadership training prepares PPC health professionals to be leaders in practice, research, teaching, administration, academia, and advocacy. The goal of PPC leadership training is to prepare trainees/fellows who have shown evidence of leadership attributes and who have the potential for further growth and development as health leaders. Identify the competencies expected of all program completers, indicating how the expected competencies align to the MCH Leadership Competencies (https://mchb.hrsa.gov/training/leadership-00.asp) and how the required PPC curriculum aligns with expected competencies of program completers. Describe how you will incorporate the MCH Leadership Competencies into the training curriculum, including in didactic and experiential components, and how you will measure their attainment.

b. Life Course Approach

PPC programs must provide substantial exposure to the empirical and/or theoretical basis for a life course perspective, including the: interplay of health and development in each life stage; trajectories of health and development over time; integration of physical and social determinants of health; systems integration across multiple public and private sectors in health care, social services, education, environmental protection and economic development, to advance equity; and central role of families and communities in health and development. Describe how the life course perspective will be incorporated into both didactic and experiential components of the PPC curriculum.

c. Title V and Related MCH Legislation

A comprehensive historical, legislative, and public health knowledge base regarding Title V and related programs is pivotal to PPC programs. You are encouraged to review additional information about HRSA's Title V Program (https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program) and the SPRANS program authority (https://www.ssa.gov/OP_Home/ssact/title05/0501.htm) and address contemporary MCH health priorities outlined by state Title V agencies (See https://mchb.tvisdata.hrsa.gov/). Demonstrate how PPC program curriculum will provide trainees/fellows with both didactic content, to increase knowledge of Title V, and experiential opportunities to interact with Title V and related maternal and child health professionals. Examples of programs with which PPC might collaborate include Title XXI (Children's Health Insurance Program), Title XIX (Medicaid/Early Periodic Screening, Diagnosis, and Treatment Program), the Maternal, Infant, and Early Childhood Home Visiting Program, and other MCH-related legislation.

d. Children and Youth with Special Health Care Needs

Care of children and youth with special health care needs is an important aspect of family-involved care. Propose a plan that emphasizes appropriate didactic, experiential, and research components relative to the development, implementation, and evaluation of systems of health care for children and youth with special heath care needs, most specifically as issues relate to pulmonary and sleep health.

e. Medical Homes

The goal of the medical home is to facilitate coordination of multidisciplinary services from diverse sources to treat children with complex medical conditions and associated developmental problems. The patient-centered medical home model emphasizes continuous, comprehensive, coordinated, compassionate, family-centered, culturally competent, and appropriate care, which is the crux of the PPC program. Describe the content and activities geared to prepare trainees to assume leadership roles in the development, improvement, and integration of systems of care, such as medical homes, particularly in programs providing MCH services, including those for children with special health care needs, in community-based, family-centered settings. Attention to the needs of individuals living in rural and/or underserved communities is strongly encouraged.

f. Emerging Issues

Document how trainees/fellows gain exposure to emerging public health issues through didactic and experiential learning opportunities. Also document an ability to develop and adapt curricular materials such as case studies, guest lectures, and community experiences, based on emerging topics that impact maternal and child health populations. Your project should highlight emerging areas that are currently part of your MCH curriculum such as, but not limited to mental/behavioral health, opioids, and childhood obesity as well as those outlined in the Healthy People National Health Promotion and Disease Prevention Objectives, which can be found at https://www.healthypeople.gov/.

g. Policy, Public-Health, Population-Based Approach
One of the challenges of health transformation continues to be how to critically assess the ways in which primary care, specialty care, and public health can be better integrated. PPC program award recipients provide a critical link in assuring that the next generation of health care providers assure access to care for children and youth with special health care needs through systems improvement at the local, regional, and national levels, including working with state and local health agencies and providers through a public health/population-based approach. Describe ways in which your PPC program might influence integrated care for children with chronic pulmonary conditions, sleep issues, and related special health care needs, and their families through new delivery system mechanisms, such as Accountable Care Organizations (ACOs); Medical Homes, including those supported by Title V MCH programs; Home Visiting programs; Healthy Start sites; Medicaid Health Homes for persons with chronic conditions; Community Health Center programs; and "Look-Alike" programs. You are also encouraged to consider how the curriculum will equip graduates with skills that have been identified as critical to the future of the public health workforce, such as those identified by the deBeaumont Foundation and Public Health 3.0.

h. Research
Document research activities of trainees/fellows and faculty relating to MCH and discuss how MCH-related research opportunities will be part of the required PPC curriculum. Each trainee/fellow is expected to engage in one or more active research projects during his/her tenure as a PPC trainee/fellow. Demonstrate how masters-level trainees will gain knowledge and skills in research methodology and dissemination of research findings. Demonstrate how doctoral-level trainees, post-masters fellows, and post-doctoral fellows (as appropriate) will prepare and present findings in peer-reviewed journals and scientific meetings. You are encouraged to document how faculty and trainees/fellows rigorously generate interdisciplinary evidence for health determinants, and for strategies to improve maternal and child health within a life course framework.

