

# **Health Care Innovation Awards**



Round Two: Submitting an Application: Technical Assistance

July 24, 2013



- Health Care Innovation Awards Round Two—Key Dates
- Office of Acquisition and Grants Management
- Grants.gov
- Next Steps



| Date            | Description   |
|-----------------|---|
| June 14, 2013   | Application templates and user materials<br>were available at<br><u>http://innovation.cms.gov/initiatives/Healt</u><br><u>h-Care-Innovation-Awards/Round-2.html</u> |
| August 15, 2013 | Application due by 3:00 PM EDT  |
| Early 2014      | Anticipated award announcements   |



- Health Care Innovation Awards Round Two—Key Dates
- Office of Acquisition and Grants Management (OAGM)
- Grants.gov
- Next Steps

# Office of Acquisition and Grants Management (OAGM)

Collaboration in the Awards Process Roles and Responsibilities



#### Defined by the HHS Awarding Agency Grants Administration Manual

- Grants Management Officer (GMO) OAGM
- Grants Management Specialist (GMS) OAGM
- Approving Official (AO) CMS
- Project or Program Officer (PO) CMS Innovation Center
- Authorized Organizational Representative (AOR) Grantee
   Organization
- Project Director (PI/PD) Grantee Organization

# **Reasons for Defining Roles**

- To explain the differences between expertise and primary areas of focus (technical versus fiscal management)
- To ensure efficient and effective management of grants
- To monitor program objectives and outcomes

## **Grants Management Officer/Specialist Roles:**

- Responsible for the fiscal, grants policy, and nonprogrammatic areas of grant process
- Interprets and ensures compliance with statutory, regulatory, and administrative policies
- Serves as counterpart to the authorized institutional official at the recipient organization
- Only the Grants Management Officer (GMO) official or delegated may authorize funds on behalf of the Federal government

## Grants Management Officer/Specialist Roles Cont'd...

- Determines appropriate award instrument (grant, cooperative agreement, contract)
- Signs all official Notices of Award (including amendments)
- Establishes appropriate terms and conditions of award
- Establishes deadlines during award process
- Formally reviews and approves program announcements (Grants Management Specialist - GMO)
- Approves materials provided for reviewer training (Grants Management Specialist - GMO)
- Performs budget review/cost analysis of grant applications

## Grants Management Officer/Specialist Roles Cont'd...

- Negotiates any required matching or sharing with applicants with the Innovation Center specialist
- Serves as the official point of contact for receiving and responding to correspondence and all required reports
- Maintains official grant files
- Monitors grantee's expenditures and progress as reported on the Financial Status Report SF-425

# **CMS Approving Official**

- Designated by CMS Chief Operating Officer (COO) to make decisions on behalf of program offices
- Approves Funding Opportunity Announcements
- Recommends funding based on rank order lists (new, supplemental, non-competing etc.)
- Determines objective review approach
- Oversees review and award process

# CMS Innovation Center Project/Program Officer

- Defines program objectives and develops program announcements based on applicable legislation.
- Establishes review criteria
- Provides guidance to reviewers regarding program policies, goals, and objectives
- Provides guidance to recipients on technical (programmatic) matters
- Identifies potential issues in grantee's progress

- Evaluates changes in project scope
- Reviews progress reports
- Provides programmatic input on prior approval requests (extensions, re-budgeting, changes in scope)
- Conducts site visits as deemed necessary in collaboration with the Grants Management Officer (GMO)

## **Budget Information Form SF-424A**

|                 | Budget Information - Non Construction Programs |                               |               |                |                        |             |                            |  |  |
|-----------------|--|-------------------------------|---------------|----------------|------------------------|-------------|----------------------------|--|--|
| S               | ection A - Budget Summary                      |                               |               |                |                        |             | OMB Approval No. 0348-0044 |  |  |
|                 | Grant Program Eunction or Catalog of Federal   |                               | Estimated Uno | bligated Funds | New or Revised Budget  |             |                            |  |  |
|                 | Activity                                       | Domestic Assistance<br>Number | Federal       | Non-Federal    | Federal                | Non-Federal | Total                      |  |  |
|                 | (a)  | (b)                           | (C )          | (d)            | (e)                    | (f)         | (q)                        |  |  |
| 1               |  |                               |               |                |                        |             | -                          |  |  |
| 2               |  |                               |               |                |                        |             | -                          |  |  |
| 3               |  |                               |               |                |                        |             | -                          |  |  |
| 4               |  |                               |               |                |                        |             | -                          |  |  |
| 5               | . Totals                                       |                               | -             | -              | -                      | -           | -                          |  |  |
| Se              | ection B - Budget Categories                   |                               |               |                |                        |             |                            |  |  |
| 6               | 6. Object Class Categories                     |                               |               |                | , Function or Activity |             | Total (5)                  |  |  |
| -               |  |                               | (1)           | (2)            | (3)                    | (4)         |                            |  |  |
| _               | a. Personnel                                   |                               |               |                |                        |             | -                          |  |  |
|                 | b. Fringe Benefits                             |                               |               |                |                        |             | -                          |  |  |
|                 | c. Travel                                      |                               |               |                |                        |             | -                          |  |  |
|                 | d. Equipment                                   |                               |               |                |                        |             | -                          |  |  |
|                 | e. Supplies                                    |                               |               |                |                        |             | -                          |  |  |
|                 | f. Contractual                                 |                               |               |                |                        |             | -                          |  |  |
| g. Construction |  |                               |               |                |                        | -           |                            |  |  |
| h. Other        |  |                               |               |                |                        | -           |                            |  |  |
|                 | i. Total Direct Charges (sum                   | of 6a-6h)                     | -             | -              | -                      | -           | -                          |  |  |
|                 | j. Indirect Charges                            |                               |               |                |                        |             | -                          |  |  |
|                 | k. Totals (sum of 6i-6j)                       |                               | -             | -              | -                      | -           | -                          |  |  |

