A DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office on Women's Health, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for the Coalition for a Healthier Community

ANNOUNCEMENT TYPE: Initial Competitive Cooperative Agreements

CFDA NUMBER: The OMB Catalog of Federal Domestic Assistance number 93.290

DATES: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 pm Eastern Time for electronic applications submitted via Grants.gov Website Portal or the Grant Solutions System on August 13, 2010. Applications will not be accepted by fax, nor will the submission deadline be extended. Please refer to the Applicant and Submission Information section of the announcement for the full application submission requirements.

AUTHORITY: This program is authorized by 42. U.S.C. 217(a) section 22

ADDITIONAL OVERVIEW CONTENT:

The Office on Women’s Health (OWH) announces the availability of funds through a cooperative agreement for health planning and wellness initiatives. The purpose of this funding announcement is to support the implementation of evidence-based health interventions targeting women and girls through a public health system’s approach which is gender-based, cost beneficial and sustainable. This cooperative agreement seeks applications from organizations to establish an advisory committee comprised of coalition members and others to develop a community health assessment, which identifies issues impacting the health and well being of women and girls in their communities as well as an action plan to address such needs. An overarching goal of this initiative is to implement a public health systems approach to identify and address health issues specific to women and girls in their communities. Under this announcement, OWH will seek applications from any public or private non-profit entity to address major health issue(s) affecting women and girls in their communities. This cooperative agreement will enable communities to expand and/or enhance...
existing public health systems to address the identified health issue(s). This new initiative will be funded in two phases: Phase I) Planning and Phase II) Implementation. The planning phase will be awarded for a one-year period and the implementation phase will be awarded for up to five consecutive years. Applicants will demonstrate the impact of the issue on the community, the need for gender-based health programming, planning and using evidence-based interventions which address issues that negatively affect the health of women and girls in their communities. Eligible applicants include public or private non-profit organizations with women’s health experience and others with demonstrated knowledge of the implementation of programs in the women’s health field. Applicants must be a participant of an existing coalition and present a strong planning proposal which addresses administering a community health assessment, the development of a strategic action plan and implementation plan.

OVERVIEW:

The Department of Health and Human Services (DHHS) Office on Women’s Health (OWH) was established in 1991 to improve the health and well being of all women and girls in the United States (US). To achieve this long-term goal, the OWH focuses on reducing health disparities between women and men, girls and boys and among populations of women by supporting gender specific health programs. The OWH is the nation’s leader in promoting the health of women and girls. The Office serves as the focal point for women's health activities within the U.S. Department of Health and Human Services through its leadership and collaboration efforts. The overall mission of the Office on Women’s Health is to provide leadership to promote health equity for women and girls through sex and gender specific approaches. OWH has established public and private partnerships to address critical women’s health issues nationwide. These include supporting collaborative efforts among Federal, State and local governments, hospitals, community and faith-based organizations and academic institutions, which identifies and addresses critical health issues of women and girls.

As a leader in women’s health, the OWH supports the development of model programs and public health systems that reach women across their lifespan and provides comprehensive integrated care that prevents injuries, delays the onset of disease and improves their health status through compliance. The populations of women served by OWH funded programs have behavioral, social, dental and medical conditions, including multiple chronic conditions, which are ideally
managed effectively with outreach, comprehensive care, appropriate referrals, education and follow up. Since its establishment, the OWH has taken the lessons learned from its model program to guide and improve the development of future programs. From its preliminary models of women’s health programs, the OWH has learned that broader sex and gender-based approaches to a problem addressed by a coalition working collaboratively have proven to be most effective. Additionally, communities have demonstrated that they have the knowledge and skills to solve their own problems. However, few have the resources to sustain their programs, build effective coalitions, conduct assessments and analyze data to identify the problems that have the most adverse impact on its citizens.

