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MCHB/DHSPS Webcast  
November 2007  
Eliminating Disparities in Perinatal Health  
Technical Assistance  
November 13, 2007

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**Moderator**  
Johannie G. Escarne, MPH  
LT, US Public Health Service

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Health Resources and Services Administration  
Maternal And Child Health Bureau

### FY2008 HEALTHY START COMPETITION



**Maribeth Badura, Director**  
**Beverly Wright, Team Leader**  
**Benita Baker, Senior Project Officer**  
**David de la Cruz, Senior Program Manager**

Dept. of Health and Human Services (HHS)  
Health Resources and Services Administration (HRSA)  
Maternal and Child Health Bureau (MCHB)  
Division Of Healthy Start and Perinatal Services



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### HEALTHY START OVERVIEW

- What is the Healthy Start Program?
- What are the current Funding Opportunities?
- Who is eligible?
- What are the deadlines for applying?
- How does my organization apply?
- What are the critical requirements that need to be addressed in my application?
- How is my application reviewed?

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### HEALTHY START OVERVIEW

- What can federal funds be used for?
- Are there restrictions on what federal funds can be used for?
- Are there other federal policy requirements applicants should be aware of?
- Contacts for more information
- Other Resources

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## HEALTHY START'S ROLE IN ADDRESSING DISPARITIES

- Reduce the rate of Infant Mortality
- Eliminate disparities in perinatal health
- Implement innovative community-based interventions to support & improve perinatal delivery systems in project communities;
- Assure that every participating woman & infant gains access to the health delivery system & is followed through the continuum of care;
- Provide strong linkages with the local & state perinatal system.

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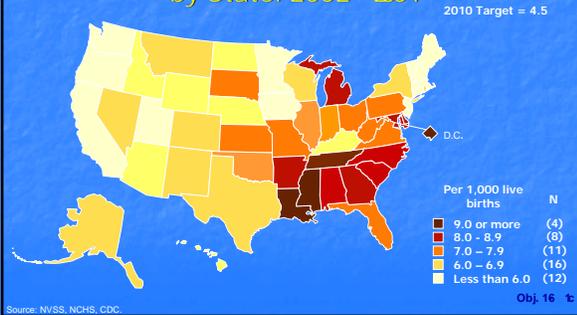
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## All Infant Mortality Rate (Deaths: Within 1 Year) by State: 2002 - 2004




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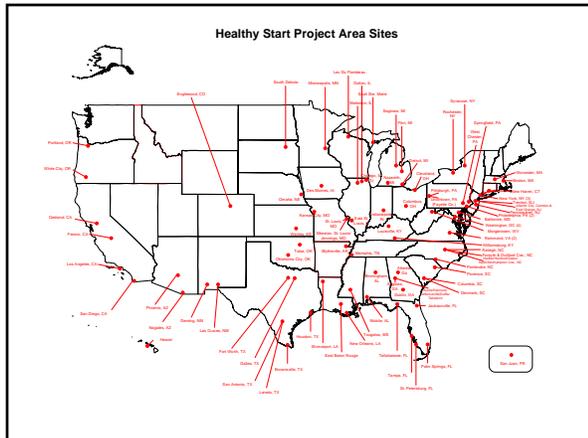
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## Healthy Start Project Area Sites




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## HEALTHY START

Established as Presidential Initiative in 1991 to improve health care access and outcomes for women and infants, promote healthy behaviors and combat the causes of infant mortality

15 Sites (1991-1997)  
7 Sites (1994-1997)

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## HEALTHY START

FY1998 Congressional Language: replicate best models/lessons learned from demonstration phase with existing sites serving as resources centers

20 Mentoring (1998-2001)  
50-76 New Communities (1998-2001)

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## HEALTHY START'S LESSONS LEARNED

- National Evaluation
  - Internal Assessment by National Consultants
  - Secretary's Advisory Committee on Infant Mortality (SACIM)

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**OVERARCHING CONCLUSIONS  
AND LESSONS LEARNED**

- Elements necessary for success:
  - Strong neighborhood-based outreach and case management model
  - Focus on service integration and close link to clinical care system
  - Implementation of evidenced based practices
  - Consistency in program implementation over time and across program sites

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**WHERE SHOULD THE  
FOCUS BE?**

Services should begin in prenatal period and extend from beyond the postpartum period to throughout the entire interconceptional period, i.e., from end of one pregnancy to either the next pregnancy or to 2 years post delivery

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**Healthy Start**

Authorizing Legislation - Title III, Section 330H of the Public Health Service Act (42 U.S.C. 254c-8)

- An initiative to reduce the rate of infant mortality and improve perinatal outcomes
- Make grants for project areas with high annual rates of infant mortality

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### Considerations in Making Grants

- (A) Factors that contribute to infant mortality, such as low birthweight.
- (B) The extent to which applicants for such grants facilitate--
  - (i) a community-based approach to the delivery of services; and
  - (ii) a comprehensive approach to women's health care to improve perinatal outcomes.

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### Considerations in Making Grants

- (B) The extent to which applicants for such grants facilitate--
  - (iii) a community based consortium of individuals & organizations including, but not limited to:
    - agencies responsible for administering Block grant programs under Title V of the Social Security Act,
    - consumers of project services,
    - public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) &
    - other significant sources of health care services

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### Considerations in Making Grants

- (3) SPECIAL PROJECTS- Nothing in paragraph (2) shall be construed to prohibit the Secretary from awarding grants under subsection (a) for special projects that are intended to address significant disparities in perinatal health indicators in communities along the United States-Mexico border or in Alaska and Hawaii.

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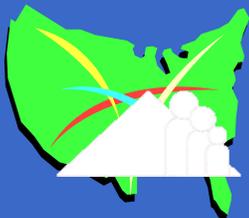
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Collaboration

**HIGHLIGHTS OF  
SEC. 330H  
HEALTHY START**

Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant.