# **Budget Information Form SF-424A**

| ection C - Non-Federal Resources                     |                            |                      |             |                       |             |
|--|----------------------------|----------------------|-------------|-----------------------|-------------|
| (a) Grant Program                                    |                            | (b) Applicant        | (c) State   | (d) Other Sources     | (e) Totals  |
|  |                            |                      |             |                       | \$          |
|  |                            |                      |             |                       | \$          |
| 0.   |                            |                      |             |                       | \$          |
| 11.  |                            |                      |             |                       | \$          |
| 12. Total (sum of lines 8 - 11)                      |                            | \$0                  | \$0         | \$0                   | \$          |
| Section D - Forecasted Cash Needs                    |                            |                      | L.          | II                    |             |
|  | Total for 1st Year         | 1st Quarter          | 2nd Quarter | 3rd Quarter           | 4th quarter |
| 3. Federal   | \$0                        |                      |             |                       |             |
| 4. Non-Federal                                       | \$0                        |                      |             |                       |             |
| 5. Total (sum of lines 13 and 14)                    | \$0                        | \$0                  | \$0         | \$0                   | \$          |
| Section E - Budget Estimates of Federal Funds Needed | for Balance of the Project |                      | •           |                       |             |
|  |                            |                      | Future Fur  | nding Periods (Years) |             |
| (a) Grant Program                                    |                            | (b) First            | (c) Second  | (d) Third             | (e) Fourth  |
| 6.   |                            |                      |             |                       |             |
| 7.   |                            |                      |             |                       |             |
| 8.   |                            |                      |             |                       |             |
| 9.   |                            |                      |             |                       |             |
| 0. Total (sum of lines 16-19)                        |                            | \$0                  | \$0         | \$0                   | \$          |
| Section F - Other Budget Information                 |                            |                      |             |                       |             |
| 1. Direct Charges                                    |                            | 22. Indirect Charges |             |                       |             |
|  |                            |                      |             |                       |             |
| 3. Remarks   |                            |                      |             |                       |             |

## **Budget Information Form SF-424A**

#### The SF 424A has six sections:

- A Budget Summary
- **B** Budget Categories
- C Non-Federal Resources
- D Forecasted Cash Needs
- E Budget Estimates of Federal Funds Needed for Balance of the Project
- F Other Budget Information

## **Budget Narrative**

The budget narrative should explain in detail the costs associated with each budget cost category as it relates to the implementation of the proposed statement of work and the achievement of grant goals and deliverables.



- Health Care Innovation Awards Round Two—Key Dates
- Office of Acquisition and Grants Management
- Grants.gov
- Next Steps



## Grants.gov Overview for CMS-1C1-14-001

Wednesday, July 24, 2013



# **Getting Registered**

#### **Get Registered -**Dun & Bradstreet (DNB) and the System for Award Management (SAM)



FIND. APPLY. SUCCEED."

| D&B<br>Decide with Cont                           | D&B DUNS Numbers <sup>1M</sup><br>for US Government<br>Contractors & Grantees  | <b>UNITAL PROVIDENCE AND AND AND AND AND AND AND AND AND AND</b>   | USERNASE PASSWORD   |
|---|--|--|---|
|   | Thank you for using the D&B online webform process for US Govt Contractors and Grantees!   | HOME SEARCH REPORTS SAM HELP   | Little in Action  |
| Begin D-U-N-S<br>Search/<br>Request<br>Process    |  | WHAT IS SAM? RECISTER WITH SAM   | SEARCH SAM  |
| About the D&B<br>D-U-N-S<br>Number                | Welcome to the D&B D-U N-S Request Service<br>for US Federal Government Contractors and Grantees<br>Dun & Brödstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of<br>your business.   | The System for Award Management<br>(SAM) is a free web-site which consolidates<br>rederal procurement systems and the<br>Catalog of Federal Domestic Assistance.<br>What will you need you only need yo  | of Even if you do not wish to register at this time, you  |
| Frequently<br>Asked<br>Questions<br>(FAQ)         | D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts<br>or grants.<br>Click here to request your D-U-N-S Number via the Web. If one does not exist for your business location, it can be created<br>within 1 business day. | Currently CCR, TedBag, OGCA and EPLS<br>have beam migrated into \$AM. Over the<br>coming years, additional system<br>migrations will be completed.   |   |
| D&B, CCR,<br>Grants<br>Contacts                   | Click here to request your D U R S Number by phone (for U.S., Puerlo Rico, and U.S. Virgin Islands Only).<br>For technical difficulties, contact gon@dinb.com  |  | R REGISTRANTS   |
| D&B's Privacy<br>and Data Policy<br>Accessibility |  | performance issues, which may result Additional information, such as a full not need to do<br>in a slowness of page loading or maybe User Guide, Quick Start Guiden, and business circu<br>even a web page error. We are Helpful Hints, is available in the User or to receive a | ctive record in OCR, you have an active record in SAM. You do<br>mything in SAM at this time, unless a change in your<br>matness requires a change in SAM in order for you to be paid<br>n award. SAM will send notifications to the registered user via<br>and at days prior to expiration of the record. You can search |

•Register with Dun & Bradstreet at http://www.dnb.com

•Requires TIN from IRS and organization information

- •You will be issued a **DUNS** number
- •Takes 3 5 business days

## •Upon receipt use the DUNS to register with the System for Award Management (**SAM**) at www.SAM.gov

#### •Establish the following:

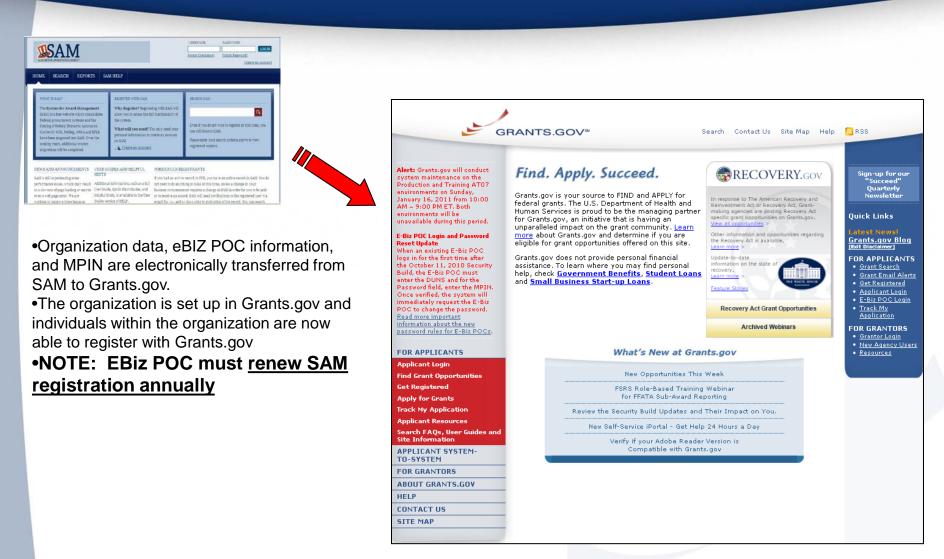
•eBIZ POC – Individual oversees all activities for organization within Grants.gov and grants permissions to Authorized Organization Representatives