The Coalition for a Healthier Community builds upon programs such as the 48 Multidisciplinary Health Models for Women sites throughout the US (1996-2007) and Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST2010: 2007-2010). These multidisciplinary model sites each implemented their own paradigm and blend of services to meet the needs of their community. The programs include the National Centers of Excellence in Women’s Health (CoEs), National Community Centers of Excellence in Women's Health (CCOEs), and the CoE and CCOE Ambassadors for Change (AFCs). These programs served as leaders and change agents in the area of women’s health. Their pioneering efforts led to changes in the way women’s health services are delivered, changes in women’s health curricula, acceptance of community health workers and allied health professionals as key members of the care delivery team, development of leadership and empowerment programs for women and much more. The Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST2010) was a three year initiative which funded existing public health systems/collaborative partnerships to enhance their prevention health program systems by incorporating a gender focus and using evidence-based strategies and SMART objectives. Grantees were required to use a gender-based approach to address two of the seven Healthy People 2010 Focus Areas identified by OWH and at least one objective within each Focus Area using evidence-based approaches. Preliminary data indicates that this approach has been extremely successful. The Coalition for a Healthier Community provides an opportunity to combine the strengths of ASIST2010 and the multidisciplinary model sites with the strengths, knowledge, skills and resources of the community to improve the health of women and girls. This initiative will enable communities to expand and enhance existing public health systems to address the identified community health issues and,
ultimately, produce community-wide behavior change that will improve the health and safety of women and girls living in those communities.

I. FUNDING OPPORTUNITY DESCRIPTION:

1. Purpose

   The purpose of this funding announcement is to support the implementation of evidence-based health interventions through a public health systems approach which is gender-based, cost beneficial and sustainable that address a health issue identified by the community as adversely affecting the health of its women and girls. OWH hopes to fulfill this purpose by providing support to communities to plan and implement evidence-based health and wellness projects for women and girls. Support for this cooperative agreement will be provided in two phases: I) Planning and II) Implementation. For Phase I, applicants will establish an advisory committee that includes members from the coalition to develop and conduct a health assessment to identify issues in their communities that adversely impact the health of women and girls. The planning segment will be supported for a one year period and will require a health assessment to identify the needs of the community, the development of a strategic action plan and accompanying implementation plan to address identified needs. For Phase II, funding may be approved for up to five years to enable communities to implement and evaluate evidence-based interventions. Funding for Phase II is contingent upon satisfactory performance during Phase I and the availability of Federal funds. Phase II funding will be awarded through a limited competition among successful Phase I grantees.

2. Goals and Objectives

   The overarching goal of the Department of Health and Human Services is for “…all Americans to live healthier, more prosperous and more productive lives”. To achieve this goal, the Secretary of the Department of Health and Human Services has established priority areas for the Department which can be found at Secretary's Priorities: http://www.hhs.gov/secretary/about/priorities.html. For this initiative, the overall goals are to provide the opportunity for coalitions composed of State, city, county, tribal, local governments, community health organizations, academic institutions, hospitals and others to:
1. Enhance local partnerships with traditional and non-traditional organizations to promote health and wellness for women and girls.

2. Establish improved systems of health delivery using gender-based interventions.

3. Identify effective methods to educate and increase awareness of gender-based health issue(s) among women and girls identified for intervention by the community.

4. Develop capacity of the coalition to address women’s health issues through a gender focused public health systems approach.

5. Use evidence-based strategies, enhanced with a gender focus, to improve knowledge and promote healthy behavior among women and girls.

6. Create a sustainable public health system that provides seamless gender-based comprehensive health prevention programs.

7. Develop and implement health policies to create changes needed to sustain the program.

These goals support the Secretary’s priorities.

Based on the goals of this initiative, the following objectives will serve to further assist applicants in their capacity to achieve the program’s goal:

1. Enhance collaborative working partnerships among health organizations, community-based and faith-based organizations, public and private academic institutions, hospitals, medical groups/practices and others.

2. Increase the capacity and strengthen infrastructure among organizations to increase the coordination of services to better serve women and girls.

