TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Regulation citation	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours (rounded up)
	Continuous Query (automated)	619,001	1	619,001	.0003	186
§ 60.21: How to dispute the accuracy of NPDB information.	Subject Statement and Dispute	3,264	1	3,264	.75	2,448
	Request for Dispute Resolution	74	1	74	8	592
Administrative	Entity Registration (Initial)	3,484	1	3,484	1	3,484
	Entity Registration (Renewal & Update).	13,245	1	13,245	.25	3,311
	State Licensing Board Data Request.	60	1	60	10.5	630
	State Licensing Board Attestation.	325	1	325	1	325
	Authorized Agent Attestation	350	1	350	1	350
	Health Center Attestation	722	1	722	1	722
	Hospital Attestation	3,416	1	3,416	1	3,416
	Medical Malpractice Payer, Peer Review Organization, or Private Accreditation Organization Attestation.	274	1	274	1	274
	Other Eligible Entity Attestation	1,884	1	1,884	1	1,884
	Corrective Action Plan (Entity)	10	1	10	.08	1
	Reconciling Missing Actions	1,491	1	1,491	.08	119
	Agent Registration (Initial)	44	1	44	1	44
	Agent Registration (Renewal & Update).	304	1	304	.08	24
	Electronic Funds Transfer (EFT) Authorization.	644	1	644	.08	52
	Authorized Agent Designation	183	1	183	.25	46
	Account Discrepancy	85	1	85	.25	21
	New Administrator Request	600	1	600	.08	48
	Purchase Query Credits	1,786	1	1786	.08	143
	Education Request	40	1	40	.08	3
	Account Balance Transfer	10	1	10	.08	1
	Missing Report From Query Form.	10	1	10	.08	1
Total		7,101,274		7,101,274		347,294

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2020–22953 Filed 10–15–20; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Urban Indian Education and Research Program

Announcement Type: Competing Supplement.

Funding Announcement Number: HHS–2020–IHS–UIHP3–0002.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.193.

Key Dates

Application Deadline Date: November 6, 2020.

Earliest Anticipated Start Date: November 25, 2020.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting applications for a competing supplement to current cooperative agreements for the Urban Indian Education and Research Program. This program is authorized under: The Snyder Act, 25 U.S.C. 13; and the Public Health Service Act, 42 U.S.C. 241(a) Section 301(a). This supplement is authorized and funded by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), Public Law (Pub. L.) 116–136. This program is described in the Assistance Listings located at *https://beta.sam.gov* (formerly known as Catalog of Federal Domestic Assistance) under 93.193.

Background

The Office of Urban Indian Health Programs (OUIHP) oversees the implementation of the Indian Health Care Improvement Act (IHCIA) provisions for making health care services more accessible to Urban Indians. Pursuant to those authorities, the IHS enters into contracts and grants with Urban Indian Organizations (UIOs) for the provision of health care and

referral services for Urban Indians residing in urban centers. Due to the rapidly evolving nature of the coronavirus (COVID–19) pandemic, this program provides public health support to focus on response, recovery, and prevention in UIOs.

Purpose

The purpose of this program is to fund an organization to provide COVID–19 education and services in the following five COVID–19 project areas: (1) Public policy; (2) research and data; (3) training and technical assistance; (4) education, public relations, and marketing; and (5) payment system reform/monitoring regulations, and act as a COVID–19 public health support partner for OUIHP and UIOs funded under the IHCIA.

II. Award Information

Funding Instrument—Cooperative Agreement

Estimated Funds Available

The total funding identified for fiscal year (FY) 2020 is approximately $1,000,000. Award amount for the first budget year is anticipated to be $1,000,000. The funding available for competing and subsequent continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

Anticipated Number of Awards

One award will be issued under this program announcement.

Period of Performance

The period of performance is for two years.

Cooperative Agreement

Cooperative agreements awarded by the Department of Health and Human Services (HHS) are administered under the same policies as grants. However, the funding agency, IHS, is anticipated to have substantial programmatic involvement in the project during the entire award segment. Below is a detailed description of the level of involvement required of IHS.

Substantial Involvement Description for Cooperative Agreement

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, the IHS OUIHP responsibilities shall include:

A. Assurance of the availability of services from experienced OUIHP staff to participate in the planning and development of all phases of this cooperative agreement;

B. Participation in, including the planning of, any meetings conducted as part of the five COVID–19 projects;

C. Assistance in establishing Federal interagency contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;

D. Identification of organizations with whom the awardee will be asked to develop cooperative and collaborative relationships;

E. Assisting the awardee to establish, review, and update priorities for the five COVID–19 projects conducted under this cooperative agreement;

F. Assisting the awardee in determining issues to be addressed during the project period, sequence in which they will be addressed, what approaches and strategies will be used, and how relevant information will be transmitted to specified target audiences and used to enhance core project activities and advance the program; and

G. Assisting in identifying and documenting the achievement of goals and objectives for the five COVID–19 projects. This may include the development of both process and outcome measures and determining timelines and data sources.

