Grant Writing Workshop

Presented by DSHPSHWA

What is DSHPSHWA?

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

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

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

About DSHPSHWA

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

Learning Objectives

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

Overview: EHDI Grant Funding Sources

CDC (Centers for Disease Control and Prevention)

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

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

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

Other (??)

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

Terms to Understand

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

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

Grants vs. Cooperative Agreements

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

RFA/FOA Contents

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

Application Narrative Components

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

Other Components

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

Application Components – Other Examples: Subgrants

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

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

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

Reading the RFP/FOA

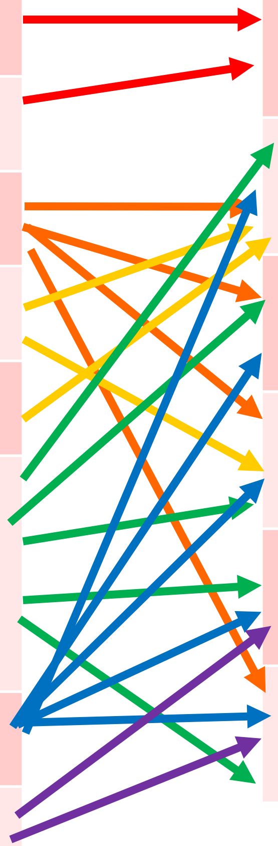
- Begin to develop a workplan/timeline for writing the grant
  - Be aware of your internal timelines. How long does fiscal, commissioner approval take? Plan for that.
- What aspects will require partnerships, especially new partnerships?
  - Request letters of support that specify the collaborative work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

Review Scoring

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

Requirements vs. Scoring

Sections
Introduction
Needs Assessment
Methodology
Work Plan
Resolution of Challenges
Evaluation and Technical Support Capacity
Organizational Information
Budget Narrative



Scoring
Need – 10 points
Response – 34 points
Evaluative Measures – 20 points
Impact – 20 points
Resources/Capabilities – 10 points
Support Requested – 6 points

Introduction/Background

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

Needs Assessment

Purpose and Outcomes

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

Needs Assessment

Purpose and Outcomes

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

Needs Assessment
Purpose and Outcomes

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

Needs Assessment

Purpose and Outcomes

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

Needs Assessment

Purpose and Outcomes

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

Hospital Specific

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

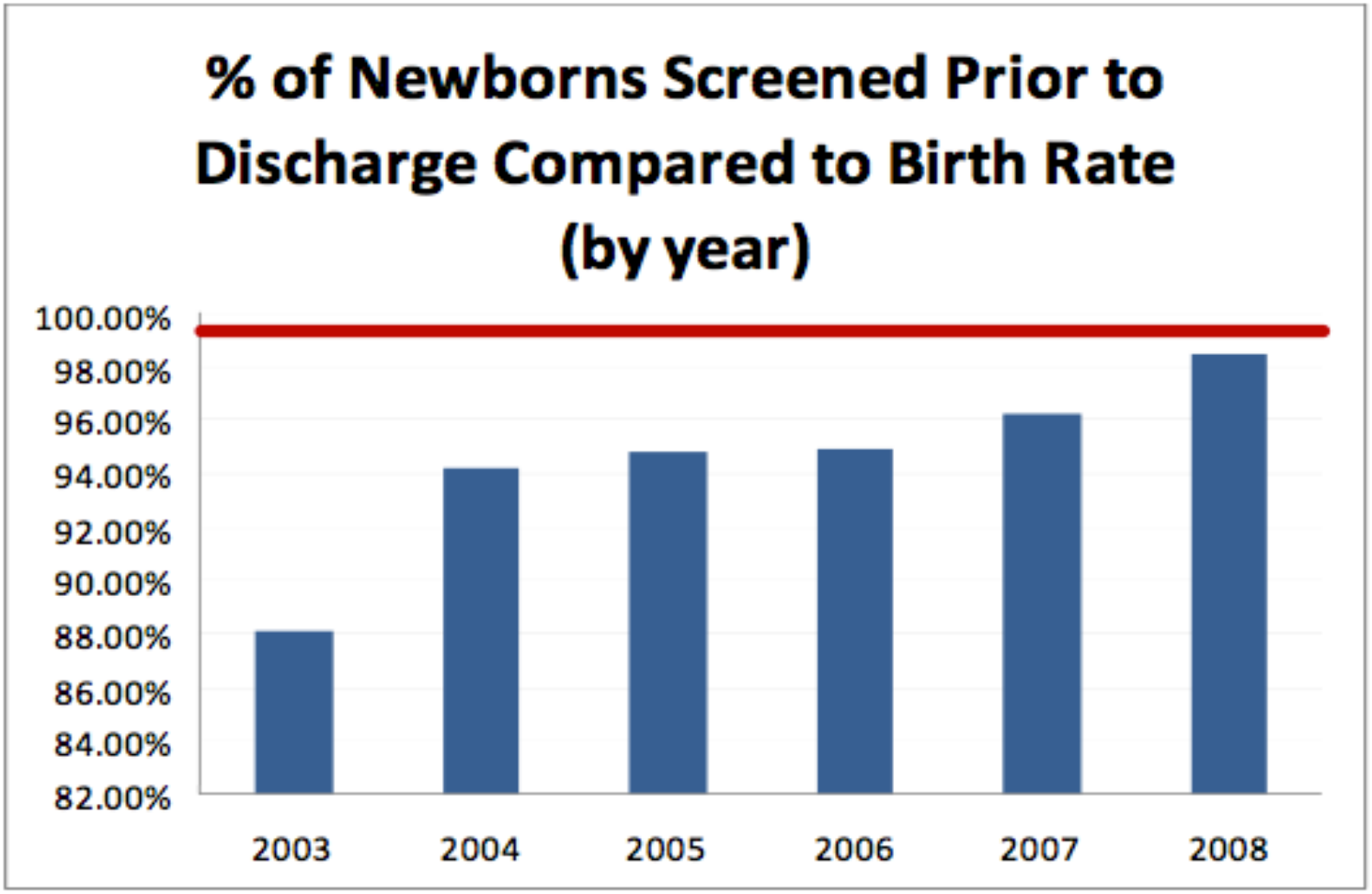
Hospital	# Births	#Screened	%Screened	# LFU/D	% LFU/D at Screening
Hospital A	53	50	94%	3	5.66%
Hospital B	120	119	99%	1	0.83%
Hospital C	80	74	92%	6	7.50%
Hospital D	154	154	100%	0	0.00%
Hospital E	824	823	99%	1	0.12%
Hospital F	100	98	98%	2	2.00%
Hospital G	1672	1627	97%	45	2.69%