•MPIN – Marketing Partner Identification Number

•Takes 3 – 5 business days

### Get Registered -SAM & Grants.gov





### **Get Registered -**Enter your Registration Information



| G  | RANTS.GOV™ Contact Us SiteMap Help 🔊 RSS Home   |
|--|---|
| FOR APPLICANTS<br>Applicant Login<br>Find Grant Opportunities<br>Get Registered<br>Apply for Grants<br>Track My Application<br>Applicant Resources<br>Search FAQs, User Guides and<br>Site Information<br>APPLICANT SYSTEM-<br>TO-SYSTEM<br>FOR GRANTORS<br>ABOUT GRANTORS<br>ABOUT GRANTS.GOV<br>HELP<br>CONTACT US<br>SITE MAP | Home-Applicant Registration APPLICANT REGISTRATION Please enter your information below. Required fields are denoted with an asterisk (*).  * First Name: Greant Mile * Last Name: Applicant  DOB: 00/00/0000 (MM/DD/YYY)  Job Title: Organization Member DUNS: 00000000000  * Address 1: 123 Greant Search Way  Address 2: * City: Washington State: District of Columbia * * Zip Code: 20201 (Numeric Only) Country: United States  * Telephone: 123-456-7890 (XXX-XXX-XXXX) * Email: GreantsgovApp@eaol.com  * Secret Question: Where can you find grants from all federal agencies?  * Secret Answer: Greants.gov  * User Name: Greants.gov  |
|  | * Password: ••••••     * Confirm Password: ••••• Continue Continue Warning Notice This is a U.S. Government computer system, which may be accessed and used only for authorized Government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms. |

## **Get Registered –** Completing Your Registration



## • AOR Authorization by your eBIZ POC

- The eBiz POC at your organization will receive an email notifying him/her of your registration.
- The eBiz POC must login to Grants.gov to confirm you as an AOR.
- You will be unable to submit a grant application unless you are confirmed as an AOR by your eBiz POC.

### Track AOR Status

- At any time, you can track your AOR status by logging in with your username and password.
- You will receive a confirmation email notifying you that you've been authorized as an AOR for your organization.



## Synopsis



| FOR APPLICANTS<br>Applicant Login<br>Find Grant Opportunities<br>Basic Search | Health C                                      | are Innovation Awards Round Two   |  |
|---|---|---|--|
| Browse by Category  | Synopsis                                      | Full Application  |  |
| Browse by Agency  | Shispais                                      | Announcement  |  |
| Advanced Search   |   |   | The Synancia containe hig                                    |
| Email Subscription  |   |   | <ul> <li>The Synopsis contains hig</li> </ul>                |
| Get Registered  |   | setailed below, following this paragraph. This synopsis contains all of the updates to this document that have  | level information about the                                  |
| Apply for Grants  | been posted as of 05/15/2013 . If updates     | have been made to the opportunity synopsis, update information is provided below the synopsis.                  | funding opportunity such as                                  |
| Track My Application  | If you would like to receive notifications of | changes to the grant opportunity click send me change notification emails . The only thing you need to          |  |
| Applicant Resources   | provide for this service is your email addre  | iss. No other information is requested.   | <ul> <li>Funding Opportunity</li> </ul>                      |
| Gearch FAQs, User Guides and<br>Site Information                              | Any inconsistency between the original print  | ed document and the disk or electronic document shall be resolved by giving precedence to the printed document. | Number   |
| APPLICANT SYSTEM-TO-<br>System  | Description of Modification                   |   | <ul> <li>Open/Close date</li> <li>Program Funding</li> </ul> |
| OR GRANTORS   |   | revised. The new version dated 06/13/2013 is now available on the attachments page. Please download this        | <b>o o</b>   |
| ABOUT GRANTS.GOV  | new version for inclusion in the application  | 1.  | Amount   |
| IELP  |   |   | <ul> <li>Number of Awards</li> </ul>                         |
| CONTACT US  | Document Type:                                | Modification to Previous Grants Notice  | Program Contact  |
|   | Funding Opportunity Number:                   | CM5-1C1-14-001  | •  |
| SITE MAP  | Opportunity Category:                         | Discretionary   | Information  |
|   | Posted Date:                                  | May 15, 2013  |  |
|   | Creation Date:                                | Jun 19, 2013  |  |
|   | Original Closing Date for Applications        | : Aug 15, 2013 No Explanation   |  |
|   | Current Closing Date for Applications:        | Aug 15, 2013 No Explanation   |  |
|   | Archive Date:                                 | Sep 14, 2013  |  |
|   | Funding Instrument Type:                      | Cooperative Agreement   |  |
|   | Category of Funding Activity:                 | Health  |  |
|   | Category Explanation:                         |   |  |
|   | Expected Number of Awards:                    | 100   |  |
|   | Estimated Total Program Funding:              | \$900,000,000   |  |
|   | Award Ceiling:                                | \$30,000,000  |  |
|   | Award Floor:<br>CEDA Number(s):               | \$1,000,000<br>92,510 Haalah Cara Janguatian Awards (HCTA)  | 26   |