III. Eligibility Information

1. Eligibility

Eligibility for this ''Competing Supplement Announcement,'' is limited to the current awardees in the IHS Urban Indian Health Education and Research program. Applicants must demonstrate that they have complied with previous terms and conditions of the IHS Urban Indian Health Education and Research program. The applicant must be a national organization with at least ten years of experience providing national awareness, visibility, advocacy, education and outreach related to urban Indian health care on a national scale.

Note: Please refer to Section IV.2 (Application and Submission Information/Subsection 2, Content and Form of Application Submission) for additional proof of applicant status documents required, such as a letter of support from the organization's Board of Directors, proof of non-profit status, etc.

2. Cost Sharing or Matching

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

3. Other Requirements

Applications with budget requests that exceed the highest dollar amount outlined under Section II Award Information, Estimated Funds Available, or exceed the Period of Performance outlined under Section II Award Information, Period of Performance, will be considered not responsive and will not be reviewed. The Division of Grants Management (DGM) will notify the applicant.

Proof of Non-Profit Status

Organizations claiming non-profit status must submit a current copy of the 501(c)(3) Certificate with the application.

IV. Application and Submission Information

1. Obtaining Application Materials

The application package and detailed instructions for this announcement are hosted on *https://www.Grants.gov.*

Please direct questions regarding the application process to Mr. Paul Gettys at (301) 443–2114 or (301) 443–5204.

2. Content and Form Application Submission

The applicant must include the project narrative as an attachment to the application package. Mandatory documents for all applicants include:

- Abstract (one page) summarizing the project.
- Application forms:

1. SF–424, Application for Federal Assistance.

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

3. SF–424B, Assurances—Non-Construction Programs.

- Project Narrative (not to exceed 20 pages). See Section IV.2.A Project Narrative for instructions.

1. Background information on the organization.

2. Proposed scope of work, objectives, and activities that provide a description of what the applicant plans to accomplish.

- Budget Justification and Narrative (not to exceed 5 pages). See Section IV.2.B Budget Narrative for instructions.
- One-page Timeframe Chart.
- Letter of Support from organization's Board of Directors.
- 501(c)(3) Certificate.
- Biographical sketches for all Key Personnel.
- Contractor/Consultant resumes or qualifications and scope of work.
- Disclosure of Lobbying Activities (SF–LLL).
- Certification Regarding Lobbying (GG–Lobbying Form).
- Copy of current Negotiated Indirect Cost rate (IDC) agreement (required in order to receive IDC).

- Organizational Chart.
- Documentation of current Office of Management and Budget (OMB). Financial Audit (if applicable).

Acceptable forms of documentation include:

1. Email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; or
2. Face sheets from audit reports. Applicants can find these on the FAC website: *https://harvester.census.gov/facdissem/Main.aspx.*

Public Policy Requirements

All Federal public policies apply to IHS grants and cooperative agreements with the exception of the Discrimination Policy.

Requirements for Project and Budget Narratives

A. Project Narrative: This narrative should be a separate document that is no more than 20 pages and must: (1) Have consecutively numbered pages; (2) use black font 12 points or larger; (3) be single-spaced; (4) and be formatted to fit standard letter paper (8½ x 11 inches).

Be sure to succinctly answer all questions listed under the evaluation criteria (refer to Section V.1, Evaluation Criteria) and place all responses and required information in the correct section noted below or they will not be considered or scored. If the narrative exceeds the page limit, the application will be considered not responsive and not be reviewed. The 20-page limit for the narrative does not include the standard forms, line item budgets, budget justifications and narratives, and/or other appendix items.

There are four parts to the project narrative: Part 1—Statement of Need; Part 2—Program Information/Proposed Approach; Part 3—Organizational Capacity and Staffing/Administration; and Part 4—Performance Measurement Plan and Evaluation. See below for additional details about what must be included in the project narrative.

Part 1: Statement of Need

The applicant must provide COVID–19 education and services under public health support to focus on response, recovery, and prevention in UIOs. The five COVID–19 projects are: (1) Public policy; (2) research and data; (3) training and technical assistance; (4) education, public relations, and marketing; and (5) payment system reform/monitoring regulations, and act as a COVID–19 public health support partner for OUIHP and UIOs funded under the IHCIA.

This section will describe the UIOs impacted by COVID–19 to be served by this proposed project. Summarize the overall need for assistance, including: (1) Target population and its unmet health needs; and (2) sociocultural determinants of health and health disparities impacting the urban Indian population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Data may come from a variety of qualitative and quantitative sources. For example, sources for quantitative data might include epidemiologic data obtained through legally permissible arrangements from Tribal Epidemiology Centers, IHS Area Offices, state data, and/or national data from the Centers for Disease Control and Prevention. This list is not exhaustive.

Part 2: Program Information/Proposed Approach

The applicant must have: (1) A national information-sharing infrastructure which will facilitate the timely exchange of COVID–19 information between IHS and UIOs on a broad scale; (2) a national perspective on the needs of urban Indian communities impacted by COVID–19 to ensure the information developed and disseminated is appropriate, useful, and addresses the most pressing needs of urban Indian communities; and (3) an established relationship with UIOs to foster open and honest participation by urban Indian communities.

