

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program:
Base and Matching Grant Awards**

Funding Opportunity Number: HRSA-24-049

Funding Opportunity Type(s): New

Assistance Listing Number: 93.870

Letter of Intent from **New Applicants** Requested by: March 7, 2024

Application Due Date in HRSA EHBs: May 29, 2024

Issuance Date: February 29, 2024

Modification Date: April 12, 2024

See next page for details!

Nathaniel Stritzinger

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

Authority: 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

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

APRIL 12, 2024 MODIFICATION DETAILS*:

- Added language for submission of the **SF-424A budget form** through EHBs as **required Attachment 12**. See guidance in [Budget Forms](#) and [Attachments](#) sections.
- Added **matching grants waiver language** throughout for the four insular areas of U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam, per [CA-23-04](#).
- Removed FY 2024 MIECHV Discretionary Grants Information System (DGIS) data submission requirement from the **Reporting** section to streamline performance data collection and help reduce awardee/recipient burden.
- Revised the statutory citations in the [Budget – Specific Instructions](#) and [Funding Restrictions](#) sections to align with HHS final appropriations act.

*New text highlighted **yellow**.

SUMMARY

Funding Opportunity Title:	Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Base and Matching Grant Awards
Funding Opportunity Number:	HRSA-24-049
Assistance Listing Number:	93.870
Due Date for Applications:	May 29, 2024
Purpose:	The purpose of the MIECHV Program is to improve maternal and child health, early childhood development, and family well-being of pregnant people and parents with children up to kindergarten entry — especially those living in communities identified as at risk for poor maternal and child health outcomes — by supporting the delivery of coordinated and comprehensive high-

	<p>quality and voluntary early childhood home visiting services to eligible families.</p>
<p>Program Objective(s):</p>	<p>MIECHV Program objectives are to:</p> <p>(1) Identify and provide comprehensive home visiting services to improve outcomes for eligible families living in at-risk communities.</p> <p>(2) Strengthen and improve programs and activities that address preventive and primary care services for pregnant people, infants, and children under Title V of the Social Security Act.</p> <p>(3) Improve coordination of services in at-risk communities.</p>
<p>Eligible Applicants:</p>	<p>Eligible applicants include all 50 states and 6 territories and jurisdictions: the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa. Nonprofit organizations that provide services in states that did not apply for and receive MIECHV Program – Base Grant Award funding in FY 2023 are also eligible to apply in FY 2024 so long as the state, territory, or jurisdiction funded in FY 2023 continues not to apply under this funding opportunity.</p> <p>Native American tribes, including tribal governments and tribal organizations, may be eligible to apply separately for Tribal MIECHV award opportunities administered by the Administration for Children and Families (ACF) in partnership with HRSA. Reauthorization of the MIECHV Program under Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) increased reservations for tribal entities from 3% to 6% of appropriations. Visit the Tribal MIECHV Website for more information.</p> <p>Accordingly, Native American tribal governments or organizations are not eligible for this specific funding opportunity.</p>

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	\$447,150,000 total (Base funds: \$406,500,000; Matching funds: \$40,650,000)
Estimated Number and Type of Award(s):	Up to 56 new grants
Estimated Award Amount:	Base fund amounts vary based on formula; \$725,892 for matching funds. In future years, eligible entities may apply for increased matching grant funds per statutory formula.
Cost Sharing or Matching Required:	Required for matching funds only. Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.
Period of Performance:	September 30, 2024, through September 29, 2026 (2 years)
Agency Contacts:	Business, administrative, or fiscal issues: LaToya Ferguson Grants Management Specialist Division of Grants Management Operations, OFAM Email: lferguson@hrsa.gov Program issues or technical assistance: Nathaniel Stritzinger Policy Analyst, Division of Home Visiting and Early Childhood Systems Maternal and Child Health Bureau Email: nstritzinger@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

FY 2024 MIECHV Program NOFO Technical Assistance Webinar

Date: March 19, 2024

Time: 3 – 4:30 p.m. ET

Weblink: <https://hrsa->

[gov.zoomgov.com/j/1619015560?pwd=bUJQWFJrSGJqSEdJOHFQa2xyYXJSUT09](https://hrsa.gov.zoomgov.com/j/1619015560?pwd=bUJQWFJrSGJqSEdJOHFQa2xyYXJSUT09)

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

Call-In Number: 1-833-568-8864

Meeting ID: 18263889

We will record the webinar. Visit the [MIECHV Program Webpage](#) to access the webinar recording.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for base and matching funds under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.¹ The purpose of this program is to improve maternal and child health, early childhood development, and family well-being of pregnant people and parents with children up to kindergarten entry — especially those living in communities identified as at risk for poor maternal and child health outcomes — by supporting the delivery of coordinated and comprehensive high-quality and voluntary early childhood home visiting services to eligible families. The Health Resources and Services Administration (HRSA) administers this program in partnership with the Administration for Children & Families (ACF).

The MIECHV Program aims to:²

- Identify and provide comprehensive home visiting services to eligible families³ living in communities that face barriers to achieving positive maternal and child health outcomes.
- Strengthen and improve programs and activities that address preventive and primary care services for pregnant people, infants and children under Title V of the Social Security Act.
- Improve coordination of services within ‘at-risk communities’ that are identified in the approved statewide needs assessment as at risk for poor maternal and child health outcomes. HRSA must approve a statewide needs assessment before it can be implemented (see [Appendix B](#) for more information).⁴

Successful MIECHV Program recipients will achieve the following objectives:

A. Implement evidence-based home visiting models or promising approaches that:

1. Deliver high-quality, voluntary home visiting⁵ as the primary service delivery strategy (See [Appendix B](#) for definitions of evidence-based home visiting models and promising approach home visiting models).

¹ This program provides funding to eligible entities as defined in the MIECHV authorizing legislation, Social Security Act, Title V, § 511, except for tribes (including tribal governments and tribal organizations), which are funded separately under the Tribal MIECHV program administered by the Administration for Children & Families (ACF), using funds reserved by Congress for this purpose.

² Social Security Act, Title V, § 511(a).

³ Social Security Act, Title V, § 511(l)(2).

⁴ “At-risk communities” are defined in statute as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of poor prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment. Throughout this NOFO, the term “community identified in the statewide needs assessment” and “community,” except as otherwise noted, are intended to refer to “at-risk” communities with high concentrations of the indicators identified in statute. (See [Appendix B](#) for definition).

⁵ Social Security Act, Title V, § 511(e)(7)(A).

2. Provide or support targeted, intensive home visiting services (See [Appendix A](#) for more information).⁶
 3. Serve eligible families residing in communities identified in the statewide needs assessment identified as at risk for poor maternal and child health outcomes.⁷
 4. Aim to achieve outcomes specified as statutorily mandated benchmark areas:⁸
 - i. Improved maternal and newborn health.
 - ii. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits.
 - iii. Improvement in school readiness and achievement.
 - iv. Reduction in crime or domestic violence.
 - v. Improvements in family economic self-sufficiency.
 - vi. Improvements in the coordination and referrals for other community resources and supports.
- B. Coordinate with comprehensive statewide early childhood systems to support families' and communities' needs.

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

2. Background

Statutory Authority

The MIECHV Program is authorized by [42 U.S.C. § 711\(c\)](#) (Title V, § 511(c) of the Social Security Act, as amended) to support the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. jurisdictions. Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), recently amended Title V, section 511 of the Social Security Act to reauthorize and extend appropriated funding for the MIECHV Program through FY 2027. This Act also introduced new provisions, including authority to award matching funds. Matching fund allocations are based on a statutory formula that sets a minimum allocation amount, which increases each fiscal year, and distributes the remaining funding available for award according to each recipient's share of children under age 5 in families living below the federal poverty line. To obtain these federal matching funds, recipients must contribute \$1 in non-federal funds (as defined in [Appendix B](#)) to receive \$3 in federal award funding (25% recipient contribution; 75% federal contribution) up to the award ceiling amount. Eligible entities have the option, but are not required, to apply for matching funds. We will award base funds if all application requirements are met. You will receive one award that will consist of base funds and, if you choose to apply for

⁶ Social Security Act, Title V, § 511(d)(3)(B).

⁷ Social Security Act, Title V, § 511(b).

⁸ Social Security Act, Title V, § 511(d)(1)(A).

such funds, matching funds.

This NOFO incorporates new statutory requirements included in the Consolidated Appropriations Act, 2023.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To learn more about MCHB and the Bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

Program Overview

Since 2010, the MIECHV Program has served as the largest federal program focused primarily on early childhood home visiting. States and jurisdictions receive funding from the MIECHV Program to support voluntary, evidence-based home visiting services for expectant and new parents with children up to kindergarten entry (age 5) who live in communities that are at risk for poor maternal and child health outcomes. MIECHV-funded home visiting programs are tailored by each state and jurisdiction to respond to the diverse needs of children and families living in communities that face disproportionate risks, challenges, and disparities. Local Implementing Agencies (LIAs), such as a public health or education departments, community non-profits, or other entities, receive funds from states and jurisdictions to implement home visiting services under the MIECHV Program.

Eligible families may choose to participate in the MIECHV Program, and partner with local health, social service, and child development professionals to set and achieve goals that improve their health and well-being. Through voluntary home visiting programs, trained home visiting professionals meet regularly in the homes of families who want and ask for support.

Home visitors:

- Build strong, positive relationships with families to assess their individualized strengths and needs.
- Provide services tailored to those individualized needs.
- Screen for areas of specific risk.
- Assist with referrals and linkages to comprehensive services, thereby improving collaboration across local service providers.

Evidence-based home visiting leverages individual family strengths, addresses social and community factors that can negatively impact families' well-being, and provides connections to other critical services when needed. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and

promotes child development and school readiness.⁹ Home visiting can also be cost-effective in the long term, with reduced spending on government programs and increased individual earnings.¹⁰

The MIECHV Program is an important part of a comprehensive statewide early childhood system (as defined in [Appendix B](#)). LIA staff serve as trusted partners that engage priority populations and bridge gaps between families and critical services and resources, both in the course of direct service provision and through community outreach and partnership. These collaborations support program outcomes in the MIECHV benchmark areas and strengthen the broader early childhood system.

II. Award Information

1. Type of Application and Award

Application type(s): New

2. Summary of Funding

We estimate \$447 million will be available to fund the 56 eligible entities through base funds and matching funds. This includes approximately \$406.5 million in base funds and up to \$40.7 million in matching funds.

You may apply for up to the base funds award ceiling amount as determined by the formula in [Appendix A](#). You are not required to apply for matching funds. If you apply for matching funds in FY 2024, you may apply for an award of up to \$725,892, and demonstrate that you can meet the requirements outlined in this NOFO with respect to obligations of non-Federal and Federal funds. You should note, however, that applying for this federal matching amount does not mean that you will be awarded this amount, as requirements applicable to recipient matching fund awards must be satisfied, as further described in the [Budget Narrative](#). Recipients that apply for matching funds but contribute less than the full minimum matching allocation of \$241,964 in non-federal funds will see further adjustments to their matching funds award to reflect their reduced contribution. See [Appendix A](#) for details on base and matching funds award formulas.

