Billing Code: 4165-16

Department of Health and Human Services

Indian Health Service

Division of Nursing, Public Health Nursing

Community Based Model of PHN Case Management Services

Announcement Type: New

Funding Announcement Number: HHS-2012-IHS-PHN-0001

Catalog of Federal Domestic Assistance Number: 93.933

Key Dates

Application Deadline Date: August 14, 2012

Review Date: August 20, 2012

Earliest Anticipated Start Date: September 1, 2012

I.   Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting competitive cooperative agreement

applications for the Office of Clinical and Preventive Services (OCPS), Community

Based Model of Public Health Nursing Case Management Services. This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2011; the Public Health Service Act, as amended, 42 U.S.C. 241; and the Indian Health Care Improvement Act, as amended, (IHCIA), 25 U.S.C. 1653(c). This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background

The IHS OCPS Public Health Nursing (PHN) Program serves as the primary source for national advocacy, policy development, budget development, and allocation for clinical, preventive, and public health nursing programs for the IHS Area Offices and Service Units. The IHS PHN Program is a community health nursing program that focuses on the goals of promoting health and quality of life, and preventing disease and disability. The PHN program provides quality, culturally sensitive health promotion and disease prevention nursing services through primary, secondary and tertiary prevention services to individuals, families, and community groups. It provides leadership in articulating the clinical, preventive, and public health needs of American Indian/Alaska Native (AI/AN) communities and developing, managing, and administering program functions related to PHN.

Purpose

The purpose of this IHS cooperative agreement is to improve specific health outcomes of

an identified high risk group of patients through a community case management model that utilizes the PHN as a case manager. Research indicates nursing case management is a cost effective way to maximize health outcomes. Case management involves the client, family, and other members of the health care team. Quality of care, continuity, and assurance of appropriate and timely interventions are also crucial. In addition to reducing the cost of health care, case management has proven its worth in terms of improving rehabilitation, improving quality of life, increasing client satisfaction and compliance by promoting client self-determination. The PHN model of community based case management utilizes roles and functions of PHN services of assessment, planning, coordinating services, communication and monitoring. The goals and outcomes of the PHN case management model are early detection, diagnosis, treatment and evaluation that will improve health outcomes in a cost effective manner. This model utilizes all prevention components of primary, secondary and tertiary prevention in the home with patient and family. The community based case management model addresses the PHN scope of practice of working with individuals and families in a population-based practice to provide primary nursing care services. This project will focus on a PHN community based case management model. The project will be conducted in a phased approach, using the nursing process - assessment, planning, implementation, and evaluation.

First Phase: Assessment – Complete a generic community assessment (most PHN programs have this readily available as a part of their annual program plans). Include, if available, pertinent data from other local community assessments and local health status data of the community in the assessment. In addition, obtain input from key stake-

holders such as community members, Tribal leaders, healthcare administration and community health groups to determine the health care priorities. Obtain approval for the establishment of the PHN case management program from healthcare administration, governing boards and medical executive committees as needed.

Second Phase: Planning – Based on the community assessment, the high risk population is identified and the planning of the case management project begins. Develop case management services addressing the priority health issues identified from the community assessment. Plan specific guidelines for the case management services of the high risk group of patients such as admission criteria, caseload size, policies and procedures, and an evaluation plan to include data tracking for outcomes generated. Identify if there is a best practice case management model available to replicate to target the identified high risk population. Obtain additional staff training needed for the community based nurse case management model such as evidence based practice, motivational interviewing, nurse competencies and any other training that would be applicable to the health issues identified in the case management model. Identify or develop patient education materials and community education materials for the program. Develop plans for project sustainability.

Third Phase: Implementation – The case management program includes admission criteria of the high risk population, caseload size, and appropriate health care standards. Establish patient caseload. Monitor progress and make adjustments as needed. Track patient data outcomes. Continue to plan ongoing sustainability of the program after the

award period ends.

Fourth Phase: Patient Satisfaction – In order to evaluate program services; initiate a patient satisfaction program, such as one that provides patients with an opportunity to provide feedback on their experiences to assess the satisfaction of the population served. Analyze findings so a concentrated effort is made to relate the customer satisfaction results to internal process metrics, and examine trends over time in order to take action on a timely basis. Evaluate and revise the case management program if needed, review policies and procedures, education materials and staff competencies semi-annually. To the extent permitted by law, report back to key stake-holders progress of the project, especially to inform clients about changes brought about as a direct result of listening to their needs. Each site will share program material with IHS Headquarters PHN program. This information will be shared IHS-wide for replication of the project across IHS with credit given to the organization that developed the material. Poster presentation or oral presentation will be given at the National Nurse Leadership Council (NNLC) meetings or annual Nurse Leaders in Native Care (NLiNC) conference. The program established must be sustainable after completion of the project.