Subgroups

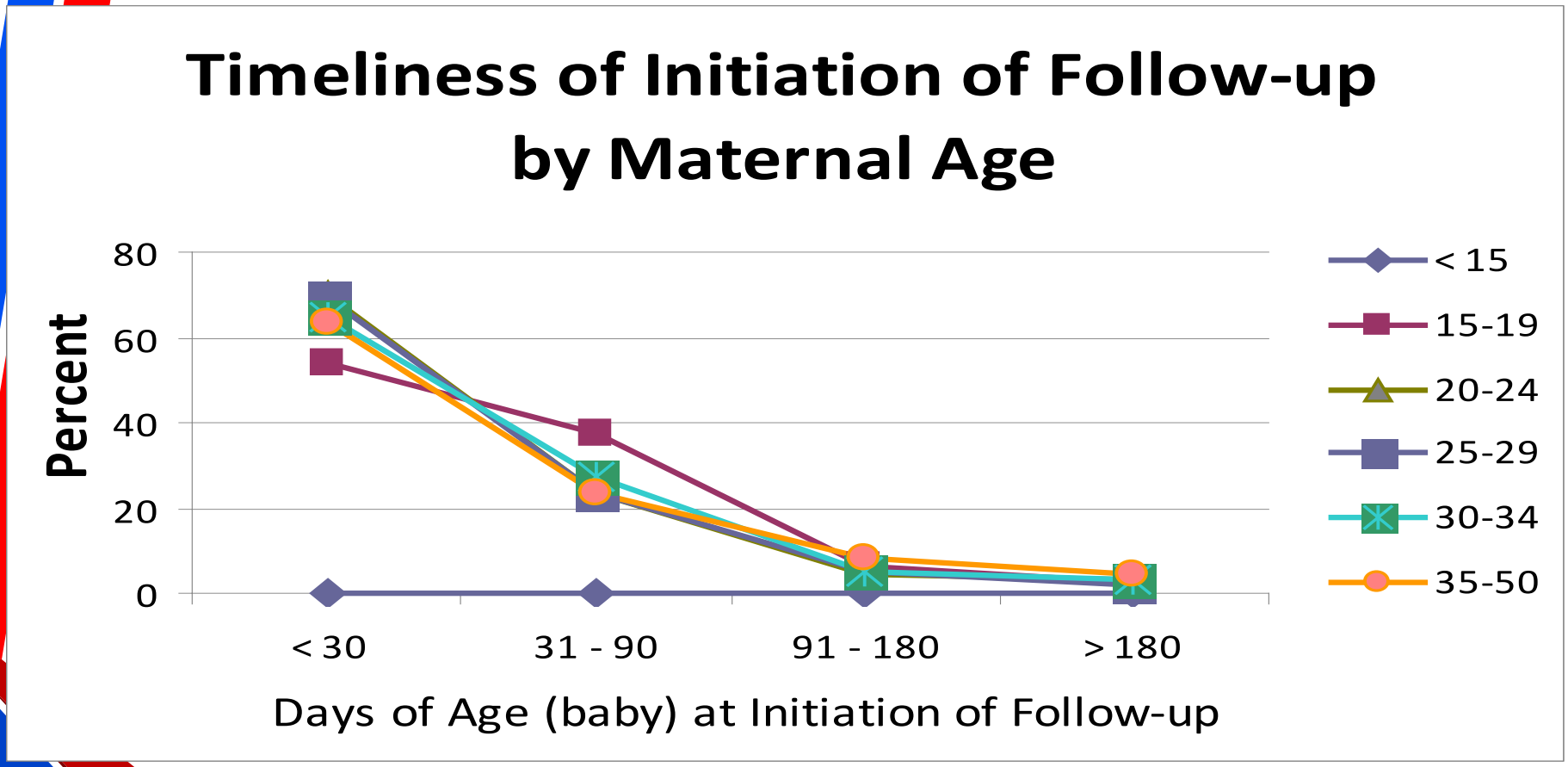
2008 DOB Data - Lost to System by Maternal Education Level					
Maternal Education Level	**Inpatient Refers**	**Percent of Inpatient Refers**	**Lost to System Status**	**Percent: Lost/Total Lost to System (1)**	**Percent: Lost/Refers - row count (2)**
< HS	242	22.7%	38	**34.9%**	**15.7%**
HS or GED	258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

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

Trends


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

Demographics

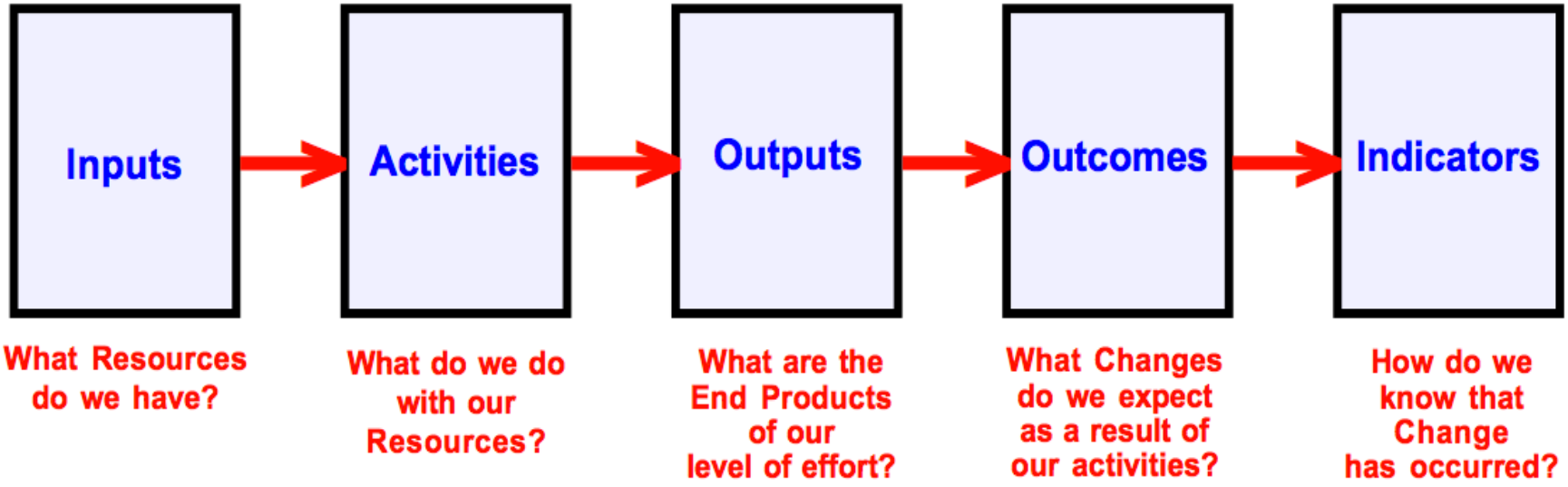


Logic Model


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

Logic Model

The United Way of America
Program Outcomes Model



Logic Model - Activity

Identifying Outcomes

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

Vacationing

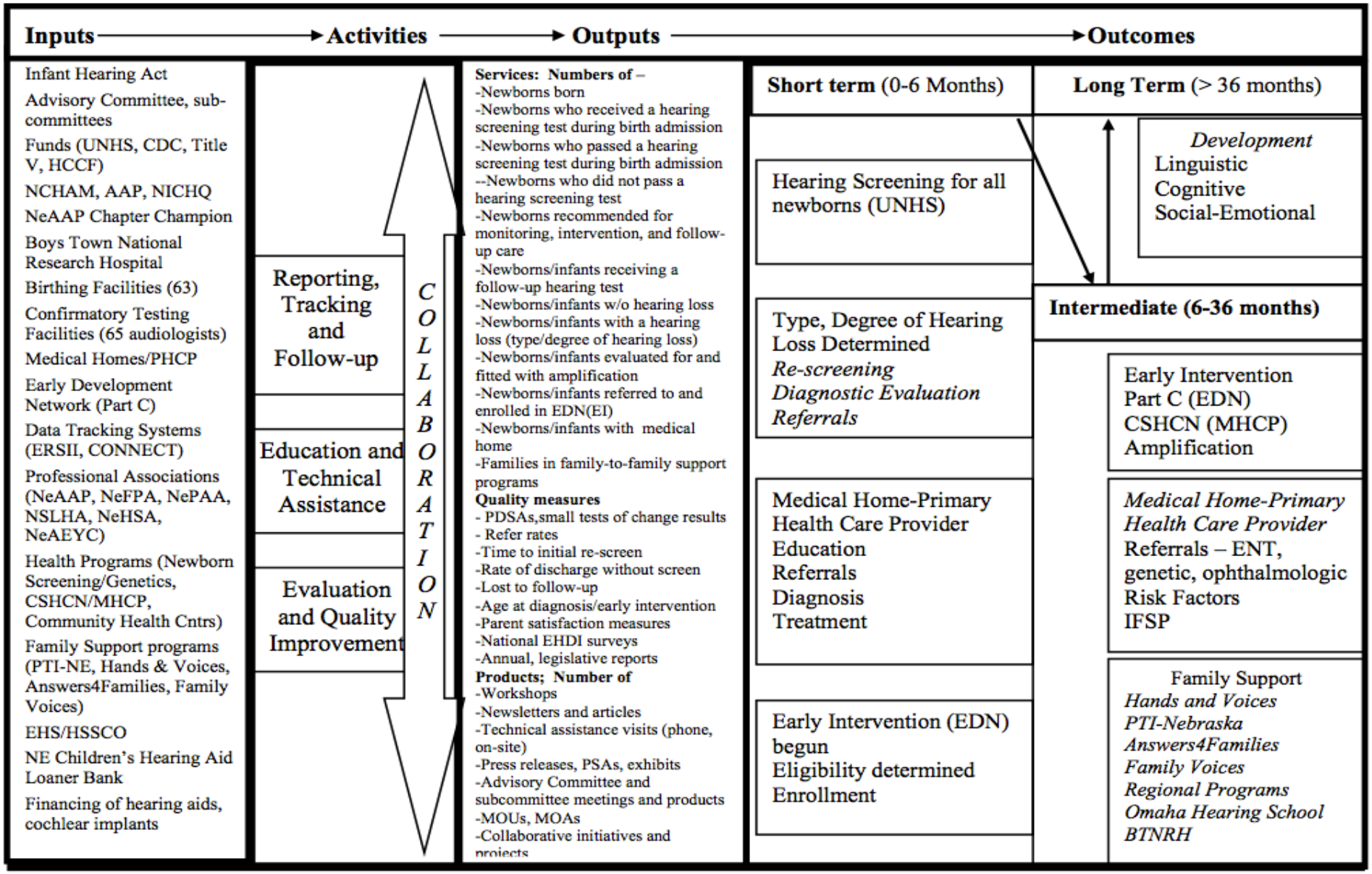
_____	Packing your bags
_____	Deciding to travel to San Francisco
_____	Feeling relaxed and ready to go back to work
_____	Knowing how much money you can spend
_____	Enjoying good food and sightseeing
_____	Arriving in San Francisco
_____	Getting "traveler's checks" from the bank