5) COLLABORATION

You are strongly encouraged to collaborate with other HRSA-funded programs (i.e., CHC programs, medical fellowship and nurse training programs) as well as other HRSA-funded training programs co-located at your academic institution, or within your state and/or region. Collaborations, such as joint leadership seminars, trainee research opportunities, and networking events are required. An example of a leadership, networking, and career development collaboration is the National Interdisciplinary Trainee Meeting. Document active, functioning, collaborative academic-practice partnerships with hospitals, clinics, health organizations, state Title V MCH programs and other relevant state and local public and private sector partners. In ***Attachment 3***, provide letters of support that demonstrate academic-practice partnerships and linkages with other HRSA and MCH Training Programs. Include copies of letters of support, letters of understanding/commitment, agreements, or similar documents from key organizations/individuals, which define the relationships between the proposed program and collaborating departments/institutions, organizations, or agencies, and the responsibilities of each as well as their willingness to perform in accordance with the work plan.

NOTE: Only include dated documents that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). You may list all other general support letters on one page.

a. Collaboration / Interchange with Other PPC Programs

Interchange with other PPC program recipients is required. Project directors are expected to participate in regularly scheduled grantee calls, on at least a quarterly basis, to promote cross-grantee interchange and assist in the development of collaborative activities during all 5 years of the period of performance. The project director of each PPC program is required to attend the annual grantee meeting in all 5 years and may choose to support additional faculty, staff, and/or trainees/fellows to attend the meeting with grant funds.

The purpose of the annual PPC meeting is to promote interchange, disseminate new information, present new research, and enhance national-level, long-term development in pediatric pulmonary health, sleep health, and other related special health care needs. Five of the programs awarded under this competition will be required to plan, develop, and convene the PPC program national grantee meeting during one of the 5 years of the period of performance using a supplement in the amount of $25,000, pending availability of funds, to support costs. Supplemental funds will be made available on a rotating basis to one grantee each year to host this meeting. Responsibilities of the host program include agenda development, meeting logistics, meeting room rental and audiovisual support, arrangements and expenses for the program speakers, plus meeting meals in lieu of half the per diem. PPC programs can allocate and use budget period award travel funds to support annual meeting-related costs that are not covered by the supplement awarded to the applicable host.

While only five grantees will host the meeting, all applicants must include a brief plan for fulfilling these responsibilities along with a statement of willingness and capability to: 1) plan, develop, convene, and manage the annual grantee meeting; and 2) host the related meeting planning calls during 1 year of the 5-year period of performance.

b. Collaboration / Interchange among MCH Training Program Trainees through the National Interdisciplinary Trainee Meeting

National interdisciplinary trainee meetings, currently known as Making Lifelong Connections, have been convened annually since their inception in 2011. The purpose of this national interdisciplinary trainee opportunity is to enhance skills and provide opportunities in leadership, networking, career development, and trainee engagement for current and former trainees. Previously, the Making Lifelong Connections meeting has included about 45–84 current/former MCH trainees/fellows, is planned, developed, convened, managed, and evaluated by a planning committee led by a host PPC program and a co-host PPC program (two PPC programs per year) and comprised of diverse and multidisciplinary current and former trainees; faculty from MCH training programs; and other MCH stakeholders. *Current and former trainees, from all HRSA/MCHB training programs, are eligible to participate in the national interdisciplinary training meeting*, which provide:

- Leadership – reinforcement of MCH leadership principles and real-world applications of leadership skills for current trainees nearing completion of their traineeships, and for former trainees in the early stages of their careers.
- Networking – availability of a variety of training experiences and career paths through both formal/informal interactions and shared experiences.
- Career Development – opportunities for participants to learn about career pathways, share career development resources, approaches, mentoring, and practices and participate in occupationally-related enrichment activities with other trainees and presenters who may be former MCH trainees and/or who have other MCH training and experience.
- Trainee Engagement – a venue for engaging and involving trainees to foster connections between and across MCH training programs in addition to strengthening the link between trainees and HRSA/MCHB (i.e., through collaboration with the Trainee Ambassador Group).

All six of the PPC program recipients awarded under this competition will be required to both host and co-host the national interdisciplinary trainee meeting and assist to plan, develop, and convene the national trainee meeting for up to 3 years of the period of performance using a supplement in the amount of $60,000, pending availability of funds, to support costs. Supplemental funds will be made available on a rotating basis to one grantee each year to host this meeting. Responsibilities of the host program include agenda development, meeting logistics, meeting room rental and audiovisual support, arrangement of double-occupancy lodging, provision of some (not all) “working” meeting meals, and evaluation of the meeting. Include a statement of willingness and capability to host, co-host, plan, develop, convene, and manage the national interdisciplinary trainee meeting for up to 2 years of the period of performance.

Include a brief plan for fulfilling these responsibilities along with a statement of willingness and capability. While internal planning for the grantee meeting must remain consistent with a budget of $25,000 and the national trainee meeting must remain consistent with a budget of $60,000, do not include these meeting costs in the overall budget request, as annual grantee meeting and national trainee meeting supplemental funding will not be finalized until post-award.

Important Notes:
While internal planning must remain consistent with a budget of $25,000 for the PPC annual meeting and $60,000 for the national trainee meeting, you should neither include annual meeting nor national interdisciplinary trainee meeting costs in your overall budget request. Your proposed PPC budget must not exceed $340,000 per year, as annual meeting and national trainee meeting supplemental funding will not be finalized until post-award.