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**HEALTHY START**

- 37 States
- District of Columbia
- Puerto Rico
- Indigenous Populations
- Border Communities

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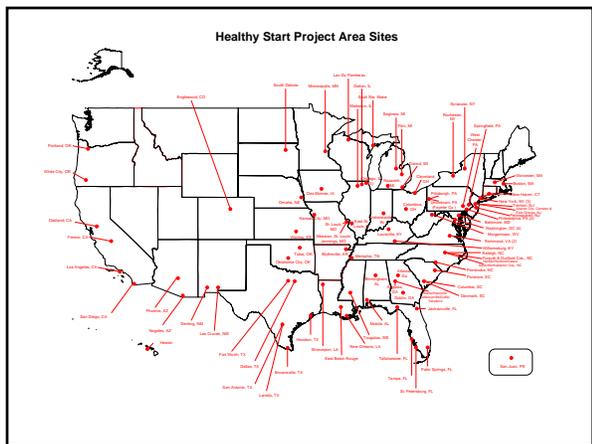
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Healthy Start Project Area Sites



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ELIMINATING DISPARITIES IN  
PERINATAL HEALTH  
BORDER, ALASKAN AND NATIVE  
HAWAIIAN COMMUNITIES

7 Communities

2005-2009 Three Grantees

2007-2011 Two Grantees

2008-2012 Two Grantees

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ELIMINATING DISPARITIES IN  
PERINATAL HEALTH

92 Communities

- 2005-2009 Seventy-two Grantees
- 2006-20010 Twelve Grantees
- 2008-2012 Six Grantees

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CURRENT FUNDING  
OPPORTUNITIES

Summary of Funding

- Four (4) year project period
- Maximum of \$750,000 annually for new projects
- Current Healthy Start grantees (existing competing continuation) may only apply for an amount up to their current funding level
- Anticipated project start date of June 1, 2008

HRSA-07-068 Eliminating Disparities in Perinatal Health  
(Border Health, Alaska and Hawaii)\*

HRSA-07-068 Eliminating Disparities in Perinatal Health  
(General)

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CURRENT FUNDING OPPORTUNITIES

- Apply on line
- Resources for Community and Faith-Based Organizations
- Guidance and Policy of Religious Nondiscrimination in Grant Eligibility and Service Delivery Faith-Based and Other Community Organizations

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CURRENT FUNDING OPPORTUNITIES

- Standard Forms
- DUNS Numbers and Central Contractor Registry
- Grants.gov
  - Key Facts about Grants.gov
  - Search current HHS opportunities at grants.gov by date, category, CFDA code or eligibility
  - Each current and archived HRSA opportunities by program area, CFDA or announcement code, name or deadline

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CURRENT FUNDING OPPORTUNITIES

- [www.grants.gov](http://www.grants.gov)
- HRSA-08 Eliminating Disparities in Perinatal - Health-Border, Alaska and Hawaii (MCHB) [summary/ application guidance](#)

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**ELIGIBLE APPLICANTS**

**New Applicant:**

- All applicants, including currently funded Healthy Start projects applying for a new services area, are considered a new applicant and should check the "new" box on question #8 on the SF 424 Face page.

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**ELIGIBLE APPLICANTS**

**Competing Applicant:**

- Currently funded Healthy Start projects whose project period ends on May 31, 2008 are considered a competing applicant and should check the "XXX" box on question #8 on the SF 424 Face page.

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**ELIGIBLE APPLICANTS**

- Examples of Eligible Applicants:
  - Consortium or network of providers
  - Local government agencies
  - Tribal governments
  - Agencies of State governments, multi-state health systems or special interest groups serving a community area
  - Faith and community based organizations

*Applications for the same project areas will NOT be considered for funding*

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PERINATAL DISPARITIES: GENERAL ,  
BORDER, ALASKAN AND NATIVE  
HAWAIIAN COMMUNITIES ELIGIBILITY

- Demonstrated linkage to State Title V
- Existing Consortium or plans to create

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PERINATAL DISPARITIES: GENERAL  
, BORDER, ALASKAN AND NATIVE  
HAWAIIAN COMMUNITIES  
ELIGIBILITY

- Applicants may use verifiable three year average data for 2002-2004, the proposed project area must have one or more racial/ethnic or other disparate groups with a three year average Infant Mortality Rate of at least 10.35 deaths/1000 live births which is one-and-a-half times the national infant mortality rate for the period 2002-2004.

OR

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PERINATAL DISPARITIES: BORDER,  
ALASKAN AND COMMUNITIES  
HRSA ☒ ☒ ELIGIBILITY ONLY

- If vital statistics for the IMR are not available from State/local government agencies, for the populations to be served then border community applicants can use other verifiable clinical data outlined in the next three slides. The proposed project area for communities which meet the border community definition (i.e., within 62 miles from the Mexican border) or are located in Alaska must meet at least 3 perinatal indicators from the list below.

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**PERINATAL DISPARITIES: BORDER,  
ALASKAN AND NATIVE HAWAIIAN  
COMMUNITIES HRSA ☉ ☉  
ELIGIBILITY**

- Verifiable three-year average data for 2002 through 2004 meeting at least three of the following perinatal indicators:
  - Percentage of pregnant women with anemia/iron deficiency is 20% or more;
  - Percentage of pregnant women entering prenatal care in the first trimester is less than 80%;
  - Percentage of births to women who had no prenatal care is greater than 2%;
  - Percentage of births to women who had fewer than 3 prenatal clinic visits during pregnancy is greater than 30%;

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**PERINATAL DISPARITIES: BORDER,  
ALASKAN AND NATIVE HAWAIIAN  
COMMUNITIES ONLY HRSA ☉ ✕  
ELIGIBILITY**

- Verifiable three-year average data for 2002 through 2004 meeting at least three of the following perinatal indicators:
  - Percentage of pregnant women with anemia/iron deficiency is 20% or more;
  - Percentage of pregnant women entering prenatal care in the first trimester is less than 80%;
  - Percentage of births to women who had no prenatal care is greater than 2%;
  - Percentage of births to women who had fewer than 3 prenatal clinic visits during pregnancy is greater than 30%;

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**PERINATAL DISPARITIES: BORDER,  
ALASKAN AND NATIVE HAWAIIAN  
COMMUNITIES ONLY HRSA ☉ ✕  
ELIGIBILITY**

- Verifiable three-year average data for 2002 through 2004 meeting at least three of the following perinatal indicators:
  - Percentage of Women of Child Bearing Age (WCBA) who are uninsured is greater than 35%;
  - Percentage of children 0-2 years old with a completed schedule of immunization is less than 60%;
  - Percentage of infants in the bottom 10% on the growth/weight chart is greater than 25%;
  - Percentage of children under 18 years of age with family incomes below the Federal Poverty Level exceeded 19.9% for 2000. If more recent verifiable poverty data is available, please provide this data and identify year and source.