Logic Model

Vacationing

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

Logic Model - Example



Logic Model

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

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

What resources does your program need? (Resource Gap)

Work Plan, Goals, Objectives, Activities

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

Presentation Topics

- Work Plan Goals
- Objectives
  - How to write in SMART format
- Activities
- Tips

Goals

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

Goals

- Structure of a Goal Statement

  To [action verb] [object] [modifiers]

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

Goals - Examples

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

Objectives

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

SMART Objectives

SMART Objectives

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

Objectives - Examples

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

Goals and Objectives

Goals	Objectives
2. All infants who fail the inpatient screen will have a follow-up screen by one month of age.	a. Increase from 85% to 90% the number of infants who receive a follow-up screen or audiology evaluation as documented by either the hospital coordinator or audiologist in the EHDI IDS. b. Increase from 0 to 80% the number of PCPs who are notified of the rescreen results. c. Enhance the EHDI IDS system for rescreening.

Goals and Objectives

SECTION 3: METHODOLOGY

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

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

Method:

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

Activity

- Write one GOAL for an EHDI Family Support component

- Write one SMART objective for the Family Support goal

Example Work Plan Template

Goal			Success Measures			
Objectives	Activities, Steps	Data, Evaluation	Timeframe to Assess Progress	Staff Person Responsible	% FTE	Other Funding Sources

Work Plan Activities

- Activities
  - Timeframe to assess progress
  - Staff, including FTE
  - Collaborations
  - Additional funding
- Specific activities
  - Missing data, gaps
  - Submission of data to National EHDI Survey
  - Data management contractor details

Work Plan

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

Work Plan

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

WORK PLAN

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

To be met on a statewide level by March 2014.

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

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

Work Plan

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

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

Tips

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

Evaluation

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

Evaluation Plan

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

Process

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

Performance (Outcome)

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

Quality Assurance

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

Evaluation Plan - Example

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

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

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

Evaluation Plan - Activity

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

TASK: Develop an evaluation plan using Evaluation Plan worksheet

Resolution of Challenges - HRSA

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

Resolution of Challenges - Example

Birth & Outpatient Screening Challenges and Resolutions

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

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

Resolution of Challenges – Example

SECTION 5: RESOLUTION OF CHALLENGES

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

Sustainability

- "Sustainability" is not addressed in the introduction or

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

- And…

- Should I include something about sustainability and, if so, where?

33 PERFORMANCE MEASURE

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

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

Organizational Information
Program Capacity

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

Collaborations

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

Budget Narrative

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

OMB Circulars

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

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

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

SF-424A – Section A & B

SF-424A: Budget Categories Form

SAMPLE SF-424A FOR SERVICE AREA COMPETITION (First Page Only)

BUDGET INFORMATION – Non-Construction Programs

SECTION A – BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Fed Domestic Assist No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. **Community Health Centers- 330(e)**	93.224			$2,758,334	$7,599,486	$10,357,820
2. **Migrant Health Centers - 330(g)**	93.224			$1,253,113	$3,452,704	$4,705,817
3.						
4.						
5. TOTALS				$4,011,447	$11,052,190	$15,063,637

SECTION B - BUDGET CATEGORIES

6. Object Class Category	Grant Program Function or Activity					Total (5)
	(1) **Federal**	(2) **Non-Federal**				
a. Personnel	$2,400,000	$7,001,600				$9,401,600
b. Fringe Benefits	$552,586	$1,612,079				$2,164,665
c. Travel	100,000	34,200				$134,200
d. Equipment	300,000	375,557				$675,557
e. Supplies	50,000	420,000				$470,000
f. Contractual	500,000	441,200				$941,200
g. Construction	0	0				$0
h. Other	108,861	1,167,554				$1,276,415
i. Total Direct Charges (sum of 6a-6h)	$4,011,447	$11,052,190				$15,063,637
j. Indirect Charges	$0	$0				$0
k. TOTALS (sum of 6i and 6j)	$4,011,447	$11,052,190				$15,063,637
7. Program Income						$10,545,540

Standard Form 424A

SF-424A – Section C through F

Budget Information Form SF-424A

Section C - Non-Federal Resources

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8.					$0
9.					$0
10.					$0
11.					$0
12.	**Total** (sum of lines 8 - 11)	$0	$0	$0	$0

Section D - Forecasted Cash Needs

		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13.	Federal	$0				
14.	Non-Federal	$0				
15.	**Total** (sum of lines 13 and 14)	$0	$0	$0	$0	$0

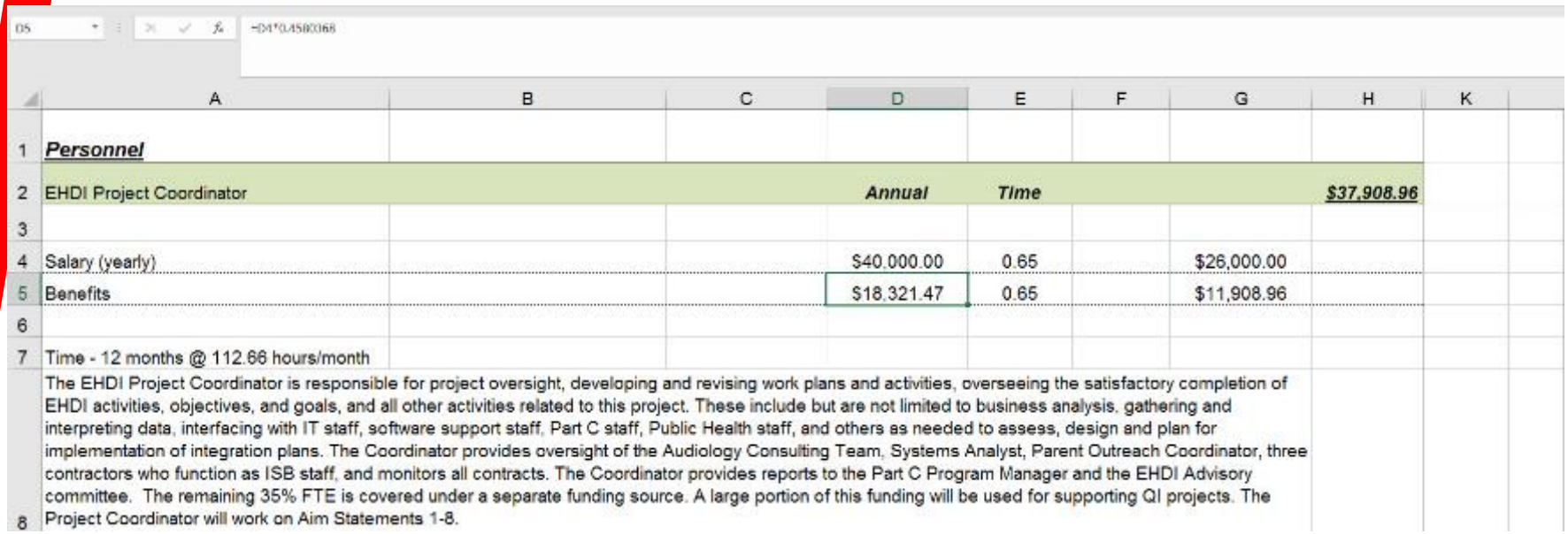
Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

