

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Services for Children with Special Health Needs

Early Hearing Detection and Intervention National Network

Funding Opportunity Number: HRSA-24-035

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listing Number: 93.251

Application Due Date: November 6, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We won't approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: August 8, 2023

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 280g-1(a)(Title III, § 399M(a) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts](#).

SUMMARY

Funding Opportunity Title:	Early Hearing Detection and Intervention National Network
Funding Opportunity Number:	HRSA-24-035
Assistance Listing Number:	93.251
Due Date for Applications:	November 6, 2023
Purpose:	<p>The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 for the Early Hearing Detection and Intervention (EHDI) National Network. The purpose of this program, which funds three national centers, is to advance EHDI systems of services so that deaf and hard-of-hearing (DHH) newborns, infants, and young children up to age 3 receive appropriate supports and timely services to improve language acquisition outcomes. The Network includes three national centers:</p> <ol style="list-style-type: none">1. Implementation and Change Center (ICC),2. Family Leadership in Language and Learning Center (FL3), and3. Provider Education Center (PEC).¹
Program Objective(s):	Objectives for the EHDI National Network measure technical assistance and support to state/territory EHDI programs. The Individual Centers provide support around: implementation to meet

¹ For the FY 2024 program cycle, the National Technical Resource Center will be re-named the Implementation and Change Center, and a Provider Education Center will also be funded.

	state/territory benchmarks, family support, and provider education.
Eligible Applicants:	<p>You can apply if your organization is in the United States and is:</p> <ul style="list-style-type: none"> • Public or private • Community-based • Tribal (governments, organizations, as those terms are defined at 25 U.S.C. § 450b) <ul style="list-style-type: none"> ○ Native American tribal governments (federally recognized) are eligible. ○ Native American tribal organizations (other than federally recognized tribal governments) are eligible. <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
Anticipated FY 2024 Total Available Funding:	<p>\$1,500,000</p> <p><i>We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.</i></p>
Estimated Number and Type of Award(s):	Up to 3 competing continuation or new cooperative agreement(s)
Estimated Annual Award Amount:	<ol style="list-style-type: none"> 1. EHDI Implementation and Change Center, up to \$750,000 per year/one award, subject to the availability of appropriated funds 2. Family Leadership in Language and Learning Center, up to \$450,000 per year/one award, subject to the availability of appropriated funds 3. Provider Education Center, up to \$300,000 per year/one award, subject to the availability of appropriated funds

Cost Sharing or Matching Required:	No
Period of Performance:	April 1, 2024 through March 31, 2029 (5 years)
Agency Contacts:	<p>Business, administrative, or fiscal issues: Angela L. Love Grants Management Specialist Division of Grants Management Operations, OFAM Email: ALove1@hrsa.gov</p> <p>Program issues or technical assistance: Shelby Graves, MPH, CHES Public Health Analyst MCHB Division of Services for Children with Special Health Needs Email: SGraves@hrsa.gov</p>

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA Application Guide \(Application Guide\)](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

We have scheduled the following webinar:

Thursday, August 24, 2023

3–4 p.m. ET

Weblink: [https://hrsa-](https://hrsa.gov)

[gov.zoomgov.com/j/1604247757?pwd=YjExU3ozMzk2VzFBaG5nZGxVSjhSZz09](https://hrsa.gov.zoomgov.com/j/1604247757?pwd=YjExU3ozMzk2VzFBaG5nZGxVSjhSZz09)

Attendees without computer access or computer audio can use the following dial-in information:

Call-In Number: 833 568 8864 | Participant Code: 43531347

Meeting ID: 160 424 7757

We will record the webinar.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Early Hearing Detection and Intervention (EHDI) National Network. The purpose of this program, which funds three national centers to conduct National Network and National Center activities, is to advance EHDI systems of services nationwide so that deaf and hard-of-hearing (DHH)² newborns, infants, and young children up to age 3 receive appropriate supports and timely services to improve language acquisition outcomes. The three national centers are the Implementation and Change Center (ICC), the Family Leadership in Language and Learning Center (FL3), and the Provider Education Center (PEC).³

Program Goal

HRSA funds a portfolio of coordinated programs to improve outcomes for DHH children: the Early Hearing Detection and Intervention State/Territory Program (HRSA-24-036), the Early Hearing Detection and Intervention (EHDI) National Network (HRSA-24-035), and the Pediatric Audiology Competitive Supplement to Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program (HRSA-21-042). Together, these programs ensure DHH infants and children up to age 3 are identified in a timely manner and appropriate follow-up services are received to optimize language, literacy, cognitive, social, and emotional development. When children are identified as DHH early and provided timely and appropriate intervention services, their outcomes improve in these areas.

The goal of the EHDI National Network is to improve outcomes for DHH children by establishing a network of three national technical assistance (TA) centers to provide coordinated support to state/territory EHDI programs (HRSA-24-036) and other EHDI system stakeholders at national, state, and local levels. Each national TA center will be conducted by one recipient. The three national TA centers are:

- **Implementation and Change Center (ICC)** will support state/territory EHDI programs using implementation science⁴ and change management⁵ methods to improve the EHDI system of services.
- **Family Leadership in Language and Learning Center (FL3)** will increase state capacity for family-to-family support, develop family leadership skills, and engage DHH adults as mentors to families across state/territory EHDI programs and other EHDI system stakeholders.

² See appendix

³ For the FY 2024 program cycle, the National Technical Resource Center will be re-named the Implementation and Change Center, and a Provider Education Center will also be funded.

⁴ See appendix

⁵ See appendix

- **Provider Education Center (PEC)** will improve confidence and training for health care and allied service professionals⁶ who screen, diagnose, and provide services to infants, children, and families interacting with the EHDI system.

While each national TA center has a distinct focus, all three recipients are expected to work together within the EHDI National Network to provide leadership to states and national, state, and local stakeholders through technical assistance and training (TA/T), policy analysis and assessment, partnership building, communication, dissemination, and evaluation.