Describe the purpose of the proposed project to COVID–19, including a clear statement of goals and objectives. Clearly state how proposed activities address the needs detailed in the statement of need. The applicant is required to address all five COVID–19 projects in the project narrative and address each project with a corresponding time frame.

Part 3: Organizational Capacity and Staffing/Administration

Describe the organizational capacity for all five COVID–19 projects and the organization's experience working with UIOs. Outline current staff and future positions for the five program components.

Part 4: Performance Measurement Plan and Evaluation

Describe the plan to evaluate program activities. Describe (the prior sentence states that this paragraph will be about the ''evaluation plan'') the expected results and identify key performance indicators on how program goals and objectives will be met. Incorporate process and outcome measures, including documentation of lessons learned.

Describe efforts to collect and report project data that will support and demonstrate grant activities for all five COVID–19 projects. Data may come from a variety of qualitative and quantitative sources. For example, sources for quantitative and qualitative data might include surveys, assessments, UIO satisfaction surveys, and/or meeting evaluations. This list is not exhaustive.

B. Budget and Budget Narrative: Provide a budget narrative that explains the amounts requested for each line item of the budget. The budget narrative should specifically describe how each item will support the achievement of all five COVID–19 projects. Be very careful about showing how each item in the ''Other'' category is justified. For subsequent budget years, the narrative should highlight the changes from year 1 or clearly indicate that there are no substantive budget changes during the period of performance. Do NOT use the budget narrative to expand the project narrative.

3. Submission Dates and Times

Applications must be submitted through *Grants.gov* by 11:59 p.m. Eastern Daylight Time (EDT) on the Application Deadline Date. Any application received after the application deadline will not be accepted for review. *Grants.gov* will notify the applicant via email if the application is rejected.

If technical challenges arise and assistance is required with the application process, contact *Grants.gov* Customer Support (see contact information at *https://www.Grants.gov*). If problems persist, contact Mr. Paul Gettys (*Paul.Gettys@ihs.gov*), Acting Director, DGM, by telephone at (301) 443–2114 or (301) 443–5204. Please be sure to contact Mr. Gettys at least ten days prior to the application deadline. Please do not contact the DGM until you have received a *Grants.gov* tracking number. In the event you are not able to obtain a tracking number, call the DGM as soon as possible.

IHS will not acknowledge receipt of applications.

4. Intergovernmental Review

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

5. Funding Restrictions

- Pre-award costs are allowable up to 90 days before the start date of the award provided the costs are otherwise allowable if awarded. Pre-award costs are incurred at the risk of the applicant.

• The available funds are inclusive of direct and indirect costs.

• Only one cooperative agreement may be awarded per applicant.

6. Electronic Submission Requirements

All applications must be submitted via *Grants.gov*. Please use the *https://www.Grants.gov* website to submit an application. Find the application by selecting the ''Search Grants'' link on the homepage. Follow the instructions for submitting an application under the Package tab. No other method of application submission is acceptable.

If the applicant cannot submit an application through *Grants.gov*, a waiver must be requested. Prior approval must be requested and obtained from Mr. Paul Gettys, Acting Director, DGM. A written waiver request must be sent to *GrantsPolicy@ihs.gov* with a copy to *Paul.Gettys@ihs.gov.* The waiver request must: (1) Be documented in writing (emails are acceptable) before submitting an application by some other method, and (2) include clear justification for the need to deviate from the required application submission process.

Once the waiver request has been approved, the applicant will receive a confirmation of approval email containing submission instructions. A copy of the written approval must be included with the application that is submitted to the DGM. Applications that are submitted without a copy of the signed waiver from the Acting Director of the DGM will not be reviewed. The Grants Management Officer of the DGM will notify the applicant via email of this decision. Applications submitted under waiver must be received by the DGM no later than 5:00 p.m., EDT, on the Application Deadline Date. Late applications will not be accepted for processing. Applicants that do not register for both the System for Award Management (SAM) and *Grants.gov* and/or fail to request timely assistance with technical issues will not be considered for a waiver to submit an application via alternative method.

Please be aware of the following:

• Please search for the application package in *https://www.Grants.gov* by entering the Assistance Listing (CFDA) number or the Funding Opportunity Number. Both numbers are located in the header of this announcement.

• If you experience technical challenges while submitting your application, please contact *Grants.gov* Customer Support (see contact information at *https://www.Grants.gov*).

• 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 a waiver from the agency must be obtained.

• Applicants are strongly encouraged not to wait until the deadline date to begin the application process through *Grants.gov* as the registration process for SAM and *Grants.gov* could take up to twenty working days.

• Please follow the instructions on *Grants.gov* to include additional documentation that may be requested by this funding announcement.

• Applicants must comply with any page limits described in this funding announcement.

• After submitting the application, the applicant will receive an automatic acknowledgment from *Grants.gov* that contains a *Grants.gov* tracking number. The IHS will not notify the applicant that the application has been received.