		Future Funding Periods (Years)			
	(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16.					
17.					
18.					
19.					
20.	**Total** (sum of lines 16-19)	$0	$0	$0	$0

Section F - Other Budget Information

21. Direct Charges		22. Indirect Charges	
23. Remarks			

Salaries and Wages
(including fringe benefits)



	A	B	C	D	E	F	G	H	K
1	***Personnel***								
2	EHDI Project Coordinator			***Annual***	***Time***			***$37,908.96***	
3									
4	Salary (yearly)			$40,000.00	0.65		$26,000.00		
5	Benefits			$18,321.47	0.65		$11,908.96		
6									
7	Time - 12 months @ 112.66 hours/month								
8	The EHDI Project Coordinator is responsible for project oversight, developing and revising work plans and activities, overseeing the satisfactory completion of EHDI activities, objectives, and goals, and all other activities related to this project. These include but are not limited to business analysis, gathering and interpreting data, interfacing with IT staff, software support staff, Part C staff, Public Health staff, and others as needed to assess, design and plan for implementation of integration plans. The Coordinator provides oversight of the Audiology Consulting Team, Systems Analyst, Parent Outreach Coordinator, three contractors who function as ISB staff, and monitors all contracts. The Coordinator provides reports to the Part C Program Manager and the EHDI Advisory committee. The remaining 35% FTE is covered under a separate funding source. A large portion of this funding will be used for supporting QI projects. The Project Coordinator will work on Aim Statements 1-8.								

Consultant and Contractual Costs

Pediatric Audiology Consulting Contrac	St. Luke's Elks Hearing and Balance				**$22,667.00**
	Contracted Rate =		$70	per hour	
	Total Contracted Time = 273 hours/year		273	per year	
			0.13125	FTE	19,110.00
	(Total consulting time is calculated at - 35% of 780 hours (37.5% of a Full time position) based on an annual salary of $124,800)				
	Total Estimated Travel Expenses				3,557.00
	Amount Requested				***22,667.00***
Names of Consultants:		**Coverage area:**			
Audiologist A, AuD, CCC-A		N. Idaho			
Audiologist B, AuD, CCC-A		E. Idaho			
Audiologist C, AuD, CCC-A		SW Idaho			
Audiologist D, AuD, CCC-A		St. Luke's			
The Idaho Sound Beginnings Program, Department of Health and Welfare contracts with St. Luke's Elks Hearing and Balance for consulting and training					
Organizational Information:					
St. Luke's Elks Hearing and Balance					

Consultant and Contractual Costs

38

39 **Nature of Services to be rendered:**

The consultants provide support and training to all regions of the state, including 31 hospitals, 7 larger midwife practices, pediatric audiologists in the state, Idaho Early Head Start Programs, and 7 Early Intervention regions. (This contract also includes activities covered by a separate funding source.) Several audiology representatives serve on the Advisory Committee. The contracted audiology team has been trained on the use and purpose of the HiTrack system. They are active in testing and piloting web based HiTrack. They also work with Idaho audiologists and other medical staff to promote the use of electronic data reporting and provide support and training to ensure quality of results reported and procedures used. They have primary responsibility for providing training on HiTrack and reporting processes to birth centers during site visits. Consulting services to be provided under the contract include, but are not limited to: providing regular (at least quarterly) contact and training by phone and email with screening programs; working with the statewide screening programs on development and implementation of quality improvements; assist with the refinement of the data tracking system; provide input on development of Business Process Flow charts and evaluation of processes to identify areas of needed improvement; develop and provide training to screening sites on data management, quality assurance, assist in the development and refinement of procedures and forms used for the data tracking system, including developing an online audiology data reporting
40 system; assist with data evaluation on a regular basis; and investigation of EHR system and integration possibilities at a large hospital that their clinic is already

41

42 **Relevance of service to the project:**

The contracted audiologists are a vital component to the operation of the EHDI program. They are in direct contact with individual facilities. They provide support and assist with evaluation and quality assurance. They are the connected with facilities, assisting on-site with data system installation and training. They work with the coordinator to plan and approach facility administration regarding data enhancement projects. They collaborate on the development and refinement of the business process plan and, under supervision, are directly responsible for projects relating to birth facilities and audiologists reporting data including; providing professional input on process plans, work plans, scheduling, and evaluation development; providing outreach and assistance with reporting form revisions; and assisting birth facilities with data systems and data analysis. 40% of the funding will be used to provied training and technical support to screening programs. The
43 remainder of the funding will support QI projects. The consultants will be working with ISB on Aim Statements 1-8.

Consultant and Contractual Costs

44	
45	**Number of days of consultation:**
46	The audiology consultants are partially funded through another source. For purposes of this grant they are contracted for 35% of 780 hours (37.5% of a full time employee): 273 hours per year. ISB has a 1 year contract with the consultants, renewable for an additional 2 years.
47	
48	**Expected rate of compensation:**
49	$60 per hour
50	
51	**Method of Accountability:**
52	The Contractor reports to the NHS programs shall be provided at least quarterly and will include suggestions for continued quality improvement of the program. Reports to ISB will be provided in writing at least quarterly and will include information on the outreach efforts, areas of identified program improvement and updates on program successes.

Consultant and Contractual Costs

54	**Travel:**					
55	Travel expenses to the EHDI Program and for in-state travel for site trainings are reimbursable through this contract. Idaho follows the national per diem and lodging rates. ISB has trips planned for the Audiology Consulting Team to 16 hospitals per year. Car rentals, fuel, lodging, and per diem expenses will be needed. Training is needed periodically because of newborn hearing screening staff turnover. Troubleshooting of screening equipment, training on proper use of equipment, and education on proper data recording and reporting procedures will take place for the screening programs in birthing facilities across the state.					
56	**Southwest Idaho:**					
57	Description	Amount	Cost	% charged to grant	Cost to Grant	Cost/trip
58	*1 trip x 1 consultants*	Southwest Idaho				
59	*Car Rental*	$75/ Day x 4 Days	$300.00	0.50	$150.00	
60	*Fuel*	4 Tanks @ $60	$240.00	0.50	$120.00	
61	*Lodging including taxes*	$104/ Night x 3 Night	$312.00	0.50	$156.00	
62	*Per Diem*	$54/ Day x 4 Days	$216.00	0.50	$108.00	$534.00
63	**Eastern Idaho:**					
64	Description	Amount	Cost	% charged to grant	Cost to Grant	Cost/trip
65	*1 trip x 1 consultant*	Eastern Idaho - Pocatello/Preston/Soda Springs/Blackfoot				
66	*Car Rental*	$75/ Day x 4 Days	$300.00	0.50	$150.00	
67	*Fuel*	3 Tanks @ $60	$180.00	0.50	$90.00	
68	*Lodging including taxes*	$89/ Night x 2 Night	$178.00	0.50	$89.00	
69	*Per Diem*	$51/ Day x 4 Days	$204.00	0.50	$102.00	$431.00

Consultant and Contractual Costs

94	***Outreach and Parent Support Consultai***	**Parent Outreach Coordinator**				**$37,262.60**
95		Contracted Rate =	$44.50	per hour		
96		Total Contracted Time = 728 hours/year	728.00	per year		
97			1.00	FTE	$32,396.00	
98		(Total consulting time is calculated at - 34% of a Full time position based on an annual salary of $92,560)				
99		Total Estimated Travel Expenses			$4,866.60	
100		***Amount Requested***			**$37,262.60**	
101						
102	The Idaho Sound Beginnings Program, Department of Health and Welfare, contracts with Andrea Amestoy for parent outreach and support services. Andrea is a					
103						
104	**Organizational Information:**					
105	Andrea Amestoy, R.N.					
106						
107	**Nature of Services to be rendered:**					
108	The Outreach and Parent Support consultant provides direct support to families after a hearing loss diagnosis and is also responsible for contacting parents after infant referral in order to answer any questions, explain the diagnostic process, and connect the parent with audiologic and/or financial support if needed. This consultant is both an Registered Nurse and a parent of children with hearing loss. They fill the parent role of ISB liaison to the Idaho Hands & Voices parent support group and as a medical professional, they also work with the EHDI team to develop appropriate scripts for professionals and other educational materials. This person provides medical insight for development and implementation of strategies for medical providers and works in collaboration with the Consulting Audiologists on contact and support of midwife practices and is a member of the past and future QI teams.					