Program Objectives

The recipient for each center is funded to collect, report, and achieve the following program objectives:

EHDI Network Objectives:

The three centers that receive funding under this opportunity are to collaborate as a network to report on the following objectives:

- Annually, provide TA/T to at least 25 state/territory EHDI programs (HRSA-24-036) on activities that improve their EHDI system of services (for example, 1-3-6 benchmarks⁷, family engagement and support, language acquisition, etc.).
- By March 2029, using data from at least 25 state/territory EHDI programs (HRSA-24-036), report the ability to access, analyze, and implement activities using data describing language acquisition among DHH children up to age 3.
- By March 2029, using data from at least 25 state/territory EHDI programs, identify, analyze and report language acquisition outcomes for the population of 3-year-old DHH children.

Individual National Center Objectives:

Applications should propose a baseline and describe methods to reach the following by March 2029:

- Implementation and Change Center (ICC)
 - All state/territory EHDI programs (HRSA-24-036) engaged with the ICC will achieve their program objectives related to the 1-3-6 benchmarks and state/territory determined objectives.
 - All state/territory EHDI programs (HRSA 24-036) receiving TA/T through the ICC will report improved partnership and coordination with Part C/Early Intervention program(s) at the state/territory or local level.

⁶ See appendix

⁷ The term “1-3-6 benchmarks” refers to the state-determined objectives referenced in the HRSA-24-036 NOFO

- All state/territory EHDI programs (HRSA 24-036) engaged with the ICC will report implementing evidence-based and promising practices to improve language acquisition outcomes in DHH children up to age 3.
- Family Leadership in Language and Learning Center (FL3)
 - All state/territory EHDI programs (HRSA-24-036) engaged with the FL3 will achieve their program objectives related to family support.
 - All state/territory EHDI programs (HRSA-24-036) receiving TA/T through the FL3 will report increased ability to engage families from underserved populations in the EHDI system.
 - All state/territory EHDI programs (HRSA-24-036) engaged with the FL3 will report improved partnerships with individuals or organizations engaging in family-to-family support and DHH adult mentorship in the EHDI system.
- Provider Education Center (PEC)
 - All state/territory EHDI programs (HRSA 24-036) engaged with the PEC will report improved partnerships with providers and provider organizations serving children and families in the EHDI system.
 - All state/territory EHDI programs (HRSA-24-036) receiving TA/T through the PEC will report improved confidence to communicate effectively with families who have DHH children, including information about timely follow up and enrollment in the Individuals with Disabilities Education Act (IDEA) Program for Infants and Toddlers with Disability Part C Program/Early Intervention (EI).

All providers receiving TA/T and resources through the PEC will report increased capacity to serve DHH children and their families.

[For more details, see Program Requirements and Expectations.](#)

2. Background

Authority

The Early Hearing Detection and Intervention State/Territory Program is authorized by 42 U.S.C. § 280g-1(a) (Title III, § 399M of the Public Health Service Act).

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

Health Equity

Health equity is “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”⁸

Children and Youth with Special Health Care Needs *Blueprint for Change*

The *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs* establishes a national agenda to ensure that every child gets the services he/she needs to play, go to school, and grow up to become a healthy adult. The *Blueprint for Change* outlines strategies in four critical areas that will strengthen the systems serving CYSHCN: health equity; quality of life and well-being for CYSHCN and their families; access to services; and financing of services.

The *Blueprint for Change* provides a framework to guide EHDI programs as they move towards tracking long-term developmental outcomes, including language acquisition for DHH children. This work requires partnering with families, those with lived experience, health care and other service providers, payers, and others in the field to build state and system-level capacity.

Learn more by reading the [Blueprint for Change Pediatrics Supplement](#).

⁸ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

Program Background

Approximately 1.8 of every 1,000⁹ U.S. newborns are documented as being identified early as congenitally deaf or hard-of-hearing (DHH). Children continue to be identified as DHH through early childhood and by kindergarten the prevalence more than doubles.¹⁰ Despite success in achieving near-universal newborn hearing screening rates, significant gaps remain, including timely diagnostic audiological evaluation, enrollment in IDEA Part C/Early Intervention (EI) services, and reducing loss to follow-up and documentation (LTF/D). Additional challenges include limited family engagement, DHH-specific support services,¹¹ parent knowledge about availability and importance of EI,¹² and pediatric provider knowledge of the 1-3-6 recommendations.^{13,14}

When DHH children are identified early and provided timely and appropriate intervention services, they have better outcomes than children identified later in life—particularly in the areas of vocabulary development, receptive language, expressive language, and social-emotional development.^{15, 16, 17, 18, 19} Early identification and intervention play a critical role in kindergarten readiness and long-term academic outcomes, such as reading proficiency.^{20,21} To improve developmental outcomes for DHH children, state/territory EHDI systems must partner with early childhood systems and service providers to track long term outcomes for this population.

The *Blueprint for Change* emphasizes the value and importance of partnering with families and individuals with lived experience at all levels of care to improve family and child well-being and quality of life.²² The EHDI system of services relies on partnerships between families and providers where information provided to families is high quality, “accurate, comprehensive, up-to-date, and evidence-based,”²³ and communicated in an appropriate, timely, culturally sensitive way. Meeting the needs of DHH children and their families requires improved communication among health and other allied service professionals. Families with DHH children also benefit from family-to-family support and DHH adult to family support services.

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation, New

⁹ Centers for Disease Control and Prevention. (2022, September 29). 2020 Summary of Diagnostics Among Infants Not Passing Hearing Screening. Centers for Disease Control and Prevention. Retrieved from

<https://www.cdc.gov/ncbddd/hearingloss/2020-data/06-diagnostics.html>

¹⁰ Watkin, P., & Baldwin, M. (2012). The longitudinal follow up of a universal neonatal hearing screen: The implications for confirming deafness in childhood. *International Journal of Audiology*, 51(7), 519–528.

<https://doi.org/10.3109/14992027.2012.673237>

¹¹ Family Leadership in Language and Learning (2018). Needs Assessment Report. Retrieved from:

https://www.handsandvoices.org/fl3/resources/docs/HV-FL3_NeedsAssessment_19Jul2018_Final-opt.pdf.

