

Department of Health and Human Services

Indian Health Service

Tribal Management Grant Program

Announcement Type: New and Competing Continuation Fiscal Year 2012

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

Catalog of Federal Domestic Assistance Numbers: 93.228

Key Dates

Application Deadline Date: September 15, 2011.

Receipt Date for Final Tribal Resolution: September 30, 2011.

Review Date: October 3-7, 2011.

Application Notification Date: November 14, 2011.

Earliest Anticipated Start Date: January 1, 2012.

I. Funding Opportunity Description

Statutory Authority:

The Indian Health Service (IHS) is accepting competitive grant applications for the Tribal Management Grant (TMG) Program. This program is authorized under 25 U.S.C. § 450h(b)(1) and 25 U.S.C. § 450h(e) of the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law (Pub. L.) 93-638, as amended. This program is described at 93.228 in the Catalog of Federal Domestic Assistance (CFDA).

Background:

The TMG Program is a competitive grant program that is capacity building and developmental in nature and has been available for Federally-recognized Tribes and Tribal organizations (T/TO) since shortly after the passage of the ISDEAA in 1975. It was established to assist T/TO to assume all or part of existing IHS programs, functions, services, and activities (PFSA) and further develop and improve their health management capability. The TMG Program provides discretionary competitive grants to T/TO to establish goals and performance measures for current health programs; assess current management capacity to determine if new components are appropriate; analyze programs to determine if T/TO management is practicable; and develop infrastructure systems to manage or organize PFSA.

Purpose:

The TMG Program enhances and develops health management infrastructure and assists T/TO in assuming all or part of existing IHS PSFA through a Title I contract and assists established Title I contractors and Title V compactors to further develop and improve

their management capability. In addition, TMGs are available to T/TO under the authority of 25 U.S.C. § 450h(e) for: (1) obtaining technical assistance from providers designated by the T/TO (including T/TO that operate mature contracts) for the purposes of program planning and evaluation, including the development of any management systems necessary for contract management and the development of cost allocation plans for indirect cost rates; and (2) the planning, designing, monitoring, and evaluation of Federal programs serving the T/TO, including Federal administrative functions.

II. Award Information

Type of Award: Grant.

Estimated Funds Available:

The total amount of funding identified for fiscal year (FY) 2012 is approximately \$2,762,000. Competing and continuation awards issued under this announcement **are subject to the availability of funds.**

Anticipated Number of Awards:

Approximately 20-25 awards will be issued under this grant program announcement.

Project Period:

The project periods vary based on the project type selected. Project periods could run

from one, two, or three years and will run consecutively from the earliest anticipated start date of January 1, 2012 through December 31, 2012, for one year projects; January 1, 2012 through December 31, 2013 for two year projects, and January 1, 2012 through December 31, 2014 for three year projects. Please refer to "**Eligible TMG Project Types, Maximum Funding Levels and Project Periods**" below for additional details.

Estimated Award Amount:

Individual award amounts depend on the type of project selected. Please refer below to "**Eligible TMG Project Types, Maximum Funding Levels and Project Periods**" for maximum funding amounts for each project type. The minimum award amount for all project types is \$30,000.

Eligible TMG Project Types, Maximum Funding Levels and Project Periods:

The TMG Program consists of four project types: (1) feasibility study; (2) planning; (3) evaluation study; and (4) health management structure. Applicants may submit applications for one project type only. Applicants must state the project type selected. Applications that address more than one project type will be considered ineligible. The maximum funding levels noted include both direct and indirect costs. Applicant budgets may not exceed the maximum funding level or project period identified for a project type. Applicants whose budget or project period exceed the maximum funding level or project period will be deemed ineligible and will not be reviewed. Please refer to **Section IV.5, "Funding Restrictions"** for further information regarding ineligible activities.

1. FEASIBILITY STUDY (Maximum funding/project period: \$70,000/12 months)

The Feasibility Study must include a study of a specific IHS program or segment of a program to determine if Tribal management of the program is possible. The study shall present the planned approach, training, and resources required to assume Tribal management of the program. The study must include the following four components:

- Health needs and health care services assessments that identify existing health care services and delivery systems, program divisibility issues, health status indicators, unmet needs, volume projections, and demand analysis.
- Management analysis of existing management structures, proposed management structures, implementation plans and requirements, and personnel staffing requirements and recruitment barriers.
- Financial analysis of historical trends data, financial projections and new resource requirements for program management costs and analysis of potential revenues from Federal/non-Federal sources.
- Decision statement/report that incorporates findings, conclusions and recommendations; the presentation of the study and recommendations to the Tribal governing body for determination regarding whether Tribal assumption of program(s) is desirable or warranted.