### Full Announcement Tab = Other Supporting Documents/Attachments



FIND. APPLY. SUCCEED.™

| OR APPLICANTS<br>Applicant Login<br>ind Grant Opportunities | Health Care Innovation Awards Round Two   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Basic Search  | "hereas V   |   |  |  |  |  |  |
| Browse by Category  |   |   |  |  |  |  |  |
| Browse by Agency  | Synopsis  | Full [Application ]   |  |  |  |  |  |
| Advanced Search   |   |   |  |  |  |  |  |
| Email Subscription  |   |   |  |  |  |  |  |
| et Registered   | The evenesis for this prost construction is d   | etailed below, following this paragraph. This synopsis contains all of the updates to this document that have   |  |  |  |  |  |
| oply for Grants   |   | etailed below, following this paragraph. This synopsis contains all of the updates to this document that have<br>have been made to the opportunity synopsis, update information is provided below the synopsis. |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| rack My Application   | If you would like to receive notifications of   | changes to the grant opportunity click send me change notification emails . The only thing you need to  |  |  |  |  |  |
| pplicant Resources  | provide for this service is your email addres   | is. No other information is requested.  |  |  |  |  |  |
| earch FAQs, User Guides and<br>lite Information             | Any inconsistency between the original printe   | d document and the disk or electronic document shall be resolved by giving precedence to the printed document.  |  |  |  |  |  |
| APPLICANT SYSTEM-TO-<br>YSTEM                               | Description of Modification   |   |  |  |  |  |  |
| OR GRANTORS   | The Operational Plan Template has been revised. The new version dated 06/13/2013 is now available on the attachments page. Please download this |   |  |  |  |  |  |
| ABOUT GRANTS.GOV  | new version for inclusion in the application  | new version for inclusion in the application.   |  |  |  |  |  |
| IELP  |   |   |  |  |  |  |  |
| ONTACT US   | Document Type:  | Modification to Previous Grants Notice  |  |  |  |  |  |
| ITE MAP   | Funding Opportunity Number:   | CMS-1C1-14-001  |  |  |  |  |  |
|   | Opportunity Category:   | Discretionary   |  |  |  |  |  |
|   | Posted Date:  | May 15, 2013  |  |  |  |  |  |
|   | Creation Date:  | Jun 19, 2013  |  |  |  |  |  |
|   | Original Closing Date for Applications:   |   |  |  |  |  |  |
|   | Current Closing Date for Applications:  |   |  |  |  |  |  |
|   | Archive Date:   | Sep 14, 2013  |  |  |  |  |  |
|   | Funding Instrument Type:  | Cooperative Agreement<br>Health   |  |  |  |  |  |
|   | Category of Funding Activity:<br>Category Explanation:  | nesiti  |  |  |  |  |  |
|   | Expected Number of Awards:  | 100   |  |  |  |  |  |
|   | Estimated Total Program Funding:  | \$900,000,000   |  |  |  |  |  |
|   | Award Ceiling:  | \$30.000.000  |  |  |  |  |  |
|   | Award Floor:  | \$1,000,000   |  |  |  |  |  |
|   | CEDA Number(a)  | 92 610 Health Care Inservation Awards (HCIA)  |  |  |  |  |  |

Click on the Full Announcement to access/download Other Supporting Documents

### **Full Announcement Tab = Other Supporting Documents/Attachments**



| Applicant Login<br>Find Grant Opportunities    | Health Car   | e Innovation Awards I                             | Round Two           | l                                    |
|--|--|---|---------------------|--------------------------------------|
| Basic Search                                   |  |   | <sup>°</sup> terres | 2                                    |
| Browse by Category                             |  |   | - Wild              |                                      |
| Browse by Agency                               | Synopsis   | <b>Full Announcement</b>                          | Application         |                                      |
| Advanced Search                                |  |   |                     |                                      |
| Email Subscription                             | Click on the following file to do                                | wnload the full announcement.                     |                     | <ul> <li>Other Supporting</li> </ul> |
| Get Registered                                 |  |   |                     | Documents                            |
| Apply for Grants                               |  |   |                     |                                      |
| Track My Application                           |  |   |                     |                                      |
| Applicant Resources                            | Announcement<br>Group  | Description                                       | File Type           |                                      |
| earch FAQs, User Guides and<br>ite Information | Full Announcement  | HCIA II FOA                                       | PDF                 |                                      |
| PPLICANT SYSTEM-TO-                            | Full Announcement  | Zip of All Attachments                            | ZIP                 |                                      |
| YSTEM  | - Other Supporting<br>Documents - Actuarial                      | Actuarial Review Template<br>(version 06/13/2013) | PDF                 |                                      |
| FOR GRANTORS                                   | Review Template  | (10,00,00,10,2010)                                |                     |                                      |
| ABOUT GRANTS.GOV                               | <u>Other Supporting</u><br>Documents - Actuarial                 | Zip of All Attachments                            | ZIP                 |                                      |
| IELP   | Review Template  |   |                     |                                      |
| CONTACT US                                     | Other Supporting<br>Documents - Executive                        | Executive Overview Template                       | DOCX                |                                      |
| SITE MAP                                       | Overview Template  | (version 06/13/2013)                              | 5000                |                                      |
|  | Other Supporting     Documents - Executive     Overview Template | Zip of All Attachments                            | ZIP                 |                                      |
|  | Other Supporting<br>Documents - Financial<br>Plan Template       | Financial Plan Template (version 06/13/2013)      | XLSX                |                                      |
|  | Other Supporting<br>Documents - Financial                        | Zip of All Attachments                            | ZIP                 | 28                                   |



FIND. APPLY. SUCCEED."

|  | Home > Find Grant Opportunities > Search                                     | Grant Opportunities > Search Re | esults > Synopsis   |                                 |
|--|--|---------------------------------|---|---------------------------------|
| FOR APPLICANTS                                   |  |                                 |   | a way                           |
| Applicant Login                                  | Health Care Inno   | ovation Awards Rou              | ind Two   |                                 |
| Find Grant Opportunities                         |  |                                 |   | •Click on the                   |
| Basic Search                                     |  |                                 | "HINLING  | Application Tab to              |
| Browse by Category                               |  |                                 |   | download the                    |
| Browse by Agency                                 | Synopsis   | Full Announcement               | Application   |                                 |
| Advanced Search                                  |  |                                 |   | Application (forms)             |
| Email Subscription                               |  |                                 |   | <ul> <li>Package and</li> </ul> |
| Get Registered                                   |  |                                 | ng this paragraph. This synopsis contains<br>05/15/2013 . If updates have been    | Application Instructions        |
| Apply for Grants                                 | made to the opportunity synopsis,  |                                 |   |                                 |
| Track My Application                             |  |                                 |   |                                 |
| Applicant Resources                              | If you would like to receive notificat                                       |                                 | opportunity click <u>send me change</u><br>ervice is your email address. No other |                                 |
| Search FAQs, User Guides and<br>Site Information | information is requested.  |                                 |   |                                 |
| APPLICANT SYSTEM-TO-<br>SYSTEM                   | Any inconsistency between the origi<br>by giving precedence to the printed o |                                 | sk or electronic document shall be resolved                                       |                                 |
| FOR GRANTORS                                     | Description of Modification  |                                 |   |                                 |
| ABOUT GRANTS.GOV                                 | The Operational Plan Template ha   | s been revised. The new versio  | on dated 06/13/2013 is now available on   |                                 |
| HELP   | the attachments page. Please dov   | vnload this new version for ind | lusion in the application.  |                                 |
| CONTACT US                                       |  |                                 |   |                                 |
| SITE MAP   | Document Type:   | Modification to Previo          | ous Grants Notice   |                                 |
|  | Funding Opportunity Number:  | CMS-1C1-14-001                  |   |                                 |
|  | Opportunity Category:  | Discretionary                   |   |                                 |
|  | Posted Date:   | May 15, 2013                    |   |                                 |
|  | Creation Date:   | Jun 19, 2013                    |   | 29                              |
|  | Original Classical Data for Arabi  | -Part Allert DORD Mart          | under a stine   | 29                              |