Within 3 months after the start of the period of performance, the six awarded PPC programs will develop a schedule of rotating annual meeting hosting and national trainee meeting hosting and co-hosting responsibilities for each year of the 5-year period of performance. Both the annual meeting and national trainee meeting requirements may be waived during Year 5 of the period of performance; therefore, at the conclusion of the Year 4 annual and national trainee meetings,

the PPC programs will decide if optional Year 5 meetings will be held. *The host grantee will coordinate with HRSA/MCHB program staff in selecting both the dates and locations of the annual PPC meeting and national trainee meeting to facilitate coordination with other national meetings.*

Post-award, pending the availability of supplemental funds, and on a rotating basis during each year of the period of performance:

1) One designated PPC recipient (other than the national trainee meeting designee for this year) will submit a prior approval request through the HRSA Electronic Handbooks (EHBs) to apply for an administrative supplement of up to $25,000 to cover the costs of the annual PPC meeting.
2) One designated PPC recipient (other than the annual PPC meeting designee for this year) will submit a prior approval request through the EHBs to apply for an administrative supplement of up to $60,000 to cover the costs of the national interdisciplinary trainee meeting.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2: Response and #4: Impact*

Submit a work plan as ***Attachment 4*** to describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. The project work plan should describe the roles and responsibilities of key project personnel. Use a time line that includes each activity and identifies responsible staff for implementation of the activities that will support the objectives. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application and the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

Impact

Describe the impact that your PPC program will have on children and youth with chronic pulmonary conditions, sleep issues, and related special health care needs; their families; health professionals; Title V partners; and community partners through key activities and actions. PPC program impact should be evident through: 1) an increase in pediatric pulmonary clinicians (physicians, nurses, nutritionists, social workers, and other health professionals) who practice in an interdisciplinary manner and become excellent teachers, researchers, administrators, and policymakers to improve health outcomes for children with chronic respiratory conditions; and 2) an increase in knowledge supporting evidence-based practices, interventions, preventive measures, and informed policy in family-centered care of pulmonary, sleep, and related special health needs; 3) recruitment of trainees from racially, ethnically, and culturally diverse backgrounds and other hard-to-reach communities; and 4) advances in collaborative approaches and innovative models, such as telehealth, in improving systems of care and health outcomes.

Dissemination

As your PPC program revises and develops new curricular materials, innovative models, best practices, and other educational resources and references in response to new research findings and developments in the field of MCH, document how you will disseminate information and project results, including peer-reviewed publications, and plans to share project results with other HRSA stakeholders, and make them available to other public health programs, professional associations, and/or other pediatric pulmonary training programs through real-time and asynchronous telehealth activities. Please include language regarding replicability, and how the extent to which the project results and products are national in scope.

Sustainability

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, including MCH curricula, interdisciplinary trainee/fellow activities, and community partnerships, which have contributed to preparing the next generation of MCH public health leaders.

Logic Model

Submit a logic model, as part of the work plan in ***Attachment 4,*** for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

See **Appendix B** for the overall program logic model for the PPC program.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2: Response*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3: Evaluative Measures and #5: Resources/Capabilities*

  Describe a plan for program evaluation that will contribute to continuous quality improvement. The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Provide a detailed evaluation plan describing how you will measure the effectiveness of activities related to pediatric pulmonary care, sleep health, and related special health care needs, curriculum development, leadership development, and impact on the practice community through field placements, technical assistance, and product dissemination.

  Document a plan for tracking trainees/fellows that complete the PPC program at 2, 5, and 10 years post-training to report on the following outcomes: engagement in work focused on MCH populations, demonstration of field leadership in MCH, and working in an interdisciplinary manner to serve the MCH population. Describe the systems and processes that will support your institution's performance management requirements through effective tracking of performance outcomes, including a description of how the institution will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

  Outline a plan for establishing baseline data and targets for required performance measures for the PPC program. Additional information on performance reporting requirements is in Section VI. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and delivery of MCH training. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

  - *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5: Resources/Capabilities.* Succinctly describe your institution's current mission and structure, scope of current activities and how these elements all contribute to your institution's ability to carry out required program activities and meet program expectations. Provide documentation in ***Attachment 5*** as evidence of your institution's accreditation by the ACGME to provide pediatric pulmonary specialty medical education and training and formal affiliation with a teaching hospital.

    Clearly document where the PPC program is located organizationally within the Department of Pediatrics by also including an organizational chart in ***Attachment 5***. Discuss how your institution will follow the work plan, as outlined in the

application, once approved by HRSA, properly account for the federal funds, and document all costs to avoid audit findings.

Briefly describe the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Include charts outlining these relationships as an attachment or in the narrative. Briefly describe the physical setting(s) in which the program will take place. Faculty and staff office space, classrooms, library, audiovisual and computer resources must be available to the program.

Project Director

The project director (PD) is expected to be the person having direct, functional responsibility for the HRSA/MCHB PPC Program. Project directors are expected to participate in regularly scheduled grantee calls and attend the annual, in-person grantee meeting.

The project director must be a board-certified pediatrician with sub-specialty certification in pediatric pulmonology. Provide documentation in ***Attachment 6*** providing evidence that the proposed Project Director retains an active certification in pediatric pulmonology medicine by the American Board of Pediatrics (ABP). The PD is expected to have approximately 3 or more years of experience in the provision of pediatric pulmonary health care, sleep health, and care of children and youth with special health care needs. **The PD is expected to commit a minimum of 20 percent time/effort, either grant supported or in combination with in-kind support, to the HRSA/MCHB PPC Program.** This cannot be a shared position.

Core Faculty Composition, Qualifications, and Responsibilities

The minimal complement of grant-supported or in-kind core faculty must include the following core disciplines: 1) Pediatric Pulmonary Medicine; 2) Nursing; 3) Nutrition; 4) Social Work; 5) Needs-Based Health Discipline; and 6) Family Leader.