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

Applicants and grantee organizations are required to obtain a DUNS number and maintain an active registration in the SAM database. The DUNS number is a unique 9-digit identification number provided by D&B that uniquely identifies each 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, please access the request service through *https://fedgov.dnb.com/webform,* or call (866) 705–5711.

The Federal Funding Accountability and Transparency Act of 2006, as amended (''Transparency Act''), requires all HHS recipients to report information on sub-awards. Accordingly, all IHS grantees must notify potential first-tier sub-recipients that no entity may receive a first-tier sub-award unless the entity has provided its DUNS number to the prime grantee organization. This requirement ensures the use of a universal identifier to enhance the quality of information available to the public pursuant to the Transparency Act.

System for Award Management (SAM)

Organizations that are not registered with SAM must have a DUNS number first, then access the SAM online registration through the SAM home page at *https://www.sam.gov/SAM/* (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). Please see *SAM.gov* for details on the registration process and timeline. Registration with the SAM is free of charge, but can take several weeks to process. Applicants may register online at *https://www.sam.gov/SAM/.*

Additional information on implementing the Transparency Act, including the specific requirements for DUNS and SAM, are available on the DGM Grants Management, Policy Topics web page: *https://www.ihs.gov/dgm/policytopics/.*

V. Application Review Information

Weights assigned to each section are noted in parentheses. The 20-page project narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See ''Multi-year Project Requirements'' at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to fully understand the project. Points will be assigned to each evaluation criteria adding up to a total of 100 possible points. Points are assigned as follows:

1. Evaluation Criteria

A. Statement of Need (25 Points)

(1) Describe and document the target population and its unmet needs for the duration of the COVID–19 pandemic and beyond, including, but not limited to, the varying needs of different UIO types, *e.g.,* ambulatory, outreach and referral, and residential treatment centers.

(2) Based on the information and/or data currently available, document the need to implement, sustain, and improve health care services offered to urban Indians to address COVID–19 pandemic and beyond, including, but not limited to, telehealth services and other interactive telecommunication systems. Data may come from a variety of qualitative and quantitative sources. For example, sources might include data obtained through legally permissible arrangements from Tribal Epidemiology Centers, IHS Area Offices, state data, and/or national data for the CDC. This list is not exhaustive. Applicants may submit other valid data, as appropriate.

(3) Based on available information and/or data, describe COVID–19 service gaps and other challenges related to the needs of urban Indians such as screening, detection, and monitoring. Identify the source of the information and/or data. Needed documentation may come from a variety of qualitative and quantitative sources.

(4) Describe the need for COVID–19 data for planning, revenue generation, and other operational systems to improve health care services for urban Indians.

B. Program Information/Proposed Approach (30 Points)

Describe the purpose of the proposed project to address the COVID–19 pandemic and beyond, including a clear and concise statement of goals and objectives. Provide a work plan for the first year of the project period that details expected key activities, accomplishments, and includes responsible staff for each of the five COVID–19 projects. The project narrative must address all five COVID–19 projects of the program, see below:

(1) Public Policy: There is a need for knowledge and expertise in a wide range of COVID–19 public policy areas for UIOs. Identify, evaluate, and summarize public policy opportunities and challenges impacting UIOs during the COVID–19 pandemic. Evaluation may include collecting and analyzing public policy laws including activities, characteristics, outcomes, and informed decisions affecting UIOs.

Describe efforts to increase awareness and actively seek support for the health care needs of urban Indians impacted by COVID–19. Describe efforts to engage UIO leaders' participation in policy workgroups, Urban Confers, and listening sessions to address COVID–19 pandemic and beyond.

(2) Research and Data: Data can be used to help monitor and track the spread of COVID–19, support better understanding of the illness, and inform and prepare UIOs. Describe the need to collect and analyze COVID–19 health disparities data, morbidity and mortality data, and urban IHS cost data in order to reduce urban Indian health disparities. Incorporate process and outcome measures. Identify, evaluate, and summarize best practices from UIOs during the COVID–19 pandemic. Evaluation may include collecting and analyzing program activities, issues, policies, patient care, and safety.

Describe efforts to initiate or solidify partnerships with UIOs, Tribal and urban epidemiology centers, and other data and research partners to improve and increase COVID–19 research and data on urban Indian health needs. Identify, evaluate, and summarize partnerships to increase COVID–19 research and data on urban Indian needs. Evaluation may include analyzing and collecting data from local, Tribal, state, and Federal partnerships.

(3) Training and Technical Assistance: Constant changes surrounding COVID–19 demand the need for continuous training and technical assistance opportunities. Describe the need for COVID–19 leadership training and technical assistance to support UIO executive directors/chief executive officers, board of directors, and program staff (clinical staff, administration, business office, health information technology, integrated behavioral health, etc.) focusing on, but not limited to, maintaining perspective in a crisis, reinforcing guidance, obtaining data for decision-making, reviewing recovery assessments, establishing risks and priorities, and managing medical supplies and equipment.

(a) Further describe the need for COVID–19 training and technical assistance to support UIO administration in facilitating change management to improve understanding, and encourage adoption for new practices and maximize personal resilience and professional performance.