FIND. APPLY. SUCCEED."

#### 

#### Applicant Login

- Find Grant Opportunities
- Search Opportunities
- Basic Search
- Browse by Category
- **Browse by Agency**
- **Advanced Search**
- Email Subscription
- Get Registered
- Apply for Grants
- **Track My Application**
- Applicant Resources

Search FAQs, User Guides and Site Information

ABOUT GRANTS.GOV

FOR GRANTORS

RESOURCES

ABOUT GRANTS.GOV

HELP

CONTACT US

SITE MAP

#### SELECTED GRANT APPLICATIONS FOR DOWNLOAD

Download the application and its instructions by selecting the corresponding download link. Save these files to your computer for future reference and use. You do not need Internet access to read the instructions or to complete the application once you save them to your computer.

#### **READ BELOW BEFORE YOU APPLY FOR THIS GRANT!**

Before you can view and complete an application package, you **MUST** have Adobe Reader installed. Application packages are posted in Adobe Reader format. You may receive a validation error using incompatible versions of Adobe Reader. To prevent a validation error, it is now recommended you uninstall any earlier versions of Adobe Reader and install the latest compatible version of Adobe Reader.

If more than one person is working on the application package, ALL applicants must be using the same software version.

Click here to download the required Adobe Reader if you do not have it installed already.

#### Additional Resources:

- Sign-up for Grants.gov Updates for the latest issues and news.
- Download <u>Adobe Reader</u> for free.
- Visit Help for FAQs and more information on Applying for grants.

Below is a list of the application(s) currently available for the CFDA and/or Funding Opportunity Number that you entered.

To download the application instructions or package, click the corresponding download link. You will then be able to save the files on your computer for future reference and use.

| CFDA   | Opportunity<br>Number | Competition<br>ID         | Competition<br>Title                          |   | Instructions<br>and<br>Application |
|--------|-----------------------|---------------------------|---|---|------------------------------------|
| 93.610 | CMS-1C1-14-001        | CMS-1C1-14-001-<br>017996 | Health Care<br>Innovation Awards<br>Round Two | Centers for Medicare & Medicaid<br>Services | <u>download</u>                    |

Read the instructions to insure that you have the correct Adobe Reader
Click on download link in order to access the Application Package and the Application Instructions

30



FIND. APPLY. SUCCEED."

GRANTS.GOV<sup>™</sup>

Contact Us SiteMap Help 🔊 RSS Home

#### DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the application for the following opportunity:

CFDA Number: 93.610: Health Care Innovation Awards (HCIA) Opportunity Number: CMS-1C1-14-001: Health Care Innovation Awards Round Two Competition ID: CMS-1C1-14-001-017996 Competition Title: Health Care Innovation Awards Round Two Agency: Centers for Medicare & Medicaid Services Opening Date: 05/15/2013 Closing Date: 08/15/2013

To download an application, you will need to submit an email address so that you can be notified of any changes to the application before the closing date. Your e-mail address will allow us to e-mail you in the event this opportunity is changed and republished on Grants.gov before its closing date.

Email:

Confirm Email:

☑ Would you like to receive synopsis modification notices as well?

Submit 🔲 No, I do not wish to provide my email address

Enter your email address and click submit here if you wish to be notified of any changes to the funding opportunity (highly recommended)
If you do not wish to provide your email address click the box at the bottom of this page to the right of the submit button.



FIND. APPLY. SUCCEED."

Contact Us SiteMap Help 🔊 RSS Home

#### DOWNLOAD OPPORTUNITY INSTRUCTIONS AND APPLICATION

You have chosen to download the application for the following opportunity:

GRANTS.GOV\*

CFDA Number: 93.610: Health Care Innovation Awards (HCIA) Opportunity Number: CMS-1C1-14-001: Health Care Innovation Awards Round Two Competition ID: CMS-1C1-14-001-017996 Competition Title: Health Care Innovation Awards Round Two Agency: Centers for Medicare & Medicaid Services Opening Date: 05/15/2013 Closing Date: 08/15/2013

Since you did not subscribe, you will not be notified of any future changes to this opportunity. If you would like to receive notifications, **please click here**.

Download the instructions and application by selecting the download links below. While the instructions or application files may open directly, you may save the files to your computer for future reference and use. You do not need Internet access to read the instructions or the application once you save them to your computer.

1. Download Application Instructions

2. Download Application Package

Right-click on
"Download Application Instructions" and then
"Save As" to your computer
Repeat the same action with "Download Application Package"