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PERINATAL DISPARITIES: BORDER,  
ALASKAN AND NATIVE HAWAIIAN  
COMMUNITIES ONLY HRSA § 808  
ELIGIBILITY

If verifiable clinical data is used, for each indicator divide the number of pregnant women or perinatal clients having the identical risk factor by the total number of pregnant or perinatal clients served annually. The data source for each indicator used must be provided in the application. The time period must be the same (i.e., 2002-2004)

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HOW DO I APPLY?

[www.grants.gov](http://www.grants.gov)

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HOW DO I APPLY?

- On Grants.gov their resources section provides access to useful Grants.gov and other grants related information and links.
- You can take advantage of Grants.gov **Outreach Materials** and **Training Materials** to help you become familiar with the Grants.gov process.
- The **Download Software** page will explain how to easily navigate on the site and complete your application.

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## HOW DO I APPLY?

### REGISTERING ON GRANTS.GOV

- Grants.gov has streamlined the process of finding and applying for Federal grant opportunities.
- The Grants.gov registration process takes **3 business days** to complete.

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## HOW DO I APPLY?

### REGISTERING ON GRANTS.GOV

- You do not have to register with Grants.gov if you only want to find grant opportunities.
- If you do plan to apply for a grant, be aware that you and your organization must complete the Grants.gov registration process.

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## HOW DO I APPLY?

### REGISTERING ON GRANTS.GOV

- **Registration for an individual:** You will be required to complete an individual registration process.
- **Registration on behalf of an organization:** FIRST register your organization using the steps that follow.

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## HOW DO I APPLY?

The Grants.gov registration process for an organization involves three basic steps.

- Register your organization
- Register yourself as an Authorized Organization Representative (AOR)
- Get authorized as an AOR by your organization

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## REGISTRATION:

1. Your organization will need to obtain a DUNS Number. If your organization doesn't have one, you will need to go to the Dun & Bradstreet website at <http://fedgov.dnb.com/webform> to obtain the number.

*DUNS Number: Same Day*

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## REGISTRATION:

2. Ensure that your organization is registered with the Central Contractor Registry (CCR) at <http://www.ccr.gov>.

If it is not, an authorizing official of your organization must register. You will not be able to move on to Step #3 until this step is completed.

*CCR Registration: 2 Days*

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**REGISTRATION:**

- 3. Create a username and password with ORC, the Grants.gov credential service provider. You will need to use your organization's DUNS Number to access the ORC website at <http://apply.grants.gov/OrcRegister>

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**REGISTRATION:**

- 4. Register with Grants.gov to open an account using the username and password you received from ORC.

*Grants.gov Registration: 1 Day  
(Can be done the same day as the ORC Registration)*

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**REGISTRATION:**

- 5. The E-Business Point of Contact (POC) at your organization must respond to the registration email from Grants.gov and login at Grants.gov to authorize you as an AOR. Please note that there can be more than one AOR for an organization.

*AOR Authorization: 1-2 Days  
(Time depends on responsiveness of your E-Business POC)*

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## REGISTRATION:

6. At any time, you can track your AOR status at the Applicant Home Page of Grants.gov by logging in with your username and password.

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## HOW DO I APPLY?

### Electronic Submission

HRSA is *requiring* applicants for this funding opportunity to apply electronically through Grants.gov

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## HOW DO I APPLY?

No paper applications will be accepted without prior written approval from HRSA's Division of Grants Policy (DGP).

Applicants must request an exemption in writing from [DGPClearance@hrsa.gov](mailto:DGPClearance@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Make sure you specify the announcement number you are seeking relief for.

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ADDITIONAL FORMS TO UPLOAD AS  
PART OF YOUR ELECTRONIC

SUBMISSION

(1) Downloading from  
<http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants  
Application Center at:  
The Legin Group, Inc.  
910 Clopper Road, Suite 155 South  
Gaithersburg, MD 20878  
Telephone: 877-477-2123  
HRSAGAC@hrsa.gov

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WHEN IS THE  
APPLICATION DUE?

- Due date for applications is  
December 6, 2007
- E-marked on or before the  
deadline date

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What are the critical  
requirements that need  
to be addressed in my  
application?

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## HEALTHY START

- Participant is defined in one of two ways:
  - **Program participant** is an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start core services on an ongoing systematic basis;
  - **Community participant** is any individual who attends a Healthy Start-sponsored event or program, consortium activities, etc.

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## REQUIREMENTS

- Need: Community Assessment
- Response: Core Service Interventions
- Evaluation: National and Local including Project Monitoring
- Impact: Core System Interventions
- Resources and Capabilities: : Administration and Management
- Support Requested: Budget and Budget Justification

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**NEED (20%):** The extent to which the application describes the problem and associated contributing factors to the problem.

- The extent to which the proposed plan will enhance or improve Eliminating Disparities activities in the community through provision of required core services of outreach and client recruitment, case management, health education, interconceptional care, and depression services.
- The extent to which the demonstrated need(s) of the target population to be served are adequately described and supported in the needs assessment and summarized in the problem statement.

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**NEED (20%):** The extent to which the application describes the problem and associated contributing factors to the problem.

- The extent to which the applicant describes the size, demographic characteristics, prevalent norms, health behaviors and problems of the targeted population(s).
- The extent to which the proposed plan addresses the documented need(s) of the targeted population including attention to the cultural and linguistic needs of consumers.
- The extent to which the project is linked to an existing perinatal system of care that enhances the community's infant mortality reduction programs already in operation in the project area.

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**REQUIREMENTS: NEED**

- The Community Assessments must describe:
  - The current assets/resources of the community
  - The current needs of the community
  - The service area for the project
  - The target population
  - The comprehensiveness and quality of the service delivery system for the target population

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**REQUIREMENTS: NEEDS ASSESSMENT**

- Comprehensive/Quality Services
  - Includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, MCH, dental care)
  - Establishes referral arrangements that are necessary for quality care

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**REQUIREMENTS:  
RESPONSE 15%**

*The extent to which the proposed project responds to the "purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.*

- The extent to which the project objectives incorporate the specific HS program competition's purpose (i.e. Eliminating Disparities or Border Health) and are measurable, logical, and appropriate in relation to both the specific problems and interventions identified.

