Announcement of Funding Availability (AFA)

West Virginia Children with Special Health Care Needs (CSHCN) Program

Proposal Guidance and Instructions

Announcement of Funding Availability (AFA):

Establishment of a Parent-Professional Collaboration for children with special health care needs

AFA Number: BPH-AFA-CSHCN-PPIE
West Virginia Department of Health
Bureau for Public Health
Office of Maternal, Child and Family Health

For Technical Assistance please include BPH-AFA-CSHCN-PPIE in the subject line and forward all inquiries in writing to Julie.a.jackson@wv.gov.

Key Dates and Other Information

Date of Release	**Wednesday, September 9, 2026**
Technical Assistance	Submit written requests to julie.a.jackson@wv.gov
Application Deadline	Wednesday, September 23, 2026
Funding Available*	$82,453.00 maximum Health Resources and Services Administration (HRSA) Maternal and Child Block Grant State Maternal and Child Health Funding **Continuous funding is not guaranteed; future availability dependent on budget, as well as grantee performance in required reporting.*
Geographic Areas	Statewide
Eligible Applicants	Non-profit organizations/coalitions licensed to operate as businesses in West Virginia and be a registered state vendor.

AFA PURPOSE AND ELIGIBLE APPLICANTS

The West Virginia Department of Health (DH), Bureau for Public Health (BPH), Office of Maternal, Child and Family Health (OMCFH) is seeking proposals for an entity to provide a parent-led, patient-centered medical home model instruction for children with special health care needs for medical resident learning opportunities, funded through the Title V Grant.

Section One: Introduction

The Grantee, operating under the guidance of the WV OMCFH CSHCN Program, will spearhead a parent-led, patient-centered medical home model aimed at instructing medical residents on caring for children with special health care needs. This initiative seeks to enhance culturally sensitive, family-centered care for such children through collaboration between parents and medical professionals. The program will involve pairing medical students and residents from primary care training programs with parents of children with special health care needs. Collaboration among parents, community agencies, and faculty at a medical school will be pivotal in formalizing the teaching of family issues related to CSHCN.

The overarching aim of this program is to improve access to culturally sensitive, family-centered health care for CSHCN, as well as facilitate their access to community support by enriching physicians' knowledge base. This effort aligns with the objectives of the State Title V Agency, OMCFH, and is consistent with services tailored for CSHCN. The state CSHCN Program, which offers enhanced care coordination and patient navigation for CSHCN, supports the medical home model and collaborates with various state and national agencies. Administrative oversight and monitoring for this endeavor will be provided by the WV Title V CYSCHN Director under the auspices of the state CSHCN Program.

Section Two: Expected Performance Objectives, Activities, and Measures

Goals:

1. To promote culturally sensitive, family centered care for children with special health care needs through parent-professional collaboration.

2. To improve access for children with special health care needs to non-medical support through an expanded knowledge base of the physician.

3. To improve families’ access to non-medical support.

4. Improve knowledge of local and national resources.

5. Child health and well-being must be elevated and maintained as a priority for all children with special health care needs.

Objectives:

1. To teach primary care physicians about the parent/family perspective of caring for a child with chronic conditions or a disability.

2. To improve access to services and resources for children with special health care needs through increased physician knowledge and exposure.

3. To teach primary care physicians about non-medical support.

4. To provide knowledge of non-medical resources to families.

5. Spread information of local and national resources to physicians, residents, families and vendors.

6. To provide tangible knowledge of non-medical support to families and pediatric staff in the form of a brochure.

7. Ensure that all children, regardless of their special health care needs have access to resources that focus on the complexities of their chronic care conditions.

Activities

The grantee will:

1. Adapt and expand Project DOCC curriculum in accordance with Project DOCC and based on resident educational needs.

2. Promote parent recruitment to include a pool of parents of children with special health care needs/chronic illness to be “Host Teacher” and “Visiting Teacher” for home visits, parent interviews and panel presentations.

3. Facilitate the training of parents who have been recruited using the DOCC curricula.

4. Organize home visits and parent interviews by pediatric and family practice residents engaged in the pediatric residency programs.