# Navigating the Application Package

## Application Package Cover Page



| GRANTS.GO   | V~   | Grant Application P  | ackage            |              | F                   | Print Cancel   |
|---|--|--|-------------------|--------------|---------------------|----------------|
| Opportunity Title:  | Health Care Innova   | tion Awards Round Two                                      |                   |              |                     |                |
| Offering Agency:  | Centers for Medica   | ire & Medicaid Services                                    |                   |              |                     |                |
| CFDA Number:  | 93,610   |  |                   |              |                     |                |
| FDA Description:  | Health Care Innova   | tion Awards (HCIA)   |                   |              |                     |                |
| pportunity Number:  | CMS-1C1-14-001   |  |                   |              |                     |                |
| ompetition ID:  | CMS-1C1-14-001-017   | 1996   |                   |              |                     |                |
| pportunity Open Date:   | 05/15/2013   |  |                   |              |                     |                |
| pportunity Close Date:<br>gency Contact:  | 08/15/2013   |  |                   |              |                     |                |
| · · · · · · · · · · · · · · · · · · ·   | OAGMGrantsBaltimor   | eecms.nns.gov  |                   |              |                     |                |
|   | cademia, or other type o   | ons, applicants who are submitting (<br>of organization.   | grant application | ons on behal | If of a company, si | ate, local or  |
| Select Forms to Cor<br>Mandatory  | nplete   | Save   | Save & S          | Submit       | Check Packa         | age for Errors |
| Application for Federal Assistance (SF-424)   |  |  |                   |              |                     |                |
| Application   | for Federal Assistance   | e (SF-424)   |                   |              |                     |                |
|   | for Federal Assistance<br>of Lobbying Activities (   |  |                   |              |                     |                |
| Disclosure  |  |  |                   |              |                     |                |
| Disclosure<br>Project Abs   | of Lobbying Activities (   | SF-LLL)  |                   |              |                     |                |
| Disclosure<br>Project Abs<br>Project Nar  | of Lobbying Activities ()<br>tract Summary   | SF-LLL)  |                   |              |                     |                |
| Disclosure<br>Project Abs<br>Project Nar<br>Budget Nar  | of Lobbying Activities (<br>tract Summary<br>rative Attachment Form<br>rative Attachment Form  | SF-LLL)  |                   |              |                     |                |
| Disclosure<br>Project Abs<br>Project Nar<br>Budget Nar  | of Lobbying Activities (<br>tract Summary<br>rative Attachment Form<br>rative Attachment Form  | n<br>ruction Programs (SF-424A)                            |                   |              |                     |                |
| Disclosure<br>Project Abs<br>Project Nar<br>Budget Nar  | of Lobbying Activities (<br>tract Summary<br>rative Attachment Form<br>rative Attachment Form<br>rmation for Non-Const   | n<br>ruction Programs (SF-424A)                            |                   |              |                     |                |
| Disclosure<br>Project Abs<br>Project Nar<br>Budget Nar<br>Budget Info<br>Assurances<br>Optional | of Lobbying Activities (<br>tract Summary<br>rative Attachment Form<br>rative Attachment Form<br>rmation for Non-Const   | n<br>ruction Programs (SF-424A)                            |                   |              |                     |                |
| Disclosure. Project Abs Project Nar Budget Nar Budget Info Assurances Optional Other Attac      | of Lobbying Activities (<br>tract Summary<br>rative Attachment Form<br>rative Attachment Form<br>rative Attachment Form<br>ration for Non-Constru-<br>for Non-Construction | n<br>n<br>ruction Programs (SE-424A)<br>Programs (SE-424B) |                   |              |                     |                |

nstructions

Chow Instructions >>

- The grant application is a PDF file composed of forms
  - Requires Adobe Reader which is a free download from Adobe.com
  - Can be saved to your computer
- The application cover page has many components
  - Information on the funding opportunity

34

- Closing date
- Agency contact information
- Forms to be filled out

| View Burden State                                | ment                 |  |   | OMB Number: 4040-0004<br>Expiration Date: 03/31/2012 |  |  |  |
|--|----------------------|--|---|--|--|--|--|
| Application for Federal Assistance 3F-424        |                      |  |   |  |  |  |  |
| *1. Type of Submission Presplication Application | n:                   | * 2. Type of Application:<br>New<br>Continuation | * If Revision, asled appropriate letter(a): |  |  |  |  |
| Changed/Correct                                  | ted Application      | Revision   |   |  |  |  |  |
| * 3. Date Received:<br>Completed by Grants.gov u | pon submission.      | 4. Applicent Identifier:                         |   |  |  |  |  |
| Se. Federal Entity Ident                         | ite:                 |  | Sb. Federal Award Identifier:               |  |  |  |  |
| State Use Only:                                  |                      |  | J   |  |  |  |  |
| 6. Date Received by St                           | late:                | 7. State Applicatio                              | n identifie:                                |  |  |  |  |
| 8. APPLICANT INFOR                               | RMATION:             |  |   |  |  |  |  |
| * a. Legal Name:                                 |                      |  | -   |  |  |  |  |
| * b. Employer/Texpayer                           | r Identification Nur | mber (EIN/TIN):                                  | * c. Organizational DUNS:                   |  |  |  |  |
| d. Address:                                      |                      |  | •   |  |  |  |  |
| * Street1:                                       |                      |  |   |  |  |  |  |
| Street2:   |                      |  |   |  |  |  |  |
| * City:  |                      |  |   |  |  |  |  |
| County/Parish:<br>* State:                       |                      |  |   | -  |  |  |  |
| Province:  |                      |  |   |  |  |  |  |
| * Country:                                       |                      |  | USA: UNITED STATES                          | <b>•</b>   |  |  |  |
| * Zip / Postal Code:                             |                      |  |   |  |  |  |  |
| e. Organizational Uni                            | it.                  |  |   |  |  |  |  |
| Department Name:                                 |                      |  | Division Name:                              |  |  |  |  |
|  |                      |  |   |  |  |  |  |
| f. Name and contact                              | information of p     | person to be contacted on r                      | nations involving this application:         |  |  |  |  |
| Prefix   |                      | * First Nar                                      | T#L   |  |  |  |  |
| Middle Name:                                     |                      |  |   |  |  |  |  |
| * Lest Name:<br>Suffix:                          | •                    | 1  |   |  |  |  |  |
| TER  |                      |  |   |  |  |  |  |
| Organizational Affiliatio                        | n:                   |  |   |  |  |  |  |
|  |                      |  |   |  |  |  |  |
| * Telephone Number:                              |                      |  | Fax Number:                                 |  |  |  |  |
| *Enat  |                      |  |   |  |  |  |  |



#### SF-424

- Fields in yellow are mandatory and must be filled in.
- Error messages will pop-up if a mandatory field is not filled in.
- If a mandatory field is not filled in, then you will be unable to submit the application.