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**REQUIREMENTS:  
RESPONSE 15%**

*The extent to which the proposed project responds to the "purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.*

- The extent to which the activities proposed for each service (Outreach, case management, health education, interconceptional care and depression services) appear feasible and likely to contribute to the achievement of the project's objectives within each budget period.

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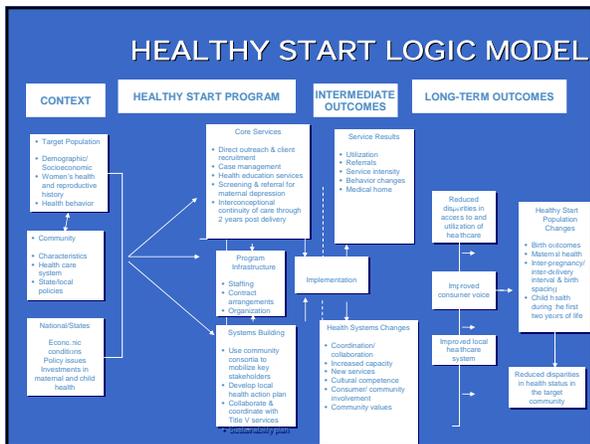
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## REQUIREMENTS: RESPONSE

### Objectives and Indicators

- Identify project objectives which are responsive to the goals of the program
- Project objectives must include, at a minimum, the OMB approved performance and outcome measures
- Objective statements must clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, target population
- Each objective must include: numerator, denominator, time frame, data source including year, baseline data

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## HEALTHY START OUTCOME MEASURES

### For Program Participants:

- 51 The percent of live singleton births weighing less than 2,500 grams among all live births to program participants.
- 52 The infant mortality rate per 1,000 live births.
- 53 The neonatal mortality rate per 1,000 live births.
- 54 The post-neonatal mortality rate per 1,000 live births.
- 55 The perinatal mortality rate per 1,000 live births.

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## HEALTHY START ANNUAL KEY MEASURES

### For Program Participants:

- The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy
- The percent of very low birth weight infants among all live births

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**HEALTHY START  
PERFORMANCE MEASURES**

- 01 The percent of MCHB-supported programs that are satisfied with the leadership of and services received from MCHB.
- 02 The percent of MCHB customers (participants) of MCHB programs that are satisfied with services received from MCHB-supported programs.
- 05 The percent of MCHB-supported projects that are sustained in the community after the federal grant project period is completed.

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**HEALTHY START  
PERFORMANCE MEASURES**

Projects do not report on the three measures listed above. They are handled by an outside contractor.

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**HEALTHY START  
PERFORMANCE MEASURES**

- 07 The degree to which MCHB-supported programs ensure family participation in program and policy activities.
- 10 The degree to which MCHB-supported programs have incorporated cultural competence elements into their policies, guidelines, contracts, and training.
- 14 The degree to which communities use "morbidity/mortality" review processes in MCH needs assessment, quality improvement, and/or data capacity building.
- 50 The percent of very low birth weight infants among all live births.

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**HEALTHY START  
PERFORMANCE MEASURES**

- 17 The percent of all children from birth to age 2 participating in MCHB supported programs that have a medical home.
- 20 The percent of women participating in MCHB-supported program who have an ongoing source of primary and preventive services for women.
- 21 The percent of women participating in MCHB-supported programs requiring a referral, who receive a completed referral.

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**HEALTHY START  
PERFORMANCE MEASURES**

- 22 The degree to which MCHB-supported programs facilitate health providers' screening of women participants for risk factors
- 35 The percent of Communities having comprehensive systems for women's health services.
- 36 The percent of pregnant program participants of MCHB-supported programs who have a prenatal care visit in the first trimester of pregnancy.

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**Requirements:  
Response**

**Project Interventions**

- Strategies/interventions to accomplish meeting the proposed objective
- Include target dates for starting and completing activities and persons/organizations involved
- Reflect the funding requested in the budget justification

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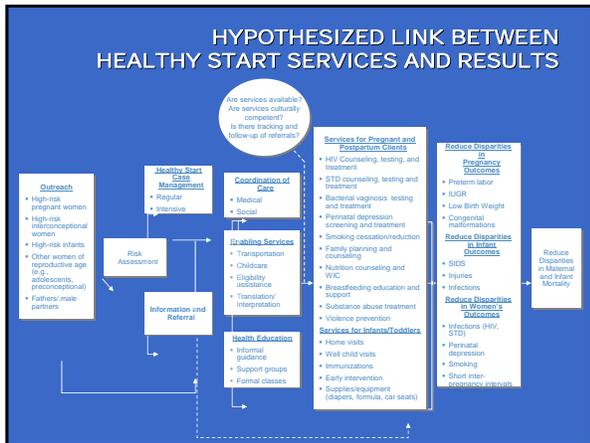
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- ### HEALTHY START CORE INTERVENTIONS
- **Core Services:**
    - Outreach,
    - Case management,
    - Health education,
    - Screening and referral for depression,
    - Interconceptional continuity of care.

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- ### HEALTHY START CORE INTERVENTIONS
- For Each Core Intervention:*
- Definition;
  - Essential Elements;
  - Specific Requirements
  - Linkage to Performance Measure
  - Correlation with National Evaluation

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## HEALTHY START CORE INTERVENTIONS

*For all Core Interventions:*

Series of questions that must be answered, for example

- Who are the target populations?
- Who will provide the service?
- Where will the service be provided?
- When will the service be provided?
- How many program participants and/or community participants will be served?

*Applicants should code their response to each question (CS1-CS9)*

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### Core Interventions: Outreach

- List the population (s) your Healthy Start program will target for its Outreach and Client Recruitment activities (e.g., all pregnant and interconceptional women at risk for a poor perinatal outcome; at risk for developmental delay or special health care needs infants and toddlers; other women of reproductive age; fathers/male partners; etc.). Include information about the primary languages of your proposed target population, including the percentage of the clients who speak each of these languages. [CS1]

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### Core Interventions: Outreach

- **Definition:** Case finding services that actively reach out into the community.
- **Purpose:** Identify, Recruit and Retain Perinatal and Interconceptional women and infants in a system of care.