3. Enhance consumer and provider awareness of gender-based health issues within the community.

4. Reduce the incidence of adverse health outcomes among women and girls in local communities.

5. Improve surveillance/information systems that allow tracking of program progress.

6. Structure data collection to demonstrate achievement of SMART objectives and return on investment.
All grantees will be required to meet the goals and objectives of this initiative for consideration for Phase II funding. In their implementation plan, applicants will be required to describe the activities planned for their targeted area that address their program objectives. All objectives must be described in terms that are specific, measurable, achievable, realistic and timely (S.M.A.R.T.). The objectives should be clearly aligned with the planning, implementation activities as well as with the overall goals and objectives. The applicant should include the aforementioned objectives using the S.M.A.R.T. format and also include the evidence-based strategy(ies) that will be used to achieve the desired outcomes. At a minimum, outcomes must be reported inclusive of sex, age, race, ethnicity, education level, insurance coverage, income level, disability status and other relevant and appropriate socio-demographic variables. Prevalence and incidence data should also be reported. More information on writing S.M.A.R.T. objectives can be found at (http://www.cdc.gov/Healthyyouth/evaluation/pdf/brief3b.pdf). All grantees will be responsible for reporting on these goals and objectives which should be supported with several process objectives. The health assessment must include a clear documented statement of the need, its prevalence and impact on the women and girls in the targeted community and the baseline data that will be used to track the S.M.A.R.T. objectives.

PHASE I: Planning

The Planning phase is designed to assist funded recipients to hire, build capacity, and conduct health assessments to ensure full execution of the implementation phase. To achieve the objectives of Phase I of this cooperative agreement, the grantee shall:

1. Expand a wellness coalition and establish an advisory committee;

2. Enter into a Memorandum of Agreement (MOA) with each coalition member that clearly defines their role within the coalition. Each MOA must be signed by individuals with the authority to represent and bind the organization (president, director, manager, pastor, etc). It must be on letterhead specific to the coalition member, contractor and sub grantee. Additionally, the MOA must include the name of the individual that will work on program, their time commitment and their area of expertise. The MOA should also include the level of involvement, responsibility, resources and length of commitment;

3. Participate in OWH led gender-based trainings;
(4) Conduct a community needs assessment;
(5) Conduct a gender analysis to report on health disparities for women and girls;
(6) Develop a local evaluation plan;
(7) Develop a comprehensive strategic action plan;
(8) Develop a comprehensive implementation plan.

During the planning phase, the grantee shall conduct twelve advisory and coalition meetings. OWH expects that successful applicants will enter into a MOA with a minimum of two community-based organizations with an annual gross budget of less than $500,000. These organizations must have experience and/or programs in the area identified for the intervention. The composition of the coalition should include, at a minimum, a health department, hospital or medical organization, faith and community based organizations, wellness organization, and academic institution.

Each grantee is expected, in partnership with the coalition, to conduct a health assessment which identifies the health concerns of women and girls in the community. In addition, grantees are expected to develop a strategic action plan to address the health issue(s) which are specific to the women and girls of their community. The strategic action plan should include a vision, mission statement, focus health areas, goals and objectives, strategies and actions for achieving the goals and objectives. Grantees must provide a detailed plan and a timetable for Phase I of this cooperative agreement. Further guidance on the Strategic Action Plan will be provided by OWH prior to the submission of the Plan.

PHASE II: Implementation

The implementation phase provides an opportunity for grantees to implement the strategies identified by the coalition to achieve their program goals. To achieve the objectives of the Implementation Phase of this cooperative agreement, the grantee shall:

(1) Implement the comprehensive strategic action plan developed in Phase I;
(2) Enter into a contract with at least two community based organizations in the area identified for intervention in the implementation plan;
(3) Host annual site visits between OWH staff, coalition members and other key stakeholders;
Conduct a local evaluation;
Participate in a national evaluation;
Disseminate program and evaluation findings via publications and presentations;
Describe plans to document systems change;
Conduct a cost benefit analysis of the implemented intervention or aspects of the intervention.