Consultant and Contractual Costs

110	**Relevance of service to the project:**
111	The contracted Parent Outreach Coordinator is a vital component to the operation of the EHDI program. She is in direct contact with individual families with children at risk for hearing loss. She provides support and assists with evaluation and quality assurance. She works with the coordinator to plan and approach families and birthing facilities to implement quality improvement projects. She collaborates on the development and refinement of the business process plan and, under supervision, is directly responsible for projects relating to family outreach including; contacting and educating families on infant hearing loss, educating the public at family conventions, educating professionals on hearing loss at professional conventions across the state, and educating midwives on the importance and timing of EHDI goals. 70% of this funding will be used to support QI projects. She will be working with ISB on Aim Statements 1-8.
112	
113	**Number of days of consultation:**
114	Mrs. Amestoy is contracted for 34% of a FTE, 728 hours per year. ISB has a 1 year contract with Mrs. Amestoy, renewable for an additional three years.
115	
116	**Expected rate of compensation:**
117	$44.50 per hour
118	
119	**Method of Accountability:**
120	The Contractor's reports to the NHS program shall be provided monthly and will include suggestions for continued quality improvement projects. Reports to ISB will be provided in writing and will include information on the outreach and educational efforts.

Consultant and Contractual Costs

121	**In-State Travel:**					
	Travel expenses to the Nationa EHDI Conference and in-state travel for site trainings are reimbursable through this contract. Idaho follows the national per diem and lodging rates. ISB attends the following in-state conferences annually for family and professional outreach: Idaho Academy of Physician Assistants (IAPA), Idaho Association for the Education of Young Children (IAEYC), Idaho Babypalooza, Idaho Council for Exceptional Children (ICEC), Idaho Head Start Association (IHS), Idaho Hospital Association (IHA), Idaho Kids Discovery Expo, Idaho Medical Association (IMA), Idaho Nurses Association (INA), Idaho Nurse					
122	Practitioners Association (INPA), Idaho Perinatal Conference, Idaho Speech, Language, and Hearing Association (ISHA), and the Treasure Valley Community					
123	Description	Amount	Cost	% charged to grant	Cost to Grant	Cost/trip
124	All conferences listed above					
125	1 trip x 1 Coordinator	Various locations				
126	Fuel and Mileage	1360 Miles x $.56	$761.60	1.0	$761.60	
127	Lodging	10 Night x $104	$1,040.00	1.0	$1,040.00	
128	Per Diem	25 Days x $51	$1,275.00	1.0	$1,275.00	$3,076.60
129	**Out of State Travel:**					
130	EHDI Conference					
131	1 trip x 1 Coordinator					
132	*Registration*	1 Coordinator x $500	$500.00	1.00	$500.00	
133	*Airfare*	1 Coordinator x $500	$500.00	1.00	$500.00	
134	*Per Diem*	$69/Day x 4 Days	$276.00	1.00	$276.00	
135	*Lodging including taxes*	$138/ Night x 3 Nights	$414.00	1.00	$414.00	
136	*Shuttle*	$50 x 2 trips	$100.00	1.00	$100.00	$1,790.00
137					**Total =**	**$4,866.60**

Equipment

(related to specific program objectives)

174					
175	***Screening Equipment Calibrations and Maintenance***	Idaho Sound Beginnings loans OAEs for newborn hearing screening to seven midwife programs. In addition, two AABRs and two OAEs are on loan to hospital screening programs and one additional OAE is available for short term loan in event of equipment malfunctions. Aim Statements: 1-3	$1,500.00	1.00	**$1,500.00**

Supplies (pens, pamphlets, videos, software, etc.)

171	***Supplies***	Referral Forms, Envelopes, Certified Mail Postage, Business Cards, Brochures, Door Hangers, Pens, and Sharpies. All Aim Statements.	$1,500.00	1.00	**$1,500.00**

Supplies

(pens, pamphlets, videos, software, etc.)

204	***Data Management System***	EHDI Software - HiTrack	$20,000	0.50	**$10,000.00**
205		***Amount Requested***			$10,000.00
206	**Selection:**				
207	The HiTrack data management system was specifically designed for newborn hearing screening programs. It has been used by the Idaho EHDI program since 2000 and was originally chosen for its design, ease of use, customer support system, and cost. This is a very specialized database and to the best of my knowledge a formal bid process was unnecessary. There were only two or three systems available at the time and HiTrack provided the best functionality and support for the cost. HiTrack data is also able to be stored securely on Health and Welfare servers, which is a requirement of the Department of Health and Welfare. Most other providers store data on their own servers.				
208					
209	**Period:**				
210	Although there was an initial contract for the first few years of the software's use, currently only a purchase order is used (established software system in use) with the National Center for Hearing Assessment and Management at Utah State University for licensing of the HiTrack software and is renewed on a yearly basis.				
212	**Relevance:**				
213	Access to the HiTrack system for all Idaho screening sites is included in the licensing fee. This fee ($18,000 annually) includes phone support for all sites during regular business hours. The ability to collect and manipulate data to create reports for tracking and quality assurance is at the core of all EHDI program activities, objectives, and goals. The ability and willingness of the HiTrack support staff to interact with EHDI program staff and IT specialists is crucial to the achievement of the objectives of this cooperative agreement. HiTrack support staff are instrumental in supporting the development of improvements in the HiTrack data system and aiding the Health and Welfare IT department in assessing and planning for data integration needs, such as implementing a secure audiology reporting form and system improvements in ITP KIDS (Part C program system) and HiTrack to increase coordination of data.*Aim Statements 1-8.				
215	**Cost:**				
216	The cost of the data system has been supported through another funding source since its implementation. The requested funding is 60% of the annual licensing fee. The remaining forty percent of the cost continues to be supported with other funding.				

Staff Travel

(in-state and out-of-state)

9	*Employee Travel*						***$1,997.00***
10	Description	Amount	Cost	% charged to grant	Cost to Grant	Cost/trip	
11	***- Out of State***						
12	*1 trip x 1 employees (100%):*	EHDI Conference					
13	The attendance of two people at the National EHDI Conference is a requirement of the HRSA-MCHB Grant. Expenses are estimated for attendance by one state staff (the other staff will be funded through another source), the EHDI Program Coordinator, and the Part C Program Manager, both of whom are involved in the CDC data improvement project. Expenses are estimated based on currently available information and prior year's attendance costs.						
14	*Airfare*	$500 x 1 EHDI Staff	$500.00	1.00	$500.00		
15	*Registration*	$500 x 1 EHDI Staff	$500.00	1.00	$500.00		
16	*Per Diem*	$69/Day x 5 Days x 1 EHDI Staff	$345.00	1.00	$345.00		
17	*Lodging including taxes*	$138 x 4 nights x 1 EHDI Staff	$552.00	1.00	$552.00		
18	*Shuttle*	$50 x 2 trips	$100.00	1.00	$100.00	***$1,997.00***	

Other (telephone, internet, postage, printing, equipment rental)

172					
173	***Program Support***	Hospital staff, midwives and other stakeholders who attend ISB training sessions in their regions are reimbursed for reasonable travel costs associated with their attendance. This category also includes equipment rental, i.e. video equipment, scholarships to parents of newly identified children with hearing loss ($15 each) for the first year's enrollment in Idaho Hands and Voices. Distribution costs for Help and Hope revised Family Support manual and materials and transfer of manual for electronic use. Aim Statements: 1-8.	$1,767.62	1.00	**$1,767.62**
174					
175	***Translation of written and online educational materials***	Due to the large Hispanic population, educational materials need to be translated into Spanish. The basic screening brochures have already been translated, but there is much more information that needs to be made available to this population. Translation of sections of the website will also be undertaken each year. Aim Statement: 1-8	$1,000.00	1.00	**$1,000.00**
176					

168	***Family-based support organizations or programsfocused on family/parents/caregivers***	**$62,500.00**
169	Funding for family-based support groups is a requirement of this grant. These funds will be used to develop a state-based learning community for pediatric health care professionals and families with infants that are deaf or hard of hearing, partner with federally funded early intervention programs, develop and maintain active family engagement and leadership, and conduct state-level outreach. *Aim statements 4-8.	