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**Outreach:**  
Essential Elements

- Creative & diverse outreach strategies
- Outreach workers who are full members of the health care team
- Policies that define staff/client ratios
- Indigenous outreach workers
- Ongoing outreach worker training
- Close coordination with case managers

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**Core Interventions:**  
Case Management

- **Definition:** Provision of services in a coordinated culturally sensitive approach through client assessment, referral, monitoring, facilitation, & follow-up on utilization of needed services.
- **Purpose:** To coordinate services from multiple providers to assure that each family's individual needs are met to the extent resources are available, & the client agrees with the scope of planned services.

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**Case Management:**  
Essential Elements

- A multidisciplinary team that includes outreach workers, nurses, social workers, paraprofessionals, nutritionist & health care providers.
- Adequate personnel that considers the risk status of the client
- Service delivery at sites in the community, including homes
- A broad scope of services including education, prevention, & intervention.
- Pro-active partnerships between case managers, families, service providers, & the community.
- Individualized needs assessments & service plans developed with families
- Service intensity that matches level of risk.

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Core Interventions:

Health Education & Training

- **Definition:** Health education includes not only instructional activities & other strategies to change individual health behavior but also organizational efforts, policy directives, economic supports, environmental activities & community-level programs.
- **Purpose:** The purpose of a health education campaign is to disseminate information with the goal of improving an audience's knowledge, attitudes, behaviors & practices regarding a particular area of health promotion.

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Health Education & Training:  
Essential Elements

- Public information & education campaigns
- Provider training of health care workers
- Consumer/client education packages
- Collaboration with experienced community organizations
- Feedback process for evaluations of training & education programs
- Opportunities for education & training to enhance the development of the community

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PERINATAL/ POSTPARTUM  
DEPRESSION

- A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.

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### PERINATAL /POSTPARTUM DEPRESSION

Effective screening and referral for further assessment and treatment

- Perform skilled screening
- Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services
- Community education on the impact of perinatal depression and resources available to women and their families.

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### PERINATAL DEPRESSION GOALS

Early identification and increased capacity to effectively:

- Screen,
- Perform skilled assessment, and
- Successfully engage pregnant and postpartum women who are experiencing depression and other disorders in appropriate mental health services.

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### INTERCONCEPTION CARE FOR WOMEN: EXPECTATIONS

- Outreach and case management (e.g., risk assessment, facilitation, monitoring) for women to assure they are enrolled in ongoing care (women's health/medical home) and are obtaining necessary referrals.
- Availability of and access to a system of integrated and comprehensive services
- Health education (tied to identified needs includes attention to mental health, substance abuse, smoking, domestic violence, HIV and STDs).

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**INTERCONCEPTION CARE FOR INFANTS: EXPECTATIONS**

- Outreach and case management for infants/toddlers to assure they are enrolled in a medical home and obtaining necessary referrals including early intervention.
- Availability of and access to a system of primary care services and appropriate screening (e.g., newborn hearing screening) as well as necessary specialty care.
- Health education (e.g., child development, parenting).

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**EVALUATIVE MEASURES (10%):**

*The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess (1) to what extent the program objectives have been met and (2) to what extent these can be attributed to the project.*

- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures

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**EVALUATIVE MEASURES (10%):**

*The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess (1) to what extent the program objectives have been met and (2) to what extent these can be attributed to the project.*

- The extent to which the proposed evaluation plan measures program performance, is well organized, adequately described, utilizes sound evaluation methodologies, and complies with MCHB's evaluation protocol for its discretionary grants and national performance measures.
- The extent to which each proposed methodology within the local evaluation is either congruent to or linked with the scopes of the core services (outreach, case management, health education and training) and components required of all HS community projects.

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REQUIREMENTS: EVALUATION

- Commitment to participate in, and cooperate with, the ongoing Evaluation of the Implementation and Outcomes of the Maternal and Child Health Bureau's National Healthy Start Program and MCHB's Performance Management System.

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REQUIREMENTS: EVALUATION

- Local Evaluation protocol
  - Capable of demonstrating and documenting measurable progress toward achieving the stated goals
  - Able to be used for ongoing quality improvement and monitoring of the project on different aspects of the project's administration, fiscal and contract management, consortium, service delivery, collaboration /partnerships, and impact upon both perinatal indicators and on the community, and sustainability.

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IMPACT (10%)  
CORE SYSTEMS AND EFFORTS:

*The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.*

- The extent to which the efforts described in the Local Health System Action Plan develops an integrated service delivery system that better serves Healthy Start program participants, as well as the community as a whole.
- The extent to which the consortium includes/ or will include the appropriate representation of project area consumers, providers, and other key stake holders.

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**IMPACT (10%)  
CORE SYSTEMS AND EFFORTS  
continued:**

*The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.*

- The structure, role, and plan of action of the consortium in the implementation of the proposed project plan are adequately described.
- The actual or proposed communication pathways between the grantee and the consortium regarding the progress of the project are clearly delineated.

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**IMPACT (10%)  
CORE SYSTEMS AND EFFORTS  
continued:**

*The extent and effectiveness of plans for dissemination of project results, and/or the extent to which project results may be national in scope and/or the degree to which a community is impacted by delivery of health services, and/or the degree to which the project activities are replicable, and/or the sustainability of the program beyond Federal funding.*

- The extent to which the applicant proposes to sustain the project through new or existing sources and/or acquire additional resources. The extent to which the applicant plans to seek third party reimbursements (e.g. Medicaid, private insurance, mentoring/training reimbursements from non-HS program funded recipients).