(b) Describe the need for technical assistance and training for UIOs to develop integrated approaches for contact tracing including protocols for contact tracing of personnel or contact with an individual with a confirmed or probable COVID–19 status. Describe training and technical assistance for UIOs to create COVID–19 education and training plans focused on continuity of care for urban Indians, including workforce support to maximize employee retention and increase readiness for future developments and circumstances. Describe training and technical assistance to assist UIOs with organizing, developing, and/or refining their COVID-related recovery capabilities in accordance with Federal, state, local, and other guidance. Describe training and technical assistance to assist UIOs to develop a telehealth strategy to meet the post-COVID–19 environment of care.

(4) Education, Public Relations, and Marketing: COVID–19 affected public relations and marketing strategies further delaying focus on urban Indian health needs. Summarize the need to market the UIOs through development of national, regional, and local marketing strategies and campaigns during COVID–19 pandemic and beyond.

(a) Describe efforts to increase awareness of COVID–19 health care needs of urban Indians. Describe efforts to engage UIOs to participate in national health campaigns related to COVID–19 prevention including vaccines. Describe the need for enhanced communication among local private and non-profit health care entities to increase COVID–19 outreach efforts.

(b) Summarize the need to enhance communication, interaction, and coordination on policy and health care reform activities to address COVID–19 by initiating and maintaining partnerships and collaborative relationships with other UIOs, national Indian organizations, key state and local health entities, and education and public safety networks.

(c) Describe efforts to strengthen the capacity of UIOs to work as a community to improve COVID–19 knowledge sharing and promote collaboration through learning from success stories, sharing resources, and driving activities together.

(5) Payment System Reform/Monitoring Regulations: Urban Indian health care systems need to manage the health crisis and the economic crisis, in light of the reduction in revenue, yet surging demands for services.

(a) Describe services for UIOs to address COVID–19, *e.g.,* billing, health information technology, CMS waivers, regulations, etc. Describe efforts to support UIOs' efforts to diversify funding and increase third party reimbursement to ensure UIOs' sustainability in COVID–19 pandemic and beyond.

(b) Describe technical assistance, training, and tools to be provided on COVID–19 billing and coding best practices, and negotiating with private health insurers and health plans. Describe efforts to establish and enhance third party billing for UIOs to address COVID–19 pandemic and beyond.

(c) Describe the need to understand, document, and analyze current and new Federal COVID–19 related regulations impacting UIOs for reimbursement. Describe services to be provided to UIOs on COVID–19 regulations and types of regulatory activities needed to support efforts to lessen the impact on UIOs' financial and operational systems.

C. Organizational Capacity and Staffing/Administration (15 Points)

(1) Describe the management capability of the applicant and other participating organizations in administering similar projects.

(2) Identify staff to maintain open and consistent communication with the IHS program official on any financial or programmatic barriers to meeting the requirements of the award.

(3) Identify the department(s) and/or division(s) that will administer all five COVID–19 projects. Include a description of these department(s) and/or division(s), their functions, and their

placement within the applicant and their direct link to management.

(4) Discuss the applicant's experience and capacity to provide culturally appropriate and competent services to UIOs and specific populations of focus as described in this project.

(5) Describe the resources available for the proposed project (*e.g.,* facilities, equipment, information technology systems, and financial management systems).

(6) Identify other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to all five COVID–19 projects.

(7) Describe how project continuity will be maintained if there is a change in the operational environment (*e.g.,* staff turnover, change in project leadership, etc.) to ensure project stability over the life of the grant.

(8) Provide a list of staff positions for the project and other key personnel, showing the role of each and their level of effort and qualifications for all five COVID–19 projects. Key personnel include the Chief Executive Officer or Executive Director, Chief Financial Officer, Deputy Director, and Information Officer.

(9) Demonstrate successful project implementation for the level of effort budgeted for the project staff and other key staff.

(10) Include position descriptions as attachments to the application for all key personnel. Position descriptions should not exceed one page each.

(11) For individuals who are currently on staff, include a biographical sketch with their name for each individual that will be listed as the project staff and other key positions. Describe the experience of identified staff in all five COVID–19 projects. Include each biographical sketch as an attachment to the project proposal/application. Biographical sketches should not exceed one page per staff member. Do not include any of the following:

(a) Personally Identifiable Information (social security number and date and place or birth);

(b) Resumes; or

(c) Curriculum Vitae.

D. Performance Measurement Plan and Evaluation (20 Points)

Describe key performance indicators to monitor activities under all five COVID–19 projects, explain measurable progress toward program goals and objectives by incorporating processes and outcomes with quarterly timelines, and advising on future program decisions through evaluating success at reaching targets over the 2-year project period. Describe how issues affecting progress will be addressed during the project period and sequence in which they will be addressed. Identify what approaches and strategies will be used to address issues and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the program.

(1) Describe proposed COVID–19 data collection efforts (performance measures and associated data) and how you will use the data to answer evaluation questions. Evaluation questions may include, were activities implemented as planned? Did activities meet measurable targets? Did activities reach target population and how do you know?

This should include a logic model with data collection method, data source, data measurement tool, identified staff for data management, and data collection timeline.