2. PLANNING (Maximum funding/project period: \$50,000/12 months)

Planning projects entail a collection of data to establish goals and performance measures for the operation of current health programs or anticipated PFSA under a Title I contract. Planning projects will specify the design of health programs and the management systems (including appropriate policies and procedures) to accomplish the health priorities of the T/TO. For example, planning projects could include the development of a Tribal Specific Health Plan or a Strategic Health Plan, etc. Please note that updated Healthy People information and Healthy People 2020 objectives are available in electronic format at the following website: <http://www.health.gov/healthypeople/publications>. The Public Health Service (PHS) encourages applicants submitting strategic health plans to address specific objectives of Healthy People 2020.

3. EVALUATION STUDY (Maximum funding/project period: \$50,000/12 months)

The Evaluation Study must include a systematic collection, analysis, and interpretation of data for the purpose of determining the value of a program. The extent of the evaluation study could relate to the goals and objectives, policies and procedures, or programs regarding targeted groups. The evaluation study could also be used to determine the effectiveness and efficiency of a Tribal program operation (i.e., direct services, financial management, personnel, data collection and analysis, third-party billing, etc.), as well as to determine the appropriateness

of new components of a Tribal program operation that will assist Tribal efforts to improve their health care delivery systems.

4. HEALTH MANAGEMENT STRUCTURE (Average funding/project period: \$100,000/12 months; maximum funding/project period: \$300,000/36 months)

The first year maximum funding level is limited to \$150,000 for multi-year projects. The Health Management Structure component allows for implementation of systems to manage or organize PFSA. Management structures include health department organizations, health boards, and financial management systems; including systems for accounting, personnel, third-party billing, medical records, management information systems, etc. This includes the design, improvement, and correction of management systems that address weaknesses identified through quality control measures, internal control reviews, and audit report findings under the Office of Management and Budget (OMB) [OMB Circular A-133](#), Audits of States, Local Governments and Non-Profit Organizations and ISDEAA requirements. The OMB Circular A-133 can be found at the following website:

http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf.

For the minimum standards for the management systems used by Indian T/TO when carrying out self-determination contracts, please see 25 C.F.R. Part 900, Contracts Under the Indian Self-Determination and Education Assistance Act,

Subpart F – “Standards for Tribal or Tribal Organization Management Systems,” §§ 900.35 – 900.60. 25 C.F.R. Part 900 can be found at the following websites:

<http://law.justia.com/cfr/title25/25-1.0.5.25.1.html#25:1.0.5.25.1.6> or

http://www.access.gpo.gov/nara/cfr/waisidx_10/25cfr900_10.html.

Please see Section IV “Application and Submission Information” for information on how to obtain a copy of the TMG application package.

III. Eligibility Information

- 1. Eligible Applicants:** Indian T/TO as defined by the ISDEAA are eligible to apply for the TMG Program. The definitions for each entity type are outlined below. Only one application per T/TO is allowed.

- 2. Full competition announcement:** This is a full competition announcement.

Definitions

“Indian Tribe” means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. § 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of

their status as Indians. 25 U.S.C. § 450b(e).

“Tribal organization” means the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities. 25 U.S.C. § 450b(l).

Tribal organizations must provide proof of non-profit status. Tribal organizations are eligible to receive this grant only if it is incorporated for the primary purpose of improving AI/AN health, and it is representing the Tribes or AN villages in which it is located.

3. Other Required Information

Cost Sharing or Matching - The TMG Program does not require matching funds or cost sharing.

1) Other Requirements:

The following documentation is required:

- A. Tribal Resolution - A resolution of the Indian Tribe(s) to be served by the project must accompany the application submission. This can be attached to the electronic application. Applications by Tribal organizations will not require a specific Tribal resolution if

the current Tribal resolution(s) under which they operate would encompass the proposed grant activities.

B. Draft resolutions are acceptable in lieu of an official resolution.

However, an official signed Tribal resolution must be received by the Division of Grants Management (DGM) prior to the beginning of the Objective Review. If an official signed resolution is not received by September 30, 2011, the application will be considered incomplete and deemed ineligible for any further review.