Other (telephone, internet, postage, printing, equipment rental)

150	OTHER						
151	***South Western Idaho Audiology Training***						**$29,857.50**
152	Description	Amount	Cost	% charged to grant	Cost to Grant	Cost/trip	
153	Presenter On Site Stipends	4 Presenters x $2000	$8,000.00	1.0	$8,000.00		
154	Presenter Airfare and Mileage	4 Presenters x $1000	$4,000.00	1.0	$4,000.00		
155	Presenter Hotel	4 Presenters x 3 Nights x $89	$1,068.00	1.0	$1,068.00		
156	Presenter Meals	4 Presenters x 4 Days x $51	$816.00	1.0	$816.00		
157	Presenter Preparation	120 hours x $62.50	$7,500.00	1.0	$7,500.00		
158	Weekly Online Chats	3 Mentors x 5 Weeks x $62.50	$937.50	1.0	$937.50		
159	Post Workshop Mentoring	1 mentor x 3 Days x $500/Day	$1,500.00	1.0	$1,500.00		
160	Registration Management	25 Participants x $20	$500.00	1.0	$500.00		
161	CEU's Tier 1 Webmaster	1 x $1500	$1,500.00	1.0	$1,500.00		
162	Site Rental	1 Site x $1200	$1,200.00	1.0	$1,200.00		
163	Equipment/ Internet Access/ Porterage	1 Site x $500	$500.00	1.0	$500.00		
164	Workshop Meals	25 Participants + 4 Presenters + 7 Vendors x $51	$1,836.00	1.0	$1,836.00		
165	Workshop Notebooks	25 Notebooks x $20	$500.00	1.0	$500.00		

Indirect Costs

GRANT: EARLY HEARING DETECTION AND INTERVENTION

DHW GRANT 40100C

DATE: 2/7/17

CONTACT: Brian Shakespeare

ESTIMATED INDIRECT COSTS		
A05002	OFFICE SPACE	$3,283
A05002	OFFICE SPACE - STATEWIDE	$0
A07003	MOTOR POOL	$180
A08664	TELEPHONE	$73
A09004	ATTORNEY GENERAL	$0
A10005	DIRECTOR'S OFFICE	$218
A12515	OPERATIONAL SERVICES	$30
A13008	HUMAN RESOURCES	$160
A13008	HUMAN RESOURCES - STATEWIDE	$0
A14009	ITSD EMPLOYEE SAL.	$0
A15010	ITSD OVERHEAD	$5,500
A15010	ITSD OVERHEAD - STATEWIDE	$0
A16012	ACCOUNTING	$286
A16012	ACCOUNTING - STATEWIDE	$13
A16513	BUDGET/FEDERAL CASH	$360
A16513	BUDGET/FEDERAL CASH - STATEWIDE	$15
A19018	DIV OF HEALTH	
A08057	COMPUTER MAINT. - DIV OF HEALTH	
A08057	COMPUTER MAINT. - DIV OF FACS	$3
A08057	COMPUTER MAINT. - DIV OF BEH HEALTH	
A19319	DIV OF FACS	$728
A19423	DIV OF BEHAVIORAL HEALTH	
A08558	PRINTER CHARGES	$6
A20022	DIV OF WELFARE	
A20355	DIV OF MEDICAID	
A24733	FIELD OPERATIONS	
	ESTIMATED TOTAL INDIRECTS	**$10,855**

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

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

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

Budget Narrative

Budget Justification

Personnel	Explanation	Subtotal	Line Item Total	Goals
EHDI Coordinator	(0.5 FTE HRSA, 0.5 FTE CDC) $45,000/year x 0.5	$22,500		1,2,3,4, 5,6,7
Follow-up Coordinator	(0.75 FTE) $12.00/hour x 1560 hours	$18,720		1,4,5,7
			$41,220	

Attachments

Attachment 1 – IDAHO WORK PLAN

Aim Statement 1

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

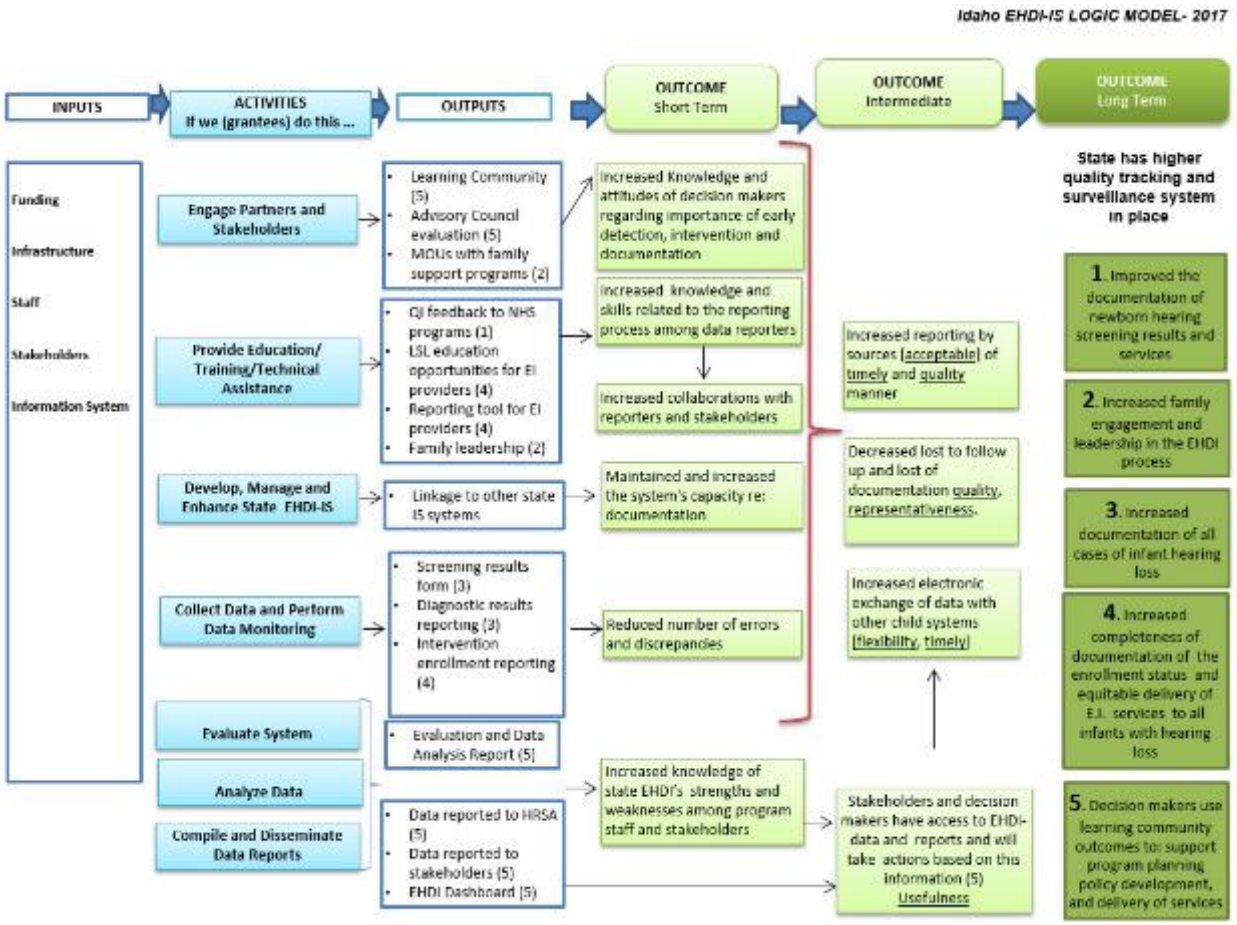
Changes / Activities (sequence as needed)	Start Date	Estimated Completion Date	Lead Staff and Partner Support (where applicable)	Process Measures	Outcome Measures
Audiology Consulting Team (ACT) training and outreach.	4/2017	3/2020	Data Manager ACT Team Idaho Birthing Facilities Idaho Audiology Clinics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