## Application Package Cover Page



| This opportunity is only open to organiz<br>tribal government, academia, or other ty<br>Application Filing Name: | zations, applicants who are submitting grant applications on behalf of a company, state, local or<br>ype of organization. |
|--|---|
| Select Forms to Complete   |   |
| Mandatory  | Save & Submit Check Package for Errors  |
| Application for Federal Assista  | ance (SF-424)   |
| Disclosure of Lobbying Activiti  | ies (SF-LLL)  |
| Project Abstract Summary   |   |
| Project Narrative Attachment   | Form  |
| Budget Narrative Attachment  | Form  |
| Budget Information for Non-Co  | onstruction Programs (SF-424A)  |
| Assurances for Non-Construct   | tion Programs (SF-424B)   |
| Optional   |   |
| Other Attachments Form   |   |
| Project/Performance Site Loca  | ation <u>(s)</u>  |
|  |   |
| nstructions  |   |

- Use this form to submit the required supporting document templates (Executive Overview, Operational Plan, Financial Plan, Actuarial Review) found under the "Full Announcement" Section
- Please note, even though the Other Attachments form is identified as optional, you must use this form to upload the required supporting document templates
- For step-by-step instructions, please refer to the Applicant User Guide (<u>http://innovation.cms.gov/initiatives/He</u> <u>alth-Care-Innovation-Awards/Round-</u> <u>2.html</u>) 36

### **Other Supporting Documents**



| * Mandatory Other Attachment Filename:   |
|--|
| Add Mandetory Other Attachment Delete Mandetory Other Attachment View Mandetory Other Attachment |

#### Other Attachments Form

Must use this form to submit
 Other Supporting Documents
 found under "Full Announcement"
 Section

Naming of Other Supporting Documents/Attachments File Names



# Supplemental Forms should retain their original file name when uploading.

### **Allowable Attachment File Name Characters:**

- A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period (.)
- Attachment filenames containing any characters other than the ones listed above will result in application rejections.

Do not use copy and paste feature when creating file names.



# Submitting Your Application Package

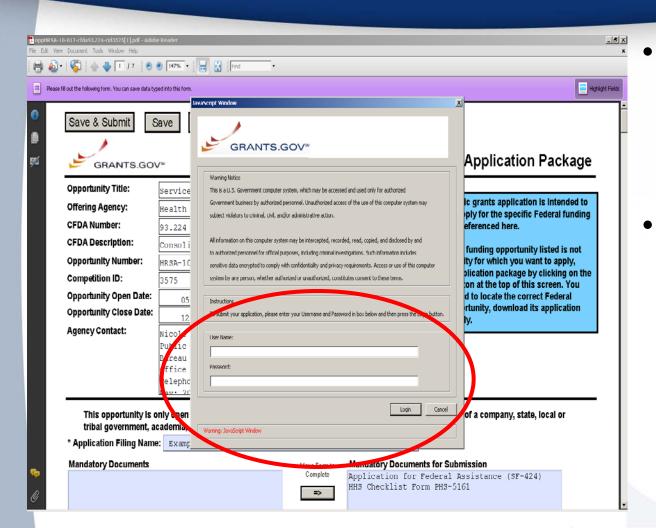
# Save, Check, and Submit Your Application



| GRANTS.GO   | v= Gi   | rant Applicatio     | n Package                |                | Print                                  | Cancel   |
|---|---|---------------------|--------------------------|----------------|--|----------|
| pportunity Title:   | Health Care Innovation  | n Awards Round Two  |                          |                |  |          |
| ffering Agency:   | Centers for Medicare a  | & Medicaid Services |                          |                |  |          |
| FDA Number:   | 93.610  |                     |                          |                |  |          |
| FDA Description:  | Health Care Innovatio   | n Awards (HCIA)     |                          |                |  |          |
| pportunity Number:  | CMS-1C1-14-001  |                     |                          |                |  |          |
| ompetition ID:  | CMS-1C1-14-001-017996   |                     |                          |                |  |          |
| pportunity Open Date:   | 05/15/2013  |                     |                          |                |  |          |
| pportunity Close Date:  | 08/15/2013  |                     |                          |                |  |          |
| gency Contact:  | OAGMGrantsBaltimore@cm  | ms.hhs.gov          |                          |                |  |          |
|   |   |                     |                          |                |  |          |
|   |   |                     |                          |                |  |          |
| tribal government, a<br>pplication Filing Name:   | cademia, or other type of or  |                     | tting grant applications | on behalf of a | a company, state, i                    | local or |
|   | cademia, or other type of or  | rganization.        | tting grant applications |                | a company, state, i<br>Check Package f |          |
| tribal government, a<br>Application Filing Name:<br>Relect Forms to Con<br>Mandatory  | cademia, or other type of or  | rganization.        |                          |                |  |          |
| tribal government, a<br>pplication Filing Name:<br>elect Forms to Con<br>Mandatory<br><u>Application</u>  | cademia, or other type of or  | rganization.        |                          |                |  |          |
| tribal government, a<br>application Filing Name:<br>elect Forms to Con<br>Mandatory<br><u>Application</u>   | ademia, or other type of or plete for Federal Assistance (SF  | rganization.        |                          |                |  |          |
| tribal government, av<br>Application Filing Name:<br>Relect Forms to Con<br>Mandatory<br>Application<br>Disclosure of<br>Project Abs                                    | ademia, or other type of or<br>plete<br>for Federal Assistance (SF-<br>of Lobbying Activities (SF-1   | rganization.        |                          |                |  |          |
| tribal government, av<br>pplication Filing Name:<br>elect Forms to Con<br>Mandatory<br><u>Application</u><br><u>Disclosure of</u><br><u>Project Nam</u>                 | ademia, or other type of or<br>nplete<br>for Federal Assistance (SF<br>of Lobbying Activities (SF-1)<br>iract Summary   | rganization.        |                          |                |  |          |
| tribal government, av<br>spplication Filing Name:<br>select Forms to Con<br>Mandatory<br><u>Application</u><br>Disclosure of<br><u>Project Nam</u><br><u>Budget Nam</u> | ademia, or other type of or<br>nplete<br>for Federal Assistance (SF-<br>of Lobbying Activities (SF-)<br>ract Summary<br>ative Attachment Form   | F-424)              |                          |                |  |          |
| tribal government, av<br>spplication Filing Name:<br>select Forms to Con<br>Mandatory<br>Application<br>Disclosure of<br>Project Absi<br>Project Nam<br>Budget Infor    | ademia, or other type of or<br>aplete<br>for Federal Assistance (SF<br>of Lobbying Activities (SF-I)<br>ract Summary<br>ative Attachment Form<br>ative Attachment Form                                | E-424)              |                          |                |  |          |
| tribal government, av<br>spplication Filing Name:<br>select Forms to Con<br>Mandatory<br>Application<br>Disclosure of<br>Project Absi<br>Project Nam<br>Budget Infor    | ademia, or other type of or<br>nplete<br>for Federal Assistance (SF-<br>of Lobbying Activities (SF-<br>tract Summary<br>tative Attachment Form<br>tative Attachment Form<br>mation for Non-Constructi | E-424)              |                          |                |  |          |

- Buttons at the center of the Application Cover Page allow you to:
  - Save
  - Check Package for Errors
- Once your application is free of any of errors, the "Save & Submit" button will become activated.
- Make sure you are connected to the Internet when ready to submit.