¹² United States Government Accountability Office Report to Congressional Requestors. (2011). Deaf and Hard of Hearing Children – Federal Support for Developing Language and Literacy. GAO-11-357

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Participating in the planning and development of project activities during the period of performance.
- Participating in routine meetings and regular communication with the recipient to assess progress in meeting the goals and objectives of this initiative.
- Continuously reviewing policies and procedures, activities, emerging issues, data, measures, and tools designed and implemented during the period of performance.
- Participating, when appropriate, in meetings, conference calls, and other sessions conducted during the period of performance, including but not limited to, advisory committee meetings, TA/T sessions, and learning collaborative sessions.
- Reviewing and editing, as appropriate, written documents developed by the recipient prior to submission for publication or public dissemination.

¹³ American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

¹⁴ American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) Pediatrician Perspectives: Executive Summary. August 2018.

¹⁵ Yoshinaga-Itano C, Sedey AL, Wiggin M, Chung W. Early Hearing Detection and Vocabulary of Children With Hearing Loss. *Pediatrics*. 2017 Aug;140(2):e20162964. doi: 10.1542/peds.2016-2964. Epub 2017 Jul 8. PMID: 28689189; PMCID: PMC5595069.

¹⁶ Carren J. Stika, Laurie S. Eisenberg, Karen C. Johnson, Shirley C. Henning, Bethany G. Colson, Dianne Hammes Ganguly, Jean L. DesJardin, Developmental outcomes of early-identified children who are hard of hearing at 12 to 18 months of age, *Early Human Development*, Volume 91, Issue 1, 2015, Pages 47-55, ISSN 0378-3782, <https://doi.org/10.1016/j.earlhumdev.2014.11.005>.

¹⁷ Harris AB, Seeliger E, Hess C, Sedey AL, Kristensen K, Lee Y, Chung W. Early Identification of Hearing Loss and Language Development at 32 Months of Age. *Journal of Otorhinolaryngology, Hearing and Balance Medicine*. 2022; 3(4):8. <https://doi.org/10.3390/ohbm3040008>

¹⁸ Allen TE, Morere DA. Early visual language skills affect the trajectory of literacy gains over a 3-year period of time for preschoolaged deafchildren who experience signing in the home. *PLoS One*. 2020 Feb 27;15(2):e0229591. DOI: 10.1371/journal.pone.0229591

¹⁹ Tomblin, J. Bruce¹; Harrison, Melody²; Ambrose, Sophie E.³; Walker, Elizabeth A.¹; Oleson, Jacob J.⁴; Moeller, Mary Pat³. Language Outcomes in Young Children with Mild to Severe Hearing Loss. *Ear and Hearing*: November/December 2015 - Volume 36 - Issue - p 76S-91S doi: 10.1097/AUD.0000000000000219

²⁰ Jareen Meinzen-Derr, Susan Wiley, Wendy Grove, Mekibib Altaye, Marcus Gaffney, Ashley Satterfield-Nash, Alonzo T. Folger, Georgina Peacock, Coleen Boyle; Kindergarten Readiness in Children Who Are Deaf or Hard of Hearing Who Received Early Intervention. *Pediatrics* October 2020; 146 (4): e20200557. 10.1542/peds.2020-0557

²¹ Yoshinaga-Itano C, Sedey AL, Wiggin M, Chung W. Early Hearing Detection and Vocabulary of Children With Hearing Loss. *Pediatrics*. 2017 Aug;140(2):e20162964. doi: 10.1542/peds.2016-2964. Epub 2017 Jul 8. PMID: 28689189; PMCID: PMC5595069.

²² Coleman, C. L., Morrison, M., Perkins, S. K., Brosco, J. P., & Schor, E. L. (2022). Quality of Life and Well-being for Children and Youth with Special Health Care Needs and Their Families: A Vision for the Future. *Pediatrics*, 149 (Supplement 7). <https://doi.org/10.1542/peds.2021-056150g>

²³ Early Hearing Detection and Intervention Act of 2017, Public Health Service Act, Title III, Section 399M (as added by P.L. 106-310, Sec. 702; as amended by P.L. 111-337 and P.L. 115-71. Retrieved from: <https://www.congress.gov/115/plaws/publ71/PLAW-115publ71.pdf>

- Participating with the recipient in the dissemination of project findings, best practices, and lessons learned, and in producing and jointly reviewing reports, articles, and/or presentations developed under this NOFO.
- Conducting site visits with the recipient during the period of performance.
- Assisting in the establishment of partnerships, collaboration, and cooperation that may be necessary to carry out the project, including other federal agencies or programs within HRSA.
- Monitoring performance measurement and evaluation data reported by recipients to track recipient progress, provide feedback to individual recipients, and assess (in an aggregate manner) whether the HRSA program is achieving intended program outcomes. HRSA and the recipients will work together after award to finalize the performance monitoring and accountability approach.
- Monitoring the extent to which the products and services provided by the recipients meet needs identified by stakeholders.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Meeting with the HRSA project officer at the time of the award to review the current strategies and ensure the project and goals align with HRSA priorities for this activity.
- Collaborating with HRSA personnel in the planning and development of project activities including developing policies and procedures; identifying measures and data; identifying emerging issues; revising the monitoring and evaluation plan to address emerging needs; developing strategies and tools; and identifying topics for advisory committee meetings, learning collaboratives, publications, and other materials produced.
- Producing and disseminating project findings through publishing articles, reports and/or presentations; and adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA awards (see Acknowledgement of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide).
- Analyzing evidence-informed data, impact, and quality improvement (QI) data, and any relevant data trends.
- Collaborating with HRSA on ongoing review of activities, budget items, procedures, information/publications prior to dissemination, contracts, and interagency agreements.
- Leveraging existing products or resources to maximize efficiency and effectiveness and reduce duplication.
- Participating in meetings and conference calls with HRSA during the period of performance to provide regular updates on progress in meeting goals and objectives.
- Collaborating with state/territory EHDI program (HRSA-24-036) recipients to meet the goals and objectives of the program.

- Collaborating with fellow EHDI National Centers (HRSA-24-035) and other federally funded entities from HRSA, the Centers for Disease Control and Prevention (CDC), and the Office of Special Education Programs (for example, National Center for a System of Services for CYSHCN, MCH Workforce Development Center, Newborn Screening State Priorities Program, Newborn Screening System Excellence Program, Family Engagement and Leadership in Systems of Care, Association of Maternal and Child Health Programs, Early Childhood Technical Assistance Center, Center for Parent Information and Resources, etc.).