Health Discipline Faculty

Health discipline faculty must commit adequate time to participate in all components of the PPC program. The appointing academic school or department must determine the basic faculty qualifications, and you must document the additional specialized pediatric training and clinical experience necessary to serve as PPC program faculty. However, core discipline faculty must meet at least the minimum standards of education, experience, and certification/licensure generally accepted by their respective professions. ***Health discipline faculty must be accorded recognition, in the form of an academic appointment, in an appropriate degree-granting school, or department, of his/her profession in the grantee and/or affiliated institution of higher learning.*** These requirements constitute the minimum qualifications for each faculty position. Health discipline faculty must demonstrate leadership, and have teaching and clinical experience in pediatrics and in providing health and related services to the special health care needs of the population on which the program is focused, and relevant to the purposes of the PPC. Health discipline faculty must also be able to

document knowledge, skills, and experience in providing culturally competent and family-centered care. The PPC project must provide appropriate CE for faculty to maintain, and expand, these and related core competencies.

Family Leader

Trainees/fellows in PPC programs require an appropriate balance of academic, clinical, and community opportunities; work towards being culturally competent; and capacity to provide interdisciplinary care for pulmonary conditions, sleep issues, and related special health care needs using a family-centered approach. The family leader has functional and leadership oversight of the family trainees; therefore, a family leader, such as an adult family member (parent, sibling, etc.); a caregiver of children with special health care needs; and/or a young adult consumer representative must serve as a paid faculty, staff member, partner, consultant, or advisor within the PPC project.

Core Faculty Responsibilities

Health and family discipline faculty may be functionally, programmatically, and/or academically responsible to such positions, as may be specified in the approved project plan and position descriptions, but must be responsible to the project director for the time allocated to the PPC project. Functional and program responsibilities should be specified in the narrative and position descriptions and these standards must be met by each health and family discipline faculty, as appropriate. Health and family discipline faculty are the chief representatives of their respective professions/disciplines in the program. As such, they have primary responsibility for activities such as:

1) Planning, designing, implementing, supervising, coordinating, and evaluating all training and service elements of their discipline components;
2) Collaborating on the interdisciplinary core curriculum of the overall interprofessional leadership training program for all trainees/fellows;
3) Defining the appropriate criteria for recruitment of trainees for their respective disciplines, and jointly selecting such trainees with the appropriate academic school/department, and/or PPC training director/committee;
4) Serving as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs;
5) Representing their discipline on internal program, policy, or governance committees;
6) Engaging in scholarship directed toward the areas of integrated systems of quality care, capacity building, partnership, interdisciplinary training and practice, performance measurement, quality assurance and improvement, policy analysis, medical home implementation, and other important areas established by HRSA/MCHB;
7) Providing supervision and leadership for others of their discipline in the program; and
8) Involving themselves in the planning and implementation of the overall interdisciplinary PPC program.

Other Faculty and Support Staff
Give priority to maintenance of the required complement of core faculty, as described and as necessary, to accomplish project plan objectives; however, to the extent required to meet the primary training mission, including provision of necessary clinical services, additional staffing can be supported. **Grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program.** All projects must support faculty in the five health disciplines and support one family leader. Along with the project director, health discipline faculty should have experience in providing academic, clinical and/or community-based training in pediatric pulmonary, sleep health, and other related health care needs as an interdisciplinary focus is the essential driver of this PPC training program.

Document faculty and staff experience with the design, development, implementation, and evaluation of MCH training activities, in addition to management of training resources and working with other training entities.

Staffing Plan and Job Descriptions
Include the staffing plan and job descriptions for key faculty/staff in ***Attachment 7*** (Staffing Plan and Job Descriptions). However, upload the biographical sketches in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that you can access in the Application Package under "Mandatory."

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions included in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide.*

In addition, the PPC program requires the following:

- satisfactory details to fully explain and justify the resources needed to accomplish the proposed training objectives
- explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

Components to highlight in your justification should include the number of supported long-term trainees expected each year, proposed program activities, collaborative Title V and other MCH Program related activities.

Projected funds to support "trainee stipends" and "trainee tuition and fees" should be allocated in the appropriate cost categories, in amounts consistent with the proposed number (and at least the representative number) of required long-term trainees/fellows and applicable Level II medium-term trainees as well as in compliance with applicable standards for using grant funds to support trainees/fellows (in **Appendix A**).

v. *Program-Specific Forms*
Program-specific forms are not required for application.

vi. *Attachments*
Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Needs Assessment Summary
Include a needs assessment summary with a critical evaluation of the need/demand for interdisciplinary training and health care, including gaps that the PPC project is intended to fill. Specifically identify the needs, gaps, and barriers that interdisciplinary providers in pediatric pulmonary medicine, nursing, nutrition, social work, at least one other needs-based health discipline, and family leader will address.

Attachment 2: MCH Curriculum
Provide a description of required and elective coursework, practicum experiences, and other pertinent information***, differentiating between required and elective components.*** Include course descriptions, clinical experiences; community/public health opportunities, competency preparation, and research activities.

Attachment 3: Letters of Support (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Letters of support should document strong academic-practice partnerships with Title V and other MCH Training Programs. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of support or agreement must be signed, dated, and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.)