II.   Award Information

Type of Award

Cooperative Agreement.

Estimated Funds Available

The total amount of funding identified for the current fiscal year (FY) 2012, is approximately $1,200,000. Individual award amounts are anticipated to be between $130,000 and $150,000. Competing and continuation awards issued under this announcement are subject to the availability of funds. In the absence of funding, the IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

Approximately eight awards will be issued under this program announcement.

Project Period

The project period will be for five years and will run consecutively from August 30, 2012 to August 29, 2017. Funding for continuation awards (FY 2013- FY 2017) is subject to the availability of funds and agency priorities.

Cooperative Agreement

In the Department of Health and Human Services (HHS), a cooperative agreement is

administered under the same policies as a grant. The funding agency (IHS) is required to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required for both IHS and the grantee. IHS will be responsible for activities listed under section A and the grantee will be responsible for activities listed under section B as stated:

Substantial Involvement Description for Cooperative Agreement

A.   IHS Programmatic Involvement

    1) Provide funded organizations with ongoing consultation and technical assistance to plan, implement, and evaluate each component of the comprehensive program as described under Recipient Activities below. Consultation and technical assistance will include, but not be limited to, the following areas:

        (a) Interpretation of current scientific literature related to epidemiology, statistics, surveillance, Healthy People 2020 Objectives, and guidance on previous best practices of PHN Case Management grantee activities;

        (b) Identify sources for additional staff training for the community based case management model and additional training needed such as evidence based practice, motivational interviewing, and any other training that would be applicable to the health issues addressed in the case management model.

        (c) Design and implementation of program components (including, but not limited to, program implementation methods, recommendation of a community assessment tool, surveillance, epidemiologic analysis,

development of programmatic evaluation, and coordination of activities);

(d) Identify, if available, previously established program management plans of PHN Case Management best practices (to replicate from previous demonstration PHN program awards);

(e) Conduct visits to assess program progress and mutually resolve problems, if travel funds are available and if needed; and,

(f) Coordinate these activities with all IHS PHN activities on a national basis.

B.   Grantee Cooperative Agreement Award Activities

1) Identify priority health issues and high risk patient population based on a comprehensive community assessment.

2) Establish policies and procedures, develop case management services addressing the priority health issues identified, and identify mechanisms for tracking outcomes to improve the health care status.

3) Collaborate with national IHS programs by providing data on a quarterly basis, and identify and document best practices for implementing PHN Case Management services.

4) Participate in the development of systems for sharing, improving, and disseminating PHN case management best practices at a national level for purposes of supporting services for AI/AN communities, Government Performance Results Act (GPRA) of 1993, Healthy People 2020 and other national-level activities.

5) Develop PHN case management services for high risk patients to coordinate

medical care, including treatment and prevention services for comorbid conditions.

6) Provide a three page mid-year report and no more than a ten page summary annual report at the end of each project year. The report should establish the impact and outcomes of best practices of PHN case management services in AI/AN communities during the funding period.

III. Eligibility Information

1. Eligibility

This is a full competition announcement.

Eligible Applicants must be one of the following:

i. An Indian Tribe, as defined by 25 U.S.C. 1603(14);

ii. A Tribal organization, as defined by 25 U.S.C. 1603(26); or

iii. An Urban Indian organization, as defined by 25 U.S.C. 1603(29).

Applicants must provide proof of non-profit status with the application, e.g. 501(c)(3).

Note: Please refer to Section IV.2 (Application and Submission Information/Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required such as Tribal resolutions, proof of non-profit status, etc.

2. Cost Sharing or Matching

The IHS does not require matching funds or cost sharing for grants or cooperative agreements.

3. Other Requirements

If application budgets exceed the highest dollar amount outlined under the **"Estimated Funds Available"** section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. IHS will not return the application. The applicant will be notified by e-mail or certified mail by the Division of Grants Management of this decision.

Letters of Intent will not be required under this funding opportunity announcement.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement can be found at http://www.Grants.gov or http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_funding

Questions regarding the electronic application process may be directed to Paul Gettys at (301) 443-2114.