2. Summary of Funding

We estimate \$1,500,000 will be available each year to fund up to 3 recipients. You may apply for a ceiling amount of up to \$750,000 for the EHDI ICC, up to \$450,000 for the FL3, **or** up to \$300,000 for the PEC annually (reflecting direct and indirect costs).

The period of performance is April 1, 2024, through March 31, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States and is:

- Public or private
- Community-based

- Tribal (governments, organizations, as those terms are defined at 25 U.S.C. § 450b)
 - Native American tribal governments (federally recognized) are eligible.
 - Native American tribal organizations (other than federally recognized tribal governments) are eligible.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

You may only apply for funding as one of three EHDI National TA Centers: Implementation and Change Center (ICC), Family Leadership in Language and Learning (FL3), or Provider Education Center (PEC). You must state which Center you are applying for clearly in your application. HRSA will not consider funding applicants that apply for funding as more than one National Center.

We will only review your **last** validated application before the Grants.gov [due date](#).

Organizations have the ability to come together as a consortium to submit a joint application for one National Center. Each consortium member must demonstrate substantial involvement in the project and contribute significantly to the goals of the project. The roles and responsibilities of each consortium member must be clearly defined in a proposed Memorandum of Understanding/Agreement (MOU/A). The proposed MOU/A must be supported in writing by all consortium members and submitted as *Attachment 10*.

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-035 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You’re responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There’s an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We won’t review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items don’t count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don’t count toward the page limit, we’ll make this clear in Section IV.2.v [Attachments](#).

If you use an OMB-approved form that isn’t in the HRSA-24-035 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-035 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals²⁴ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.²⁵

²⁴ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#) and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

²⁵ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

- If you can't certify this, you must include an explanation in *Attachment 11 Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

You will apply for funding as one of the following EHDI National TA Centers: Implementation and Change Center (ICC), Family Leadership in Language and Learning Center (FL3), **or** Provider Education Center (PEC). The three recipients are expected to complete collaborative Network Level activities as well as National Center Level activities. As a Network, the three National TA Centers will collaborate to strengthen the EHDI system to ensure that DHH children reach language acquisition up to age 3. Each national center also will provide TA/T, policy analysis and assessment, partnership building, communication, dissemination, evaluation, and leadership to state/territory EHDI programs ([HRSA-24-036](#)) and other EHDI system stakeholders at national, state, and local levels.

Respond to both Network Level and National TA Center Level requirements. Describe how activities relate to the specific National Center to which you are applying.

Network Level Activities

Regarding the structure of the Network, recipients are expected to:

- Actively collaborate with the other funded EHDI National TA Centers as part of the Network. This includes the following:
 - Design and implement an evaluation plan and identify a shared set of measures to assess overall Network outcomes and impact. This should reflect the state/territory EHDI program objectives. This should also include methods to reach consensus and develop collective responses to report progress on Network objectives.
 - Develop mechanisms to streamline data collection from state/territory EHDI programs (for example, reports, needs assessments, etc.) to reduce the burden of reporting for state/territory EHDI programs.
 - Develop and implement a comprehensive plan for communication and coordination to ensure any entity seeking TA/T as described in this NOFO receives such TA/T, as appropriate.
 - Convene an annual strategic planning meeting, including key stakeholders and federal staff.
- Design and implement a memorandum of understanding (MOU) with the other recipients under this NOFO within 3 months of the Notice of Award, which may include, but is not limited to, describing methods of communication and consensus building, specific roles for each National Center, decisions for data sharing, and mechanisms to ensure network accountability.

- Participate in a Network kick-off meeting at the beginning of Year 1 of the period of performance.

Regarding collaboration of the Network, recipients are expected to:

- Convene at minimum one annual learning community²⁶ of state/territory EHDl programs to address their identified need to improve language acquisition. Implementation science/change management techniques should be used. This could include, but is not limited to, the following:
 - Increasing data capacity and interoperability of data systems
 - Improving training and educating health care and other allied service providers
 - Building partnerships with other EHDl stakeholder organizations and entities. Such entities could include early intervention, such as Part C, family-based organizations, provider organizations, etc.
 - Strengthening mechanisms to engage families, including families who are traditionally underserved, in DHH adult-to-family services
 - Providing family-to-family supports and services across the EHDl system
- Facilitate information sharing and learning opportunities to address the needs identified by state/territory EHDl programs and other EHDl stakeholders, including family-based-organizations.
- Collect, analyze, and disseminate findings to the field from the state/territory EHDl programs, including, data analysis, statewide infrastructure plans, and other reports.

All National TA Center Level Activities

Each National TA Center will be required to implement the following activities throughout the period of performance.

Technical Assistance and Training (TA/T)

- Provide TA/T and education to all 59 state/territory EHDl programs, family-based organizations, health care and allied service professionals, EI providers, and other EHDl system stakeholders to maximize access to language acquisition for DHH children up to age 3.
 - Each National Center should provide TA/T to all 59 state/territory EHDl programs, either individually or via Network activities, by the end of the period of performance.

²⁶ See appendix

- Individualized TA/T can be provided via coaching, mentoring, or individual consultation. Group TA/T can be provided via a variety of methods such as learning collaboratives, peer-to-peer learning opportunities, and skills training sessions.
- Increase outreach and TA/T efforts to all state/territory EHDl programs (HRSA-24-036) particularly those measuring below the national averages for the 1-3-6 benchmarks and/or state/territory determined objectives.
- Develop topical resources for state/territory EHDl programs, stakeholders, and the broader EHDl community (for example, issue briefs, tools, toolkits, fact sheets, webinars, and publications), as needed.

Policy Analysis and Assessment

- Monitor, analyze, and report policy and program initiatives at the local, state/territory, and national level that could act as barriers and/or facilitators to implement best practices in state/territory EHDl programs. This should include the four critical areas in the [Blueprint for Change](#) (that is, health equity, well-being and quality of life, access to services, and financing of services).
- Identify and analyze promising and evidence-based/-informed practices, innovations, and measures for state/territory EHDl programs to achieve program objectives listed in HRSA-24-036, specific to your National Center.