Attachment 4: Work Plan and Logic Model
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 5: Organizational Accreditation Documentation and Project Organizational Chart

- Provide documentation of institution accreditation by the Council for Graduate Medical Education (ACGME) to provide pediatric pulmonary specialty medical education and training and formal affiliation with a teaching hospital.
- Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Project Director Certification
Provide documentation in the form of a signed letter on organizational letterhead,

from the Chair of the Department of Pediatrics or the Dean of the School of Medicine providing evidence that the proposed Project Director retains an active certification in pediatric pulmonology medicine by the ABP.

Attachment 7: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including tables, charts, etc. to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 21, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Pediatric Pulmonary Centers is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $340,000 per year (inclusive of direct **and** indirect costs). The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any

restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

See Restrictions and Non-Allowable Costs in **Appendix A: Applicable Standards for Using Grant Funds to Support Trainees/Fellows.**

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The PPC program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
The effectiveness of the application in demonstrating the problem and associated contributing factors to the problem.

- The extent to which the applicant presents a clear discussion of the purpose of the program.
- The quality of the needs assessment in identifying the problem, needs, issues, and gaps to be addressed and filled by the program, including associated contributing factors.

- Sufficient demonstration of need for interdisciplinary training and health care in pediatric pulmonary medicine, nursing, nutrition, and social work.
- The strength of findings documenting the need for other discipline provider.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The effectiveness of the proposed project in responding to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

This includes:

- The strength/feasibility of the proposed framework and steps and methodologies, actions/activities, and timeline to meet project goals, expectations, and requirements as they directly correlate to the five overall PPC program objectives.
- The strength/feasibility of the SMART (specific, measurable, attainable/achievable, relevant, and time-framed) objectives in addressing the problem, needs, and gaps.
- The strength/feasibility of the curriculum in addressing the program requirements of PPC program as well as of particular interest to HRSA/MCHB, including interdisciplinary training, leadership training, cultural competency, family-centered care, behavioral health, healthy weight and management, opioid/substance use disorder (including smoking and e-cigarette use), emerging issues in MCH, improving public health practice, collaboration/linkages with state MCH agencies, stakeholders, and other appropriate state offices.
- The strength/feasibility of plans to incorporate telehealth and other innovative methods.
- The strength/feasibility of the plan to incorporate clinical, community-based activities, and research activities to prepare trainees and fellows, and expose them to diverse settings including inpatient, outpatient, community-based programs, and community service settings as well as regular interactions with interdisciplinary staff.
- The strength and feasibility of the plan for recruiting and retaining the core representation and types of trainees/fellows who will benefit from the program each year, including the required long-term trainees in five core health disciplines: pediatric pulmonary medicine, nursing, nutrition, social work, needs-based health discipline, and the recommended (optional) family medium-term or long-term trainee.
- The strength/feasibility of a comprehensive plan for recruitment and retention of trainees and fellows from racially, ethnically, and culturally diverse backgrounds and other hard-to-reach communities.
- The strength/feasibility of described activities to improve access to pediatric pulmonary services, sleep care, and associated special health care needs in the applicant's state and/or region through collaborative activities with other HRSA, MCHB, and MCH key stakeholders.
- The strength and feasibility of described activities to provide TA, consultation, continuing education, and subject matter expertise to the MCH field.
- The strength of the described working relationships between applicant's organization and other entities and programs cited in the proposal, including provision of documents that confirm actual/pending contractual support or other agreements that

clearly describe the roles of the contractors and any required deliverables, such as letters of support that are dated/specifically indicate a commitment to the project.
- The strength and feasibility of resolutions to identified challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity]()

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The effectiveness of the evaluation plan in addressing how the major goals and objectives of the project will be achieved.
- The reasonableness of a plan that describes how feedback from evaluation findings will be incorporated into the program for continuous quality improvement.
- Sufficient description of inputs, key processes, and expected outcomes.
- The quality of a plan to measure the effectiveness of activities.
- The feasibility and quality of a plan for tracking trainees after completion of the PPC program for up to 10 years post-training.
- Sufficient systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes.
- The feasibility and quality of a plan for establishing baseline data and targets for required performance measures.
- Sufficient description of the data to be collected, methods for collection, and the manner in which data will be analyzed and reported.
- Assigned project personnel have sufficient training to refine, collect, and analyze data for evaluation.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's [Work Plan]() and [Logic Model]()

The extent to which the proposed project has a primary care and public health impact and the project will be effective, if funded. This may include: -

- The effectiveness and clarity of logic model in documenting the potential impact of the program in addressing needs of children and youth with chronic pulmonary conditions, sleep issues, and related special health care needs; their families; health professionals; Title V partners; and community partners through key activities and actions.
- The extent to which key program activities will be sustained after federal funding ends.
- The extent to which the project results and products are national in scope; engage the population(s) served on a local, regional, and national level; and include telehealth activities.
- The extent to which program activities will be disseminated broadly with other MCH stakeholders including through telehealth activities.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity]() and [Organizational Information]()

- The strength and effectiveness of the staffing plan in demonstrating that project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The strength/feasibility of the organization's mission, administrative and organizational structure, scope, and setting(s) to contribute to the organization's ability to function and conduct the project requirements and meet the project goals and objectives ***(Attachment 5)***.
- The availability and strength of documentation demonstrating evidence of applicant institution accreditation by the Council for Graduate Medical Education (ACGME) to provide pediatric pulmonary specialty medical education and training and formal affiliation with a teaching hospital ***(Attachment 5)***.
- The availability and strength of documentation demonstrating that the proposed project director has an active certification in pediatric pulmonology by the ABP and to which the biographical sketch reflects a project director with approximately 3 or more years of experience in the provision of services pediatric pulmonary health care, sleep health, and care of children and youth with special health care needs ***(Attachment 6)***.
- The availability and strength of the faculty within the specified core disciplines (pediatric pulmonology medicine; nursing; nutrition; social work; needs-based health discipline; and family leader); their qualification by training and experience; and their track record of teaching, collaborating, mentoring, providing clinical services, and conducting research ***(Attachment 7)***.
- Sufficient description of proposed partners, including sub-recipients and formal affiliations (as applicable) who will be contributing to the training program.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget]() and [Budget Justification Narrative]()

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of project activities, and the anticipated results.