⁹ U.S. Department of Health and Human Services, Administration for Children & Families, Home Visiting Evidence of Effectiveness (HomVEE).

¹⁰ Michalopoulos, C, et. al. (2017). Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017-73. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children & Families, U.S. Department of Health and Human Services

The period of performance is September 30, 2024, through September 29, 2026 (2 years).¹¹

Due to statutory requirements relating to the period of availability for the use of funds by recipients,¹² we will not permit a no-cost extension for recipients to use funds beyond the specified period of availability.

Funding awards depend on a recipient's history of satisfactory performance on prior MIECHV awards and a decision that continued funding is in the best interest of the Federal Government. We will review your past performance and may ask for more information if you are on a corrective action plan, drawdown restriction, or have significant recent deobligations of federal award funds.

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

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10% of modified total direct costs (MTDC).¹³ You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all 50 states and 6 territories and jurisdictions: the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa. Nonprofit organizations that received MIECHV Program – Base Grant Award funding in FY 2023 are also eligible to apply in FY 2024, so long as the state, territory, or jurisdiction does not apply or is not approved to receive award funding for FY 2024 under this NOFO.

Native American tribes, including tribal governments and tribal organizations, may be eligible to apply for Tribal MIECHV award opportunities administered by ACF in partnership with HRSA. Reauthorization of the MIECHV Program under Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) increased reservations for tribal entities from 3% to 6% of appropriations. Visit the [Tribal MIECHV Website](#) for

¹¹ According to authorizing statute, under Social Security Act, Title V, § 511(k)(3)(A), except for funds awarded for PFO initiative outcomes payment and evaluation, funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award.

¹² Social Security Act, Title V, § 511(k)(3)(A)).

¹³ *Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

more information. Accordingly, Native American tribal governments or organizations are not eligible for this specific funding opportunity.

2. Cost Sharing or Matching

An award under this funding notice will consist of base funds and, if you elect to apply for them, matching funds. You are not required to apply for matching funds.

Cost sharing or matching **is NOT** required for base funding under the MIECHV Program.

Cost sharing or matching **IS** required for matching funds under the MIECHV Program.*

For matching funds, HRSA will award 75% of the sum of (1) the total amount obligated by the eligible entity for home visiting services in the State for the fiscal year, from Federal funds made available for the fiscal year; and (2) the total amount so obligated by the eligible entity from non-Federal funds.

Applicants will be required to identify: (1) the total amount obligated by the eligible entity for home visiting services in the State for the fiscal year from Federal funds made available for the fiscal year for matching grants; and (2) the total amount so obligated by the eligible entity from non-Federal funds.

***Note:** Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.

- For additional information on:
 - Matching funds formula, see [Appendix A](#).
 - Budget, see [Section IV.2.iii](#).
 - Non-Federal Funds, see [Appendix B](#).
 - Applying for matching funds and Budget Narrative requirements, see [Section IV.2.iv](#).

3. Other

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

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

Maintenance of Effort

To demonstrate compliance with the statutory maintenance of effort (MOE) requirement, you must maintain non-federal funding (State General Funds)¹⁴ for evidence-based home visiting and home visiting initiatives, obligated for activities proposed in this NOFO, at a level that is not less than the amount spent for these home visiting activities in either fiscal year 2019 or 2021, whichever is less.¹⁵ These amounts were published in the [Federal Register](#) on June 23, 2023.¹⁶ **You are required to meet the MOE requirement in order to receive MIECHV award funding for FY 2024.**¹⁷ Nonprofit entity applicants must agree to take all steps reasonably available to meet this requirement and should provide appropriate documentation from the state supporting their compliance with the MOE requirement. We will enforce statutory MOE requirements through all available mechanisms. Refer to [Appendix A](#) for a detailed description of the MOE statutory requirement.

IV. Application and Submission Information

1. Address to Request Application Package

You **must** apply online through [HRSA Electronic Handbooks \(EHBs\)](#). Use the SF-424A form and application package associated with this NOFO.

You received a communication containing your base and matching fund ceiling award amounts on or around February 29, 2024. **Please refer to the updated instructions for EHBs submission you received on, or around April 16, 2024.**

2. Content and Form of Application Submission

Application Format Requirements

Use the instructions in the *Application Guide* and this program-specific NOFO to submit your information. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

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

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's application package.
- Abstract (standard form (SF) "Summary").
- Indirect Cost Rate Agreement.

¹⁴ See [Appendix B](#) for a definition of non-federal funds for the purposes of meeting the MOE requirement.

¹⁵ Social Security Act, Title V, § 511(f).

¹⁶ Social Security Act, Title V, § 511(f)(2).

¹⁷ Social Security Act, Title V, § 511(f)(1).

- Proof of non-profit status (if it applies).

If there are other items that do not count toward the page limit, we'll make this clear in [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-049 application package, it may count toward the page limit.

Applications must be complete and validated by EHBs under HRSA-24-049 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹⁸ (for example, project director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.¹⁹
- If you cannot certify this, you must include an explanation in [Attachment 13-15: Other Relevant Documents](#).

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

Program Requirements and Expectations

In your application you are expected to demonstrate how you will adhere to the requirements and expectations outlined in this section and described further in [Appendix A](#).

For reference, this is an outline of the program requirements and expectations in [Appendix A](#):

- A. [Priority Population Recruitment and Enrollment](#)
 - 1. Priority for Serving High-Risk Populations (Priority Populations)
 - 2. Enrollment
 - 3. Voluntary Services
- B. [Implementing Evidence-Based Home Visiting Models](#)
 - 1. Selection of Home Visiting Service Delivery Model(s)
 - 2. Fidelity to Home Visiting Service Delivery Model(s)
 - 3. Targeted, Intensive Home Visiting Services
 - 4. Model Enhancements
- C. [Systems Coordination](#)

¹⁸ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

¹⁹ See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

1. Early Childhood Systems Coordination and Collaboration
2. Written Agreements to Advance Coordination
- D. [Addressing Health Disparities](#)
- E. [Implementation Oversight](#)
 1. Staffing – Recipient-level
 2. Staffing – Local Implementing Agency (LIA)-level
 3. High-Quality Supervision
 4. Subrecipient Monitoring
 5. HRSA Operational Site Visits
 6. Technical Assistance Engagement
- F. [Data and Evaluation](#)
 1. Common Framework for Research and Evaluation
 2. Awardee-led Evaluation – Promising Approaches
 3. Awardee-led Evaluation – Coordinated State Evaluations
 4. Data Exchange Standards for Improved Data Interoperability
- G. [Pay for Outcomes](#)
- H. [Performance Reporting and Continuous Quality Improvement](#)
 1. Demonstration of Improvement
 2. Continuous Quality Improvement
 3. Performance Measurement Plan
- I. [Funding Restrictions](#)
 1. Limit on Use of Funds for Administrative Costs
 2. Limitation on Use of Funds for Conducting and Evaluating a Promising Approach
 3. Limit of Use of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services
 4. Maintenance of Effort

Program-Specific Instructions

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

i. Project Abstract

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

Provide a summary of your application. We may share your abstract with Congress and the public to provide additional information about your home visiting program. Please make sure your abstract is clear, accurate, concise, and without reference to other parts of the application. Please make sure not to exceed the Project Abstract character limit of 4,000.

Please place the following items at the top of the abstract:

- Address.
- Project Director Name.
- Contact Phone Numbers (Voice, Fax).
- Email Address.
- Web Site Address, if applicable.
- List all grant program funds requested in the application, if applicable.

The project abstract must be single-spaced, limited to one page in length, and include the following sections:

Annotation: Provide a three-to-five-sentence description of your project that identifies the project's goal(s), the population and/or community needs that are addressed, and the activities used to attain the goals.

Problem: Describe the needs and problems your project addresses.

Purpose: State the purpose of the project.

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, applicants state the goal(s) in a sentence and present the objectives in a numbered list.

Approach: List the following:

- Eligible evidence-based models and promising approaches supported with MIECHV award funds.
- Communities identified in your statewide needs assessment that you intend to serve and any specific target population group(s) to be served within those communities.
- Total proposed caseload of MIECHV family slots (see [Appendix B](#) for a definition of caseload of MIECHV family slots) for each federal fiscal year within the period of performance. Note that your proposed caseload of MIECHV family slots for each federal fiscal year should be the same throughout this application.

NARRATIVE GUIDANCE

ii. Project Narrative

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

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

The following sections are required for ALL applicants, including new applicants. New applicants should review Project Narrative Section C: Approach, and [Attachments](#) for specific additional requirements.

A. Organizational Information

Responses in this section should reference your organization, at the recipient level.

1. Describe how your organization’s mission, structure, and current activities contribute to your ability to carry out program activities and meet program expectations. Describe your leadership staff experience in maternal and child health, evidence-based home visiting services, and early childhood systems. Describe how you will recruit and retain recipient-level staff.
2. Describe how your staffing plan will ensure adequate coverage and capacity for key functional areas under MIECHV including, but not limited to: programmatic and fiscal oversight, performance reporting, continuous quality improvement, and health equity. See [Appendix A](#) for more information on recipient-level staffing.

Note: this description must align with your staffing plan and organizational chart provided as Attachments 3 and 4 (see [Section IV.2.vi](#) for more information).

3. Describe how you will support LIAs in recruiting and retaining home visitors, supervisors, and other program staff through workforce policies and practices.

B. Need

This section will help us understand who you will serve with the proposed project. In this section:

1. Current communities.
Describe the ongoing needs of communities identified in your statewide needs assessment²⁰ that you propose to continue serving with FY 2024 MIECHV award funds.
 - a. Discontinued communities.
Identify any communities where you intend to discontinue services under the FY 2024 MIECHV award. Explain why you decided to discontinue services and describe how you will support families to transition to other home visiting or early childhood services.
2. New communities.
Identify any communities you do not currently serve with MIECHV funds that you intend to newly serve beginning with FY 2024 MIECHV funds. List all communities to be served under this award in [Attachment 2](#). Note that all

²⁰ The term “communities” or “communities identified in the statewide needs assessment” is operationalized as counties, county equivalents, or sub-territory geographic units identified as at-risk in Table 7 of the 2020 statewide needs assessment update, or specific communities within these areas (including tribal communities). See [Appendix B](#) for additional details.

communities served must be identified as communities in your statewide needs assessment (listed on Table 7 of your statewide needs assessment), as required by MIECHV authorizing statute.²¹

- a. Clearly state if you do not intend to serve new communities.
- b. If adding new communities:
 - i. Explain why you propose to provide services in the new communities. Discuss factors that led you to choose these communities.
 - (a) If you intend to serve tribal communities, services must be coordinated with and not duplicative of any services provided by the Tribal MIECHV Program in these communities, if applicable.
- c. For communities you intend to serve with FY 2024 MIECHV funds, describe community readiness and capacity for either expansion of services or new home visiting services, as relevant to your proposed project. Please include:
 - i. A description of how you will use increased funding to expand services or reach new communities.
 - ii. Any major strengths or barriers to either expansion or providing new home visiting services in the selected communities and plans to address those barriers.
 - iii. How you determined readiness. To support your planning, we released a TA tool. Please refer to [Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity](#).
 - iv. Which evidence-based home visiting model(s) or promising approach(es) will be selected for any new communities (see [Appendix A](#) for program requirements related to the selection of evidence-based home visiting models). Describe how the capacity and resources of these communities will support the implementation of the selected evidence-based home visiting model(s). Describe why these models were selected and how they will address the needs of the communities they are intended to serve.
 - v. How you are coordinating any home visiting expansion plans with key partners, including: aligning with state early childhood strategic plans and needs assessments; aligning with non-MIECHV funded home visiting in your state; coordinating outreach and enrollment, as applicable, with other federal, state, or local benefit programs; and any plans to engage non-federal state and local funding partners and/or any philanthropic partners. How will you work with systems partners to support new communities to

²¹ Social Security Act, Title V, § 511(b).

implement MIECHV home visiting? Include any notable initiatives or programs with whom you or the LIAs you fund will partner.