Partnership Building

- Convene an advisory group, comprised of at least 25 percent of members who represent families of DHH children, families from underserved populations, family-based organizations, those with lived experience, or Deaf-led organizations.
- Facilitate collaborative efforts between state/territory EHDl programs and partners, including IDEA Part C programs, Early Intervention (EI) providers, family-based organizations, and early care and education programs such as Early Head Start, who share goals to improve access to language acquisition.
- Collaborate with individuals and organizations who historically serve underserved populations.

Communication and Dissemination

- Maintain a high-quality 508 compliant, public-facing, National Center website with an easy-to-navigate design. The website must link to the other National Centers' websites to ensure straightforward information is made available and exchanged.
- Develop a plan to disseminate successful innovations, trainings, resources, and reports to all intended audiences.

- Interface with external partners to ensure developed resources, tools, and trainings are disseminated through multiple and diverse platforms, for example, family-based organizations, DHH-led organizations, early intervention/Part C programs, etc. Information provided to families should be accurate, comprehensive, up-to-date, and evidence-based.

Evaluation

- Develop and implement a monitoring and evaluation plan to track progress to achieve project goals and objectives and contribute to continuous QI. These activities should be ongoing, and data must be discussed and shared regularly with HRSA project officer and staff. The plan should distinguish between various types of TA/T provided. The plan should include a logic model presenting your conceptual framework to achieve project goals and objectives.
 - Specifically, track and evaluate national progress on the 1-3-6 benchmarks.
- Develop a mechanism to track requests throughout the duration of the project for TA/T and other requests received by recipient type (for example, EHDI Coordinator, Family Leader, other system stakeholders, etc.), topic, response to TA/T request, and the outcome after responding to these requests.
- Develop mechanisms to collect information and data from state/territory EHDI programs via the Network or individually, as appropriate.
- Use evaluation results and TA/T recipient feedback to inform program and stakeholder decisions, policies, procedures, and processes.

Individual National Center Activities

Implementation and Change Center (ICC)

- Implement methods that include implementation science strategies and change management approaches to promote policy and practice change within the EHDI system. Implementation should assist state/territory EHDI programs in all phases of their work outlined in HRSA-24-036 and align with Phase I (Planning), Phase II (Implementation and Building Sustainable Practices). Activities should include, but are not limited to:
 - Supporting state/territory EHDI programs in systems mapping and needs assessment activities
 - Coaching state/territory EHDI programs in systems change or change management efforts
 - Assisting state/territory EHDI programs in developing mechanisms for formal communication, training and referrals, and data sharing agreements between EHDI programs and IDEA Part C Program at the local and/or state level

- Develop a national framework that identifies, defines, and measures the EHDI system of services, including language acquisition outcome measures.
- Provide TA/T and evaluation support to state/territory EHDI programs in fulfilling grant requirements (for example, State/Territory Determined Objectives, 1-3-6 benchmarks, statewide needs assessment, Language Acquisition Priority Plan, etc.), throughout the period of state/territory EHDI performance.
- Design and implement onboarding resources/materials for new state EHDI Coordinators and project staff.
- Plan, host, and facilitate an annual grantee meeting for state/territory EHDI Coordinators and Family Leaders. This meeting should be co-hosted and facilitated with the FL3 Center.
- Conduct an independent evaluation of TA/T provided, using one or more qualified, independent evaluators.

Family Leadership in Language and Learning Center (FL3)

- Support new EHDI Coordinators/Project Directors and Family Leaders/engagement liaisons by providing an orientation to family support and engagement within the EHDI system.
- Plan, host, and facilitate an annual grantee meeting for state/territory EHDI Coordinators and Family Leaders. This meeting should be co-hosted and facilitated with the ICC.

Provider Education Center (PEC)

- Design and publish by the end of Year 1, an assessment and analysis of the confidence and capacity of health care and other service providers in caring for DHH children and their families throughout the EHDI system of services (for example, audiologists, pediatricians, nurse practitioners, hospital screeners, EI service coordinators, etc.).
- Develop recommendations and guidelines for providers to communicate with families about 1-3-6 recommendations and other developmental outcomes, with particular emphasis on access to language and language acquisition.
- Develop and implement mechanisms to engage and train providers in interdisciplinary training and networking experiences to encourage leadership opportunities for those working in EHDI systems.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Don't upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criterion 5: RESOURCES/CAPABILITIES</i> <i>Criterion 6: SUPPORT REQUESTED</i>
Need	<i>Criterion 1: NEED</i> <i>Criterion 2: RESPONSE</i>
Approach	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 4: IMPACT</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 2: RESPONSE</i> <i>Criterion 3: EVALUATIVE MEASURES</i> <i>Criterion 5: RESOURCES/CAPABILITIES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion 1: [Need](#)*

Specify the national TA center you are applying for: Implementation and Change Center (ICC), Family Leadership in Language and Learning Center (FL3), or Provider Education Center (PEC) and briefly describe the purpose of the proposed project that is consistent with [Program Requirements and Expectations](#).

- *Organizational Information -- Corresponds to Section V's Review Criteria 5: [Resources/Capabilities](#) and 6: [Support Requested](#)*

Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the [Program Requirements and Expectations](#). Include an organizational chart.

- Describe your organization's capacity and expertise to provide TA/T including the scope of TA/T and activities your organization currently engages in and your experience managing collaborative federal awards at the national level.
- Describe how key project personnel and any consultants and subcontractors will be allocated and how these allocations are appropriate and adequate to achieve the project's intended outcomes.
- Describe how the proposed project will benefit from a diversity of perspectives, including those of families, Deaf adults, educators, TA providers, health care professionals, researchers, and policy makers, among others, in its development and operation.
- Describe how the proposed project will encourage engagement from persons who are members of groups that have traditionally been underrepresented based on race, color, national origin, gender, age, or disability, as appropriate.
- For multiple organizations submitting one application as a consortium, identify the lead organization, describe the roles and responsibilities of each member of the consortium, and discuss how the consortium will operate.

Implementation and Change Center (ICC)

- Describe your organization's expertise in the following areas: public health systems, workforce development, systems change, implementation science, change management, and evaluation.