All grantees are expected to collect and report on a common set of performance measures to assess intervention. In the first year of the program, OWH plans to develop performance measures that would be uniformly collected across grantees. Before the end of the first year, final performance measures will be distributed to the grantees for inclusion in their implementation plan. There are five broad categories of performance measures that OWH anticipates all grantees will be required to track. Applicants should describe their capacity to report on the following performance measures:

1. Output measures
2. Capacity building
3. Implementation of program
4. Outcome measures
5. Community data

3. Operational, Monitoring and Evaluation Plan

As a condition of the grant, all funded recipients will be required to conduct a local evaluation of their program and participate in a national program evaluation. Applicants are expected to list goals that specifically relate to the program requirements and indicate what the coalition will have accomplished by the end of the first year project period. The objectives should relate directly to the project goals and recipient activities. Furthermore, applicants will identify and describe specific activities that will be accomplished to meet each objective complete with a timeline and responsible individual(s) for each activity. Applicants are expected to provide plans for high quality evaluations for this initiative to be used for accountability and effectiveness in accomplishing coalition
Applicants will include a clear description of a process and outcome evaluation for their planning activities and implementation plan. This should entail clear descriptions of process objectives including a list of what is being assessed to evaluate implementation and fidelity of key program inputs and activities. A quality process evaluation should be reported on every year to assess changes in both the planning and implementation phases. Data sources and rationale must be provided to measure accomplishments. For Phase II, an outcome evaluation must be conducted each year to examine the changes in the short-term, mid-term and long-term effects. The description of the evaluation should include a logic model (in Appendices) that visually ties the intervention objectives and activities to the expected results. The logic model should include: need, activities, inputs, outputs, short-term, mid-term and distal outcomes. The logic model should illustrate direct linkages between the planning, intervention and outcomes. Further information on the content of the implementation plan will also be provided by OWH prior to the submission of the plan.

II. AWARD INFORMATION:

The OWH Coalition for a Healthier Community Initiative will be supported through a cooperative agreement mechanism. A cooperative agreement facilitates “substantial involvement” between the awarding agency and the recipient during the period of performance. For Phase I, the OWH anticipates making sixteen new one year awards in FY 2010 for planning activities. The anticipated date for new awards is September 01, 2010 and the anticipated period of performance is September 01, 2010, through August 31, 2011. Approximately 1.6 million dollars is available to make awards of up to $100,000 total cost (direct and indirect) for a one year period for each awarded recipient. Awarded recipients will be responsible for the coordination of a coalition, convening of an advisory committee, conduct the community health needs assessment, and developing of a strategic action and implementation plan. Any applicant that requests funding over the maximum $100,000 for Phase I will not be considered for funding. Current sources of funding that help support the existing coalition and advisory committee should be listed in the application.

For Phase II, the OWH anticipates making up to 10 implementation awards of up to $400,000 total costs per year for a 5 year period. Strategic action plans approved by OWH will be eligible to submit a proposal for a Phase II implementation award. Funding of the cooperative agreement for
the second phase is contingent upon the satisfactory completion of an implementation plan, strategic action plan, the availability of funds and adequate stewardship of Federal funds. During Phase II, grantees will be required to implement the approved implementation plan and evaluate the effectiveness of their programs. The OWH expects each coalition to contract with at least two community-based organizations, with a minimum of five years experience whose annual operating budget is $500,000 or less, to be a viable and contributing member to the coalition. OWH expects a minimum of 30% of the overall budget to be allocated in contracts to at least two community-based organizations to enable them to assist in providing needed health interventions.

For this cooperative agreement, the funded recipient will:

1. Lead and enhance a wellness coalition;

2. Establish an advisory committee comprised of members of the coalition and others with expertise identified as needed to ensure the success of the program;

3. Participate in monthly conference calls and annual site visits;

4. Participate in additional working groups, special interest meetings or other opportunities;

5. Submit required quarterly progress, annual, final and financial status reports by the due dates stated in this announcement and the Notice of Grant Award;

6. Conduct a local program evaluation;

7. Participate in a national evaluation conducted by the OWH contractor;

8. Conduct a gender analysis;

9. Develop a strategic action health;

10. Develop an implementation plan;

11. Establish a surveillance/information system to track information on clients served;

12. Travel to a minimum of 2 annual meetings in Washington, D.C. for the program director, evaluator and coalition member;