3. Subpopulations.

Describe subpopulations you intend to serve (see [Appendix A](#) for program requirements related to priority population recruitment and enrollment).

- a. Describe why you selected these subpopulations, including specific community needs within counties identified in your statewide needs assessment (for example, high rates of pregnant and parenting adolescents, substance-using caregivers, families experiencing homeless, etc.).
- b. Identify which tribal communities you will serve and describe proposed activities, including collaboration with tribal representatives or ACF Tribal MIECHV Program recipients. Describe how these activities will not be duplicative of any services provided by the Tribal MIECHV Program in these communities. List the tribe(s) and communities served, including reservations, counties, or urban areas, if applicable.

C. Approach

This section requests information on your proposed approach to addressing your communities' needs and statutory benchmark area outcomes,²² as well as other program requirements and expectations described in this NOFO. (See [Section I](#) for a list of these outcomes, and [Appendix A](#) for the comprehensive program requirements and expectations.) Ensure that your approach addresses each of the project's stated goal(s) and objective(s).

In this section:

1. Priority Population Recruitment and Enrollment

- a. Describe strategies your program will use to recruit and enroll families from priority populations, including families from traditionally underserved populations.
 - i. Describe your and LIAs' efforts to coordinate with state and local partners to strengthen recruitment and enrollment:
 - (a) Indicate major sources of referrals into home visiting and describe how you are ensuring a range of appropriate referral partners.
 - ii. Describe implementation of or efforts toward establishing centralized intake systems (CIS) either locally by the LIA or statewide by the recipient to streamline enrollment:
 - (a) Indicate whether MIECHV funds support CIS development or operations (include details in the appropriate Budget section).

²² Social Security Act, Title V, § 511(d)(1)(A).

- (b) Briefly discuss any barriers to the establishment of CIS.
- (c) Clearly state if you do not implement CIS.
- iii. Describe how you and the LIAs monitor enrollment and retention of families. Discuss expected barriers and how you will address them.
- b. If you anticipate a reduction in services from the level currently provided, describe how you will work with LIAs to reduce services while minimizing disruption to currently served families. For example, describe strategies used by the LIAs that account for the natural attrition of families and referral of currently served families to other early childhood services.

2. Implementing Evidence-Based Home Visiting Models

For definitions and further detail on this topic, see [Appendix A](#) and [Appendix B](#).

- a. Specify the evidence-based model(s) and promising approach(es),²³ if applicable, that you intend to implement with FY 2024 award funds.
- b. If you plan to use a new or continuing model enhancement with a MIECHV-funded home visiting model, describe the enhancement(s), including the information in this section. Otherwise, clearly state if you do not plan to use an enhancement. For more information about model enhancements, see [Appendix A](#).
 - i. The proposed enhancement activities to be funded with the FY 2024 award and how the activities align with the scope of MIECHV.
 - ii. The home visiting model the enhancement(s) will support.
 - iii. Which LIAs will use the enhancement(s) and how the enhancement(s) could change the LIA's proposed caseload or eligibility of families.
 - iv. Training that has will be provided.
 - v. A letter of concurrence from the model developer for new and continuing model enhancements, as [Attachment 7](#), showing that using the enhancement does not alter core components of the model.
- c. If you choose to implement new evidence-based model(s) or new promising approach(es) using FY 2024 MIECHV funds, describe why you have chosen to do so. Additionally, describe how the new model(s) or promising approach(es) will:

²³ If you plan to implement a promising approach, it must be evaluated through a well-designed and rigorous process. See the [Data and Evaluation Section](#) for promising approach requirements.

- i. Best address your community's(ies)' needs in accordance with your statewide needs assessment. Consider the needs of your early childhood system.
 - ii. Be carried out with fidelity based on available resources and support from the model developer(s).
- d. If you choose to discontinue evidence-based home visiting model(s) or promising approach(es) funded previously with your MIECHV award, describe how you will support families' transition to new home visiting models or other early childhood services.
- e. Tell us how you and/or your LIAs will ensure home visiting services are voluntary.
- f. Explain how you and your LIAs will monitor fidelity to the evidence-based and promising approach home visiting models you are using. If you propose a substantial change in your monitoring approach, provide documentation of the national model developer(s) concurrence with your plans to ensure fidelity to the model(s) as [Attachment 7](#). See [Appendix A](#) for program requirements related to fidelity.
- g. Tell us how your policies and practices address enrollment, disengagement, and re-enrollment of eligible families in home visiting services with fidelity to the model(s), including avoiding dual enrollment of families in more than one MIECHV-supported home visiting model.
- h. Discuss TA that you may request from HRSA-supported TA providers, the developer(s) of the model(s) you select, or other TA provider(s) to resolve implementation challenges.
- i. Describe proposed activities with the national developer(s) of your selected model(s) (including state or regional representatives of national model developers), including:
- i. Planned technical assistance (TA), training, and professional development activities provided by the model developer(s).
 - ii. Planned accreditation or reaccreditation of MIECHV-funded LIAs during the period of performance.
- j. Clearly state if you plan to conduct virtual home visits. Provide the model(s) and LIA(s) that will be conducting virtual home visits and any training that has been or will be completed.
- k. Provide an assurance that at least one in-person home visit will be conducted for each client family during each 12-month period of enrollment, beginning with their date of entry into the program. During a public health emergency declared under federal or state law, HRSA may extend the period for conducting an in-person visit by the length of time the declaration is in effect.

- I. Describe any limitations or constraints on virtual home visits, including:
 - i. A description of your plan to encourage in-person home visits in FY 2024, including how you will conduct at least 60% of home visits in person. HRSA anticipates that this threshold will increase up to 85% in the next few years.
 - ii. A description of the considerations you will use to determine when a virtual home visit is appropriate, including:
 - (a) Client consent.
 - (b) Client preference.
 - (c) Geographic limitations.
 - (d) Model fidelity.
 - (e) Hazardous conditions such as public health emergencies, weather events, health concerns for home visitors and client families, and other local issues.
- m. We will review your FY 2023 Annual Performance Report (APR) data reporting the number of in-person visits to assess the 60% threshold. If you monitor these data more frequently and would like HRSA to review more recent data, provide that data in this section.
- n. Provide any additional context about trends for in-person and virtual visit frequency that will help you achieve the 60% in-person visit threshold as demonstrated by FY 2025 performance data.

3. Systems Coordination

- a. Describe how you and the LIAs will promote coordination of services for families served. Refer to the list of coordination activities in [Appendix A: "Program Requirements and Expectations"](#) section for Systems Coordination.
 - i. Describe how you and the LIAs will establish appropriate linkages and referral networks to other community resources and supports. Examples include: Medicaid enrollment, Supplemental Nutrition Assistance Program (SNAP) enrollment, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) enrollment, transportation supports, housing supports, medical home, mental health services, child care, Part C Early Intervention, and child welfare.
 - ii. Identify any barriers to coordination with early childhood partners and efforts to connect families with resources, as well as your efforts to address these barriers.
- b. Describe key activities that you and/or the LIAs will use to support parent, family, or community engagement and leadership. Include any efforts to

engage diverse family and community representatives in leadership and advisory roles and support their meaningful and equitable participation in program planning.

- c. Describe your participation in statewide early childhood systems planning and coordination.
 - i. Discuss how statewide coordination and systems development activities will support local-level service delivery and how local needs will inform statewide activities.
 - ii. Specify any coordination efforts with health providers and systems, including community health centers.
- d. Describe any challenges experienced related to maintaining required partnerships or written agreements and your plans to address those challenges. State if you have not experienced challenges.

4. Addressing Health Disparities and Social Determinants of Health

- a. Describe key activities or strategies that will help reduce health disparities for families that you serve. Include any coordination with early childhood systems partners to address health disparities in outcomes for families and support families that have traditionally been underserved.
 - i. Identify specific social determinants of health that your program will focus on, such as family economic supports, early care and education, health care access, housing insecurity, and other supports that address social determinants of health defined in [Appendix B](#).
- b. Describe the experiences of families accessing services and outline strategies that will improve their experiences.
- c. Describe how you will support LIAs to improve health equity.
- d. Describe plans to address disparities in family recruitment and retention. Describe your program's capacity to provide home visiting services that are culturally responsive and linguistically appropriate, and accessible to individuals with disabilities.

5. Implementation Oversight

- a. Describe how you will identify and/or contract with LIAs. If you do not contract with LIAs or subrecipients, describe how you will deliver home visiting services.
- b. Describe how you plan to provide TA to LIAs (or home visiting service providers) to help them demonstrate improvement in MIECHV performance measures. (See [Appendix B](#) for a definition of MIECHV performance measures.)

- c. You must develop and carry out a subrecipient monitoring plan that meets all applicable federal requirements.²⁴ Describe your written plan to effectively monitor subrecipients for compliance and include the required elements outlined in [Appendix A](#).
 - i. *Note:* Even if your program does not use subrecipients, you must still monitor program delivery. Replace “subrecipient” with “home visiting service delivery” or “home visiting program” to respond for your program.

6. Data and Evaluation

- a. Tell us about any activities to set data exchange standards and improve data interoperability between MIECHV programs and other state agencies or early childhood programs.
 - i. Describe successes and challenges in making progress toward improved data sharing and interoperability.
 - ii. Describe any steps you took to overcome challenges.

b. Awardee-led Evaluation:

If you propose activities involving evaluation (whether conducted by the recipient, a subrecipient, HRSA, or an independent entity acting on behalf of the recipient and/or HRSA), you must adhere to the HHS Evaluation Policy and HRSA Evaluation Guidelines. See [Appendix A](#) for more information on program requirements related to evaluation.