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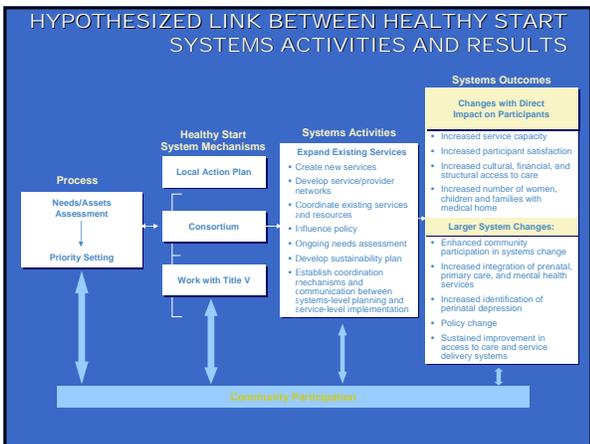
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IMPACT  
CORE SYSTEMS AND EFFORTS:

■ **Core Systems Building:**

- Consumer and consortium involvement in policy formation/implementation,
- Local health system action plan,
- Collaboration with Title V, and
- Sustainability.

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REQUIREMENT:  
COMMUNITY CONSORTIUM

Individuals & organizations including, but not limited too, agencies responsible for administering block grant programs under Title V of the Social Security Act, consumers of project services, public health departments, hospitals, health centers under Section 330 (C/MHC, Homeless Rural) & other significant sources of health care services.

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REQUIREMENT:  
COMMUNITY CONSORTIUM

- Galvanize the political will of the community and stakeholders to effect change
- Provide broad based policy advice to grantee
- Institutionalize a consumer voice (women served by the project) in the development and delivery of services in the community
- Mobilize stakeholders and others to leverage/expand funding resources

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**REQUIREMENT:  
COMMUNITY CONSORTIUM**

- Structures in place to ensure ongoing community/consumer involvement, e.g.; development of leadership skills, scheduling of activities to increase participation, staff support
- Operational guidelines such as bylaws
- Conflict of interest provisions

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**REQUIREMENT:  
LOCAL HEALTH ACTION PLAN**

A realistic, yet comprehensive plan of achievable steps within the four year funding period that will improve the functioning & capacity of the local health system for pregnant and parenting women and their families.

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**REQUIREMENT:  
LOCAL HEALTH ACTION PLAN**

- System Includes all partners necessary to assure access to a full range of services, as identified by the community (e.g., prevention, primary, & specialty care; mental health & substance abuse services, HIV/AIDS, dental care)
- System has in place all referral arrangements that are necessary for quality care
- System is family friendly and culturally/linguistically responsive to the needs of the community served.

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**REQUIREMENT:  
LOCAL HEALTH ACTION PLAN**

**ESSENTIAL ELEMENTS**

- Targeted Interventions based on assets and gaps in the current service delivery system identified in needs assessment
- Interventions should ensure that system is accessible, responsive, and culturally competent
- Plan should be updated annually

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**REQUIREMENT:  
SUSTAINABILITY**

- Integrates activity into current funding sources
- Maximize third-party reimbursement
- Leverages other funding sources
- Funding sources may include State, local, private funding; in-kind contributions

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**RESOURCES and CAPABILITIES  
(20%):**

*The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.*

- The extent to which the proposed approach delineates the interventions included in the plan, and identifies the actual or anticipated agencies and resources which will be used to implement those strategies.

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**RESOURCES and CAPABILITIES  
(20%) Continued:**

*The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.*

- The capacity, expertise and past experience of the applicant agency to carry out and oversee a complex, integrated, community-driven approach to the proposed Eliminating Disparities activities within the proposed project area.

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**RESOURCES and CAPABILITIES  
(20%) Continued:**

*The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.*

- The extent to which the applicant has demonstrated an ability to maximize and coordinate existing resources, monitor contracts, and acquire additional resources.
- The extent to which the applicant's fiscal and programmatic contract monitoring system demonstrates their ability to implement and monitor their program.

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**Requirements:  
Administration and Management**

Applicant organizations are expected to have:

- Qualified and appropriate staffing to carry out planned interventions
- Sound systems, policies, and procedures in place for managing funds, equipment, and personnel to receive grant support.
- Capacity to monitor the progress of the project toward its objectives, especially monitoring contract deliverables.

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**SUPPORT REQUESTED (15%):**

*The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.*

- The extent to which the proposed budget is realistic, adequately justified, and consistent with the proposed project plan.
- The extent to which the costs of administration and evaluation are reasonable and proportionate to the costs of service provision.
- The degree to which the costs of the proposed project are economical in relation to the proposed service utilization.

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**REQUIREMENTS: USE OF FUNDS**

- Grant funds may support costs for:
  - Project staff salaries
  - Consultant support
  - MIS (hardware & software)
  - Project-related travel
  - Other direct expenses for the integration of admin., clinical, MIS, or financial functions
  - Program evaluation activities

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**REQUIREMENTS: USE OF FUNDS**

Activities that could be supported with Healthy Start funding:

- Offering a more efficient & effective comprehensive delivery system for the uninsured & underinsured through a network of safety-net providers.
- Integrating preventive, mental health, substance abuse, HIV/AIDS, & maternal & child health services within a system. [Block grant funded services, other DHHS programs, state & local programs]
- Developing a shared information system among the community's safety net providers. [Tracking, case management, medical records, financial records]

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**REQUIREMENTS: USE OF FUNDS**

- Grant funds may NOT be used for:
  - Substituting or duplicating funds currently supporting similar activities
  - Construction
  - Reserve requirements for state insurance licensure
  - Entertainment

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**Collaboration/Linkage with Title V, Local MCH Agencies, and Other Community Stake Holders (10%):**

- The extent of actual or planned involvement of the State Title V, local MCH, and other agencies serving the proposed project area is clearly evident.
- The extent to which the project is consonant with overall State efforts to develop comprehensive community-based systems of services, and focuses on service needs identified in the State's MCH Services Title V- Five Year Comprehensive Needs Assessment and Block Grant Plan.

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**REQUIREMENT: COORDINATION WITH STATE TITLE V**

- Partnership with statewide systems and with other community services funded under the Maternal and Child Health Block Grant
- Community needs assessment and plan consistent with State Title V 5-year plan
- Cooperation, integration, and dissemination of information with State Title V and with other community services.

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**HEALTHY START  
PERFORMANCE SYSTEM**

- Annual Progress Report
- HS Performance Measures
- MCHB Financial And Demographic Data
- HS Additional Data Elements:
  - Characteristics Of Participants
  - Risk Reduction/Prevention Services
  - Major Services: Core Services And System Building

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**PROGRAM ASSESSMENT  
RATING TOOL (PART)**

Annual Measures:

- The percentage of live singleton births weighing less than 2,500 (5 lbs. 8 ozs.) grams among all live births to HS program participants.
- The percentage of HS pregnant program participants who have a prenatal care visit in the first trimester.
- The number of community members (providers and consumers, residents) participating in infant mortality awareness public health information/ and education activities.