13. Disseminate program and evaluation findings.
The Federal Government will:

1. Conduct a pre-award site visit to top scoring applicants prior to the implementation phase;

2. Conduct an orientation meeting for the grantees within the first month of funding for Phase I and Phase II grantees;

3. Conduct site visits in Phase II;

4. Review coalition membership matrix complete with roles and responsibilities;

5. Review timeline and budget;

6. Review all quarterly, annual and final progress reports;

7. Conduct monthly conference calls;

8. Provide technical assistance as needed;

9. Participate in telephone conferences and other activities supporting project performance improvements and evaluation;

10. Review strategic action, implementation and evaluation plans.

II. ELIGIBILITY INFORMATION

1. Eligible Applicants
   Eligible applicants include public or private non-profit organizations, community and faith-based organizations, national organizations, colleges and universities, hospitals, tribal and urban Indian organizations, State, county and local health departments located in the 50 United States, the 6 U.S affiliated Pacific Island jurisdictions, Puerto Rico and the U.S Virgin Islands. Applicants are required to include at least two community-based organizations with demonstrated experiences in women’s health to be a viable contributing member of the coalition activities for both phases of the cooperative agreement. For the conclusion of Phase I of the cooperative agreement, each coalition will be required to develop a strategic action plan and implementation plan to address gender-based health issues within their community. The network of partner organizations within the
coalition must have the capability to coordinate and provide gender-based health interventions. Single site efforts are not eligible for this award.

2. **Cost Sharing or Matching**

Cost sharing or matching of Federal funds is not required. While there is no cost sharing requirement included in this RFA, applicant institutions, including any collaborating institutions, are welcome to devote resources to this effort. Any indication of institutional support from the applicant and its collaborators indicates a greater potential of success and sustainability of the project. This is considered in the scoring criteria section, Coalition and Capacity Plan. Examples of institutional support could include: donated equipment and space, institutional funded staff time and efforts, or other investments. Applicant organizations that plan to provide support should indicate institutional support by outlining specific contributions to the project and providing assurances that their organization and any collaborators are committed to providing these funds and resources to the project. Successful applicants should build on, but not duplicate existing Federal programs as well as state, local or community programs and coordinate with existing resources in the community.

**IV. APPLICATION AND SUBMISSION INFORMATION**

1. **Address to Request Application Package**

Application Kits may be obtained by accessing Grants.Gov at [http://www.grants.gov](http://www.grants.gov) or the Grant Solutions system at [http://www.grantsolutions.gov](http://www.grantsolutions.gov). To obtain a hard copy of the application kit, contact the Grant Application Center at 1-888-203-6161. Applications must be prepared using the Application Kit, which can be obtained at the websites noted above.

2. **Content and Form of Application Submission**

In preparing the application it is important to follow all instructions and public policy requirements provided in the Application Kit. Applications must be submitted in the Application Kit form and in the manner prescribed in the narrative enclosed and other components of the Application Kit provided by OWH. Applicants are required to submit an application signed by an
individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

The program narrative must be printed on 8 1/2 X 11 inch white paper, with one inch margins all around, double spaced with an easily readable 12 point font. All pages must be numbered sequentially not including appendices and required forms. The application should not exceed 25 double spaced pages, not including appendices and required forms. All pages, figures and tables must be numbered sequentially when submitting a paper application.

As part of the application form, a budget narrative is required. This narrative should thoroughly describe how the proposed categorical costs are derived. Discuss the necessity, reasonableness and allocation of the proposed costs. For in-kind contributions, the source of the contribution and a justification of how that contribution was determined must also be described. The narrative description of the project must contain the following:

I. Background and Summary
   a. A description of the existing coalition and how it will be enhanced.
   b. A narrative discussion of plans for recruiting new coalition members.
   c. A description of women and girls’ health programs the coalition has addressed and outcomes.
   d. Discussion of resources contributed by the organization and expertise as to how their involvement will help achieve the goals and objectives of this cooperative agreement.

II. Coalition and Capacity Plan
   a. A description of coalition priorities and past accomplishments.
   b. A description of a coalition plan that discusses the role of each member of the coalition and their area of expertise.
   c. A description of the contributing partners.
   d. A coalition profile complete with a description of the role of the coalition and advisory committee members.

III. Description of Applicant Organization
   a. An organizational chart.
   b. A description of the population served.
   c. A description of the geographic area served.
d. A description of the existing programs that are operated from within the applicant organization that support the health of women and girls.

e. Knowledge and experience of women and girls health issues.

f. Knowledge of access to care and quality of care issues specific to women and girls.

g. Knowledge of gender issues and experience in implementing gender-specific programs.