## Adobe Submission Screen 🖕



Upon clicking Save & Submit, you will be prompted to enter your Grants.gov user name and password.

GRANTS.GOV<sup>™</sup>

FIND. APPLY. SUCCEED."

If you are not authorized as an AOR for your organization, you will receive an error message and will be unable to submit your application.

## Sign and Submit Screen



| ript Window    |  |         |
|----------------|--|---------|
|                | ¢  |         |
| -              |  |         |
|                | GRANTS.GOV™  |         |
|                | Application Submission Verification and Signature  |         |
| Opportunity    | Title:   |         |
| Offering Age   | ncv  |         |
| CFDA Numb      | ar:  |         |
| CFDA Descri    | otion:   |         |
| Opportunity    | Number: I  |         |
| Competition    | ID: I  |         |
| Opportunity    | Open   |         |
| Opportunity    | Close Date:  |         |
| Application F  | iling Name:  |         |
|                | Do you wish to sign and submit this Application?   |         |
| Please revie   | w the summary provided to ensure that the information listed is correct and that you are submitting an ap      | plicati |
| to the oppor   | tunity for which you want to apply.  |         |
| If you want    | to submit the application package for the listed funding opportunity, click on the 'Sign and Submit Applicatio | on'     |
| button below   | to complete the process.   |         |
| If you do no   | want to submit the application at this time, click the 'Exit' button. You will then be returned to the previou | JS      |
| page where     | you can make changes to the required forms and documents or exit the process.                                  |         |
| If this is not | the application for the funding opportunity for which you wish to apply, you must exit this application pack   | kage    |
| and then do    | vnload and complete the correct application package.   |         |
|                |  |         |
|                | Sign and Submit Application  | E       |

Varning: JavaScript Window

- You'll be prompted again to "Sign and Submit".
- This serves as the electronic signature for your application.

### **Receipt Confirmation**



Home > Apply for Grants > Confirmation

#### Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by using the following step:

1. Click on the "Track Your Application:" link on end of this form

Note: Once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at <u>support@grants.gov</u>, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXX.

Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Time.

The following application tracking information was generated by the system:

| Grants.gov Tracking<br>Number :      |  |
|--------------------------------------|--|
| Applicant DUNS:                      |  |
| Submitter's Name:                    |  |
| CFDA Number:                         |  |
| CFDA Description:                    |  |
| Funding Opportunity<br>Number :      |  |
| Funding Opportunity<br>Description : |  |
| Agency Name :                        |  |
| Application Name of                  |  |
| this Submission :                    |  |
| Date/Time of Receipt :               |  |
|                                      |  |

To check the status of your application please click below.



- A confirmation screen will have your Grants.gov Tracking Number
  - Use this number to track your application
- The date/time stamp serves as the official time of submission
- You will also receive emails indicating the status of your application

# **Email Confirmations**



- 1. Receipt Email
  - Grants.gov E-mail Verifying Receipt (with Track My Application URL)
  - Your application has been received by Grants.gov (NOTE: Application must still go through validation process)
- 2. Validation or Rejection Email
  - Grants.gov E-mail Verifying Successful Submission
  - **OR** Rejection Due to Errors with a description of issue
- 3. Transmission to Agency
  - The Agency has picked up your application from Grants.gov

## **Track My Application**



#### FOR APPLICANTS

Applicant Login

**Find Grant Opportunities** 

Get Registered

Annly for Grants

Track My Application

Applicant Resources

Search FAQs, User Guides and Site Information

APPLICANT SYSTEM-TO-SYSTEM

FOR GRANTORS

ABOUT GRANTS.GOV

HELP

CONTACT US

SITE MAP

#### Home>For Applicants

#### TRACK MY APPLICATION

Track and check the status of your grant application submissi

- The syste
   Until stati processes
- For invalid tracking numbers entered, the system will r entered the correct tracking number(

Track Grants.gov submissions by entering to five Grants.g (one Grants.gov tracking number per line)



- Track your application status by entering the Grant Tracking Number
- Status information:
  - Received

.ID t

the

- Validated or Rejected
- Retrieved by Agency

### **Application Rejections**



# **Common Reasons for Rejections**

- •Waited until deadline date or thereafter to submit
- Incomplete registration
- •AOR not authorized by EBiz POC to submit
- •SAM Account Expired
- Incorrect DUNS entered on SF424 Face Page
- •Applicant did not include ALL mandatory forms in submission
- •Applicant used special characters in attachment file name(s)

# **Tips for Applicants**



### **Grant Proposal Tips**

- <u>Register and Submit Early</u>
- Thoroughly read and follow all of the instructions provided by the agency
- Include Sufficient Program and Budget Details
- Strongly recommend filling out optional forms in the app package

### **Grants.gov Application Tips**

- Limit Application File Size/ File Name Characters (50 or less)
- Avoid Special Characters in File Names (\$, %, &, \*, etc.)
- Use Correct DUNS Number in the SF-424 Cover Page
- Make sure you have Grants.gov compatible software (Adobe Reader)



### **Contact Center**

- Support available 24/7
- Email: <u>support@grants.gov</u>
- Toll-Free Phone Number: 1-800-518-4726
- International Callers 1-606-545-503
- Self-help iPortal: (<u>http://grants.gov/iportal</u>)

### **Additional Resources**

- http://www07.grants.gov/applicants/app\_help\_reso.jsp
- FAQs
- User Guides



- Additional information regarding the Innovation Awards will be posted on <u>http://innovation.cms.gov</u>
- More Questions? Please Email InnovationAwards@cms.hhs.gov

# **Thank You!**

# Please use the webinar chat feature to submit questions