Applicants submitting a tribal resolution after the initial application submission due date of September 15, 2011 are required to ensure the information was received by the IHS by obtaining documentation confirming delivery (i.e., FedEx tracking, postal return).

C. Documentation for Priority I Participation requires a copy of the Federal Register notice or letter from the Bureau of Indian Affairs verifying establishment of Federally-recognized Tribal status within the last five years. The date on the documentation must reflect that Federal recognition was received during or after March 2006.

D. Documentation for Priority II Participation requires a copy of the most current transmittal letter and Attachment A from the Department of Health and Human Services (HHS), Office of

Inspector General (OIG), National External Audit Review Center (NEAR). See “FUNDING PRIORITIES” below for more information. If an applicant is unable to locate a copy of their most recent transmittal letter or needs assistance with audit issues, information or technical assistance may be obtained by contacting the IHS, Office of Finance and Accounting, Division of Audit at (301) 443-1270, or the NEAR help line at (800) 732-0679 or (816) 426-7720. The auditor may also have the information/documentation required.

- E. Federally-recognized Indian Tribes or Tribally-sanctioned Tribal organizations not subject to Single Audit Act requirements must provide a financial statement identifying the Federal dollars in the footnotes. The financial statement must also identify specific weaknesses/recommendations that will be addressed in the TMG proposal and that are related to 25 C.F.R. Part 900, Subpart F - “Standards for Tribal and Tribal Organization Management Systems.”

- F. Documentation of Consortium Participation - If an Indian Tribe submitting an application is a member of an eligible intertribal consortium, the Tribe must:

- Identify the consortium.
- Indicate if the consortium intends to submit a TMG application.
- Demonstrate that the Tribe's application does not duplicate or overlap any objectives of the consortium's application.
- Identify all of the consortium member Tribes.
- Identify if any of the member Tribes intend to submit a TMG application of their own.
- Demonstrate that the consortium's application does not duplicate or overlap any objectives of the other consortium members who may be submitting their own TMG application.

FUNDING PRIORITIES: The IHS has established the following funding priorities for TMG awards:

- **PRIORITY I** - Any Indian Tribe that has received Federal recognition (including restored, funded, or unfunded) within the past five years, specifically received during or after March 2006, will be considered Priority I.
- **PRIORITY II** - All other eligible Federally-recognized Indian Tribes

or Tribally-sanctioned Tribal organizations submitting a competing continuation application or a new application for the sole purpose of addressing audit material weaknesses will be considered Priority II.

Note the following definitions:

Audit finding means deficiencies which the auditor is required by OMB Circular A-133, Subpart E ‘Auditors’, Section 510 ‘Audit findings’, Subsection (a) ‘Audit findings reported’, to report in the schedule of findings and questioned costs. Source: Circular No. A-133.

http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf .

Material weakness – The “Statements on Auditing Standards 115” defines material weakness as a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Source:

http://www.whitehouse.gov/sites/default/files/omb/fedreg/2007/062607_audits.pdf .

Significant deficiency - The Statements on Auditing Standards 115 defines significant deficiency as a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Source:

http://www.whitehouse.gov/sites/default/files/omb/fedreg/2007/062607_audits.pdf .

The audit findings are identified in Attachment A of the transmittal letter received from the HHS/OIG/NEAR. Please identify the material weaknesses to be addressed by underlining the item(s) listed on Attachment A.

Federally-recognized Indian Tribes or Tribally-sanctioned Tribal organizations not subject to Single Audit Act requirements must provide a financial statement identifying the Federal dollars received in the footnotes. The financial statement should also identify specific weaknesses/recommendations that will be addressed in the TMG proposal and that are related to 25 C.F.R. Part 900, Subpart F - “Standards for Tribal and Tribal Organization Management Systems.”

Priority II participation is only applicable to the Health Management Structure project type. For more information, see “Eligible TMG Project Types, Maximum Funding Levels and Project Periods” in Section II.

- **PRIORITY III** - All other eligible Federally-recognized Indian T/TO submitting a competing continuation application or a new application will be considered Priority III.

The funding of approved Priority I applicants will occur before the funding of approved Priority II applicants. Priority II applicants will be funded before approved Priority III applicants. Funds will be distributed until depleted.