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the

application package. Mandatory documents for all applicants include:

- Table of contents.

- Abstract (one page) summarizing the project.

- Application forms:

  o SF-424, Application for Federal Assistance.

  o SF-424A, Budget Information – Non-Construction Programs.

  o SF-424B, Assurances – Non-Construction Programs.

- Budget Justification and Narrative (must be single spaced and not exceed

  5 pages).

- Project Narrative (must not exceed 10 pages).

  o Background information on the applicant.

  o Proposed scope of work, objectives, and activities that provide a

    description of what will be accomplished, including a one-page

    Timeframe Chart.

- Tribal Resolution or Tribal Letter of Support (Tribal Organizations only).

- Letter of Support from Organization's Board of Directors.

- 501(c)(3) Certificate (if applicable).

- Biographical sketches for all Key Personnel.

- Contractor/Consultant resumes or qualifications and scope of work.

- Disclosure of Lobbying Activities (SF-LLL).

- Certification of Lobbying.

- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required) in order to receive IDC.

- Organizational Chart (optional).

- Documentation of current OMB A-133 required Financial Audit (if applicable).

  Acceptable forms of documentation include:

  o E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or

  o Face sheets from audit reports. These can be found on the FAC website:

http://harvester.census.gov/sac/dissem/accessoptions.html?submit=Go+To+Database

Public Policy Requirements:

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

Requirements for Project and Budget Narratives

A. Project Narrative: This narrative should be a separate Word document that

is no longer than ten pages and must: be single-spaced, be type written, have consecutively numbered pages, use black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8-1/2" x 11" paper.

Be sure to succinctly answer all questions listed under the evaluation criteria (refer to Section IV.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they will not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming more familiar with the grantee's activities and accomplishments prior to this possible grant award. If the narrative exceeds the page limit, only the first ten pages will be reviewed. The 10-page limit for the narrative does not include the work plan, standard forms, Tribal resolutions, table of contents, budget, budget justifications, narratives, and/or other appendix items.

There are three parts to the narrative: Part A – Program Information; Part B – Program Planning and Evaluation; and Part C – Program Report. See below for additional details about what must be included in the narrative.

Part A: Program Information   (3 pages)

Section 1: Needs

Describe how the applicant has determined it has the administrative

infrastructure to support the activities to implement a PHN Case

Management Program and evaluate and sustain it. Explain the previous

planning activities the applicant has completed relevant to this or similar

goals.

Part B: Program Planning and Evaluation (5 pages)

Section 1: Program Plans

Describe fully and clearly the direction the applicant plans to take in the

PHN Case Management Program, including plans to demonstrate

improved health outcomes of the identified high risk group of patients and

services to the community it serves. Include proposed timelines.

Section 2: Program Evaluation

Describe fully and clearly the improvements that will be made by the

applicant to manage the PHN Case Management Program and identify the

anticipated or expected benefits for the Tribe and AI/AN people served.

Part C: Program Report   (2 pages)

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

Please identify and describe significant program achievements associated

with the delivery of quality health services or outreach services in the past

24 months in implementing previous grants, cooperative agreements or

other related activities. Provide a comparison of the actual

accomplishments to the goals established for the project period, or if

applicable, provide justification for the lack of progress.

Section 2: Describe major activities over the last 24 months. Please identify and summarize recent major health related project activities and the work done during the project period.

B. Budget Narrative: This narrative must describe the budget requested and match the scope of work described in the project narrative. The page limitation should not exceed five pages.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 12:00 a.m., midnight Eastern Daylight Time (EDT) on August 14, 2012. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding. You will be notified by the Division of Grants Management via email or certified mail of this decision.

If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via e-mail to support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If

problems persist, contact Paul Gettys, Division of Grants Management (DGM) (Paul.Gettys@ihs.gov) at (301) 443-5204. Please be sure to contact Mr. Gettys at least ten days prior to the application deadline. Please do not contact the DGM until you have received a Grants.gov tracking number. In the event you are not able to obtain a tracking number, call the DGM as soon as possible.

If an applicant needs to submit a paper application instead of submitting electronically via Grants.gov, prior approval must be requested and obtained (see Section IV.6 below for additional information). The waiver must be documented in writing (e-mails are acceptable), **before** submitting a paper application. A copy of the written approval must be submitted along with the hardcopy that is mailed to the DGM. Once your waiver request has been approved, you will receive a confirmation of approval and the mailing address to submit your application. Paper applications that are submitted without a waiver from the Acting Director of DGM will not be reviewed or considered further for funding. You will be notified via e-mail or certified mail of this decision by the Grants Management Officer of DGM. Paper applications must be received by the DGM no later than 5:00 p.m., EDT, on the application deadline date. Late applications will not be accepted for processing or considered for funding.