- i. Clearly state if you are proposing an awardee-led evaluation (evaluation of a promising approach and/or coordinated state evaluation (CSE)). Please indicate if you are *not* proposing an evaluation.

Note: if you are proposing a PFO initiative, then describe the PFO evaluation as instructed on the HRSA website.

- ii. Ensure that your staffing plan ([Attachment 3](#)) reflects recipient-level evaluation lead(s) as well as contracted lead evaluator(s). [Section IV.2.vi](#) for more information.

iii. Evaluation Topic Area:

For promising approach evaluation:

- (a) State whether you are proposing a randomized-controlled design or a quasi-experimental design.

²⁴ [U.S. Department of Health and Human Services, Health Resources and Services Administration. \(2018\). Subrecipient Monitoring Manual for Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Award Recipients. P.1.](#)

- (b) Provide assurance and a short supporting narrative describing your ability to use an appropriate comparison group.
- (c) Identify the outcome measures for testing the effectiveness of the promising approach.

For coordinated state evaluation (CSE):

- (d) Identify the CSE topic for evaluation of your evidence-based program.
 - (e) Briefly describe the program needs that led you to choose this topic. Describe how evaluation in this topic will be used to better understand why your program may or not be working and improve your program.
 - (f) Provide assurance that recipient-level CSE lead(s) will be responsible for the overall direction and evaluation decisions including, but not limited to: evaluation questions, overall study design, and ensuring that findings can be used towards program improvement and that these decisions will be made in coordination with the CSE peer network, TA providers, and federal staff/representatives.
- iv. Evaluation Standards Acknowledgement and Assurances
- (a) Provide acknowledgement that you have read and understood the HHS Evaluation Policy.
 - (b) Provide assurance that you will conduct an evaluation that adheres to the HHS Evaluation Policy standards of rigor, relevance and utility, independence and objectivity, transparency, and ethics.

7. Fiscal Considerations

- a. Describe how your state is leveraging other funding sources, such as public insurance financing or braiding of funds across programs, to support evidence-based home visiting.
 - i. Describe any direct alignment of activities or braiding of funds with other federally funded programs to improve the reach, quality, coordination, or sustainability of MIECHV services. Specifically, describe any alignment or braiding with the following programs or funding sources: Medicaid, the Title V Maternal and Child Health Services Block Grant, Title IV-E foster care prevention funds as described in the Family First Prevention Services Act, the Preschool Development Grant Birth-to-Five, Early Childhood Comprehensive Systems (ECCS), the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), transportation supports, and housing supports.

8. Maintenance of Effort

Please report your MOE amount for FY 2024. **You are required to meet the MOE requirement in order to receive MIECHV award funding for FY 2024.**²⁵ For a detailed description of the MOE statutory requirement, see [Appendix A](#). For a definition of non-federal funds for the purposes of MOE, see [Appendix B](#). HRSA may use discretion and provide technical assistance to allow a non-compliant entity a grace period to comply with this requirement.²⁶

- a. For FY 2024, describe how you will maintain funding at a level that is not less than expenditures for these home visiting activities in FY 2019 or FY 2021, whichever is lower.²⁷ These amounts were published in the [Federal Register](#) on June 23, 2023.²⁸

If you do not maintain your MOE amount for FY 2024, you must describe the extenuating circumstance leading the non-compliance, and any actions you have taken or plan to take to comply with the MOE requirement.

9. Additional Matching Funds from FY 2025

- a. Additional matching funds will be awarded FY 2025 through FY 2027, subject to availability of funding.
 - i. Annually, beginning in FY 2025, we will award any matching funds that were either: 1) not awarded in a prior fiscal year(s); or 2) returned to us from recipients' deobligated matching funds from prior awards. Recipients must contribute non-federal funds to exceed the federal matching ceiling amount to receive additional federal matching funds. Additional matching funds will be distributed across eligible entities that express interest in receiving them, based on the statutory formula.
- b. Statute requires that award recipients submit a statement of interest for receiving additional matching funds, should any be available, before the beginning of a fiscal year for which the award recipient desires a matching grant.²⁹ For FY 2025 unobligated matching funds, MIECHV award recipients provided a statement of interest through a Request for Information (RFI) sent through HRSA's EHBs in September 2023. To express interest in receiving FY 2026 unobligated matching funds, provide a statement of interest in this application.
 - i. Note that indicating your interest in matching funds does not require you to apply for these funds in FY 2026. However, please only indicate your interest if you think it will be feasible for you to contribute non-federal

²⁵ Social Security Act, Title V, § 511(f) establishes this requirement and allows for a grace period for noncompliance described in detail in this section.

²⁶ Social Security Act, Title V, § 511(f)(3).

²⁷ Social Security Act, Title V, § 511(f)(1).

²⁸ Social Security Act, Title V, § 511(f)(2).

²⁹ Social Security Act, Title V, § 511(f).

funds eligible to meet the matching requirements beyond the amount required to meet your award ceiling amount anticipated for FY 2026. You will need to apply for and fully fund your state match ceiling amount in FY 2026 using non-federal funds to be eligible for additional matching funds.

10. Pay For Outcomes (PFO)

Only respond to this section if you are applying to use MIECHV funds for activities related to a PFO initiative.

If you are applying to use MIECHV funds for a PFO initiative:

- a. **You must complete a feasibility study prior to using MIECHV funds for PFO** outcome payments or conducting PFO evaluations.
- b. If you propose a PFO initiative that includes funding for outcomes payments and PFO evaluation, you must submit a response to the PFO Supplemental Information Request (SIR) no later than 120 days after the award start date.
 - i. If you propose PFO activities, review the instructions in the MIECHV PFO SIR, published on the [HRSA website](#).

11. Evaluation and Technical Support Capacity

- a. Performance Management
 - i. Describe how you will monitor and improve program performance, outcomes in benchmark areas, and data quality in the upcoming FY 2024 period of performance and FY 2026 Demonstration of Improvement. Use your past MIECHV annual and quarterly performance data, as well as your FY 2020 and FY 2023 Demonstration of Improvement Data Profile. See [Appendix B](#) for a definition of MIECHV performance measures.
 - ii. Explain your data collection activities for annual and quarterly performance reporting. See [Section VI](#) for detail regarding annual and quarterly performance reporting.
 - iii. Provide a description of the frequency and quality of data received from LIAs or other systems used to collect performance data.
 - (a) Discuss any planned changes to your Performance Measurement Plan. Describe steps taken to overcome challenges. *Note:* Updates or changes to your currently approved Performance Measurement Plan will be handled outside of this NOFO; contact your Project Officer for details. (See [Section VI](#) for guidance on performance measurement.)
- b. Identify which caseload method (Home Visitor Personnel Cost Method or Enrollment Slot Method) you will use. Please describe why you have chosen this approach. Note that this method should be used to propose a caseload of family slots in this application **and** to define MIECHV families for the purposes

of reporting to HRSA on performance reporting Forms 1, 2, and 4. (See [Appendix B](#) for the definition of a caseload of MIECHV family slots.)

- i. If you reported an active enrollment of less than 85% of maximum service capacity in the Quarterly Performance report for the first quarter of FY 2024 (10/1/23-12/31/23), describe your plans to improve service capacity under this award.

12. Requirements for New Applicants

We expect that you will leverage TA resources we provide you at the onset of the award to identify immediate TA needs related to implementation of the award and service delivery work plan. Additional TA resources are available on the [MIECHV Program Webpage](#). Please see the Work Plan requirements ([Attachment 1](#)) for additional information required for new applicants.

- a. Describe how you will work with the current MIECHV award recipient in your state to support families to transition to other home visiting or early childhood services if they currently receive services from a program that will no longer receive MIECHV funding.
- b. Describe how you will establish the necessary data capacity, infrastructure, and data collection policies to meet MIECHV annual and quarterly data collection and performance reporting requirements. See [Section VI](#) for details regarding annual and quarterly performance reporting.
 - i. Describe policies for collecting informed consent from participants, establishing data sharing agreements from the state's child welfare agency and other necessary entities, and working with models around data collection and reporting.

Note: New recipients are required to submit a Performance Measurement Plan to HRSA 90 days after the start of the period of performance.

- c. Provide an assurance that all aspects of the proposed project—including selection of communities and evidence-based home visiting models or models that qualify as promising approaches—are based on the results of a statewide needs assessment.

iii. **Budget***

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

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

Before you complete this funding application, see Funding Restrictions in [Appendix A](#) for full descriptions of the following types of expenditures:

- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services.
- Statutory Limit on Use of Funds for Administrative Costs.³⁰
- Statutory Limit on Funds for Conducting a Program Using a Promising Approach (including Evaluation of the Program).³¹

Note: Do not include prior year MIECHV Base Grant funds or funds from other MIECHV awards (for example, MIECHV American Rescue Plan Act (ARP) awards) in the SF-424A or the budget narrative.

***If you are requesting MIECHV Base Grant funds for the purpose of a PFO initiative, please disregard this section and refer to the [PFO Budget Instructions](#) located on the HRSA website.**

Period of Performance

The project/budget period is **2 years**, September 30, 2024, through September 29, 2026. You must show that home visiting services will be made available for the full period of availability³². Maintaining the same rate of expenditure or the same level of home visiting services through the full period of performance is not required.

Reminder: award funds that have not been obligated for expenditure during the period of availability for use will be de-obligated. FY 2024 funds must be obligated no later than September 29, 2026, and obligations must be expended by December 31, 2026.

Key Requirements

You must have adequate financial management systems and internal controls to manage federal awards. You are responsible for reviewing subrecipients' and local sites' budgets according to all applicable policies and procedures and for ensuring adequate post-award monitoring of activities and expenditures.³³

By law, no more than 10% of federal funds awarded may be used to cover the costs of administration.³⁴ An exception may be granted for up to 15% of federal funds awarded to be used for the costs of administration if you:

- Directly provide home visits to eligible families and without a subrecipient.

³⁰ Social Security Act, Title V, § 511(d)(6).

³¹ Social Security Act, Title V, § 511(d)(3)(A).

³² Social Security Act, Title V, § 511(k)(4)(A).

³³ Recipients must show they are meeting all MIECHV monitoring requirements, regardless of the type of relationship they have with their implementing agencies.

³⁴ Social Security Act, Title V, § 511(d)(6)(A).

- Are in the process of expanding to new communities identified through your needs assessment.
- Are new to administering the MIECHV award within the past three years.³⁵

If you expect to incur administrative costs greater than 10% of the total federal funds awarded, meet one of these three criteria, and wish to request an exception to the limit on administrative costs, you must describe why you are requesting an exception in [Attachment 5: Administrative Cost Detail](#). (For a complete definition of administrative costs, see [Appendix B](#).)

Final personnel charges must be based on actual, not budgeted labor. For contractual personnel positions, you must have a formal written agreement with the contracted individual that specifies the nature of the relationship between the parties, even if that relationship does not involve a salary or other forms of payment.