Please refer to Section IV, “Application and Submission Information,” particularly Item 5, “Funding Restrictions” and Section V. “Application Review/Information” regarding other application submission information and/or requirements.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and instructions may be located at

<http://www.Grants.gov> or

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

2. Content and Form of Application Submission

Mandatory documents for all applicants include:

Application forms:

- SF-424 - Application for Federal Assistance.
- SF-424A – Budget Information - Non-Construction Programs.
- SF-424B – Assurances - Non-Construction Programs.
- Budget narrative (must be single-spaced).
- Project narrative (must not exceed 14 single-spaced pages).
- Tribal resolution.
- 501(c)(3) Non-Profit Certification.
- Resumes for all key personnel.
- Position descriptions.
- Disclosure of Lobbying Activities (SFLLL) (if applicable).
- Copy of current negotiated indirect cost (IDC) rate agreement.
- Documentation of current OMB A-133 required financial audit, (if applicable). Acceptable forms of documentation include:

- E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
- Face sheets from audit reports. These can be found on the FAC website.

Public Policy Requirements

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

Requirements for Project and Budget Narratives

A. Project Narrative: This narrative should be a separate Word document that is no longer than 14 pages with consecutively numbered pages. Be sure to place all responses and required information in the correct section or they will not be considered or scored. If the narrative exceeds the page limit, only the first 14 pages will be reviewed. There are three parts to the narrative: Part A – Program Information; Part B – Program Planning and Evaluation; and Part C – Program Report. See below for additional details about what must be included in the narrative.

Part A: Program Information

Section 1: Needs

Part B: Program Planning and Evaluation

Section 1: Program Plans

Section 2: Program Evaluation

Part C: Program Report

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

Section 2: Describe major activities over the last 24 months.

B. Budget Narrative: The budget narrative should not exceed three pages. It must describe the budget amount requested and match the scope of work described in the project narrative.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by **September 15, 2011 by 12:00 midnight Eastern Time (ET)**. Any application received after the deadline will not be accepted for processing.

4. Intergovernmental Review

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

5. Funding Restrictions

- Pre-award costs are not allowable.

- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant will be awarded per applicant.
- The TMG may not be used to support recurring operational programs or to replace existing public and private resources. Funding received under a recurring Pub. L. 93-638 contract cannot be totally supplanted or totally replaced. Exception is allowed to charge a portion or percentage of salaries of existing staff positions involved in implementing the TMG grant, if applicable.
- Ineligible Project Activities - The inclusion of the following projects or activities in an application will render the application ineligible and the application will be returned to the applicant:
 - Planning and negotiating activities associated with the intent of a Tribe to enter the IHS Self-Governance Project. A separate grant program is administered by the IHS for this purpose. Prospective applicants interested in this program should contact Mr. Charles Sockey, Policy Analyst, Office of Tribal Self-Governance, Indian Health Service, Reyes Building, 801 Thompson Avenue, Suite 240, Rockville, Maryland 20852, (301) 443-7821, and request information concerning the "Tribal Self-Governance Program Planning Cooperative Agreement

Announcement" or the "Negotiation Cooperative Agreement Announcement."

- Projects related to water, sanitation, and waste management.
- Projects that include direct patient care and/or equipment to provide those medical services to be used to establish or augment or continue direct patient clinical care. Medical equipment that is allowable under the Special Diabetes Grant Program is not allowable under the TMG Program.
- Projects that include recruitment efforts for direct patient care services.
- Projects that include long-term care or provision of any direct services.
- Projects that include tuition, fees, or stipends for certification or training of staff to provide direct services.
- Projects that include pre-planning, design, and planning of construction for facilities, including activities relating to program justification documents.
- Projects that propose more than one project type. Refer to Section II, "Award Information," specifically "**Eligible TMG Project Types, Maximum Funding Levels and Project Periods**" for more information. An example of a

proposal with more than one project type that would be considered ineligible may include the creation of a strategic health plan (defined by TMG as a planning project type) and improving third-party billing structures (defined by TMG as a health management structure project type). Multi-year applications that include in the first year planning, evaluation, or feasibility activities with the remainder of the project years addressing management structure are also deemed ineligible.

- Other Limitations - A current TMG recipient cannot be awarded a new, renewal, or competing continuation grant for any of the following reasons:
 - The grantee will be administering two TMGs at the same time or have overlapping project/budget periods (however, allowance will be made to accommodate the completion of one TMG grant prior to beginning a new award, if applicable);
 - The current project is not progressing in a satisfactory manner;
 - The current project is not in compliance with program and financial reporting requirements; or

- The applicant has an outstanding delinquent Federal debt.