(2) Identify key program partners and describe how they will participate in the implementation of the evaluation plan (*e.g.,* Tribal Epidemiology Centers, universities, etc.).

(3) Describe how evaluating findings will be used at the applicant level. Discuss how data collected (*e.g.,* performance measurement data) will be used and shared by the key program partners.

(4) Discuss any barriers or challenges expected for implementing the plan, collecting data (*e.g.,* responding to performance measures), and reporting on evaluation results. Describe how these potential barriers would be overcome. In addition, applicants may also describe other measures to be developed or additional data sources and data collection methods that applicant will use.

E. Budget and Budget Narrative (10 Points)

(1) Include a line item budget for all five COVID–19 projects including expenditures identifying reasonable and allowable costs necessary to accomplish the goals and objectives as outlined in the project narrative for budget year one only.

(2) Provide a categorized budget for all five COVID–19 projects. If it is anticipated that there will be travel costs to cover the cost of staff and UIO leaders' attendance at national advisory committees and workgroups, the applicant should ensure the associated travel costs are included in the categorized budget for public policy.

(3) Ensure that the budget and budget narrative are aligned with the project narrative. Questions to address include: What resources are needed to successfully carry out and manage the five COVID–19 projects? What other resources are available from the organization? Will new staff be recruited? Will outside contractors/consultants be required?

(4) Include the total cost for any outside contractors/consultants broken down by activity within each core project.

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

Multi-Year Project Requirements

Applications must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project. This attachment will not count as part of the project narrative or the budget narrative.

Additional documents can be uploaded as Appendix Items in *Grants.gov:*

- Work plan.
- Logic model.
- Timeline with proposed objectives.
- Position descriptions for key staff.
- Resumes of key staff that reflect current duties.
- Consultant or contractor proposed scope of work and letter of commitment (if applicable).
- Current Indirect Cost Rate Agreement.
- Organizational chart.
- Additional documents to support narrative (*i.e.,* data tables, key news articles, etc.).

2. Review and Selection

Each application will be prescreened for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by the Objective Review Committee (ORC) based on evaluation criteria. Incomplete applications and applications that are not responsive to the administrative thresholds will not be referred to the ORC and will not be funded. The applicant will be notified of this determination.

Applicants must address all program requirements and provide all required documentation.

3. Notifications of Disposition

All applicants will receive an Executive Summary Statement from the IHS OUIHP within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application. The summary statement will be sent to the Authorizing Official

identified on the face page (SF–424) of the application.

A. Award Notices for Funded Applications

The Notice of Award (NoA) is the authorizing document for which funds are dispersed to the approved entities and reflects the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period. Each entity approved for funding must have a user account in GrantSolutions in order to retrieve the NoA. Please see the Agency Contacts list in Section VII for the systems contact information.

B. Approved but Unfunded Applications

Approved applications not funded due to lack of available funds will be held for one year. If funding becomes available during the course of the year, the application may be reconsidered.

Note: Any correspondence other than the official NoA executed by an IHS grants management official announcing to the project director that an award has been made to their organization is not an authorization to implement their program on behalf of the IHS.

VI. Award Administration Information

1. Administrative Requirements

Cooperative agreements are administered in accordance with the following regulations and policies:

A. The criteria as outlined in this program announcement.

B. Administrative Regulations for Grants:

- Uniform Administrative Requirements for HHS Awards, located at 45 CFR part 75.

C. Grants Policy:

- HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

- Uniform Administrative Requirements for HHS Awards, ''Cost Principles,'' located at 45 CFR part 75, subpart E.

E. Audit Requirements:

- Uniform Administrative Requirements for HHS Awards, ''Audit Requirements,'' located at 45 CFR part 75, subpart F.

2. Indirect Costs

This section applies to all recipients that request reimbursement of indirect costs (IDC) in their application budget. In accordance with HHS Grants Policy Statement, Part II–27, IHS requires applicants to obtain a current IDC rate agreement, and submit it to DGM, prior to DGM issuing an 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 agreement is not on file with the DGM at the time of award, the IDC portion of the budget will be restricted. The restrictions remain in place until the current rate agreement is provided to the DGM.

Available funds are inclusive of direct and appropriate indirect costs. Approved indirect funds are awarded as part of the award amount, and no additional funds will be provided.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) *https://rates.psc.gov/* or the Department of the Interior (Interior Business Center) *https://ibc.doi.gov/ICS/tribal.* For questions regarding the indirect cost policy, please call the Grants Management Specialist listed under ''Agency Contacts'' or the main DGM office at (301) 443–5204.

3. Reporting Requirements

The grantee 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 awardee organization or the individual responsible for preparation of the reports. Per DGM policy, all reports are required to be submitted electronically by attaching them as a ''Grant Note'' in GrantSolutions. Personnel responsible for submitting reports will be required to obtain a login and password for GrantSolutions. Please see the Agency Contacts list in Section VII for the systems contact information.

The reporting requirements for this program are noted below.

A. Progress Reports

Program progress reports are required quarterly, within 30 days after the budget period ends (specific dates will be listed in the NoA Terms and Conditions). These reports must include a brief comparison of actual accomplishments to the goals established for the period, a summary of progress to date or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. A final report must be submitted within 90 days of expiration of the period of performance.