IV. Management Plan

a. A description of staff or to be hired staff and their qualifications.

b. A description of the management experience of identified project coordinator to lead coalition and staff planning committee as related to their role in the program.

c. A description of the organization’s experience and plans for managing programs similar to the one proposed.

d. A description of the organization’s experience, appropriated funding and plans for managing the coalition.

e. A timeline for a community health needs assessment and a comprehensive strategic action health plan.

V. Target Population

a. A description of the population currently being served by the coalition.

b. A description of the population to be served by the coalition based on recent statistical data.

VI. Operational, Monitoring and Evaluation Plan

a. A narrative discussion on the planning activities of the coalition.

b. A narrative discussion on plans for conducting community health assessment, data sources, collecting and reporting of data.

c. A narrative discussion on the process objectives of the coalition and proposed outcomes of the coalition.

VII. Sustainability Plan

a. A detailed plan to maintain the benefits achieved through the coalition.
b. A detailed plan to institutionalize the coalition within the parent-grant organization and among the partners and/or to keep component(s) of the coalition operational after the OWH funding ends.

VIII. Appendices
   a. Signed Memorandums of Understanding with each coalition member.
   b. State Women’s Health Coordinator Support Letter
   c. Required Forms
   d. Key Staff and Coalition Representative Resumes
   e. Charts/Tables (Organizational Charts, Coalition/Planning Committee Matrix, population demographics
   f. Other attachments

During Phase I of the cooperative agreement, grantees must submit a strategic action plan and an implementation plan. The strategic action plan should include an executive summary, background, gender analysis of the issue, coalition profile and committee priorities. Additionally, the plan should include a vision statement, mission statement, focus health areas, goals and objectives as well as action steps. Funding of the cooperative agreement for the second phase is contingent upon the satisfactory completion of a strategic action plan, implementation plan, availability of funds and adequate stewardship of Federal funds. Funded recipients whose strategic action plans are approved by OWH will be eligible to submit an implementation plan for the second phase of funding.

3. Submission Dates and Times

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged.
Applications may only be submitted electronically via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal. All OPHS funding opportunities and Application Kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management and you are applying as part of ongoing grantee related activities, please access GrantSolutions.gov.

Electronic grant application submissions must be submitted no later than 8:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement using one of the electronic submission mechanisms specified below. All required hardcopy original signatures and mail-in items must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 p.m. Eastern Time on the next business day after the deadline date specified in the DATES section of the announcement. Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above.

Paper grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement. The address to be used for paper application submissions is Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible and may be returned to the applicant unread.

Applicants are encouraged to initiate electronic applications early in the application development process and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.
a. Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system as well as the required registration process is available on the Grants.gov website, http://www.grants.gov.

In addition to electronically submitted materials, applicants may be required to submit hard copy signatures for certain Program related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard copy materials, or documents that require a signature, must be submitted separately via mail to the Office of Grants Management at the address specified above, and if required, must contain the original signature of an individual authorized to act for the applicant agency and the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the Application Kit, the Program Narrative, Budget Narrative and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats - Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, OPHS restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process.

All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date
and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any applications deemed "Invalid" by the Grants.gov Website Portal will not be transferred to the Grant Solutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status. Once the application is successfully validated by the Grants.gov Website Portal, applicants should immediately mail all required hard copy materials to the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, to be received by the deadlines specified above. It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the Grant Solutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal. Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

b. Electronic Submissions via the Grant Solutions System

OPHS is a managing partner of the GrantSolutions.gov system. Grant Solutions is a full life-cycle grants management system managed by the Administration for Children and Families, Department of Health and Human Services (HHS), and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses Grant Solutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the Grant Solutions system, applicants are still required to submit a hard copy of the application face page (Standard Form 424) with the original signature of
an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard copy of the Standard Form LLL and/or certain Program related forms (e.g., Program Certifications) with the original signature of an individual authorized to act for the applicant agency. When submitting the required hardcopy forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review. Hard copy materials should be submitted to the OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the Grant Solutions system must contain all completed online forms required by the Application Kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management (see mailing address above) separate from the electronic submission; however these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items.