No award shall be made until either:

- o The delinquent account is paid in full; or
- o A negotiated repayment schedule is established and at least one payment is received.

6. Electronic Submission Requirements:

Use the <http://www.Grants.gov> website to submit an application electronically and select the “Find Grant Opportunities” link on the homepage. Download a copy of the application package, complete it offline, and then upload and submit the application via the Grants.gov website. Electronic copies of the application may not be submitted as attachments to e-mail messages addressed to IHS employees or offices.

Applicants that receive a waiver of the requirement to submit electronic applications must follow the rules and timelines noted below when they submit a paper application. The applicant must request a waiver, if needed, at least ten days prior to the application deadline.

Applicants that do not adhere to the timelines for Central Contractor Registry (CCR) and/or Grants.gov registration and/or request timely assistance with technical issues will not be considered for a waiver to

submit a paper application.

Refer to the CCR Section below for further information.

Please be aware of the following:

- Please search for the application package in Grants.gov by entering the CFDA number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.
- Applicants are strongly encouraged not to wait until the deadline date to begin the application process through Grants.gov as the registration process for CCR and Grants.gov could take up to fifteen working days.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by the DGM.
- Page limitation requirements equally apply to paper and electronic applications.
- After you electronically submit your application, you will receive an automatic acknowledgment and tracking number from Grants.gov that contains a Grants.gov tracking number. The DGM will download your application from Grants.gov and provide necessary copies to the appropriate agency officials. Neither the DGM nor the Office of Direct Service and Contracting Tribes (ODSCT) will notify applicants that the application has been received.

Technical Challenges:

- If technical challenges arise and assistance is required with the electronic application process, contact Grants.gov Customer Support via e-mail at support@grants.gov or at (800) 518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and waiver from the agency must be obtained.
- If problems persist, contact Paul Gettys, DGM, (Paul.Gettys@ihs.gov) at (301) 443-5204.
- Waiver requests must be submitted in writing to GrantsPolicy@ihs.gov with a copy to Tammy.Bagley@ihs.gov. Please include a clear justification for the need to deviate from our standard electronic submission process. If the waiver is approved, the application should be sent directly to the DGM by the deadline date of **September 15, 2011**. A copy of the approved waiver must be submitted along with the paper application that is mailed to the DGM (Refer to Section VII to obtain the mailing address). Paper applications that are submitted without a waiver will be returned to the applicant without review or further consideration. Late applications will not be accepted for processing or considered for funding and will be returned to the applicant.

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

All IHS applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the CCR database. Additionally, all IHS grantees must notify potential first-tier subrecipients that no entity may receive a first-tier subaward unless the entity has provided its DUNS number to the prime grantee organization. These requirements will ensure use of a universal identifier to enhance the quality of information available to the public. Effective October 1, 2010, all HHS recipients were asked to start reporting information on subawards, as required by the Federal Funding Accountability and Transparency Act of 2006, as amended (“Transparency Act”). The DUNS number is a unique nine-digit identification number provided by D&B, which uniquely identifies your entity. The DUNS number is site specific; therefore, each distinct performance site may be assigned a DUNS number. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, you may access it through the following website: <http://fedgov.dnb.com/webform> or to expedite the process, call (866) 705-5711.

Central Contractor Registry

Organizations that have not registered with the CCR must have a DUNS number first and then access the CCR home page at <https://www.bpn.gov/ccr/default.aspx> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service

that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete, and your CCR registration will take approximately 3-5 business days to process. Registration with the CCR is free of charge. Additional information on implementing the Transparency Act, including the specific requirements for DUNS and CCR, can be found on the IHS DGM website:

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

V. Application Review/Information

Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 60 points is required for funding. The 14-page narrative should only include the first year of activities, and information for multi-year projects should be included as an appendix. See “MULTI-YEAR PROJECT REQUIREMENTS” at the end of this section for more information. Points are assigned as follows:

1. Evaluation Criteria

Part A: Program Information - Needs (20 points)

Part B: Program Planning and Evaluation

Program Plans – (40 points)

Program Evaluation – (20 points)

Part C: Program Report (15 points)

Budget Narratives (5 points)

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses.