Aim Statement 2

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

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

Attachments



Attachments

Attachment 3 – IDAHO BIOGRAPHICAL SKETCHES OF KEY PERSONNEL

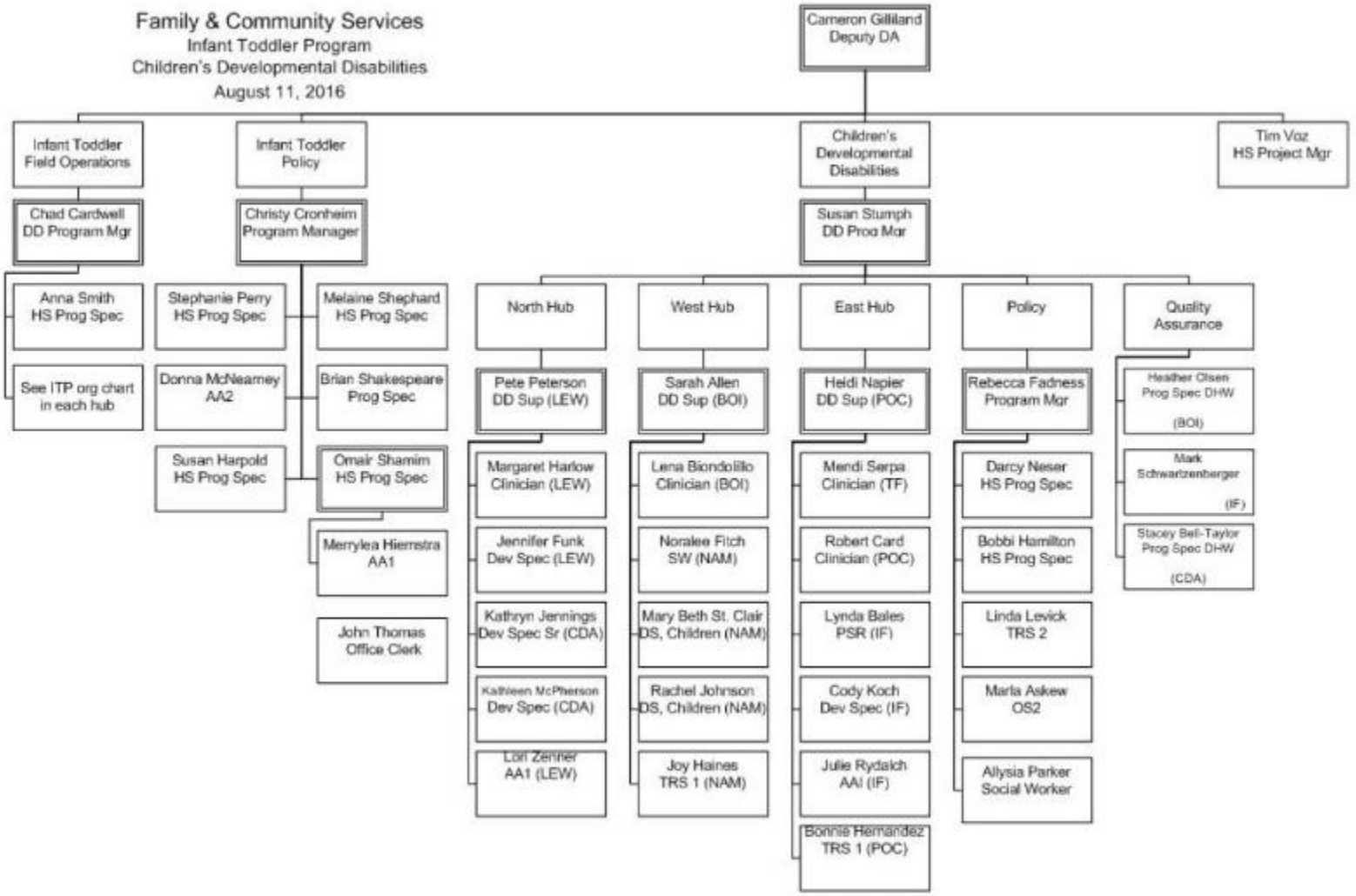
The EHDI Coordinator has worked for Idaho Early Hearing Detection and Intervention (EHDI) for five years and brings a variety of professional experience and education. He has prior work experience in organization and maintenance of personal litigation files, management, and directing daily operational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

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

Attachments

- Memorandums of Agreement/Understanding
- Subgrants
- Equipment loans
- Contracts

Attachments

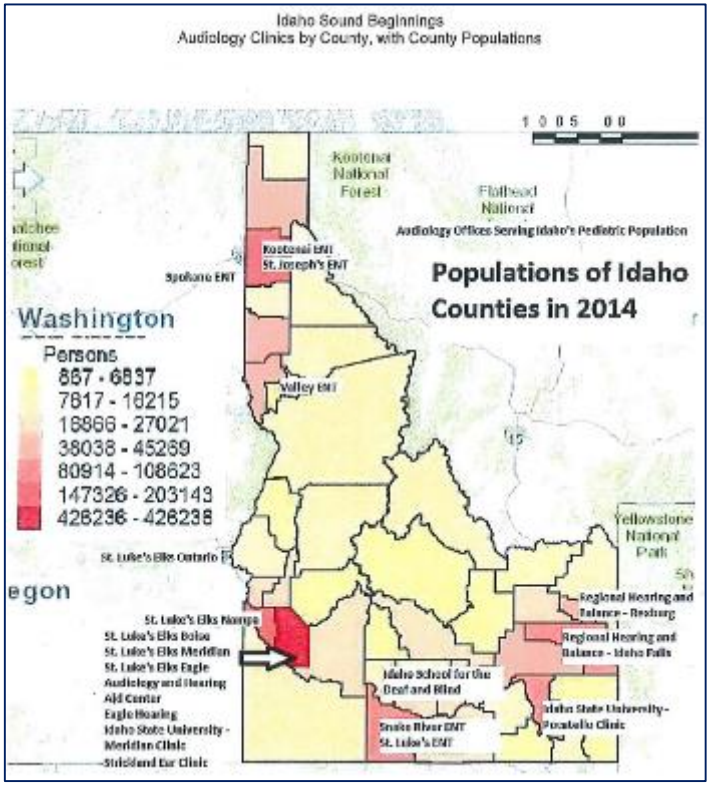


Attachments

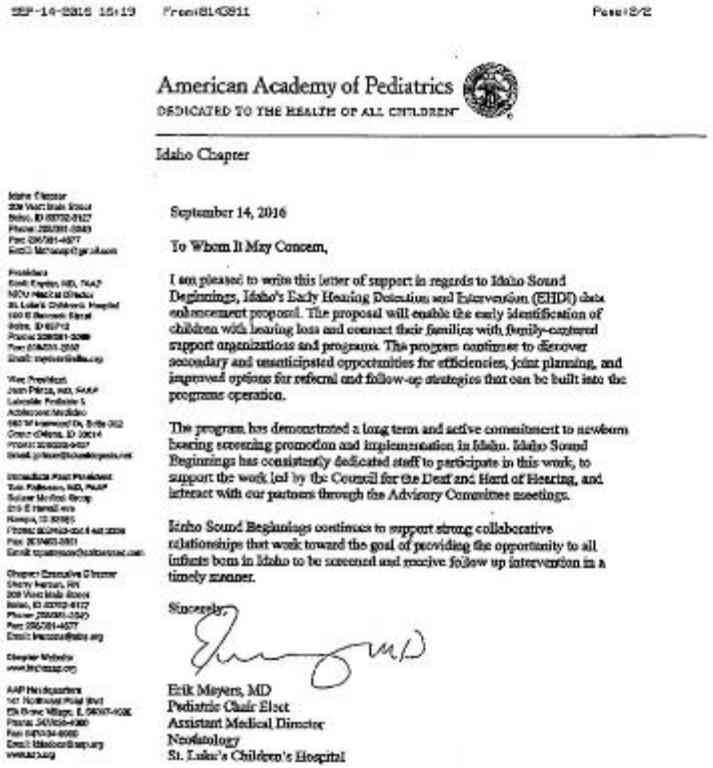
- Tables, Charts, etc.