5. Provide training to third year medical students based on Project DOCC curricula via 1 hour presentation.

6. Coordinate monthly home visits as outlined in Project DOCC curricula.

7. Facilitate monthly parent interviews as outlined in Project DOCC curricula.

8. Demonstrate how to successfully navigate various state and national community resources within the home visit and Parent Interview trainings, explaining eligibility criteria and application processes.

9. Instruct learners about the AAP's medical home concept, emphasizing the importance of regular ongoing comprehensive care within a medical home.

10. Provide physicians with non-medical support information during the parent interview, home visit, pediatric medical student lectures and Grand Rounds presentation(s).

11. Provide website information to medical students and residents to utilize non-medical support.

12. Provide each student and resident with Project DOCC resource brochure for children with special health care needs.

13. Complete 3rd year medical student lecture presentations to all students.

14. Provide one on one resource consultation to families referred to Project DOCC from referring physicians.

15. Assist in providing families with parent-to-parent support.

16. Provide information to the Advisory committee about the needs of families who have children with special health care needs.

17. Include in the training of residents, information about local and national resources.

18. Give local and national resource information during medical student training.

19. Attending community groups and conferences to learn about resources that will affect families and continue to inform the medical professionals about new resources and changes in local resources.

20. Maintain a social media Facebook page sharing posts of national, state, and local resources.

21. Coordinate printing of brochures for families of children with special healthcare needs.

22. Verify validity of resource contact information and websites contained in the brochure.

23. Ensure brochures are distributed to hospitals.

24. Attend community meetings to identify new community resources to promote on social medical and website.

25. Add a component to all training to encourage resident and medical students to learn about local resources.

26. Establish an ongoing collaborative partnership with the pediatric physicians, residents, and medical students.

27. Provide resource information in training about the importance of accessing community resources and determining eligibility.

28. Offer the pediatric physicians, residents, and medical students at Marshall University a direct referral for their patients and families to help them with navigating community resources.

Performance Measures/Outputs:

1. Submission of monthly project progress reports to include:
   a. Number of unique participants and/or participant families contacted, including interaction type and purpose.
   b. Number of and results from satisfaction surveys and patient/family interviews
   c. Summary of monthly project success and barriers/challenges
2. Annual project report including executive summary, annual financial report, project data and project successes.

Applicants should review and attach all applicable documents using the vendor self-serve portal located at www.wvoasis.gov .

Section Three: Application Instructions/Requirements

The following are requirements for the submission of proposals to the BPH:

- All proposals must be submitted through the WVOASIS Vendor Self Services (VSS) Portal at Http://www.wvoasis.gov For more information and training on application submission, please visit the following links.

  - Search VSS for Grant Funding Opportunities (GFO)
  - Completing a Grant Funding Application (GFA) in VSS - (Part 1)
  - Completing a Grant Funding Application (GFA) in VSS - (Part 2)

  All proposals for funding will be reviewed by the OMCFH CSHCN staff for completeness and accuracy.

Application Components:

1. **Proposal Narrative**
    a. The proposal narrative will suffice as the project statement of work (SOW) and should consist of the following headings:
        i. Introduction
        ii. Area of Coverage
        iii. Objective
        iv. Activities
        v. Performance Measures (Outputs)
        vi. Timeframe
    b. The proposal narrative should be submitted as an editable text file (e.g., Microsoft Word, Google Docs, etc.)

2. **Detailed Line-Item Budget and Budget Narrative**
    a) Please complete the attached **Detailed Line-Item Budget** form (editable text file)
    b) Please complete a **Budget Narrative-Justification** (Microsoft Excel and/or Google Sheets) with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the DLIB.

3. A **Sub recipient Information Form (DHHR Finance A-1000)** must be submitted. This form must be signed by the Executive Director or Chief Financial Officer of your agency. Prior to completion of the **A-1000,** please review the **Sub-recipient Info Form Instructions A-1000** as some sections of this form may not apply to all grantees, specifically Section 7. The address and zip code supplied on the A-1000 **MUST** match the address and zip code +4 shown on the CCR.