PART A: PROGRAM INFORMATION:

Project Narrative

A. Abstract - One page summarizing project (narrative).

B. Criteria:

INTRODUCTION AND NEED FOR ASSISTANCE (20 points)

- A. Describe the T/TO's current health operation. Include what programs and services are currently provided (i.e., Federally-funded, State-funded, etc.), information regarding technologies currently used (i.e., hardware, software, services, etc.), and identify the source(s) of technical support for those technologies (i.e., Tribal staff, Area Office, vendor, etc.). Include information regarding whether the T/TO has a health department and/or health board and how long it has been operating.

- B. Describe the population to be served by the proposed project. Include the number of eligible IHS beneficiaries who currently use the services.
- C. Describe the geographic location of the proposed project including any geographic barriers to the health care users in the area to be served.
- D. Identify all TMGs received since FY 2006, dates of funding and a summary of project accomplishments. State how previous TMG funds facilitated the progression of health development relative to the current proposed project.
(Copies of reports will not be accepted.)
- E. Identify the eligible project type and priority group of the applicant.
- F. Explain the need/reason for your proposed project by identifying specific gaps or weaknesses in services or infrastructure that will be addressed by the proposed project. Explain how these gaps/weaknesses were discovered. If the proposed project includes information technology (i.e., hardware, software, etc.), provide further information regarding measures taken or to be taken that ensure the proposed project will not create other gaps in services or infrastructure (i.e., IHS interface capability,

Government Performance and Results Act reporting requirements, contract reporting requirements, Information Technology (IT) compatibility, etc.) if applicable.

G. Describe the effect of the proposed project on current programs (i.e., Federally-funded, State-funded, etc.) and, if applicable, on current equipment (i.e., hardware, software, services, etc.). Include the effect of the proposed project on planned/anticipated programs and/or equipment.

H. Address how the proposed project relates to the purpose of the TMG Program by addressing the appropriate description that follows:

- Identify if the T/TO is an IHS Title I contractor. Address if the self-determination contract is a master contract of several programs or if individual contracts are used for each program. Include information regarding whether or not the Tribe participates in a consortium contract (i.e., more than one Tribe participating in a contract). Address what programs are currently provided through those contracts and how the proposed project will enhance the organization's capacity to manage the contracts currently in place.

- Identify if the T/TO is an IHS Title V compactor. Address when the T/TO entered into the compact and how the proposed project will further enhance the organization's management capabilities.
- Identify if the T/TO is not a Title I or Title V organization. Address how the proposed project will enhance the organization's management capabilities, what programs and services the organization is currently seeking to contract and an anticipated date for contract.

PART B: PROGRAM PLANNING AND EVALUATION:

Section 1: Program Plans:

PROJECT OBJECTIVE(S), WORKPLAN AND CONSULTANTS (40 points)

- A. Identify the proposed project objective(s) addressing the following:
- Objectives must be measureable and (if applicable) quantifiable.
 - Objectives must be results oriented.
 - Objectives must be time-limited.

Example: By installing new third-party billing software, the Tribe will increase the number of bills processed by 15 percent at the end of 12 months.

- B. Address how the proposed project will result in change or improvement in program operations or processes for each proposed project objective. Also address what tangible products are expected from the project (i.e., policies and procedures manual, health plan, etc.).
- C. Address the extent to which the proposed project will build local capacity to provide, improve, or expand services that address the need(s) of the target population.
- D. Submit a work plan in the Appendix which includes the following information:
- Provide the action steps on a timeline for accomplishing the proposed project objective(s).
 - Identify who will perform the action steps.
 - Identify who will supervise the action steps taken.
 - Identify what tangible products will be produced during and at the end of the proposed project.
 - Identify who will accept and/or approve work products during the duration of the proposed project and at the end of the proposed project.

- Include any training that will take place during the proposed project and who will be providing and attending the training.
 - Include evaluation activities planned in the work plans.
- E. If consultants or contractors will be used during the proposed project, please include the following information in their scope of work (or note if consultants/contractors will not be used):
- Educational requirements.
 - Desired qualifications and work experience.
 - Expected work products to be delivered on a timeline.

If a potential consultant/contractor has already been identified, please include a resume in the Appendix.

- F. Describe what updates (i.e., revision of policies/procedures, upgrades, technical support, etc.) will be required for the continued success of the proposed project. Include when these updates are anticipated and where funds will come from to conduct the update and/or maintenance.

Section 2: Program Evaluation:

PROJECT EVALUATION (20 points)

Each proposed objective requires an evaluation component to assess its progression and ensure its completion. Also, include the evaluation activities in the work plan.