Family Leadership in Language and Learning Center (FL3)

- Describe your organization's expertise in supporting family leadership and engagement in EHDI systems of services and developing family leaders.

Provider Education Center (PEC)

- Describe your organization's expertise supporting health care and service providers to improve the system of services for DHH children and their families.

▪ *Need-- Corresponds to Section V's Review Criteria 1: [Need](#) and 2: [Response](#)*

This section will help reviewers understand the EHDI system of services and the overall needs that could be served by this proposed project. Use and cite data whenever possible to support the information provided.

- Describe the current state, emerging needs, gaps, and barriers related to implementing comprehensive and coordinated systems of services for DHH children and their families.
- Describe the role of EHDI systems of services in ensuring that DHH children are identified through newborn, infant, and early childhood hearing screening, receive diagnosis and appropriate early intervention to optimize language, literacy, cognitive, social, and emotional development.
- Identify and describe the major TA/T needs for state/territory EHDI programs to effectively implement comprehensive and coordinated EHDI systems of services. Describe needs specific to your National Center. Describe how this project will regularly address needs of state/territory EHDI programs.

This section will help reviewers understand whom you will serve with the proposed project.

▪ *Approach -- Corresponds to Section V's Review Criteria 2: [Response](#) and 4: [Impact](#)*

Propose innovative and feasible methods and strategies that will be used to address the stated needs to meet each activity previously described in the [Program Requirements and Expectations](#) section. Your response should include considerations for the additional details described below. Approaches should encompass all 5 years of the project.

Network Level Activities

Describe your approach to collaborate with other EHDI National TA Centers (HRSA-24-035) recipients to:

- Establish a network of TA centers to strengthen the EHDI system of services
- Convene at least one learning community of state/territory EHDI programs per year
- Facilitate National TA Center information sharing and learning opportunities

- Collect, analyze, and disseminate information and findings from state/territory EHDl programs

National Center Level Activities

Technical Assistance and Training (TA/T):

- Describe your process for identifying, prioritizing, and addressing the types of TA/T needed by state/territory EHDl programs, including addressing emerging issues.
- Describe a comprehensive plan for the development and delivery of TA/T for state/territory EHDl programs and secondary audiences, as appropriate. Include a detailed outline of TA/T opportunities across the period of performance (*Attachment 7*), including defined levels of TA/T, for example, short-and long-term, peer-to-peer, group, and individualized TA/T.
- Describe how your proposed methods will increase knowledge and skills to improve policy and practice change.
- Describe how you will engage state/territory EHDl programs in the design and delivery of TA/T on an ongoing basis.

Policy Analysis and Assessment:

- Describe your approach to continually assess system-level gaps, emerging needs, barriers, opportunities, and best practices within the EHDl system.
- Describe how you will identify and analyze promising and evidence-based/–informed practices, innovations, and measures and scale-up best practices. This should include alignment with the four critical areas in the [Blueprint for Change](#).

Partnership Building:

- Describe how you will convene an advisory group, and how the advisory group will guide the work outlined in the application. Provide a proposed list of advisory group members comprised of professionals in the field and those with lived experience as described in the [Program Requirements and Expectations](#).
- Describe how you will provide opportunities for collaboration across all state/territory EHDl programs and how you will develop and sustain partnerships with relevant national organizations to support access to language acquisition up to age 3.
- Describe your approach to engage families, particularly families from underserved communities and family-based organizations, and those

with lived experience throughout the planning, implementation, and evaluation of this project.

Communication and Dissemination:

- Describe how you will systematically distribute information, products, and services to intended audiences, using a variety of dissemination strategies, to promote awareness and use of your products and services. Information provided to families should be accurate, comprehensive, up-to-date, and evidence-based. Include how you will maintain a high-quality 508 compliant, public-facing, National Center website.
- Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, for example, strategies or services and interventions which have been effective in improving practices, and those that have led to improved outcomes for the target population

Individual Center Requirements

Implementation and Change Center (ICC):

- Describe your methods to apply implementation science and change management techniques to drive the design and delivery of TA/T.
- Describe your methods and strategies to support state/territory EHDl programs in developing State/Territory Determined Objectives, 1-3-6 benchmarks, and collecting data to report on those objectives.
- Describe your methods to engage with and orient new EHDl Coordinators/Project Directors, including the development of onboarding and mentoring materials and supports.
- Describe your plans to design and facilitate an annual grantee meeting for EHDl Coordinators and Family Leaders that represents the needs of your primary audience.

Family Leadership in Language and Learning Center (FL3):

- Describe methods to develop materials and training to strengthen family engagement for EHDl Coordinators/ Project Directors and Family Leaders/engagement liaisons.
- Describe your plans to design and facilitate an annual grantee meeting for Family Leaders that represents the needs of your primary audience.

Provider Education Center (PEC):

- Describe how you will recruit health care and other allied service providers to engage in TA/T activities throughout the duration of the project.

- *Work Plan -- Corresponds to Section V's Review Criteria 2: [Response](#), 3: [Evaluative Measures](#), and 4: [Impact](#)*
 - Describe how you'll achieve each of the objectives during the period of performance. You find these in the Approach section.
 - Use a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out all activities, including the application.
- *Resolution of Challenges -- Corresponds to Section V's Review Criterion 2: [Response](#)*
 - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
 - Describe specific challenges likely to be encountered in providing TA, training, and educational activities to states/territory EHDl programs and plans to overcome them.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria 2: [Response](#), 3: [Evaluative Measures](#), and 5: [Resources/Capabilities](#)*

Evaluation:

- Describe the plan for the program performance evaluation that will contribute to continuous QI and support routinely evaluating and improving the quality of services provided, particularly how your proposed activities address health equity and health disparities for DHH children. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (for example, organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.
- In addition to progress on the program objectives, recipients are required to report on the following measures:
 - # of individual TA/T events/encounters
 - # of group TA/T events
 - # of state/territory EHDl programs participating in TA/T
 - percent of trainings (regardless of topic) that incorporate an equity or culturally responsive practice component
- Describe your approach to identify and implement a shared set of Network measures to assess success and impact of the learning communities on policy and practice change in state EHDl programs.