B. Financial Reports

Federal Financial Report (FFR or SF–425), Cash Transaction Reports are due 30 days after the close of every calendar quarter to the Payment Management Services, HHS at *https://pms.psc.gov.* The applicant is also requested to upload a copy of the FFR (SF–425) into our grants management system, GrantSolutions. Failure to submit timely reports may result in adverse award actions blocking access to funds.

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

C. Federal Sub-Award Reporting System (FSRS)

This award may be subject to the Transparency Act sub-award and executive compensation reporting requirements of 2 CFR part 170.

The Transparency Act requires the 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 sub-awards and executive compensation under Federal assistance awards.

IHS has implemented a Term of Award into all IHS Standard Terms and Conditions, NoAs and funding announcements regarding the FSRS reporting requirement. This IHS Term of Award is applicable to all IHS grant and cooperative agreements issued on or after October 1, 2010, with a $25,000 sub-award obligation dollar threshold met for any specific reporting period. Additionally, all new (discretionary) IHS awards (where the period of performance is made up of more than one budget period) and where: (1) The period of performance start date was October 1, 2010 or after, and (2) the primary awardee will have a $25,000 sub-award obligation dollar threshold during any specific reporting period will be required to address the FSRS reporting.

For the full IHS award term implementing this requirement and additional award applicability information, visit the DGM Grants

Policy website at *https://www.ihs.gov/dgm/policytopics/.*

D. Compliance With Executive Order 13166 Implementation of Services Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see *https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html* and *http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html.*

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see *https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html* and *https://www.lep.gov.* For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at *https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.*

• Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see *http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.*

• HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see *https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html;* and *https://www.eeoc.gov/eeoc/publications/fs-sex.cfm.*

• Recipients of FFA must also administer their programs in compliance with applicable Federal religious nondiscrimination laws and applicable Federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see *https://www.hhs.gov/conscience/conscience-protections/index.html* and *https://www.hhs.gov/conscience/religious-freedom/index.html.*

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at *https://www.hhs.gov/ocr/about-us/contact-us/index.html* or call 1–800–368–1019 or TDD 1–800–537–7697.

E. Federal Awardee Performance and Integrity Information System (FAPIIS)

The IHS is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), at *https://www.fapiis.gov,* before making any award in excess of the simplified acquisition threshold (currently $250,000) over the period of performance. An applicant may review and comment on any information about itself that a Federal awarding agency previously entered. IHS will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 45 CFR 75.205.

As required by 45 CFR part 75 Appendix XII of the Uniform Guidance, non-Federal entities (NFEs) are required to disclose in FAPIIS any information about criminal, civil, and administrative proceedings, and/or affirm that there is no new information to provide. This applies to NFEs that receive Federal awards (currently active grants, cooperative agreements, and procurement contracts) greater than $10,000,000 for any period of time during the period of performance of an award/project.

Mandatory Disclosure Requirements

As required by 2 CFR part 200 of the Uniform Guidance, and the HHS implementing regulations at 45 CFR part 75, the IHS must require a non-Federal entity or an applicant for a Federal award to disclose, in a timely manner, in writing to the IHS or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Submission is required for all applicants and recipients, in writing, to the IHS and to the HHS Office of Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. 45 CFR 75.113.

Disclosures must be sent in writing to:

U.S. Department of Health and Human Services, Indian Health Service, Division of Grants Management, ATTN: Paul Gettys, Acting Director, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, (Include ''Mandatory Grant Disclosures'' in subject line), Office: (301) 443–5204, Fax: (301) 594–0899, Email: *Paul.Gettys@ihs.gov*

And

U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Mandatory Grant Disclosures, Intake Coordinator, 330 Independence Avenue SW, Cohen Building, Room 5527, Washington, DC 20201, URL: *https://oig.hhs.gov/fraud/report-fraud/* (Include ''Mandatory Grant Disclosures'' in subject line), Fax: (202) 205–0604 (Include ''Mandatory Grant Disclosures'' in subject line) or Email: *MandatoryGranteeDisclosures@oig.hhs.gov*

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (see 2 CFR parts 180 & 376).

VII. Agency Contacts

1. Questions on the programmatic issues may be directed to: Shannon Beyale, Health System Specialist, Office of Urban Indian Health Programs, 5600 Fishers Lane, Mail Stop: 08E65D, Rockville, MD 20857, Phone: (301) 945–3657, Fax: (301) 443–8446, Email: *shannon.beyale@ihs.gov.*

2. Questions on grants management and fiscal matters may be directed to: Donald Gooding, Grants Management Specialist, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, Phone: (301) 443–2298, Fax: (301) 594–0899, Email: *donald.gooding@ihs.gov.*

3. Questions on systems matters may be directed to: Paul Gettys, Acting Director, 5600 Fishers Lane, Mail Stop: 09E70, Rockville, MD 20857, Phone: (301) 443–2114; or the DGM main line (301) 443–5204, Fax: (301) 594–0899, Email: *Paul.Gettys@ihs.gov.*

VIII. Other Information

The Public Health Service strongly encourages all grant, cooperative agreement and contract recipients to provide a smoke-free workplace and

promote the non-use of all tobacco products. In addition, Public Law 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.