Describe the proposed plan to evaluate both outcomes and processes. Outcome evaluation relates to the results identified in the objectives, and process evaluation relates to the work plan and activities of the project.

A. For outcome evaluation, describe:

- What will the criteria be for determining success of each objective?
- What data will be collected to determine whether the objective was met?
- At what intervals will data be collected?
- Who will collect the data and their qualifications?
- How will the data be analyzed?
- How will the results be used?

B. For process evaluation, describe:

- How will the project be monitored and assessed for potential problems and needed quality improvements?
- Who will be responsible for monitoring and managing project improvements based on results of

ongoing process improvements and their qualifications?

- How will ongoing monitoring be used to improve the project?
- Describe any products, such as manuals or policies, that might be developed and how they might lend themselves to replication by others.
- How will the organization document what is learned throughout the project period?

C. Describe any evaluation efforts planned after the grant period has ended.

D. Describe the ultimate benefit to the Tribe that is expected to result from this project. An example of this might be the ability of the Tribe to expand preventive health services because of increased billing and third party payments.

PART C: PROGRAM REPORT:

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

Section 2: Describe major activities over the last 24 months.

ORGANIZATIONAL CAPABILITIES AND QUALIFICATIONS (15

points)

This section outlines the broader capacity of the organization to complete the project outlined in the work plan. It includes the

identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the projects outlined in the work plan.

- A. Describe the organizational structure of the T/TO beyond health care activities, if applicable.
- B. Provide information regarding plans to obtain management systems if the T/TO does not have an established management system currently in place that complies with 25 C.F.R. Part 900, Subpart F, “Standards for Tribal or Tribal Organization Management Systems.” State if management systems are already in place and how long the systems have been in place.
- C. Describe the ability of the organization to manage the proposed project. Include information regarding similarly sized projects in scope and financial assistance as well as other grants and projects successfully completed.
- D. Describe what equipment (i.e., fax machine, phone, computer, etc.) and facility space (i.e., office space) will be available for use during the proposed project. Include information about any equipment not currently available that will be purchased through the grant.
- E. List key personnel who will work on the project. Include

all titles of key personnel in the work plan. In the Appendix, include position descriptions and resumes for all key personnel. Position descriptions should clearly describe each position and duties, indicating desired qualifications and experience requirements related to the proposed project. Resumes must indicate that the proposed staff member is qualified to carry out the proposed project activities. If a position is to be filled, indicate that information on the proposed position description.

- F. Address how the T/TO will sustain the position(s) after the grant expires if the project requires additional personnel (i.e., IT support, etc.). State if there is no need for additional personnel.
- G. If the personnel are to be only partially funded by this grant, indicate the percentage of time to be allocated to the project and identify the resources used to fund the remainder of the individual's salary.

Budget Narrative(s):

This section should provide a clear estimate of the project's program costs and justification for expenses for the entire grant period. The budget(s) and budget justifications should be consistent with the tasks identified in the work plans.

CATEGORICAL BUDGET AND BUDGET JUSTIFICATION (5 points)

- A. Provide a categorical budget for each of the 12-month budget periods requested.
- B. If indirect costs are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the Appendix.
- C. Provide a narrative justification explaining why each categorical budget line item is necessary and relevant to the proposed project. Include sufficient cost and other details to facilitate the determination of cost allowability (i.e., equipment specifications, etc.).

MULTI-YEAR PROJECT REQUIREMENTS

For projects requiring a second and/or third year, include only Year 2 and/or Year 3 narrative sections (objectives, evaluation components and work plan) that differ from those in Year 1. For every project year, include a full budget justification and a detailed, itemized categorical budget showing calculation methodologies for each item. The same weights and criteria which are used to evaluate a one-year project or the first year of a multi-year project will be applied when evaluating the second and third years of a multi-year application. A weak second and/or third year submission could negatively impact the overall score of an application and result in elimination of the proposed second and/or third years with a recommendation for only a one-year award.

APPENDIX ITEMS

- A. Tribal Resolution(s) (Draft and/or Final Signed) as applicable.
- B. Work plan for proposed objectives.
- C. Position descriptions for key staff.
- D. Resumes of key staff that reflect current duties.
- E. Consultant proposed scope of work (if applicable).
- F. Indirect Cost Rate Agreement (if applicable).
- G. Organizational chart (optional).
- H. Multi-Year Project Requirements (if applicable).