Contracting and subcontracting are allowable under this program; however, subgranting is not allowable under this program. If you intend to provide services through subrecipient LIAs, you must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients. See [Appendix A](#) for a complete description of subrecipient monitoring.

Unless you have prior approval from HRSA, you must plan to use at least 75% of MIECHV federal funds awarded for Service Delivery Expenditures to deliver targeted and intensive evidence-based home visiting services. For a complete definition and examples of service delivery expenditures, see [Appendix B](#).

The MIECHV Program requires that you attend the All-Grantee Meeting. You must budget for at least one in-person All-Grantee Meeting in the Washington, DC area for up to five people for 5 days during the period of performance (once every 2 years).

Evaluation activities (as applicable): If you propose any state-led evaluation activities (as described in the “Assurances and Proposed Program Activities” section of the Project Narrative), **you must include and identify evaluation expenses in the budget narrative.** These include, but are not limited to costs associated with salary and benefits for staff working on the evaluation, contracts for external evaluators, data collection, travel, communication tools that share interim results with interested parties, printing, supplies, equipment, etc. HRSA recommends recipients budget no more than 10% of the total requested award for evaluation activities. HRSA also recommends that a minimum of \$100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor. If you plan to conduct a CSE, you must budget for two in-person peer network meetings in the Washington, DC area for up to two people for 2 days. **Meeting attendance is required for all recipients conducting a CSE.**

³⁵ Social Security Act, Title V, § 511(d)(6)(B).

Required Submissions

A. Budget Forms

Complete Application Form SF-424A Budget Information – Non-Construction Programs and submit as a PDF file as Attachment 12 in HRSA’s EHBs.

Note: Due to an error in the SF-424 budget form in the initial EHBs application package, please disregard the SF-424 that shows up in the EHB table of contents and follow these instructions:

1. Download the fillable PDF version of the SF-424A form:

<https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>.

2. Complete and submit as Attachment 12. Ensure that base, as well as matching and non-federal funds amounts (should you choose to apply for federal matching funds), sum up to the total when submitting the revised SF-424A as Attachment 12. **This is a required attachment.**

The completed SF-424A form does not count towards your total page limit; however, any related budget narrative does count. The project/budget period is **2 years**. Provide a line-item budget narrative using the budget categories in the SF-424A for the period of September 30, 2024 through September 29, 2026.

For additional information on all the object class categories on the SF-424A and information to be included in the budget narrative, please refer to Section 4.1v. of the HRSA SF-424 Application Guide.

- 1. In Section A of the SF-424A budget form, use only row (1), column (e)** to provide the total federal **base** funding budget amount you will request for FY 2024 (see communication via HRSA's EHBs for the total amount you may request). Please enter the amounts in the “New or Revised Budget” column, not the estimated unobligated funds column.
- 2. In Section A of the SF-424A budget form, use only row (2) column (e)** to provide the total federal **match** funding budget amount you will request for FY 2024 (see communication via HRSA’s EHBs for the total amount you may request). Please enter the amounts in the “New or Revised Budget” column, not the estimated unobligated funds column. Only include amounts in this column if you are applying for matching funds.
- 3. In Section A of the SF-424A budget form, use only row (3) column (f)** to provide the total **non-federal funding** budget amount you will be providing as matching non-federal funds if you are applying for matching funds. Only include amounts in this column if you are applying for matching funds.
- 4. In Section B of the SF-424A budget form, use column (1)** to provide object class category breakdown for the entire period of performance of FY 2024 base funds. Do not separately report budget amounts for each year of the award period.

5. **In Section B of the SF-424A budget form, use column (2)** to provide object class category breakdown for the entire period of performance of FY 2024 federal matching funds. Do not separately report budget amounts for each year of the award period. Do not include amounts in this column if you are not applying for matching funds.
6. **In Section B of the SF-424A budget form, use column (3)** to provide object class category breakdown for the entire period of performance of FY 2024 non-federal matching funds. Do not separately report budget amounts for each year of the award period. Do not include amounts in this column if you are not applying for matching funds.

Program Income

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

Specific Instructions

The **Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 202 Salary Rate Limitation** does **not** apply to this program.

iv. Budget Narrative

Provide a narrative explanation of the amounts requested for each line in the budget. The budget narrative should specifically describe how each item will support carrying out proposed activities. Provide an estimate of costs within each budget line and how you came to that estimate.

Additionally, if you are applying for matching grant funds, the budget narrative should also include a description and breakout of each line-item for federal and non-federal contributions. Information must align with and explain the costs entered in the SF-424A, including all line-item contributions proposed for this project.

You must provide a budget that describes the expenditure of grant funds at all points during the period of performance. You are not required to maintain the same rate of expenditure or the same level of home visiting services throughout the full period of performance; however, you must demonstrate that home visiting services will be made available throughout the period of performance (the full period of availability).³⁶

Include the following in the Budget Narrative:

- A. **Personnel Costs:** List each recipient staff member and the details listed (1-7). If personnel costs are supported by in-kind contributions, indicate the percent of effort and the source of funds. **Note: this list must align with your staffing plan provided as [Attachment 3](#) (for more information, see [Appendix A](#)).**

³⁶ Social Security Act, Title V, § 511(k)(4)(A).

Include:

1. The full name of each staff member (or indicate a vacancy).
 2. Position title.
 3. Percentage of full-time equivalency (FTE) dedicated to this MIECHV award.³⁷
 4. Annual/base salary.
 5. Fringe/benefits requested.
 6. Federal amount requested.
 7. If supported by in-kind contributions, indicate percent of effort and funding source(s).
 8. If applying to fund an evaluation:
 - Recipient-level evaluation lead(s). You must identify at least one (but not more than two) staff member at the recipient-level who will be responsible for the direction and monitoring of the evaluation.
 - Contracted lead evaluator(s). If you contract with a third-party evaluator, you must identify the project lead(s).
- B. Travel: Travel expenses can include local and long-distance travel for participation in meetings that address home visiting efforts, other proposed trainings or workshops, and monitoring visits to LIAs. You must budget for required MIECHV meetings. These include:
- A. All Grantee Meeting (at least 1 in-person meeting for up to 5 people for 5 days).
 - B. CSE meetings, if applicable (2 in-person peer network meetings in year 1 of the period of performance, up to 2 people for 2 days).
 - C. HV-CollIN TA activities, if applicable (at least 1 in-person learning session for recipient and/or LIA teams).
- C. Supplies: Include a description of the types of supplies estimated.
- D. Contractual: You must ensure your organization has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. List each planned contract, including:

³⁷ Total percent of effort for each personnel funded under this award must not exceed a sum of 100% FTE on all federally funded projects.

1. A clear explanation of the purpose of the contract, including which models will be used, if applicable.
2. How the costs were estimated.
3. The specific contract deliverables.
4. A breakdown of costs, including the level of effort for home visitor personnel, for example, full-time equivalent (you may provide a listing of each home visitor personnel).
5. Narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

HRSA may request a more detailed, line-item breakdown for each contract.

List consultant contractors in this section. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort.

E. Other: Include all costs that do not fit into any other category and provide an explanation of each cost under “Other” (for example, provider licenses, audit, etc.). Rent, utilities, and insurance can fall under this category if they are not included in an approved indirect cost rate.

F. Clearly state if you are not applying for matching grant funds. **If applying for matching grant funds, include the amount of non-federal and federal funds proposed to be used for purposes of HRSA’s determination of the matching grant award amount**, as defined in [Appendix B](#). See [Appendix A](#) for more information on how the formula determines the matching allocation.

Specifically in your application:

1. Provide the amount of non-federal funds you propose to obligate.³⁸ ³⁹
2. Provide the amount of federal funds you propose to obligate. This amount should be 75 percent of the sum of the non-federal funds you propose to obligate (per 1 above) and your federal funds (per 2).
3. Identify and describe each non-federal funding source proposed to be used to qualify for matching grant funds.

³⁸ In future years, HRSA expects that eligible entities will be able to apply for a matching funds amount up to a ceiling amount calculated by HRSA in accordance with the MIECHV statutory matching grant funding formula.

³⁹ In accordance with 48 U.S.C. 1469a(d), the requirement for applicants from the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam to provide the obligated amount or source of non-federal funds for a matching grant award up to \$199,999 is waived. HRSA waives cost sharing requirements for these eligible entities up to this amount. These eligible entities must provide the obligated amount and source of non-federal funds for any non-federal funds used to meet the matching funds amount at or above \$200,000 and up to the full matching funds allocation of \$241,964 in non-federal funds.

4. Provide a statement of assurance that you will obligate (i.e., commit) the federal and non-federal amounts during the period of performance. These funds must support home visiting services delivered in compliance with MIECHV requirements as set forth in this NOFO, including requirements related to: the demonstration of improvement in outcomes, implementation of evidence-based models or promising approaches, providing or supporting targeted and intensive home visiting models, and prioritizing services to priority populations (see [Appendix A](#) for more information).

Budget – Pay for Outcomes Budget Submission

Applicants that **are** requesting to use a portion of their MIECHV formula award for a PFO initiative must follow [PFO Budget Instructions](#).

v. Program-Specific Forms

Program-specific forms are not required for this application.

vi. Attachments

Provide the following attachments in the order we list them.

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

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan Timeline (required)

Provide a work plan timeline that includes a list of key activities to achieve each of the objectives proposed, anticipated output, and identifies responsible staff and timelines for completion. Identify the goal(s) and objectives for the project. Use the SMARTIE framework (specific, measurable, achievable, realistic, time-bound, inclusive, and equitable).

The work plan timeline must extend across the period of performance (September 30, 2024, through September 29, 2026) and include start and completion dates for activities.

You may use the optional TA template HRSA provides you, or your own format to provide this information.

New applicants ONLY must also:

- A. Include in the required work plan ([Attachment 1](#)) a timeline that describes (please refer to [Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity](#) to support your response, if applicable):

1. Processes, plans, and anticipated timeframes for selecting and implementing evidence-based or promising approach home visiting models in communities identified in the statewide needs assessment.
 2. How you intend to establish, expand, and scale services in the state to meet the needs of communities identified in the statewide needs assessment, including the timeframe for anticipated ramp-up of service delivery, and when you expect to reach maximum service capacity for each local implementing agency.
 3. Any anticipated challenges and barriers to implementing home visiting services and reaching maximum service capacity within the period of performance.
- B. Include a timeline and work plan (in [Attachment 1](#)) for developing the necessary infrastructure for data capacity, collection, and reporting. Please refer to the summary of the MIECHV performance measures in [Appendix B](#) for more information.

Attachment 2: Communities, Local Implementing Agencies, and Caseload of Family Slots (required)

Provide a list of each LIA and for each LIA, identify the:

- A. County(ies), County Equivalent(s), and Tribal entity(ies) the LIA will serve (in whole or in part; these must align with areas listed in Table 7 of your statewide needs assessment).
- B. Evidence-based model(s) and/or promising approach models the LIA will implement.
- C. Current caseload of MIECHV family slots (maximum service capacity) from 10/1/2023 through 9/30/2024 by model.
- D. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 1 (10/1/2024 through 9/30/2025) by model.
- E. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 2 (10/1/2025 through 9/30/2026) by model.
- F. Estimated cost per family slot using proposed caseload from 10/1/2024 through 9/30/2026.