As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the Grant Solutions system to ensure that all signatures and mail-in items are received.

c. Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Grants Management, Office of Public Health and Science (OPHS),
Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 p.m. Eastern Time on the deadline date specified in the DATES section of the announcement.

4. **Intergovernmental Review**

   This program is subject to the Public Health Systems Reporting Requirements. Applicants shall submit a copy of the application face page (SF-424) and a one page summary of the project, called the Public Health System Impact Statement. The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions.

5. **Funding Restrictions**

   A majority of the funds from the award must be used to support staff, efforts aimed at enhancing and sustaining both the coalition and advisory committee. The Program Coordinator, or the person responsible for the day-to-day management of the program, must devote at least 50 percent level of effort to the program. Funds may be utilized to support direct expenses that are essential to the planning process such as the hiring for personnel and consultants in areas such as community organizing, planning, facilitation, evaluation and technical writing. Funds may also be used for space to host community meetings. In addition, funds may be used for training and educational opportunities such as capacity building, social marketing and strategic action planning. Funds may not be used for construction, building alterations, equipment or renovations. All budget requests must be justified fully in terms and include an itemized computational explanation/breakout of how costs were determined.
V. APPLICATION REVIEW INFORMATION

1. Criteria

Elements for Phase I of the Cooperative Agreement:

a. Background and Summary: A clear and concise overview of the community, the type of organization applying, geographic area to be served (urban, suburban, rural) and description of target population served (10 points)

b. Coalition and Capacity Plan: The applicant's description of a partnership plan that discusses in detail the role of each member of the coalition, their expertise in community health programs/services and the roles for the coordination of services among partners, staff and contractors (20 points).

c. Management Plan: The applicant's clear description of experience, the capacity to govern, staff the coalition and establish a planning committee, including personnel and other resources. The narrative must include roles/responsibilities of coalition members, composition of coalition and communication plans that will provide adequate monitoring, financial management and control of the initiative. Mechanisms to ensure accountably across community participants and incremental progress in achieving milestones necessary for improvement should be specified. The applicant organization should demonstrate how it will effectively accomplish program goals across target areas. The applicant’s presentation of experience and expertise in providing programs to women and girls (20 points).

d. Target Population: A description of the population currently being served and to be served by the coalition using rational and recent statistical data. Provide a brief description of the participants and the geographic areas to be served (10 points).

e. Operational, Monitoring and Evaluation Plan: The applicant’s presentation of a detailed evaluation plan which includes a list of goals and objectives related to the program requirements. A successful evaluation plan should include a clear and succinct process and outcome evaluation of the coalition. The evaluation plan should discuss the fiscal agent expertise in community health assessment capabilities to assess and analyze impact of
community needs. The evaluator should demonstrate appropriate experience with similar projects (20 points).

f. Sustainability Plan: The applicant’s presentation of a detailed plan to maintain the benefits achieved through the coalition, to institutionalize the coalition within the parent-grant organization and among the partners and to keep component(s) of the program operational after the OWH funding ends. At a minimum, the sustainability plan should describe how the coalition will be maintained after OWH funding ends and the benefit of the program to the target population. The plan should also address anticipated long-range benefits to the community, tribe, region, State, and/or county. Thoughtful succession planning and cross training of responsibilities could contribute to the sustainability of the program. Describe succession planning and plans to cross train within individual organizations and across the system/partnership (10 points).

vii. Logic Model: A visual diagram description of planning activities of the coalition which discusses need, inputs, activities, resources, outputs and desired effects that is clearly aligned with the operational, monitoring, evaluation plan and the goals and objectives of Phase I of the announcement (10 points).

Please note, the order of the above criteria is based on the score weight of each criterion and is not indicative of how the program narrative should be arranged. Please see the Application Kit for directives on how to arrange the narrative.