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**PROGRAM ASSESSMENT  
RATING TOOL (PART)**

Long-term Measures:

- Reduce the infant mortality rate among Healthy Start program participants
- Reduce the neonatal mortality rate among Healthy Start program participants
- Reduce the post-neonatal mortality rate among Healthy Start program participants

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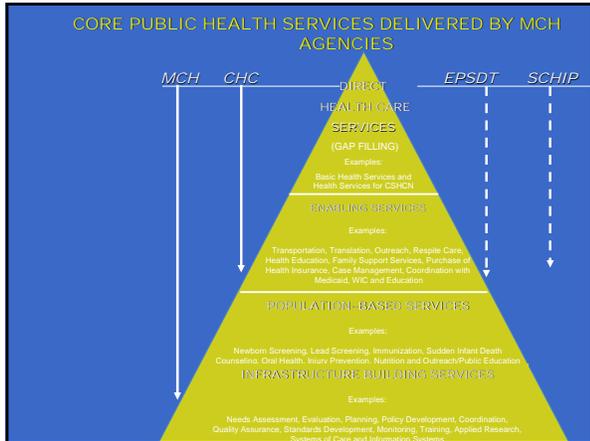
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**HEALTHY START RESOURCES FOR PERFORMANCE MEASURES**

- Glossary of terms
- For each Performance Measure a detail sheet (and, if necessary the self-assessment form)
- Instructions for every form

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**APPLICATION REVIEW PROCESS**

Responsibility of HRSA's Division of Independent Review (DIR)

- Applications reviewed by Objective Review Committee (ORC) of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed.
- ORC forwards all applications recommended for approval to the Bureau

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## APPLICATION REVIEW CRITERIA

- Need (20%)
- Response (15%)
- Evaluative Measures (10%)
- Impact (10%)
- Resources/Capabilities (20%)
- Support Requested (15%)
- Collaboration/Linkage with Title V, Local MCH agencies, and other community state holders (10%)

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## MATERNAL AND CHILD HEALTH BUREAU RESOURCES

- State Data: Title V Information System
  - [www.mchb.hrsa.gov/programs](http://www.mchb.hrsa.gov/programs)
  - [www.performance.hrsa.gov/mchb/mchre-ports/Search/search.asp](http://www.performance.hrsa.gov/mchb/mchre-ports/Search/search.asp)
- MCHB Discretionary Grant Information System **Coming Soon**
- MCH Virtual Library [www.mchlibrary.info](http://www.mchlibrary.info)

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## www.mchlibrary.info




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## Bright Futures Materials



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## Maternal and Child Health Bureau Resources

- MCH Distance Learning [www.mchcom.com](http://www.mchcom.com)
- MCH Neighborhood:  
[www.mchneighborhood.ichp.edu](http://www.mchneighborhood.ichp.edu)
- National Healthy Start Association
- Peristats [www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats)
- Kellogg Foundation  
[www.wkkf.org/toolkits](http://www.wkkf.org/toolkits) W.K.

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## HEALTHY START AND PERINATAL SERVICES



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**Our Goal**

Healthy Women  
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Healthy Infants  
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Healthy Families  
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Healthy Communities  
↓  
Healthy Nation

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## Healthy Start Pre-Application Workshop

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Grant Reviews  
A Reviewer's Perspective on  
Successful Grants  
*Presented by: Deborah Frazier*  
11/13/07

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**Rule # 1:**  
**Read the Grant Guidance &  
Review Criteria**

- Before Writing,  
READ, READ,  
READ!!!!
- Know What Is  
Required in the  
Guidance and the  
review criteria!

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## Tips on the Guidance

- Be organized.
- Make a list of both requirements and sources for required information.
- Divide the labor giving all team members a task and a timeline.
- Use the checklist to review compliance with guidance requirements and timelines.



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## Read and Follow The Grant Guidance



- Typeface, font size and spacing
- Paper size and margin
- Page numbering
- Page headers
- Chapter headings and indentations
- Organization and format

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## What Reviewers Look For In Successful Grant Applications

- Response to every requirement and every core service intervention and core systems effort required in the guidance
- Clear concise detail, no rambling
- Basic good English grammar, correct spelling and punctuation, logical statements

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## What Reviewers Look For In Successful Grant Applications

- Current data with trends to support needs assessment and problem statement. No outdated data. Make sure to indicate that you have the most recent data available. If the data is old but, it is the most recent available date, make sure that you indicate that in the application.
- Data that supports the approach or the methodology. Reviewer should be able to link the data in the needs and problem statements to the intervention without guesswork or a search team.

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## Introduction And Needs Assessment

- Introduces you to your reviewer: make a good first impression.
- Describes purpose and plan for your project.
- Describes core services, identifying who and how services are currently delivered & how they will be delivered in the proposed project.
- Describes current core system interventions & describes how they will be designed & delivered.
- ❖ The Reviewer should have a clear picture of your community after reading this section.

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## Needs Assessment Paints A Picture of Your Community

- The severity of your community's problem, who is impacted & how impacted.
- Be clear, concise: tell the reviewer how you identified the problem; cite FIMRS, PRAMS, PPOR or other local studies or sources; provide, relevant, demographic data that a reviewer can find without a hassle.



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## Community Needs Assessment Should Tell the Reviewer

- Identity of the target population to be served.
- Special cultural needs of the population & how they are currently being met.
- Description of the existing perinatal system.
- Who and what is impacted by your community's problems.
- What would happen if the community's problems were not addressed?
- ❖ Hook the reviewer by making a compelling case for your community.

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## A Good Needs Assessment Gives the Reviewer

- Well defined, documented statistics that are relevant to this application and to the problems to be addressed in this application.
- Statements that link your problem(s) to the problem(s) cited in the grant guidance.
- Documentation of the specific problems that you want to address in this application.

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## *Response* Objectives and Indicators

### Objectives

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- Using Performance Indicators as the base, objectives should describe what is to be achieved, when and how much will be achieved & should identify the target population.
- All objectives should be clearly stated, be outcome oriented and should identify the resources to achieve the objectives.