You may use the optional TA template HRSA provides you, or your own format to provide this information.

Attachment 3: Applicant Staffing Plan (required)

Provide your staffing plan, including roles, responsibilities, and qualifications of personnel. Include the name(s) of person(s) responsible (including % FTE) and their qualifications for all functional areas for MIECHV. See [Appendix A](#): Program Requirements and Expectations for more information.

You may use the optional TA template HRSA provides you, or your own format to provide this information.

Attachment 4: Organizational Chart (required)

Provide a project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators.

Attachment 5: Administrative Cost Detail (required)

Submit a narrative description of activities, detailed line-item breakdown, and an estimate of total administrative costs. Include the estimated percentage of the combined FY 2024 MIECHV Base award and Match award funding (if applicable) planned to support these activities.

If you anticipate incurring administrative costs greater than 10% of your total award, meet one of the three criteria described earlier, and wish to request an exception to the limit on administrative costs, you must describe why you are requesting an exception in the Attachment. (For a complete definition of administrative costs, see [Appendix A](#).)

You may use the optional TA template HRSA provides you, or your own format to provide this information.

Attachment 6: Written Agreements (required) Detail the status of your written agreements, including new agreements, with each of the required partners listed in [Appendix A](#). **Note: You are not required to submit written agreements.** Provide the following information for each required partner in Attachment 6:

- The name of the state agency or other entity with whom you have the agreement (if you are in the same agency or organization, state this and include whether you have an informal agreement in place).
- The date the most recent agreement was created or fully executed (whichever is later).
- The expiration date of the agreement (if applicable).
- A brief summary (for example, a few bullets or short sentences) of the agreement's purpose and scope of collaboration related to MIECHV.

You may use the optional TA template or your own format to provide this information.

Attachment 7: Model Developer Documentation for Model Enhancements, if applicable

Submit new documentation of model concurrence for new and continuing model enhancements. Documentation from the national model developer(s) must state that the enhancement does not alter core components related to program impacts.

Note: Temporary changes to the model made by the model developer due to an emergency are not model enhancements.

Attachment 8: Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Explanation of Inability to Certify, if applicable (counts toward the page limit, with the exceptions mentioned)

See [Section IV](#) for more information.

Attachment 9: Indirect Cost Rate Agreement or Cost Allocation Plan, if applicable (does not count toward the page limit)

Attachment 10: Proof of Nonprofit Status, if applicable (does not count toward the page limit)

Attachment 11: Continuous Quality Improvement (CQI) Plan (required only for New Applicants; does not count toward the page limit)

If you are a new applicant, you are required to implement an approved CQI Plan. Guidance for completing and submitting the CQI plan is available on the [MIECHV Data and Continuous Quality Improvement](#) webpage. Please include your CQI plan as [Attachment 11](#). You are required to provide information on proposed CQI activities for Year 1 of the FY 2024 Award period of performance (9/30/2024 – 9/29/2025). If there is a request by HRSA or the recipient to revise a previously approved CQI Plan due to a change in scope of activities, we must approve the amended plan. If you are implementing an outcome improvement plan (OIP), associated with the Demonstration of Improvement, we recommend that you complete that plan (OIP) as part of your CQI activities to make improvements in the identified target measures, as outlined in the HRSA-approved OIP. Guidance for completing and submitting the CQI plan is available on the [MIECHV Data and Continuous Quality Improvement](#) webpage.

Attachment 12: SF-424A – Budget Information Non-Construction Programs (required; does not count toward the page limit)

Submit your completed SF-424A form for the period of September 30, 2024, through September 29, 2026. All applicants must provide the required information for federal base funds. If you apply for matching funds in FY 2024, you must include a budget for federal matching funds and non-federal funds obligated. You are not required to apply for matching funds. See [Budget Forms](#) for more information.

Attachments 13-15: Other Relevant Documents

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

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

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

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁴⁰

⁴⁰ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d).

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

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

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

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

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

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

Here is what this means:

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

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

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

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

4. Submission Dates and Times

Application Due Date

Your application is due on *May 29, 2024, at 11:59 p.m. ET*. We suggest you submit your application through **EHBs** at least 3 calendar days before the deadline to allow for any unexpected events.

5. Intergovernmental Review

The MIECHV Program does not need to follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

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

6. Funding Restrictions

The General Provisions in **Division D** that reference **Further Consolidated Appropriations Act, 2024 (P.L. 118-47)** apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

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

- Follow the list of statutory restrictions on the use of funds in [Appendix A \(Funding Restrictions\)](#) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.

7. Other Submission Requirements

Letter of Intent to Apply

This section is required **only** for new applicants (eligible entities that are not currently MIECHV award recipients). In addition to responding to all applicable requirements, you should submit a letter of intent indicating your desire to apply for MIECHV funds through this NOFO. Letters of intent should be received no later than 7 calendar days after the issuance of this NOFO, or no later than March 7, 2024.

The letter should

- Identify your organization and its intent to apply.
- Describe the proposal.

Send the letter via email by **March 7, 2024** to HRSADSO@hrsa.gov. You will not receive a confirmation. Use *HRSA-24-049* as the email subject.

While we encourage letters of intent, we do not require them. You're eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

The MIECHV Program is a formula-based program. We will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO.

We distribute MIECHV Program funds among eligible entities with complete applications as formula-payment based awards. We will calculate FY 2024 award amounts according to statute based on base and matching funding formulas described in *Section II: Award Information*.

2. Review and Selection Process

Funds will be distributed among eligible applicants as a formula-based grant award composed of base funding and matching funding. **You received a communication containing your base and matching fund ceiling award amounts on or around February 29, 2024. For EHBs submission, please refer to the updated instructions you received on or around April 16, 2024.**

You should request funds to support a proposed caseload of MIECHV family slots. You can use one or more evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness (HomVEE) review. You can also use a home visiting model that qualifies as a promising approach. (See [Section VIII](#) for a list of evidence-based models eligible for implementation under MIECHV; see [Appendix B](#) for a definition of caseload of MIECHV family slots and promising approach.) Based on review of the application, we will either approve or request clarification to the proposed plans for delivery of evidence-based home visiting services during the FY 2024 project period. (See [Section I](#) for more information about model enhancements.) The funding award depends on the approved plans for the FY 2024 project period.

3. Assessment of Risk

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

First, your application must pass a completeness and eligibility review. Then we:

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

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

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

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

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

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

- All provisions of [45 CFR part 75](#), currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply.
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

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

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

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

Executive Order on Worker Organizing and Empowerment

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

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

Subaward Requirements

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

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details. **Exception:** The 10% cap on expenditures related to administering the grant does not flow down to subrecipients.

Human Subjects Protection

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

3. Reporting

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

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.

- 2) **Final Progress Report(s).** You must submit a final progress report to HRSA 90 days after the end of the FY 2024 project period, by December 29, 2026. The NOA will provide further details and the MIECHV Program will issue final progress report guidance near the end of the FY 2024 project period.
- 3) **Annual Performance Report(s):** You must submit data for FY 2024 MIECHV Annual Performance Reporting Forms 1 and 2 by October 31, 2025. You will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. These measures represent activities that occurred during the reporting period of October 1, 2024, through September 30, 2025. Future annual performance reporting will be required using the same timeline.

Annual Performance Report (APR), Form 1: The demographic, service utilization, and select clinical indicators performance report has several measures, including:

- An unduplicated count of enrollees.
- Participant race and ethnicity.
- Socioeconomic data.
- Other demographics.
- Number of households from priority populations.
- Service utilization across all models.
- Number of virtual home visits conducted, disaggregated by model.

Note: all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the model and for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding (Home Visitor Personnel Cost Method), or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA (Enrollment Slot Method).

Annual Performance Report (APR), Form 2: The APR includes data collected for the 19 constructs defined by HRSA within the six benchmark areas. The reported data for these 19 constructs will be used by HRSA to meet the requirements for required reporting for the purposes of the Demonstration of Improvement, as

required by statute.⁴¹ A complete listing of these constructs is available on the [HRSA website](#).

Specific inclusion and eligibility criteria have been established for each measure. TA resources are available online on the [Data and Continuous Quality Improvement](#) webpage.

4) **Quarterly Performance Reports:** We require that you submit quarterly performance reports, Form 4, that include:

- The number of new and continuing households served.
- Maximum service capacity.
- Identification of LIAs, counties, and ZIP codes where households are served.
- Family engagement and retention.
- Staffing.

You will submit these reports through the HVIS, accessed through EHBs. Reports will be due no later than 45 days after the end of each reporting period.⁴² We define quarterly reporting periods as follows:

- Q1: October 1 – December 31.
- Q2: January 1 – March 31.
- Q3: April 1 – June 30.
- Q4: July 1 – September 30.

MIECHV-supported LIAs that have been active for one year or longer should strive to maintain an active enrollment of at least 85% of their maximum service capacity. Quarterly performance reports will help HRSA track this information at the recipient level for award oversight and monitoring purposes. The reports will help us target TA resources as necessary.

⁴¹ Social Security Act, Title V, § 511(d)(1)(E) requires eligible entities to track and report information demonstrating that the program results in improvements for the eligible families participating in the program in at least four of the six statutorily defined benchmark areas, no later than 30 days after the end of fiscal year 2020 and every 3 years thereafter. A recipient that does not submit the MIECHV Annual Performance Report Form 2 by the statutory deadline of October 31, 2023 will be considered non-compliant with program requirements, which may impact MIECHV grant award funding in subsequent funding years.

⁴² The submission due date associated with Form 4 Quarterly Performance Reports is now 30 days from the last day of the reporting period. Due to a shorter submission period than previously, we have instituted a temporary 45-day submission period to help transition recipients to the shorter submission timeframe. We will seek feedback to assess the effectiveness of this 45-day submission period and the feasibility of shortening the submission period to 30 days. We will provide written notice prior to making any additional changes.

- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-1440
Email: lferguson@hrsa.gov

Program issues or technical assistance:

You are encouraged to request assistance, if needed, when submitting your NOFO. Please contact your HRSA Project Officer to obtain additional information regarding overall program issues.

Nathaniel Stritzinger
Policy Analyst, Division of Home Visiting and Early Childhood Systems
Attn: MIECHV Program
Maternal and Child Health Bureau
Health Resources and Services Administration
Call: 301-443-8590
Email: nstritzinger@hrsa.gov

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

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

Call: 1-877-464-4772 / 1-877-Go4-HRSA
TTY: 1-877-897-9910

[Electronic Handbooks Contact Center](#)

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

VIII. Other Information

Evidence-based Models Eligible to Home Visiting Program Applicants

You may select one or more of the evidence-based service delivery models from the following list. These models have met HomVEE review criteria as of the date of this publication:⁴³

(Models are listed alphabetically.)