4. **Intergovernmental Review**

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

5. Funding Restrictions

- Pre-award costs are not allowable.

- The available funds are inclusive of direct and appropriate indirect costs.

- Only one grant/cooperative agreement will be awarded per applicant.

- IHS will not acknowledge receipt of applications.

6. Electronic Submission Requirements

All applications must be submitted electronically. Please use the

http://www.Grants.gov website to submit an application electronically and select

the "Find Grant Opportunities" link on the homepage. Download a copy of the

application package, complete it offline, and then upload and submit the

completed application via the http://www.Grants.gov website. Electronic copies

of the application may not be submitted as attachments to email messages

addressed to IHS employees or offices.

Applicants that receive a waiver to submit paper application documents must

follow the rules and timelines that are noted below. The applicant must seek

assistance at least ten days prior to the application deadline.

Applicants that do not adhere to the timelines for Central Contractor Registry

(CCR) and/or http://www.Grants.gov registration or that fail to request timely

assistance with technical issues will not be considered for a waiver to submit a paper application.

Please be aware of the following:

- Please search for the application package in http://www.Grants.gov by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- If you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: support@grants.gov or (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (e-mails are acceptable) to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Please include a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be sent directly to the DGM by the deadline date of August 14, 2012.
- Applicants are strongly encouraged not to wait until the deadline date to

begin the application process through Grants.gov as the registration

process for CCR and Grants.gov could take up to fifteen working days.

- Please use the optional attachment feature in Grants.gov to attach

  additional documentation that may be requested by the DGM.

- All applicants must comply with any page limitation requirements

  described in this Funding Announcement.

- After you electronically submit your application, you will receive an

  automatic acknowledgment from Grants.gov that contains a Grants.gov

  tracking number. The DGM will download your application from

  Grants.gov and provide necessary copies to the appropriate agency

  officials. Neither the DGM nor the Division of Nursing, Public Health

  Nursing will notify applicants that the application has been received.

- Email applications will not be accepted under this announcement.

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

All IHS applicants and grantee organizations are required to obtain a DUNS

number and maintain an active registration in the CCR database. The DUNS

number is a unique 9-digit identification number provided by D&B which

uniquely identifies your entity. The DUNS number is site specific; therefore,

each distinct performance site may be assigned a DUNS number. Obtaining a

DUNS number is easy, and there is no charge. To obtain a DUNS number, you

may access it through http://fedgov.dnb.com/webform, or to expedite the process, call (866) 705-5711.

Effective October 1, 2010, all HHS recipients were asked to start reporting information on subawards, as required by the Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"). Accordingly, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the "Transparency Act."

Central Contractor Registry (CCR)

Organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the CCR home page at https://www.bpn.gov/ccr/default.aspx (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour and your CCR registration will take 3-5 business days to process. Registration with the CCR is free of charge. Applicants may register online at https://www.bpn.gov/ccrupdate/NewRegistration.aspx.

Additional information on implementing the "Transparency Act," including the specific requirements for DUNS and CCR, can be found on the IHS Grants Management, Grants Policy website:

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

V.   Application Review Information

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The ten page narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See "Multi-year Project Requirements" at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 60 points is required for funding. Points are assigned as follows:

1. **Criteria**

   A. **Introduction and Need for Assistance** (5 points)

      1) Provide demographic information, prevalence rates of disease, and

baseline health data to substantiate the case management for the high

risk group of patients.

2) Describe how data collection will support the stated project objectives

and how it will support the project evaluation in order to determine the

impact of the project. Address how the proposed project will result in

health improvements.

B. Project Objective(s), Work Plan and Approach (35 points)

1) Goals and Objectives (15 Points).

   i. Establish two to three measurable objectives within a plan that will

   provide significant outcome. Goals/Objectives should be specific

   with a realistic timeline.

2) Methodology/Activities (20 Points).

   i. Describe the activities that will be implemented in a work plan to

   meet the objectives. The work plan should be directly related to the

   objectives.

   ii. Describe how you will monitor the objectives (chart reviews,

   patient comments/feedback, etc.).

   iii. Describe any collaborative efforts with any programs outside of

   PHN.