4. A **Grantee Contact List** must be submitted. This list should include any/all requested contacts for items contained in the applicable grant document to include financial and progress/service provision reporting. BPH will use this list for the primary contacts for all originating emails pertaining to the grant and we will not assume responsibility for maintaining or copying alternative contacts.

    Each applicant **MUST** provide **at least two** contacts and ensure the list provides for coverage of all applicable facets of the grant (Administrative, Financial, Project/Program Director, Reporting, etc.)

All DH Grantees are required to meet specific registration requirements as part of the award process. At a minimum, all grantees should register/verify registration with the following:

A. All Grantees must be registered with SAM.gov. A System for Award Management (SAM) registration is required for any entity to bid on and get paid for federal contracts or to receive federal funds. These include for profit businesses, nonprofits, government contractors, government subcontractors, state governments, and local municipalities. Registration must be renewed each year to remain active and compliant.

B. All Grantees must have an active registration with the West Virginia Secretary of State at www.sos.wv.gov .

Section Four: Legal Requirements

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or unit of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award, or the vendor must demonstrate proof of such application.

The grantee is solely responsible for all work performed under the agreement and shall assume responsibility for services offered and products to be delivered under the terms of the agreement. The State shall consider the designated Grantee applicant to be the sole point of contact regarding all contractual matters.

STARTUP COSTS

Applicants who wish to request reasonable startup funds for their programs must submit a separate "startup" target funded budget (TFB) and budget narrative, along with their proposal narrative. For purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations, or capital expenditures.

For proposal review, all startup cost requests submitted by the applicant will be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability, BPH will contact the applicant organization and arrange a meeting to discuss remedial budget action.

FUNDING REIMBURSEMENT

This grant will be awarded on a schedule-of-payment (SOP) multiple reconciliation basis. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant-funded personnel, and activities performed should be consistent with the stated program objectives.

OTHER FINANCIAL INFORMATION

Allowable Costs:

Please note that DH policies are predicated on requirements and authoritative guidance related to federal grants management and administrative rules and regulations. Grantees shall be required to adhere to those same requirements when administering other DH grants or assistance programs, the source of which is non-federal funds (e.g., state-appropriated

general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

Subpart E of the Code of Federal Regulations (2 CFR 200) establishes principles for determining the allowable costs incurred by non-federal entities under federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether DH is funding this grant award with federal pass-through dollars, state-appropriated dollars, or a combination of both.

Grantee Uniform Administrative Regulations, (Cost Principles, and Audit Requirements for Federal Awards):

Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for federal awards to non-federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether DH is funding this grant award with federal pass-through dollars, state appropriated dollars or a combination of both.

Section Five: Follow Up

1. **Final Grant Documents:** After processing is complete, grantee will receive an email with a copy of the grant agreement from DH Grants Management (DHHRGrants@wv.gov) which will need to be signed and returned. A cover letter will be included with an explanation as to how approve and where to return the signed agreement (For submission of the signed grant agreement the electronic submission address is DHHRGrants@wv.gov and not the Bureau's DHHRBPHGrants@wv.gov mailbox so please make sure to send to the email from where it was sent). Once the grant agreement is returned and finalized by DH, the grantee will be emailed a counter-signed approved copy.

2. **Invoice/Reconciliation Documents**: FY 2025 invoice/reconciliation templates will be provided by the Bureau once the grant agreement has been returned signed by the grantee and processed as final. The purpose of these templates is to ensure proper coding is contained on the invoices/reconciliations and to facilitate processing. Invoice documents should be completed in accordance with guidance included in Exhibit D for invoicing and Exhibit G for reconciliations and should be submitted to the DHHRBPHInvoice@wv.gov mailbox and not the DHHRBPHGrants@wv.gov mailbox.

Timely submission of invoices/reconciliations is vital to the proper administration of the grant. Invoices are due at the beginning of each quarter on the 15th and reconciliations are due on the 15th of the following month after the month's end. Grantees have 30 days following the end date of the grant to submit any missing documents including closing documents for the grant. No invoices will be accepted after the 30-day deadline due to closeout requirements and the timeframes necessary to complete Federal Reporting. Payment of invoices may be withheld until such a time that all progress reporting is received in alignment with the finalized statement of work.