Michael D. Weahkee,

RADM, Assistant Surgeon General, U.S. Public Health Service, Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Community Opioid Intervention Pilot Projects

Announcement Type: New.

Funding Announcement Number: HHS–2021–IHS–COIPP–0001.

Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates

Application Deadline Date: December 15, 2020.

Earliest Anticipated Start Date: January 14, 2021.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting applications for grants for the Community Opioid Intervention Pilot Projects (COIPP). This program was first established by the Consolidated Appropriations Act of 2019, (Pub. L. 116–6) and the accompanying Conference Report, H. Rpt. 116–9. IHS received a new appropriation of $10 million in FY 2019 to better combat the opioid epidemic by creating a pilot program to address the opioid epidemic in Indian Country to award grants that support the development, documentation, and sharing of locally designed and culturally appropriate prevention, treatment, recovery, and aftercare services for mental health and substance use disorders in American Indian and Alaska Native communities. The IHS received a second appropriation of $10 million in the FY 2020 Further Consolidated Appropriations Act (Pub. L. 116–94). IHS will provide technical assistance to grantees to collect and evaluate performance of the pilot program. This program is authorized under the authority of 25 U.S.C. 13, the Snyder Act, and the Indian Health Care Improvement Act, 25 U.S.C. 1601–1683. This program is described in the Assistance Listings located at *https://beta.sam.gov* (formerly known as Catalog of Federal Domestic Assistance) under 93.933.

Background

The impact of the opioid crisis on American Indian and Alaska Native (AI/AN) populations is immense. The rate of drug overdose deaths among AI/ANs is above the national average. The Centers for Disease Control and Prevention (CDC) data indicate that AI/ANs had the second highest overdose death rates from all opioids in 2017 (15.7 deaths/100,000 population) among racial/ethnic groups in the United States. AI/ANs had the second highest overdose death rates from heroin (5.2 deaths/100,000 population), third highest from synthetic opioids (6.5 deaths/100,000 population), and the highest rate from prescription opioids (7.2 deaths/100,000 population) during 2016–2017. The overall rate of overdose deaths for AI/ANs increased by 13% during 2015–2017. These numbers may be underestimated for the AI/AN population due to racial misclassification on death certificates as recently published by the CDC Morbidity and Mortality Weekly Report, resulting in inaccurate public health data for the AI/AN population.[1]

The family remains the primary source of attachment, nurturing, and socialization for humans in our current society, and opioid use disorder (OUD) has had a devastating effect on families. The impact of substance use disorders (SUDs) on the family and individual family members merits attention. Each family and each family member is uniquely affected by the individual using substances including having unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and sometimes violence being perpetrated against them. For children there is also an increased risk of developing a SUD themselves. Thus, treating only the individual with the active disease of addiction is limited in effectiveness. This grant aims to address the increasing number of infants born to mothers with a SUD, and children who reside in homes with parents with OUD by awarding at least six grant sites to programs that focus on maternal and child health issues.

[1] Joshi, Weiser, & Warren-Mears, Dec 2018. CDC Morbidity and Mortality Weekly Report.

In keeping with the IHS policy stating that Tribal consultation occurs when a new or revised policy or program is proposed, IHS held a tribal consultation and Urban confer process on the development of a new opioid grant program from June 21, 2019 to September 3, 2019. Formal sessions were held to allow for feedback on priorities, methodologies, and desired outcomes to be used in the selection and award process. IHS received a total of 119 comments from all 12 IHS areas. The comments received represented a wide range of suggestions but several themes emerged, most notably the importance of allowing flexibility in program design and focus areas. Respondents also requested that IHS ensure that programs include: Culturally responsive approaches to addressing the opioid crisis; a focus on education and training for communities on opioids and treatment options; and a high priority area of focus on serving addicted pregnant women and infants pre-exposed to opioids. IHS published a Dear Tribal Leader Letter and Consultation and Conference Summary Report in the IHS Newsroom on April 3, 2020. *https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_OGPP_04032020.pdf.*

Purpose

The purpose of this IHS grant is to address the opioid crisis in AI/AN communities by developing and expanding community education and awareness of prevention, treatment and/or recovery activities for opioid misuse and opioid use disorder. The intent is to increase knowledge and use of culturally appropriate interventions and to encourage an increased use of medication-assisted treatment (MAT). This program will support Tribal and Urban Indian communities in their effort to provide prevention, treatment, and recovery services to address the impact of the opioid crisis within their communities. Each application for the COIPP will be required to address the following objectives:

1. Increase public awareness and education about culturally-appropriate and family-centered opioid prevention, treatment, and recovery practices and programs in AI/AN communities.

2. Create comprehensive support teams to strengthen and empower AI/AN families in addressing the opioid crisis in Tribal or Urban Indian communities.

3. Reduce unmet treatment needs and opioid overdose related deaths through the use of MAT.