- Attachment and Biobehavioral Catch-Up (ABC) Intervention
- Child First
- Family Connects
- Early Head Start – Home-Based Option
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up® for Children
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Beginnings
- Healthy Families America (HFA)
- Home Instruction for Parents of Preschool Youngsters (HIPPO)
- Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)
- Maternal Early Childhood Sustained Home Visiting Program (MECSH)
- Maternal Infant Health Outreach Worker (MIHOW)
- Maternal Infant Health Program (MIHP)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Play and Learning Strategies (PALS) – Infant
- Preparing for Life – Home Visiting
- Promoting First Relationships – Home Visiting Intervention Model

⁴³ Visit the [HomVEE website](#) for the most up-to-date list of approved evidence-based home visiting models.

- SafeCare Augmented
- Video Feedback Intervention to Promote Positive Parenting (VIPP)
- Video Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)

These models have met HHS criteria for evidence of effectiveness. HHS uses Home Visiting Evidence of Effectiveness ([HomVEE](#)) review to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant people and children from birth to kindergarten entry.

Note: In addition to the HHS criteria for evidence of effectiveness, statute specifies that a model selected by an eligible entity “conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high-quality service delivery and continuous program quality improvement,” among other requirements.⁴⁴

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

⁴⁴ Social Security Act, Title V, § 511(d)(3)(A)(i).

Appendix A: Program Requirements and Expectations

- A. [Priority Population Recruitment and Enrollment](#)
 - 1. Priority for Serving High-Risk Populations (Priority Populations)
 - 2. Enrollment
 - 3. Voluntary Services
- B. [Implementing Evidence-Based Home Visiting Models](#)
 - 1. Selection of Home Visiting Service Delivery Model(s)
 - 2. Fidelity to Home Visiting Service Delivery Model(s)
 - 3. Targeted, Intensive Home Visiting Services
 - 4. Model Enhancements
 - 5. Virtual Home Visiting
- C. [Systems Coordination](#)
 - 1. Early Childhood Systems Coordination and Collaboration
 - 2. Written Agreements to Advance Coordination
- D. [Addressing Health Disparities](#)
- E. [Implementation Oversight](#)
 - 1. Staffing – Recipient-level
 - 2. Staffing – Local Implementing Agency (LIA)-level
 - 3. High-Quality Supervision
 - 4. Subrecipient Monitoring
 - 5. HRSA Operational Site Visits
 - 6. Technical Assistance Engagement
- F. [Data and Evaluation](#)
 - 1. Common Framework for Research and Evaluation
 - 2. Awardee-led Evaluation – Promising Approaches
 - 3. Awardee-led Evaluation – Coordinated State Evaluations
 - 4. Data Exchange Standards for Improved Data Interoperability
- G. [Pay for Outcomes](#)
- H. [Performance Reporting and Continuous Quality Improvement](#)

1. Demonstration of Improvement
2. Continuous Quality Improvement
3. Performance Measurement Plan

I. [Funding Restrictions](#)

1. Limit on Use of Funds for Administrative Costs
2. Limitation on Use of Funds for Conducting and Evaluating a Promising Approach
3. Limit of Use of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services
4. Maintenance of Effort

Key program requirements and expectations for the MIECHV Program are described in the following section.

A. Priority Population Recruitment and Enrollment

1. Priority for Serving High-Risk Populations (Priority Populations)

All communities served must be within areas identified as at-risk for poor maternal and child health outcomes in the statewide needs assessment, as required under the program's authorizing statute.

As required by the MIECHV statute,⁴⁵ you must prioritize providing services under the MIECHV Program to the following:⁴⁶

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families.
- Low-income eligible families.
- Eligible families with pregnant women who have not attained age 21.
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services.
- Eligible families that have a history of substance use disorders or are in need of substance use disorder treatment.

⁴⁵ Social Security Act, Title V, § 511(d)(4), as amended by the Bipartisan Budget Act of 2018, Title VI, § 50604, indicates the priority for serving high-risk populations.

⁴⁶ Reporting definitions for these priority populations can be found in [Form 1 – Demographic Performance Measures](#).

- Eligible families that have users of tobacco products in the home.
- Eligible families that are or have children with low student achievement.
- Eligible families with children with developmental delays or disabilities.
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

2. Enrollment

As required by statute, you must implement home visiting programs primarily through one or more selected evidence-based service delivery models.⁴⁷ You must develop policies and procedures for outreach, recruitment, assessment of eligibility and family needs, and enrollment into the implemented models. Enrollment strategies should be family centered, culturally and linguistically competent, streamlined, coordinated, and targeted to priority populations.

We encourage coordinating recruitment and enrollment with key partners to improve families' enrollment experiences, expand the reach of services to priority populations, and strengthen or streamline service referral processes. This may include:

- Coordinating with other early childhood programs to launch joint outreach, recruitment and enrollment, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), Part C – Early Intervention Services, and others.
- Establishing referral processes between home visiting programs and health providers, and working with community health workers and family navigators to facilitate home visiting enrollment.

We encourage you to participate in centralized and coordinated intake and enrollment strategies. MIECHV funding may be used for these activities, as long as at least 75% of your budget is allocated for service delivery expenditures Strategies may include:

- A “one-stop” entry point where families can be screened and referred to programs, including home visiting, that best meet their needs (for example, a state- or county-wide website or app where families can complete a single enrollment form and receive referrals to services).
- Use of the same enrollment forms across early childhood programs in a state or community.
- Updated resource directories and platforms that track referral and enrollment.

You must also develop and implement policies and procedures to avoid dual enrollment. Dual enrollment refers to home visiting participant enrollment and receipt of services

⁴⁷ Social Security Act, Title V, § 511(d)(3).

through more than one MIECHV-supported home visiting model concurrently. If implementing more than one MIECHV-supported home visiting model, particularly in the same community, you must, with fidelity to the model, develop policies and procedures to screen and enroll eligible families in the model that best meets their needs.

3. *Voluntary services* – Home visiting services offered through the MIECHV Program must be provided on a voluntary basis to eligible families. Your program’s policies and procedures should ensure enrollee participation is voluntary.

B. Implementing Evidence-Based Home Visiting Models

1. Selection of Home Visiting Service Delivery Model(s)

The MIECHV statute reserves the majority of funding for the delivery of services through implementation of one or more evidence-based home visiting service delivery models.⁴⁸ See [Section VIII](#) for a list of evidence-based models eligible for implementation under MIECHV. Per statute, you may spend no more than 25% of the grant awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.⁴⁹ The MIECHV statute defines a home visiting service delivery model that qualifies as a promising approach; see [Appendix B](#) for the definition of a promising approach.⁵⁰

When selecting a model or multiple models, you should ensure the model(s) can:

- a. Meet the needs of communities identified in the statewide needs assessment and the targeted priority populations named in statute.
- b. Provide the best opportunity to accurately measure and achieve meaningful outcomes in MIECHV benchmark areas.
- c. Be implemented with fidelity based on available resources and support from the model developer.
- d. Be well matched for the needs of the state’s or jurisdiction’s early childhood system.

You can select multiple models for different communities to support a range of home visiting services that meet families’ specific needs. Additionally, as families’ goals and needs change over time, you can transition families, with their consent, from one model to another.

⁴⁸ Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based home visiting models.

⁴⁹ Social Security Act, Title V, § 511(d)(3)(A).

⁵⁰ Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

2. *Fidelity to Home Visiting Service Delivery Model(s)*

You must have policies and procedures in place to ensure fidelity of implementation to the evidence-based home visiting service delivery model(s) you select (refer to [Appendix B](#) for a definition of fidelity). Policies and procedures should include review and submission of fidelity information to home visiting model developers. Any recipient implementing a home visiting service delivery model that qualifies as a promising approach must also implement the model with fidelity. Fidelity requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining families.
- Providing initial and ongoing training, supervision, and professional development for staff.
- Establishing an information management system to track data related to fidelity and service delivery.
- Developing a resource and referral network to support families' needs.

Changes to an evidence-based model that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness.

3. *Targeted, Intensive Home Visiting Services*

Your award must be used to provide or support targeted, intensive home visiting services, as required by statute.⁵¹ Home visiting models that provide universal services (or offer only a limited number of visits) do not qualify as targeted and intensive. If LIAs are using a universal model for family outreach and referral using funds not allocated to service delivery, the recipient must establish processes to ensure families are referred to targeted and intensive home visiting models.

Note that universal models used for family outreach and referral do not qualify for use as service delivery expenditures. For a complete definition and examples of service delivery expenditures, see [Appendix B](#).

4. *Model Enhancements*

For the purposes of the MIECHV Program, an acceptable enhancement of an evidence-based model is a variation to better meet the needs of families served that does not alter the model's core components, as defined by the model. Model enhancements may or may not have been developed by the national model developer, and enhancements may or may not have been tested with rigorous impact research. Prior to implementing a model enhancement, the model developer must determine that it does not alter the core components related to program impacts. HRSA must also approve its use.

⁵¹ Social Security Act, Title V, § 511(d)(3)(B)

Recipients who wish to adopt a model enhancement must submit to us documentation from the national model developer(s) stating that the enhancement does not alter core components related to program impacts. See further instructions in [Section IV](#).

Temporary changes to the model made by the model developer due to an emergency are not model enhancements.

It is your responsibility to ensure that the proposed enhancement is in alignment with the scope of MIECHV. The activities must also be in alignment with your organizational policies and general federal requirements including tracking and monitoring of allowable activities and associated costs (such as 45 CFR §75.430).

You must submit new documentation of model concurrence for continuing model enhancements with each NOFO application, anticipated every 3 years. You must provide documentation of model concurrence for each new model enhancement at the time of the initial request for HRSA approval.

By law, if the use of virtual home visits has not been identified by HRSA as part of an effective model or model adaptation, based on HomVEE review, you must implement virtual home visits as a model enhancement. You do not have to submit a letter of concurrence from the model developer indicating that the use of virtual home visits does not alter the core components of the model. No additional documentation of concurrence is required to conduct virtual or hybrid home visits.