- **For the ICC only:** Describe your plan to conduct an independent evaluation of TA/T provided, using one or more qualified, independent evaluators.

Technical Support Capacity

- Describe the systems and processes that will support your organization's ability to track progress on the [Program Objectives](#) and [Evaluation Plan](#). Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe any potential obstacles for implementing the program evaluation and your plan to address those obstacles.

iii. **Budget**

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

- **Network Activities:** Each Center should budget 10 percent of their Total Project Costs annually to support Network infrastructure and collaborative work.
- **Access Accommodations:** You should include the cost of access accommodations as part of your project's budget. This includes but is not limited to sign language interpreters; plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences.
- **Participant Compensation:** Family members and people with lived experience should be fairly compensated for their participation in project activities (for example, advisory committee, training, etc.).

As required by the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an

individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2023, the salary rate limitation is \$212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide*.

In addition, EHD National Center Program requires the following be included in your organization’s budget:

- Funding to support Network infrastructure and collaborative work
- Access accommodations
- Participant compensation, as appropriate
- Travel and funding to support staff for the annual grantee meeting for EHD Coordinators and Family Leaders

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They won’t count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers won’t open any attachments you link to.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#))

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachment 7: Plan for the Development and Delivery of TA/T

Provide a comprehensive plan for the development and delivery of TA/T for EHDI State/Territory recipients and secondary audiences, as appropriate. Include a detailed outline of TA/T opportunities across the period of performance, including defined levels of TA/T, for example, short-and long-term, peer-to-peer, group, and individualized TA/T.

Attachment 8: For Multi-Year Budgets--5th Year Budget, if applicable as it only applies to 5-year periods of performance.

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 9: Proof of Non-profit Status (Does not count against the page limit)

Attachment 10: Consortium Memorandum of Understanding/Agreement (MOU/A), if applicable.

Include here the Memorandum of Understanding/Agreement (MOU/A) for organizations applying as consortium to one National Center. The roles and responsibilities of each consortium member must be clearly defined in a proposed MOU/A. The proposed MOU/A must be supported in writing by all consortium members listed.

Attachments 11–15: Other Relevant Documents; 15 is the maximum number of attachments allowed.

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.²⁷

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We won't make an award until you comply with all relevant SAM requirements. If you haven't met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

²⁷ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We don't grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *November 6, 2023, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

EHD National Center program doesn't need to follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If it applies If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. Our process helps you understand the criteria we use in our review. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank EHDI National Center applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

The extent to which the application clearly describes the specific National Center and purpose of the project; the current state, emerging needs, and barriers implementing comprehensive and coordinated systems of services for DHH children and their families; and how TAT needs for state/territory EHDI programs will be addressed throughout the period of performance.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's [Need](#), [Approach](#), [Work Plan](#), [Resolution of Challenges](#), and [Evaluation and Technical Support Capacity](#)

The strength of the proposed goals and objectives and their relationship to the project [Purpose](#). The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Subcriterion 2a: [Approach](#) (35 points) The extent to which the proposed project responds effectively and addresses in detail each of the [Program Requirements and Expectations](#). This includes:

- [Network Level Activities](#), [Technical Assistance and Training](#) (TAT), [Policy Analysis and Assessment](#), [Partnership Building](#), [Communication](#), and [Dissemination](#) (20 points)
- [Individual Center Requirements](#) (15 points)

Subcriterion 2b: Work Plan and Resolution of Challenges (10 points)

- The strength of the work plan, including activities or steps, and responsible staff, that will be used to achieve each of the objectives proposed during the entire period of performance in the [Approach](#) section.
- The extent to which the challenges likely to arise during the development and implementation of activities are described in the Work Plan and the approaches to successfully resolve such challenges.

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

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

- The applicant's plan and ability to collect data on the measures specified by HRSA and proposed measures presented by the applicant in their Narrative.
- The applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.

- The applicant's capacity to execute a thorough plan encompassing all evaluation activities described within the [Evaluation and Technical Support Capacity Section](#).

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Approach](#) and [Work Plan](#)

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or priority population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding. See [Program Requirements and Expectations](#) for a full description of what to address.

This includes the extent to which the application completely and effectively describes:

- The proposed project has the potential to advance EHDI systems of services, so DHH children and their families receive appropriate supports and timely services to improve language acquisition.
- A detailed and targeted plan to disseminate the project's products, methodologies, and outcomes.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

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 the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

This includes the extent to which the application completely and effectively describes:

- The organization's capacity and expertise to provide the scope of TA/T and support activities required. Specifically, expertise relevant to the National Center to which they are applying:
 - **Implementation and Change Center (ICC):** public health systems, workforce development, systems change, implementation science, change management, continuous quality improvement, and evaluation.
 - **Family Leadership in Language and Learning (FL3) Center:** supporting family leadership and engagement in systems of services and developing family leaders.
 - **Provider Education Center (PEC):** supporting health care and service providers to improve the system of services for DHH children and their families.
- How the project will benefit from a diversity of perspectives in its development and operation.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's [Organizational Information](#) and [Budget Narrative](#)

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

The extent to which:

- Key personnel have adequate time devoted to the project to achieve project objectives.
- The budget allocates costs for (1) access accommodations; (2) 10 percent of Total Project Costs annually to support Network infrastructure and collaborative work; (3) compensation is provided to family members and people with lived experience for participation in project activities (for example, advisory committee, training, etc.); and (4) travel to support staff for the annual grantee meeting for EHDI Coordinators and Family Leaders.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we don't guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You can't appeal them to any HRSA or HHS official or board.

We review information about your organization in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in [FAPIIS](#). We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect or started during the award period, with the exception of the termination provisions, which have been superseded by [2 CFR § 200.340\(a\)\(1\)-\(4\)](#), effective on or after August 13, 2020.
- 2 CFR § 200.340(a)(1)-(4) apply to this award. No other termination provisions apply
- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

If it applies, the NOA will address HRSA's rights regarding your award.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
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Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via [this link to HRSA's website](#).