- The reasonableness and practicality of costs, as outlined in the budget and required resources sections given the scope of work and the technology that will be required to implement the project.
- The reasonableness and accuracy of the proposed budget and budget justification narrative, for each year of the period of performance: 1) does not exceed $340,000 per budget period; 2) appropriately allocates cost estimates to proposed activities; and 3) specifically allocates all projected funds to support "trainee stipends" and "trainee tuition and fees," in the appropriate cost categories, in amounts consistent with the proposed representation of required long-term trainees/fellows and applicable Level II medium-term trainees as well as in compliance with applicable standards for using grant funds to support trainees/fellows (in **[Appendix A]()**).

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive

consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the EHBs, the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://perf-data.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/T72_4.html.The type of

report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	July 1, 2020 – June 30, 2025 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	July 1, 2020 – June 30, 2021 July 1, 2021 – June 30, 2022 July 1, 2022 – June 30, 2023 July 1, 2023 – June 30, 2024	Beginning of each budget period (Years 2–4, as applicable)	120 days from the available date
c) Project Period End Performance Report	July 1, 2024 – June 30, 2025	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the project narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.

3) **Final Report**. The recipient must submit a final report narrative to HRSA after the conclusion of the project.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Denise Boyer
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10N146B
Rockville, MD 20857
Telephone: (301) 594 4256
Email: DBoyer@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Claudia Brown, MSN
Senior Public Health Analyst
Telephone: (301) 443-0869
Email: CBrown4@hrsa.gov

Jordanna Snyder, MPH
Public Health Analyst
Telephone: (301) 945-9482
Email: JSnyder1@hrsa.gov

Division of MCH Workforce Development
Attn: PPC Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 18SWH03
Rockville, MD 20857

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Resources

- HRSA Strategic Plan (2016–2018) at https://www.hrsa.gov/about/strategic-plan/index.html.
- Curricula Enhancement Module Series - created by the National Center for Cultural Competence at https://nccc.georgetown.edu/curricula/modules.html.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Tuesday, November 5, 2019
Time: 2–3 p.m. ET
Call-In Number: 1-888-769-9403
Participant Code: 5241014
Weblink:
https://hrsa.connectsolutions.com/fy_2020_pediatric_pulmonary_centers_application_ta/

HRSA will record the webinar and make it available at:
https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Appendix A
Applicable Standards for Using Grant Funds to Support Trainees/Fellows

A. Definitions

1. A trainee is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.

2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

3. A stipend is allowable as cost-of-living allowances for trainees. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles.[13] This is also known as a "participant support cost" per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

B. Qualifications for receiving stipends/tuition/salary support under this program

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.

2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.

3. A post-doctoral fellow must have an earned doctorate and must have completed any required internship.

4. A post-residency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.

5. A special trainee or fellow may be approved, upon request to your HRSA project officer, only in those unusual circumstances where particular needs cannot be met within the categories described above.

6. Citizenship – A trainee/fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. As defined in the HHS Grants Policy Statement, a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States.

[13] https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf

7. Licensure – For any profession for which licensure is a prerequisite, the trainee/fellow must also be licensed by one of the states, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Conditions Requiring Prior Approval for Support

1. For support of all Level II medium-term “medical” trainees.

2. For support of all Level II medium-term “health” discipline trainees when long-term health discipline trainees/fellows, from any of the required disciplines (pediatric pulmonary medicine, nursing, nutrition, social work, and other health discipline), are not recruited to be trained each year, since the program priority is the training of long-term trainees.

3. For stipend support of long-term fellows/trainees from all alternate disciplines (other than the five identified core disciplines and the family trainees) when long-term health discipline trainees/fellows, from any of the required disciplines (pediatric pulmonary medicine, nursing, nutrition, social work, and other health discipline), are not recruited to be trained each year.

4. In all other instances that are not previously outlined.

D. Restrictions

1. Concurrent Support – Trainees/fellows receiving stipends and/or compensation under this program will generally be full time, long-term trainees. Stipends and/or compensation generally will not be made available under this program to persons receiving a salary, fellowship, or traineeship stipend, or other financial support related to his/her training or employment for the same hours counted toward his/her HRSA-funded traineeship/fellowship. Exceptions to these restrictions may be requested to the HRSA project officer and will be considered on an individual basis. Tuition support may be provided to full-time or part-time students.