C. Program Evaluation (20 points)

Describe the methods for evaluating the project activities. Each proposed

project objective should have an evaluation component and the evaluation
activities should appear on the work plan. At a minimum, projects should
describe plans to collect or summarize evaluation information about all
project activities. Please address the following for each of the proposed
objectives:

1) Describe the community assessment results and what data will be
   selected to evaluate the success of the objective(s).

2) Describe how the data and patient satisfaction information will be
   collected to assess the programs objective(s) (e.g., methods used such
   as, but not limited to, providing mechanisms for patients to provide
   feedback on their experiences).

3) Identify when the data will be collected and the data analysis
   completed.

4) Describe the extent to which there are specific data sets, data bases or
   registries already in place to measure/monitor meeting objective.

5) Describe who will collect the data and any cost of the evaluation
   (whether internal or external)?

6) Describe where, when and to whom the data will be presented (only to
   the extent permitted by law, the data to be reported back to key stake-
   holders on the progress of the project, especially to inform clients
   about changes brought about as a direct result of listening to their
   needs).

7) Address anticipated obstacles to the success of the proposal such as

underlying causes and the nature of their influence on accomplishing the objectives.

8) Describe how the community assessment will be used to identify high risk group of patient(s).

9) Describe the process that will be used to follow-up on the PHN Case Management Project findings/conclusions.

D. Organizational Capabilities, Key Personnel and Qualifications (25 points)

This section outlines the broader capacity of the organization to complete the project outlined in the work plan. It includes the identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the project outlined in the work plan.

1) Describe the organizational structure.

2) Describe what equipment (i.e., phone, Web sites, etc.) and facility space (i.e., office space) will be available for use during the proposed project. Include information about any equipment not currently available that will be purchased throughout the agreement.

3) List key personnel who will work on the project.

   i. Identify staffing plan, existing personnel and new program staff to be hired.

   ii. In the appendix, include position descriptions and resumes for all key personnel. Position descriptions should clearly describe each

position and duties indicating desired qualifications, experience, and requirements related to the proposed project and how they will be supervised. Resumes must indicate that the proposed staff member is qualified to carry out the proposed project activities and who will determine if the work of a contractor is acceptable.

iii. If the project requires additional personnel beyond those covered by the grant award, (i.e., Information Technology support, volunteers, interviewers, etc.), note these and address how these positions will be filled and, if funds are required, the source of these funds.

iv. If personnel are to be only partially funded by this grant, indicate the percentage of time to be allocated to this project and identify the resources used to fund the remainder of the individual's salary.

4) Capability

i. Briefly describe the facility and user population.

ii. Describe the organization's ability to conduct this initiative through linkages to community resources: partnerships established to refer out for additional services as needed for specialized treatment, care, and counseling services.

E. Categorical Budget and Budget Justification (15 points)

Provide a clear estimate of the project program costs and justification for

expenses for the entire grant period. The budget and budget justification should be consistent with the tasks identified in the work plan. The budget focus should be on developing and sustaining PHN case management services as well as supporting retention into care.

1) A categorical budget (Form SF 424A, Budget Information Non-Construction Programs) completing each of the budget periods is requested.

2) Budget narrative that serves as justification for all costs, explaining why each line item is necessary or relevant to the proposed project. Include sufficient details to facilitate the determination of allowable costs.

3) Provide a succinct description of specific roles and activities of each person involved in the proposed project and their ability to perform in that capacity.

4) Budget justifications should include a brief narrative for the second year.

5) If indirect costs are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the appendix.

Multi-Year Project Requirements

Projects requiring second, third, fourth, and/or fifth year funding must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project.

Appendix Items

- Work plan, logic model and/or time line for proposed objectives.

- Position descriptions for key staff.

- Resumes of key staff that reflect current duties.

- Consultant or contractor proposed scope of work and letter of commitment (if applicable).

- Current Indirect Cost Agreement.

- If including organizational chart(s), highlight proposed project staff and their supervisor(s) as well as other key contacts within the organization and community contacts.

- Additional documents to support narrative (i.e. data tables, key news articles, etc.).

2. Review and Selection

Each application will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the ORC. Applicants will be notified by DGM, via e-mail or letter, to

outline minor missing components (i.e., signature on the SF-424, audit

documentation, key contact form) needed for an otherwise complete application.