2. Review and Selection Process

Accepted applications will be reviewed for technical merit in accordance with DHHS policies. Applications will be evaluated by an objective/technical review panel composed of experts in the fields of public health systems, program management, academic/community service delivery, outreach, gender-based health education, women’s health, evaluation and coalition building. Consideration for award will be given to applicants that meet the goals and review criteria of the Coalition for Healthier Communities. Funding decisions will be made by the OWH, and will take into consideration the recommendations and ratings of the review panel, program needs, stated preferences, the recommendations made based on award site visits and the availability of Federal funds.
VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a notification letter from the Deputy Assistant Secretary for Health (Women’s Health) and/or Acting Director, Office on Women’s Health (OWH) and a Notice of Grant Award (NGA), signed by the OPHS Grants Management Officer. The NGA shall be the only binding, authorizing document between the recipient and the OWH. Notification will be mailed to the Program Director identified in the application. Unsuccessful applicants will receive a notification letter with the results of the review of their application from the Deputy Assistant Secretary for Health (Women’s Health) and/or Acting Director, Office on Women’s Health (OWH).

2. Administrative and National Policy Requirements

The regulations set out at 45 CFR parts 74 and 92 are the Department of Health and Human Services (HHS) rules and requirements that govern the administration of grants. Part 74 is applicable to all recipients except those covered by part 92, which governs awards to State and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be downloaded from http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfrv1_03.html.

The DHHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting Requirements

For Phase I, the grantee will submit quarterly progress reports on December 10, 2010, March 10, and June 10, 2011. The strategic action plan will be due on May 13, 2011 and the implementation plan will be due on July 16, 2011. The Financial Status Report will be due 90 days after the close of each 12-month budget period. The July 16, 2011 report will serve as the
competing renewal application. An original and two copies of the competing renewal application must be submitted no later than July 16, 2011. The final program report is due 30 days after the close of the project period (November 30, 2011). The purpose of the progress reports is to provide accurate and timely program information to program managers and to respond to Congressional, Departmental and public requests for information about the program. If a submission date falls on a Saturday or Sunday, then the report will be due the following Monday. A Financial Status Report (FSR) SF-269 is due 90 days after the close of the 12-month budget period. A copy of the form is available at:  http://www.cdc.gov/od/pgo/forminfo.htm

VII. AGENCY CONTACTS

1. Administrative and Budgetary Contacts Requirements

For Application Kit information, submission of applications and information on budget and business aspects of the application please contact: The Grant Application Center at 1-888-203-6161, for specific grant questions contact The Office of Grants Management at 240-453-8822.

2. Program Contacts Requirements

For information related to OWH program requirements, contact Stephanie Alexander at 202.401.9546 to answer questions and provide technical assistance on the preparation of grant applications.

IV. OTHER INFORMATION

1. Protection of Human Subjects Regulations

The applicant must comply with the HHS Protection of Human Subjects regulations, set out in 45 CFR part 46, if applicable. General information about Human Subjects regulations can be obtained through the Office of Human Research Protections (OHRP) at http://www.hhs.gov/ohrp, ohrp@osophs.dhhs.gov or toll free at (866) 447-4777.

2. Applicant Technical Assistance

The OWH is committed to providing technical assistance to help prospective applicants at no cost. The OWH anticipates offering technical assistance workshops. The workshop will assist the public in learning more about the purposes and requirements of the application process, budgeting information, and considerations that might help to improve the quality of grant applications. The
OWH strongly encourages applicants to participate in meetings and tele-conferences. The OWH recommends that key staff personnel and advisory/planning committee members participate such as the Director, Program Coordinator, Evaluator and Chair/Co Chair(s). Participants will be able to ask questions and receive pertinent feedback during the workshops via the computer. Members of the coalition must participate at a minimum of 3 gender-based trainings which should be planned in partnership with the OWH. Applicants may refer to the OWH website for the technical assistance workshop and registration information. All participants must pre-register for the workshops.

3. **Annual Grantee Conference**

OWH will host an annual conference for CHC grantees. The Director, Program Coordinator and Evaluator are required to attend and participate in the annual conference. Further, grantees are required to set aside grantee funds to cover all costs attending the OWH CHC Annual Conference including transportation and lodging at conference site. Budget requests should include travel funds for staff members to participate in meetings and conferences. The Program Coordinator, Evaluator, Chairs and Co-Chairs of the advisory committee are expected to participate in OWH sponsored technical assistance workshops.