2. Non-Related Duties – The funding recipient shall not use funds from this award to require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training – Funding recipients may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Grant funds may not be used:
    a) for the support of any trainee who would not, in the judgment of the recipient, be able to use the training or meet the minimum qualifications specified in the approved plan for the training;
    b) to continue the support of a trainee who has failed to demonstrate satisfactory participation in the training program;

c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

E. Trainee Costs

1. Allowable Costs are defined by both the Uniform Administrative Requirements (UAR 45 CFR § 75.466(a)) and the HHS Grants Policy Statement (HHS GPS):
   a) Stipends and/or compensation (except as indicated above)
   b) Tuition and fees, including medical insurance
   c) Travel related to training and field placements (international travel requests will require HRSA prior approval)
   d) Tuition remission and other forms of compensation[14]

2. Non-Allowable Costs
   a) Dependent/family member allowances
   b) Travel between home and training site
   c) Fringe benefits or deductions which normally apply only to persons with the status of an employee

F. Stipend Levels

All approved stipends indicated are for a full calendar year, and must be *prorated for an academic year or other training period of less than 12 months*. The stipend levels may, for the Division of MCH Workforce Development, be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed the amounts indicated*. However, where lesser amounts are awarded, the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. These stipend levels, which apply to the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration training grantees, were updated on November 27, 2018, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-036.html (pre-doctoral and post-doctoral). *Dollar amounts indicated in this NOFO are subject to update by the agency as reflected in this issuance.*

Supplements to Stipends - Stipends may be supplemented by an institution from **non-federal funds**. ***No federal funds*** *may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived*.

1. **Pre-Doctoral**
   One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

[14] Under 45 CFR 75.466(a), tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities. Other requirements also apply.

Career Level	Years of Experience	Stipend for FY 2019	Monthly Stipend
Pre-doctoral	All	$24,816	$2,068

2. **Post-Doctoral**
   The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. *The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year*.

Career Level	Years of Experience	Stipend for FY 2019	Monthly Stipend
Post-doctoral	0	$50,004	$ 4,167
	1	$50,376	$ 4,198
	2	$50,760	$ 4,230
	3	$52,896	$ 4,408
	4	$54,756	$ 4,563
	5	$56,880	$ 4,740
	6	$59,100	$ 4,925
	7 or More	$61,308	$ 5,109

**Determination of the "years of relevant experience" shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of "years" (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

Appendix B
PPC Program Logic Model

<table>
<tr><th rowspan="2">PROGRAM INPUTS</th><th colspan="2">PROGRAM OUTPUTS</th><th colspan="2">PROGRAM OUTCOMES</th></tr>
<tr><th>ACTIVITIES</th><th>PRODUCTS / SYSTEMS</th><th>SHORT-TERM / INTERMEDIATE</th><th>LONG-TERM / IMPACT</th></tr>
<tr><td>Eligible Entities, Stakeholders & Key Resources</td><td>Activities to create/improve health/service systems and infrastructure

(What will program inputs do?)</td><td>Health/service systems and infrastructure created to support desirable systems or behaviors

(What will be created as a result of the activity?)</td><td>Health/service systems or behaviors that lead to improved health outcomes

(What will change as a result of the product/system implemented?)</td><td>Improved health or health care outcomes

(What will change if short-term / intermediate outcomes are achieved?)</td></tr>
<tr><td rowspan="3">MCHB grant funding

Faculty/staff time, knowledge, and partnerships

University support/ resources (space and infrastructure support)

Partnerships with Title V and key MCH stakeholders in the state/region

Partnerships with family members</td><td>Conduct an assessment and provide summaries of the results of this assessment identifying regional needs and gaps in training and workforce development around pediatric pulmonary and sleep health.</td><td>Six summaries of the results of an assessment (one per grantee) that:
• Outline regional needs and gaps around training in pediatric pulmonary and sleep health
Identify at least three MCH-related faculty and trainee disciplines, in addition to pediatric pulmonary medicine, to participate in training.</td><td>Increased knowledge of regional needs and gaps around training pediatric pulmonary and sleep health</td><td rowspan="3">Improved quality of training in pediatric pulmonary and sleep health that addresses regional needs and gaps

Increased access to high quality, interdisciplinary, evidence-based care for children, in the areas of pediatric pulmonary and sleep health that is family-centered, culturally-appropriate, and coordinated

Increased number of children</td></tr>
<tr><td>Provide interdisciplinary leadership training at the graduate and post-graduate levels in pediatric pulmonary and sleep health.</td><td>At least five interdisciplinary long-term (LTT is ≥ 300 program hours) trainees or fellows (per year) trained in core disciplines of pediatric pulmonary medicine and at least four other MCH-related disciplines based on the identified gaps and needs in the training program's region.
• 4–5 trainees/fellows x 6 programs = 24–30 trainees per year
• 24–30 trainees/fellows per year x 5 years = 120–150 trainees</td><td>Increased number of interdisciplinary graduate and post-graduate trainees and fellows trained in pediatric pulmonary and sleep health</td></tr>
<tr><td>Conduct pre-/post-surveys with trainees to determine changes in knowledge and skill in</td><td>Pre-/post-course survey data to demonstrate changes in knowledge and skills in pediatric pulmonary and sleep health.</td><td>Increased knowledge and skill of interdisciplinary graduate and post-graduate trainees</td></tr>
</table>