All missing documents must be sent to DGM on or before the due date listed in

the e-mail of notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all

program requirements and provide all required documentation. Applicants that

receive less than a minimum score will be considered to be "Disapproved" and

will be informed via e-mail or regular mail by the IHS Program Office of their

application's deficiencies. A summary statement outlining the strengths and

weaknesses of the application will be provided to each disapproved applicant.

The summary statement will be sent to the Authorized Organizational

Representative (AOR) that is identified on the face page (SF-424), of the

application within 60 days of the completion of the Objective Review.

VI.   Award Administration Information

1. Award Notices

The Notice of Award (NoA) is a legally binding document signed by the Grants

Management Officer and serves as the official notification of the grant award.

The NoA will be initiated by the DGM and will be mailed via postal mail or

emailed to each entity that is approved for funding under this announcement. The

NoA is the authorizing document for which funds are dispersed to the approved

entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

Disapproved Applicants

Applicants who received a score less than the recommended funding level for approval, 60, and were deemed to be disapproved by the ORC will receive an Executive Summary Statement from the IHS Program Office within 30 days of the conclusion of the ORC outlining the weaknesses and strengths of their application submitted. The IHS program office will also provide additional contact information as needed to address questions and concerns as well as provide technical assistance if desired.

Approved But Unfunded Applicants

Approved but unfunded applicants that met the minimum scoring range and were deemed by the ORC to be "Approved" but were not funded due to lack of funding, will have their applications held by DGM for a period of one year. If additional funding becomes available during the course of FY2012, the approved application maybe re-considered by the awarding program office for possible funding. The applicant will also receive an Executive Summary Statement from the IHS Program Office within 30 days of the conclusion of the ORC.

NOTE: Any correspondence other than the official NoA signed by an IHS Grants Management Official announcing to the Project Director that an award has been made to their organization is not an authorization to implement their program on behalf of IHS.

2. Administrative Requirements

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

   A. The criteria as outlined in this Program Announcement.

   B. Administrative Regulations for Grants:

   - 45 C.F.R., Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.

   - 45 C.F.R., Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, and other Non-profit Organizations.

   C. Grants Policy:

   - HHS Grants Policy Statement, Revised 01/07.

   D. Cost Principles:

   - Title 2: Grant and Agreements, Part 225—Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87).

- Title 2: Grant and Agreements, Part 230—Cost Principles for Non-Profit Organizations (OMB Circular A-122).

   E. Audit Requirements:

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

2. Indirect Costs

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

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

request assistance.

4.   Reporting Requirements

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

The reporting requirements for this program are noted below.

A. Progress Reports

Program progress reports are required semi annually, within 30 days after the
budget period ends. These reports must include a brief comparison of actual
accomplishments to the goals established for the period, or, if applicable,
provide sound justification for the lack of progress, and other pertinent

information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Reports

Federal Financial Report FFR (SF-425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the Division of Payment Management, HHS at: http://www.dpm.psc.gov. It is recommended that you also send a copy of your FFR (SF-425) report to your Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to your organization.

Grantees are responsible and accountable for accurate information being reported on all required reports: the Progress Reports and Federal Financial Report.

C. Federal Subaward Reporting System (FSRS)

This award may be subject to the "Transparency Act" subaward and executive compensation reporting requirements of 2 CFR Part 170.

The Federal Funding Accountability and Transparency Act of 2006, as amended ("Transparency Act"), requires the Office of Management and

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

Effective October 1, 2010, HIS implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding this requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a $25,000 subaward obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the project period is made up of more than one budget period) and where: 1) the project period start date was October 1, 2010 or after and 2) the primary awardee will have a $25,000 subaward obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting requirements. For the full IHS award term implementing this requirement and additional award applicability information, visit the Grants Management Grants Policy Website at:

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

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

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to:

   Ms. Tina Tah, RN/BSN/MBA

   Project Official

   Indian Health Service

   801 Thompson Avenue, Suite 329

   Rockville, Maryland 20852

   (301) 443-0038

   tina.tah@ihs.gov

2. Questions on grants management and fiscal matters may be directed to:

   Mr. Andrew Diggs

   Grants Management Specialist

   Indian Health Service

   801 Thompson Avenue, TMP Suite 300

   Rockville, Maryland 20852

   (301) 443-2262

   Andrew.diggs@ihs.gov

VIII. Other Information

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

Dated: July 5, 2012

Yvette Roubideaux, M.D., M.P.H.
Director
Indian Health Service

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