2. Review and Selection Process:

Each application will be prescreened by the DGM staff for eligibility and completeness as outlined in the funding announcement. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be referred to the Objective Review Committee (ORC). Applicants will be notified by DGM, via e-mail or letter to outline minor missing components (i.e., signature on the SF-424, audit documentation, key contact form) needed for an otherwise complete application. All missing documents must be sent to DGM on or before the due date listed in the e-mail or letter notification of missing documents required.

To obtain a minimum score for funding by the ORC, applicants must address all program requirements and provide all required documentation. Applicants that receive less than a minimum score will be considered to be “Disapproved” and will be informed via e-mail or regular mail by the ODSCT of their application’s deficiencies. A summary statement outlining the strengths and weaknesses of the application will be provided to each disapproved applicant. The summary statement will be sent to the Authorized Organizational Representative that is identified on the face page (SF-424), of the application within 60 days of the completion of the Objective Review.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) will be initiated by the DGM and will be e-mailed or mailed via postal mail to each entity that is approved for funding under this announcement. The NoA will be signed by the Grants Management Officer as the authorizing document for which funds are disbursed to the approved entities. The NoA will serve as the official notification of the grant award and will reflect the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period. The NoA is a legally binding document.

2. Administrative Requirements

Grants are administrated in accordance with the following regulations, policies, and OMB cost principles:

- A. The criteria as outlined in this Announcement.
- B. Administrative Regulations for Grants:
 - 45 C.F.R. Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.
 - 45 C.F.R. Part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, and Other Non-profit Organizations.
- C. Grants Policy:
 - HHS Grants Policy Statement, Revised 01/07.
- D. Cost Principles:
 - Title 2: Grant and Agreements, Part 225 – Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87).
 - Title 2: Grants and Agreements, Part 230 – Cost Principles for Non-Profit Organizations (OMB Circular A-122).
- E. Audit Requirements:
 - OMB Circular A-133, Audits of States, Local

Governments, and Non-profit Organizations.

3. Indirect Costs

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

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

4. Reporting Requirements

The awardee must submit required reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result

in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) the imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports. The reporting requirements for this program are noted below.

A. Progress Reports

Semi-annual progress reports must be submitted within 30 days of the conclusion of the first six months of the budget period and a final report within 90 days of the expiration of the budget period. These reports will include a brief comparison of actual accomplishments to the goals established for the period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. Final reports must be submitted within 90 days of expiration of the budget/project periods.

B. Financial Reports

SF-425 Federal Financial Reports, Cash Transaction and Expenditure Reports are due 30 days after the close of every calendar quarter to the Division of Payment

Management, HHS at: <http://www.dpm.psc.gov>. It is recommended that you also send a copy of your SF-425 reports to your Grants Management Specialist. Failure to submit timely reports may cause a disruption in timely payments to your organization.

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

C. Federal Subaward Reporting System (FSRS)

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

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

Effective October 1, 2010, IHS was instructed by HHS to implement a new Term and Condition into all new NoAs, regarding the requirements for use and reporting of Federal subaward data. Although required to be referenced in all Funding Opportunity Announcements, this IHS Term of Award is applicable to

all New (Type 1) IHS grants and cooperative agreement awards issued after October 1, 2010. Additionally, all IHS Renewal (Type 2) grant and cooperative agreement awards and Competing Revision awards (Competing T-3s) issued on or after October 1, 2010, may also be subject to this reporting requirement. Further guidance on Renewal and Competing Revision award requirements to report subaward data is expected to be provided as it becomes available.

For the full IHS award term implementing this requirement and additional award applicability information, please visit the DGM Website at:

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

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

VII. Agency Contact(s)

Grants (Business):

Mr. Pallop Chareonvootitam, Grants Management Specialist

Division of Grants Management

Office of Management Services

Indian Health Service

801 Thompson Avenue, TMP Suite 360

Rockville, MD 20852-1609

Telephone: (301) 443-5204

Fax: (301) 443-9602

E-mail: Pallop.Chareonvootitam@ihs.gov.

Program (Programmatic/Technical):

Ms. Patricia Spotted Horse, Program Analyst

Office of Direct Service and Contracting Tribes

Indian Health Service

801 Thompson Avenue, Suite 220

Rockville, MD 20852-1609

Telephone: (301) 443-1104

Fax: (301) 443-4666

E-mail: Patricia.SpottedHorse@ihs.gov

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

Date: _____

/ Randy Grinnell /
Randy Grinnell
Deputy Director, Indian Health Service