Idaho Sound Beginnings – Early Hearing Detection and Intervention Acronyms

AABR	Automated Auditory Brainstem Response
AAP	American Academy of Pediatricians
AC	Advisory Committee
ACT	Audiology Consulting Team
ASL	American Sign Language
CDC	Centers for Disease Control
DHOH	Deaf or Hard of Hearing
DHW	Department of Health and Welfare
DM	Data Manager
ECHO	Early Childhood Hearing Outreach
EHDI	Early Hearing Detection and Intervention
EHS	Early Head Start
EI	Early Intervention
FACS	Family and Community Services
HIS	Health Information Specialist
HRSA	Health Resources and Services Administration
HSFS	Hearing Screening and Follow-Up Survey
IDEA	Individuals with Disabilities Education Act
IESDB	Idaho Educational Services for the Deaf and Blind
IFSP	Individual Family Service Plan
IHA	Idaho Hospital Association
IHDE	Idaho Health Data Exchange
IPUL	Idaho Parents Unlimited
ITP	Infant Toddler Program
ITPKIDS	Infant Toddler Program Key Information and Data System
JCIH	Joint Commission on Infant Hearing
LTD	Loss to Documentation
LSL	Listening and Spoken Language
LTF	Loss to Follow-up
MHS	Migrant Head Start
MIECHV	Maternal Infant and Early Childhood Home Visiting
MRN	Medical Record Number
NCHAM	National Center for Hearing Assessment and Management
NICHQ	National Initiative for Children's Healthcare Quality
NHS	Newborn Hearing Screening
OAE	Otoacoustic Emissions
PDSA	Plan, Do, Study, Act
POC	Parent Outreach Coordinator
QI	Quality Improvement
SRF	Screening Results Form
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TCP	The Care Project
TYMP	Tympanometry
UNHS	Universal Newborn Hearing Screening



Attachments



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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Idaho Chapter

September 14, 2016

To Whom It May Concern,

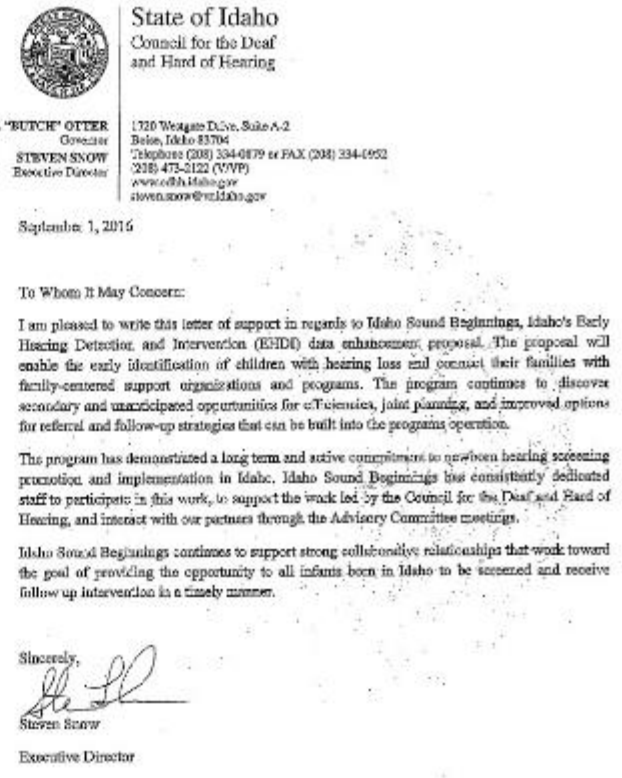
I am pleased to write this letter of support in regards to Idaho Sound Beginnings, Idaho's Early Hearing Detection and Intervention (EHDI) data enhancement proposal. The proposal will enable the early identification of children with hearing loss and connect their families with family-centered support organizations and programs. The program continues to discover secondary and unanticipated opportunities for efficiencies, joint planning, and improved options for referral and follow-up strategies that can be built into the programs operation.

The program has demonstrated a long term and active commitment to newborn hearing screening promotion and implementation in Idaho. Idaho Sound Beginnings has consistently dedicated staff to participate in this work, to support the work led by the Council for the Deaf and Hard of Hearing, and interact with our partners through the Advisory Committee meetings.

Idaho Sound Beginnings continues to support strong collaborative relationships that work toward the goal of providing the opportunity to all infants born in Idaho to be screened and receive follow up intervention in a timely manner.

Sincerely,

Erik Myers, MD
Pediatric Chair Elect
Assistant Medical Director
Neonatology
St. Luke's Children's Hospital



State of Idaho
Council for the Deaf
and Hard of Hearing

C.L. "BUTCH" OTTER
Governor
STEVEN SNOW
Executive Director

1720 Westgate Drive, Suite A-2
Boise, Idaho 83704
Telephone (208) 334-0879 or FAX (208) 334-0952
(208) 473-2122 (VP)
www.cdhh.idaho.gov
steven.snow@cdhh.idaho.gov

September 1, 2016

To Whom It May Concern:

I am pleased to write this letter of support in regards to Idaho Sound Beginnings, Idaho's Early Hearing Detection and Intervention (EHDI) data enhancement proposal. The proposal will enable the early identification of children with hearing loss and connect their families with family-centered support organizations and programs. The program continues to discover secondary and unanticipated opportunities for efficiencies, joint planning, and improved options for referral and follow-up strategies that can be built into the programs operation.

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Idaho Sound Beginnings continues to support strong collaborative relationships that work toward the goal of providing the opportunity to all infants born in Idaho to be screened and receive follow up intervention in a timely manner.

Sincerely,

Steven Snow

Executive Director

Review Process – CDC

New Competitive

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

Review Process – HRSA

New Competitive

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

Review Process

State/Local/Foundation:

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

Tips

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

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

Exercise

1. Raise your right hand
2. Stand up
3. Touch your nose with your left hand
4. Ignore #1 above
5. Complete #3 above, but use your right hand
6. Look around the room and decide who you will ask to help you write your next grant

It's not always easy to follow the directions:

From RFP:

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

Summary of Strengths & Weaknesses

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

Tips

- Read and re-read the guidance
- Follow the directions!
- Follow the directions for EACH section, attachment, etc
- Highlight areas of the FOA that you think might trip you up
- Do not exceed the page or file size limits
- Include ALL required documents (logic model, MOAs, indirect cost rate agreement, cover letter)
- If you don't have something:
  - acknowledge it is missing with a timeline for completing
  - submit a draft version (labelled as such)

Tips

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

EVALUATION AND TECHNICAL SUPPORT CAPACITY –

The program performance 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 staff, budget, and other resources), key processes, expected outcomes of the funded activities and plans to disseminate best practice models.

The degree to which the plans for dissemination of project results are feasible and effective (Impact, 5 points)

The extent to which project results may be national in scope (Impact, 5 points),

ORGANIZATIONAL INFORMATION-

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 5), and describe how

Tips

- Review the strengths/weakness of your prior application. Learn from your mistakes
- Copy and paste from your prior application **if appropriate**
  - Only for content that scored well
  - Areas that aren't substantially different
- In general, allocate the total application pages based on scoring criteria (5% of pages address need, 20% address evaluation, etc.)
- Arrange for uninterrupted time to write your application
- Plan for more time than you think you need
- Engage a team to help
- Include your data analyst in the process

Tips

Write with the reviewer in mind:

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

REVIEWER'S GUIDE

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

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

Tips

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

Post-Award Activities

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

Terms and Conditions

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

Grant Specific Condition(s)

1. **Due Date: Within 90 Days of Award Issue Date**
   The applicant is required to provide a logic model. The applicant is required to provide a signed Memorandum of Understanding (MOU)

    - CDC:

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

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

Post-Award Activities

ALWAYS REQUIRED for each year of the grant:

- Performance Report or Annual/Interim Progress Report
  - Report of progress on goals & objectives
  - Typically due a few months before the end of the current project year
  - May be included with non-competitive renewal
- Federal Financial Report (FFR)
  - May be done by your fiscal office
  - Due within 90 days after the END of the funding year
- Performance Measures (HRSA)
  - Global HRSA measures, selected for your grant, but not grant-specific: i.e.:

    The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.
  - New system (DIGS) and measures coming this year (FY18 grants)

Post-Award Activities

Multi-Year Grant:

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

Post-Award Activities

Platforms for Post-Award Activities:

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

HRSA:

Electronic Handbooks (EHBs)

CDC:

Grant Solutions

General Resources (How to):

- HRSA Grant Manual:

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

- CDC Grantee Information

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

Post-Award Activities

- Prior approvals submissions required for:
  - Key Personnel changed (Principal Investigator/Project Director)
  - Budget modification
    - Re-budgeting of up to 25%* of total funds does not require approval
    - *verify this amount in the small print of you NoGA
  - Carry over funds unobligated funds from a prior year

For CDC, templates are available on the general grantee website

Wrap Up

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

Become a DSHPSHWA Member

Join on-line: www.DSHPSHWA.org

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