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### Objectives

- Identify the task; give the reviewer a specific, measurable and realistic time frame in which results will be achieved.
- Don't promise what can't be delivered. Don't be unrealistic in terms of time frames or outcomes.
- Tell the reviewer who is being impacted and how.



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### Objectives

- Project Period Objectives
  - Must have a corresponding calendar year objective for each year of Healthy Start funding.
  - Initial Calendar year objective must have a baseline.
  - Baseline data and the current status data must have a documented source. Any source that precedes 2003 requires explanation on why more recent data is not available.

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### National Performance Measures

- Reviewers will read the application to ensure that all applicants have a plan to meet or exceed the Healthy Start target measures for LBW and early entry to prenatal care as indicated in the Guidance and in Appendix C.



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### Methodology & Work Plan

- Give the reviewer:
  - Activities or strategies that will lead to achievement of the objectives listed in the previous section of the application.
  - Rationale for choosing your approach.
  - Timeline for completion of activities.
  - Staff (or partner) responsible for each activity.
  - Resources or partnerships to support and compliment your intervention.

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### Methodology & Work Plan

- Supports your approach with data, experience, model programs or research that tells the reviewer that there is evidence that your approach will work.
- Identifies partners, collaborators & stakeholders.
- Reflects the funding request and the budget justification.
- Reflects the culture and diversity of the community.

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### Evaluation

- Should be well organized, use sound evaluation methods and clearly articulate how it will track and measure the project's performance and report results.
- Must be congruent with the proposed scope of services.
- Describe how the evaluation results will be used to:
  - improve performance
  - to justify interventions or make changes in program plan
  - communicate results to grantee, consortium, community and Healthy Start

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## Evaluation Section

- Provides the reviewer with:
  - Identity and qualifications of the evaluator
  - Data collection methods and instruments
  - Impact on need ( as stated in needs assessment)
  - Achievement of each stated objectives

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## Impact Core Systems & Efforts

<ul style="list-style-type: none"> <li>■ <b>LHSAP- Local Health Systems Action Plan:</b> 4 year action plan that is linked to the State's Title V Plan</li> <li>■ <b>Consortium:</b> organizational &amp; individual members &amp; consumers, contribution to the application, role in the proposed project, governance policies &amp; procedures</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Sustainability:</b> identify other public &amp; private stakeholders; define their history, role and contribution in sustaining this project.</li> <li>■ <b>Collaboration and Linkage with Title V &amp; other local, state &amp; federal partners &amp; stakeholders</b></li> </ul>
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## Local Health Systems Action Plan for Comprehensive Perinatal Care

- Goal: to develop an integrated service delivery system to improve service delivery to HS participants.
  - 4 Year Plan
  - Linked to Title V Plan
  - Based on resources and manpower that are described in the application
  - Should be able to track progress & update annually.

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## Consortium

Application should include documentation of a Consortium that:

- Represents and reflects the community (include public & private partners, consumers and other community organizations and stakeholders).
- Has a (significant) role in advisory and recommendation on the project's policy, programs and goals.
- Participates and contributes to the project; helps to maximize resources.

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## Collaboration & Coordination

- Detailed history of Title V linkage and collaboration; letter from the Title V Director is not sufficient.
- Detailed history of coordination with community providers and organizations.
- Demonstrated history of community sensitivity & engagement.
- Meaningful role for Consortium



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## Collaboration & Coordination= Harmony & Success

- Title V collaboration, LHSAP, letters of community commitment/ endorsement/ MOAs/ partnership agreements are important.
- Remember that the extent to which this project links to existing perinatal systems of care is an important indicator for reviewers.



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## Collaboration & Coordination

- Is requirement for eligibility.
- Leverages existing community resources.
- Demonstrates community ownership of problem and community investment in solution.
- Provides opportunity for long term sustainability.



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## Resources & Capabilities Administration & Management



- Never assume that a reviewer knows your organization's management or program history-even if you are a current Healthy Start site.
- Sing your own song; blow your own horn.

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## Resources & Capabilities



- Take stock of your management and performance history and current capacities
- Highlight your successes, particularly with consumers and community based programs.
- Admit your shortcomings with a believable plan for how you intend to improve them in this application.

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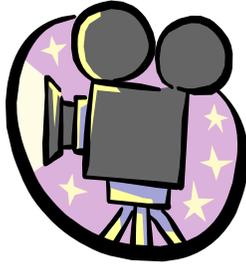
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## Resources & Capabilities Should Describe

- Policies & procedures for managing money, staff, equipment, program outcomes & contracts
- Qualifications of key staff
- Communication pathways with staff, contractors & consortium
- Oversight responsibilities



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## Budget And Justification



- Reviewer should be able to read the budget and link every budgeted item and person to a stated objective and to an activity in the Methodology, hence the term “justification.”

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## Budget and Justification

- Contract terms should include explicit deliverables with information on who and how contracts will be monitored for deliverables.



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## Budget and Justification



- Provide details on cost sharing, in-kinds, financial contributions or contributed staff, time, or space.
- These details tell the reviewer that there is a community commitment to this project.
- Review the budget so that it gels with the narrative portion of your application.

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## Final Tips

- Your application will be reviewed by at least 3 Reviewers. Each Reviewer:
  - knows ONLY what you have included in this application.
  - should be able to easily and logically follow your application from the Needs Assessment through the Methodology, Budget and Evaluation.
  - should be able to easily respond to questions from the panel regarding your application.

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## Final Tips

- Follow the Guidance and know the review criteria.
- Respond to each section and question with clear, concise, logical statements.
- Insure that all data & information is current & consistent throughout the application.

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### Final Tips

- Complete the grant early and have it reviewed by several people:
  - who have not been involved in the writing– does it make sense?
  - who have been involved– does it say what we intended?
  - who is outside of your field– does it inspire a passion for your problem and your approach to the issue?
- Would any of the above people consider giving you money? Why? Why not?

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### Final Tip



- Relax
- Take a deep breath
- Read the guidance
- Get organized
- Write your most successful grant!

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### Questions & Answers

Thank you for attending this event!

Please complete the evaluation directly following the webcast.

Archives of the event are located at [www.mchcom.com](http://www.mchcom.com)

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