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* and the following reporting and review activities:

- 1) **DGIS Performance Reports.** DGIS Performance Reports. Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures:
 - a. EHDI Implementation and Change are available at <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRS-A-24-035&ActivityCode=U52.1>

- b. Family Leadership in Language and Learning Center are available at
<https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRS A-24-035&ActivityCode=U52.2>
- c. Provider Education Center are available at
<https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRS A-24-035&ActivityCode=U52.3>.

Please be advised the administrative forms and performance measures for MCHB discretionary grants are being updated and are currently undergoing OMB approval. The new performance measures are intended to better align data collection forms more closely with current program activities and include common process and outcome measures as well as program-specific measures that highlight the unique characteristics of discretionary grant/cooperative agreement projects that are not already captured. Recipients will only complete forms in this package that are applicable to their activities, to be confirmed by MCHB after OMB approval. The proposed updated forms are accessible at
<https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis>.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	April 1, 2024—March 31, 2029 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	April 1, 2024—March 31, 2025 April 1, 2025—March 31, 2026 April 1, 2026—March 31, 2027 April 1, 2027—March 31, 2028	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	April 1, 2028—March 31, 2029	Period of performance end date	90 days from the available date

- 2) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year.

Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA

- 3) **Progress Report(s)**. The recipient must submit a progress report to us (annually). The NOA will provide details.
- 4) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as [45 CFR part 75 Appendix I, F.3](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Angela L. Love
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 443-4285
Email: Alove1@hrsa.gov

Program issues or technical assistance:

Shelby Graves, MPH, CHES
Public Health Analyst
Division of Services for Children with Special Health Needs
Attn: Early Hearing Detection and Intervention Program
MCHB
Health Resources and Services Administration
Call: 240-701-7500
Email: SGraves@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)

Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Glossary of Key Terms and Phrases

For the purposes of this funding opportunity:

- **Advisory committee:** The membership of the committee should represent stakeholders across the EHDI system, including health care professionals (for example, clinicians who deliver pediatric primary care, pediatric specialists, nurses, EI providers, audiologists, etc.), parents/families of DHH children, DHH individuals, and educators/teachers of DHH children. The advisory committee should also include organizations that serve families of DHH children and other MCH-early childhood programs.
- **Change management:** The application of a structured process and set of tools for leading the people side of change to achieve a desired outcome.²⁸
- **Children and youth with special health needs (CYSHCN):** Children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They also require health and related services of a type or amount beyond that required by children generally.²⁹
- **Children who are deaf and hard-of-hearing (DHH):** This notice of funding opportunity uses language consistent with the EHDI legislation. This includes the terms “children who are deaf and hard-of-hearing,” “deaf and hard-of-hearing children,” and “children identified as deaf or hard-of-hearing.”
- **Deaf/Hard-of-hearing:** Deaf and hard-of-hearing or DHH are used in this document to represent the entire spectrum of children with varying hearing levels (from mild to profound) and laterality and is intended to be inclusive of those who have other disabilities and/or conditions.
- **EHDI system of services:** The EHDI system of services refers to families, consumers, providers, services, and programs that work towards developing coordinated and comprehensive state and territory systems so that families with newborns, infants, and young children who are deaf or hard-of-hearing receive appropriate and timely services that include hearing screening, diagnosis, and intervention.
- **EHDI 1-3-6 recommendations:** Recommendations for all infants to have their hearing screened no later than 1 month of age; for those infants who do not pass the initial newborn hearing screen, a diagnostic audiological evaluation should be

²⁸ Lee, T. P. (2017). Discussing Change Management in Public Health. Retrieved from <https://phnci.org/journal/discussing-changemanagement-in-public-health>

²⁹ McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1 Pt 1):137-140. doi:10.1542/peds.102.1.137

completed no later than 3 months of age; and infants confirmed to be DHH should be referred for enrollment in EI services no later than 6 months of age.³⁰

- **Family engagement:** Defined as “patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care.”³¹
- **Family support:** Defined as “the practices that ensure that the holistic nature of the process for families is sustained through the timelines, policies and procedures by the varying entities that the family encounters through hearing screening, diagnosis, EI, and beyond.”³²
- **Health care and allied service professionals:** Health and other service professionals/providers who screen, diagnose, and provide services to infants, children, and families interacting with the EHDI system. This could include audiologists, pediatricians, nurses, state and local public health professionals, early intervention providers, speech language pathologist, etc.
- **Hearing screening:** Hearing screening refers to the process of initial screening, diagnosis, and enrollment into early intervention (EI) services.
- **Implementation science:** The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services³³
- **Language acquisition:** The development of the comprehension and use of language, which includes spoken, written, and/or other communication symbol systems.³⁴
- **Learning community:** A group of individuals or organizations that come together for a defined period of time to work together to improve processes relevant to a specific topic. Members of a learning community generally agree upon a shared set of data to measure and meet regularly to learn from each other and project experts.³⁵

³⁰ Joint Committee on Infant Hearing, (2007) Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Pediatrics Oct 2007, 120 (4) 898-921; DOI: 10.1542/peds.2007-2333.

³¹ Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231.

³² Global Coalition of Parents of Deaf/Hard of Hearing Children (2010). Position Statement and Recommendations for Family Support in the Development of Newborn Hearing Screening Systems (NHS)/Early Hearing Detection and Intervention (EHDI) Systems Worldwide.

³³ Eccles, M.P & Mittman, B.S. (2006) Welcome to Implementation Science, Available at <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-1-1> (Last accessed February 7, 2023)

³⁴ American Speech-Language-Hearing Association. Language in Brief. American Speech-Language-Hearing Association. Retrieved from <https://www.asha.org/practice-portal/clinical-topics/spoken-language-disorders/language-in-brief/#:~:text=Language%20is%20a%20rule-governed,e.g.%2C%20American%20Sign%20Language>

³⁵ HRSA Maternal and Child Health. Glossary. Retrieved from: <https://mchb.tvisdata.hrsa.gov/Glossary/Glossary>

- **Provider:** A health professional and/or service provider refers to pediatricians, otolaryngologists, nurses, audiologists, speech language pathologists, early interventionists, and any other professionals involved in the EHDI system of care.
- **Underserved populations:** Populations sharing a particular characteristic, as well as geographic communities, which have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life.³⁶

³⁶ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>