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	PRODUCTS / SYSTEMS	SHORT-TERM / INTERMEDIATE	LONG-TERM / IMPACT
Eligible Entities, Stakeholders & Key Resources	**Activities to create/improve health/service systems and infrastructure** **(What will program inputs do?)**	**Health/service systems and infrastructure created to support desirable systems or behaviors** **(What will be created as a result of the activity?)**	**Health/service systems or behaviors that lead to improved health outcomes** **(What will change as a result of the product/system implemented?)**	**Improved health or health care outcomes** **(What will change if short-term / intermediate outcomes are achieved?)**
	pediatric pulmonary and sleep health.		and fellows in pediatric pulmonary and sleep health	receiving care from diverse MCH professionals with current knowledge of pediatric pulmonary and sleep health issues. Increased use and adoption of evidence-based, peer reviewed findings in pediatric pulmonary and sleep health care practice. Increased number and percentage of PPC program graduates, at 2, 5, and 10 years post training, who work with MCH populations, demonstrate field leadership, and
	Conduct 2-, 5-, and 10-year follow-up with PPC program completers (long-term trainees) to determine outcomes of PPC Training (e.g., work with MCH populations, leadership, interdisciplinary practice).	Follow-up data that demonstrates outcomes of PPC program completers (e.g., work with MCH populations, leadership, interdisciplinary practice).	Increased number and percentage of PPC program graduates, at 2, 5, and 10 years post training, who work with MCH populations, demonstrate field leadership, and work in an interdisciplinary manner to serve MCH populations	
	Provide continuing education (CE) to Title V partners and other MCH stakeholders.	150 CE activities per year, reaching at least 10,000 MCH professionals (total across six programs).	Increased knowledge of MCH professionals (including Title V) on pediatric pulmonary and sleep health-related topics, who participate in PPC-sponsored CE and technical assistance activities	
	Provide training and technical assistance (TA) to Title V partners and other MCH stakeholders.	150 TA activities per year, reaching at least 5,000 Title V partners and MCH stakeholders (total across six programs).		
	Provide evidence-based tools/resources/curricula/interventions around pediatric pulmonary and sleep health.	Evidence-based tools/resources/curricula for learning. Evidence-based interventions in pediatric pulmonary and sleep health.	Increased knowledge of PPC trainees in evidence-based tools/resources/curricula in pediatric pulmonary and sleep health	
	Recruit family partners to serve on leadership team and participate in training as	Six family partners serving on leadership team to support family-centered practice/care, policies, and research.	Increased engagement of family partners in PPC training	

PROGRAM INPUTS	PROGRAM OUTPUTS		PROGRAM OUTCOMES	
	ACTIVITIES	**PRODUCTS / SYSTEMS**	**SHORT-TERM / INTERMEDIATE**	**LONG-TERM / IMPACT**
Eligible Entities, Stakeholders & Key Resources	**Activities to create/improve health/service systems and infrastructure** **(What will program inputs do?)**	**Health/service systems and infrastructure created to support desirable systems or behaviors** **(What will be created as a result of the activity?)**	**Health/service systems or behaviors that lead to improved health outcomes** **(What will change as a result of the product/system implemented?)**	**Improved health or health care outcomes** **(What will change if short-term / intermediate outcomes are achieved?)**
	medium-term trainees (40–299 hours of training).	At least six medium-term family trainees (optional) per program per year = 30	activities and as a part of the program leadership team Increased knowledge and skill of family partners in pediatric pulmonary and sleep health	work in an interdisciplinary manner to serve MCH populations.
	Recruit trainees from underrepresented racial and ethnic groups to participate in training on pediatric pulmonary and sleep health.	Trainees from underrepresented racial and ethnic backgrounds engage in the PPC program.	Increased number and percentage of PPC trainees from underrepresented racial and ethnic backgrounds	
	Train graduate and post-graduate MCH professionals on cultural and linguistic competence in relation to chronic respiratory conditions and sleep issues.	Graduate and post-graduate MCH professionals trained on cultural and linguistic competence.	Increased knowledge and skills of graduate and post-graduate PPC trainees related to cultural and linguistic competence	
	Facilitate access to services by implementing innovative regional and national integrated systems of care or collaborative approaches to pediatric pulmonary and sleep health.	Six innovative regional and national integrated systems or collaborative approaches to pediatric pulmonary or sleep health.	Increased number of coordinated systems of care related to pediatric pulmonary or sleep health issues	
	Conduct research related to chronic respiratory conditions and sleep health	• Six PPC programs expose fellows and trainees to research activities, such as publication of research and dissemination of	Increased number and availability of published research findings, conference presentations, and web-based	

<table>
<tr><th rowspan="2">PROGRAM INPUTS</th><th colspan="2">PROGRAM OUTPUTS</th><th colspan="2">PROGRAM OUTCOMES</th></tr>
<tr><th>ACTIVITIES</th><th>PRODUCTS / SYSTEMS</th><th>SHORT-TERM / INTERMEDIATE</th><th>LONG-TERM / IMPACT</th></tr>
<tr><td>Eligible Entities, Stakeholders & Key Resources</td><td>Activities to create/improve health/service systems and infrastructure

(What will program inputs do?)</td><td>Health/service systems and infrastructure created to support desirable systems or behaviors

(What will be created as a result of the activity?)</td><td>Health/service systems or behaviors that lead to improved health outcomes

(What will change as a result of the product/system implemented?)</td><td>Improved health or health care outcomes

(What will change if short-term / intermediate outcomes are achieved?)</td></tr>
<tr><td></td><td></td><td>findings appropriate to their training levels, which may include:
○ integrating fellows and other trainees into faculty research
○ mentoring and supporting trainee-/ fellow-led research activities
• 24–30 research-based publications, conference presentations, and web-based products (submitted or published) per year (total across six programs).</td><td>products with a focus on respiratory conditions and sleep health</td><td></td></tr>
</table>