5. Virtual Home Visiting

MIECHV statute defines a virtual home visit as a visit conducted solely by use of electronic information and telecommunications technologies; see [Appendix B](#) for the full definition of a virtual home visit.⁵²

MIECHV statute provides new guidance on virtual home visits:

If you plan to conduct virtual home visits, you must provide an assurance that:

- a. The virtual home visit is implemented as a model enhancement, or; the virtual visit has been identified as part of an effective model or model adaptation based on an evidence of effectiveness review.⁵³
- b. At least one in-person home visit will be conducted per family during each 12-month period of enrollment, except during Federally or State-declared public health emergencies.⁵⁴
- c. Training standards for virtual visits must be equivalent to those that apply to in-person service delivery.⁵⁵

⁵² Social Security Act, Title V, § 511(d)(4)(D)

⁵³ Social Security Act, Title V, § 511(e)(10)(B)

⁵⁴ Social Security Act, Title V, § 511(e)(10)(C)

⁵⁵ Social Security Act, Title V, § 511(d)(4)(B)

If you do not comply with the required assurances, HRSA will provide the necessary technical assistance to assist with compliance.⁵⁶

In addition to assurances, if you plan to conduct virtual home visits, you must describe the limitations or constraints on virtual visits, including your plans to encourage in-person visits and considerations to be used in determining when a virtual visit is appropriate.⁵⁷ You must also report the number of virtual home visits conducted annually, disaggregated by model, to HRSA on annual performance reporting forms.⁵⁸

HRSA requires that your program conduct at least 60% of visits in-person. Your plan to encourage in-person visits should include how you will achieve the threshold as demonstrated by FY 2025 performance data. HRSA anticipates that this threshold will increase up to 85% in the next few years. If your FY 2023 annual performance report (APR) data indicated that you are below the 60% threshold for in-person visits, HRSA will review your application for plans to encourage in-person visits, and may request additional information. You should describe any circumstances that inhibited your use of in-person visits in FY 2023. If you are found to be non-compliant with the 60% threshold for in-person visits, you may be asked to identify steps for compliance remediation. For select circumstances that require more virtual visits and align with reasons described in statute (see Appendix B), HRSA will give awardees a grace period to comply with the 60% threshold or demonstrate improvement in your data. HRSA will monitor your progress towards achieving the 60% threshold and provide technical assistance to help awardees increase their in-person home visits.

C. Systems Coordination

1. Early Childhood Systems Coordination and Collaboration

Per statute, the purpose of the MIECHV Program includes improving coordination of services for at-risk communities and identifying and providing comprehensive services for families living in those communities.⁵⁹ You must establish appropriate linkages and referral networks to other community resources and supports.⁶⁰ We encourage you to develop policies, infrastructure, partnerships, and procedures to facilitate a family centered, coordinated approach to:

- Recruitment, screening, and enrollment of priority populations.
- Service delivery, including:
 - Child and family assessment and screening that is informed by evidence based best practice guidelines such as those within [Bright Futures](#) and [Women's Preventive Services Guidelines](#). Child and family health promotion and intervention, such as education and resources to promote early learning

⁵⁶ Social Security Act, Title V, § 511(d)(4)(E)

⁵⁷ Social Security Act, Title V, § 511(e)(10)(A)

⁵⁸ Social Security Act, Title V, § 511(e)(8)(A)

⁵⁹ Social Security Act, Title V, § 511(a).

⁶⁰ Social Security Act, Title V, § 511(d)(5)(A).

and nurturing relationships, and address sources of family stress and caregiver mental health.

- Facilitated referral and linkage to comprehensive services.
- Ongoing case-management, communication, and coordination with community partners.

In addition, recipients should be involved in activities that support the coordination of services in communities at risk for poor maternal and child health outcomes. This may include participation in:

- State early childhood advisory council and planning efforts, plans for MIECHV expansion, enhancement, community capacity building, sustainability and financing in collaboration with partners.
- Home visitor workforce development, in topics such as trauma informed care, mental health, and early literacy.
- Partnerships to address systemic barriers to family reach and enrollment.
- Identifying gaps to address family needs, such as infant early childhood mental health (IECMHC).
- Facilitating LIA participation in cross-sector community councils and other coordination efforts.

We encourage you to engage in active, ongoing collaboration with the following representatives, including inviting their participation in any MIECHV advisory groups (if such a group exists), whenever feasible:

- Representatives of aligned early childhood and family serving programs.
- Tribal representatives.
- Individuals representing eligible families and communities served.

We also encourage you to provide support for these representatives to participate equitably and meaningfully in these roles and ensure that advisory members represent the range of the populations being served.

If you intend to serve tribal communities, then these services must not be duplicative of, but rather coordinated with, any services provided by the Tribal MIECHV Program in these communities, if applicable.

2. *Written Agreements*

You must ensure the involvement of representatives from key state agencies in MIECHV project planning, implementation, and/or evaluation. This includes developing or maintaining agreements with:

- The state’s ECCS recipient, if there is one and/or a related Early Childhood Systems Coordinating body.
- The state’s Maternal and Child Health Services (Title V) agency.
- The state’s Public Health agency, if this agency is not also administering the state’s Title V program.
- The state’s agency for Title II of CAPTA.
- The state’s child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA.
- The state’s IDEA Part C and Part B Section 619 lead agency(ies).
- The state’s Elementary and Secondary Education Act Title I or state pre-kindergarten program.

We require you to review, and update as appropriate, agreements at least every 3 years. You must be able to demonstrate that you have current agreements with required partners in response to any request for information from us; **however, we will no longer collect agreements from recipients on a routine basis.** We intend for these agreements to outline the expectations of collaborators and support effective collaboration. These are not required to be legally binding documents.

In addition, you may wish to maintain written agreements with other high-priority partners, such as state Medicaid agencies and those implementing the Family First Prevention Services Act and Preschool Development Grants.

We encourage you to develop written agreements that clearly state the purpose of the collaboration, establish a shared vision and goals, and outline key roles of each partner to achieve shared goals. Written agreements may address state and local partnerships to facilitate referrals, screening, follow-up, and service coordination, as well as systems and data coordination (e.g., data sharing and data exchange standards), as applicable to each partner’s scope. Agreements with partners in the same organization as you may be informal. To the extent possible, agreements should address coordination among local subrecipients of signing state agencies (for example, LIAs or county level affiliates). We also encourage alignment of agreements with relevant state-level early childhood action plans or stated goals of statewide early childhood systems entities.

D. Addressing Health Disparities

You are expected to implement home visiting program strategies that contribute to the reduction of disparities in family outcomes in MIECHV benchmark areas. You can use technical assistance resources, such as the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN), to advance these activities. Consider how home visiting services, in coordination with comprehensive statewide and local early childhood systems, can help you identify and address the social determinants of health in your project planning, implementation, and/or evaluation.

Home visiting implementation strategies that may advance these objectives include, but are not limited to:

- Collecting and analyzing program data to identify key health disparities and their causes.
- Engaging family and community representatives in advisory and collaborative roles, including on early childhood advisory committees.
- Providing leadership development opportunities and compensation for participating family representatives.
- Engaging a broad range of referral partners, including those that support access to services that address social determinants of health.
- Recruiting and retaining a workforce that can provide culturally and linguistically appropriate services, including personnel that are representative of communities served.
- Leveraging CQI activities to identify, address, and mitigate systemic barriers.
- Promoting comprehensive, trauma-informed, and multi-generational approaches to service delivery and coordination.

E. Implementation Oversight

1. Staffing – Recipient-level

For the purposes of the MIECHV Program, personnel includes, at a minimum;

- Project director and, if applicable, project coordinator.
- Staff responsible for quality improvement activities.
- Programmatic and fiscal staff.
- Staff responsible for data oversight.

The project director and project coordinator are considered key personnel. All changes to key personnel require prior approval. We recommend that individuals in the project director and/or project coordinator role have at least five years of experience in early childhood care or education or a related field, or education in lieu of experience, as well as substantial experience administering federal grant awards.

Staff responsible for oversight of fiscal requirements must coordinate closely with other MIECHV programmatic staff to ensure that they are fully informed about MIECHV programmatic and statutory requirements. Staff or contractors must cover other responsibilities across the MIECHV functional areas described in this section. Positions may be partially or fully funded by MIECHV or may be in-kind.

MIECHV funded programs should employ qualified and competent personnel with leadership experience in maternal and child health, evidence-based services, and early childhood systems, to support the following functional areas:

- a. Programmatic oversight, administration and programmatic subrecipient monitoring, day to day management of the proposed program (for example, primarily role of project director and project coordinator).
- b. Fiscal oversight, administration and fiscal subrecipient monitoring (for example, role of fiscal lead, contracts administrator, grants manager, and/or other fiscal support).
- c. Recipient-level staff oversight, including recruitment, retention, supervision, and succession planning (for example, role of project director or project coordinator, but may include others within recipient agency).
- d. Review of needs related to and provision of professional development and training for staff.
- e. Early childhood systems building, coordination, and collaboration.
- f. Data and performance measurement (responsible for data collection, reporting, and quality assessment).
- g. Continuous quality improvement (including but not limited to providing continuous quality improvement support to LIAs).
- h. Cultural responsiveness and family engagement.
- i. Evaluation, if applying to fund an evaluation:
 1. Recipient-level evaluation lead(s) who will be responsible for the direction and monitoring of the evaluation. Evaluation lead(s) should include at least one (but not more than two) staff member(s) at the recipient-level.
 2. Contracted lead evaluator(s) with professional competence and capacity for:
 - (a) Partnering with recipient-level evaluation lead(s).
 - (b) Collaborating and coordinating with external partners.
 - (c) Leading evaluation activities and staff.
 - (d) Conducting independent and ethical program evaluation.

2. Staffing – Local Implementing Agency (LIA)-level

MIECHV funded programs should develop and support strategies to recruit and retain staff at the LIA level. MIECHV programs can develop and enforce policies related to compensation standards, training, workplace flexibilities, and other strategies to retain qualified and competent staff. You are encouraged to leverage TA and support through the Institute for Home Visiting Workforce Development and Jackie Walorski Center for Evidence-Based Case Management to advance the home visiting workforce. MIECHV programs should support LIAs in recruiting and retaining home visiting, supervisory, and other support staff, and consider the following strategies:

- a. Ensuring high-quality supervision, such as reflective supervision.
- b. Supporting home visitors to serve families facing significant challenges through practices aligned with IECMHC.
- c. Hiring a broad range of staff who reflect communities served. When feasible, consider hiring staff with lived experience or those who have received home visiting services themselves.
- d. Encouraging LIAs to provide staff supports including competitive compensation ranges, flexible schedules, and work-life balance strategies.
- e. Offering high-quality training and professional development opportunities.

- f. Providing a career ladder to encourage retention of qualified staff.
- g. Recruiting staff with necessary qualifications to meet national model developer requirements for fidelity to the selected home visiting model(s).
- h. Hiring data entry staff to support home visitors.

3. *High-Quality Supervision*

You must maintain high-quality supervision to establish home visitor competencies.⁶¹ We encourage home visiting staff funded through the MIECHV award to use reflective supervision or practices aligned with IECMHC as components of high-quality supervision, as long as those efforts are consistent with model fidelity. (Refer to [Appendix B](#) for a definition of reflective supervision and IECMHC.) Programs should develop and implement policies and procedures that ensure high-quality supervision in alignment with fidelity to the model(s) implemented.

4. *Subrecipient Monitoring*

You must monitor the performance of subrecipients or LIAs to ensure compliance with federal requirements and performance expectations. You must also submit timely Federal Funding Accountability and Transparency Act (FFATA) reports for all first-tier subrecipients who receive \$30,000 or more. (For additional information regarding Subrecipient Monitoring and Management, see Uniform Administrative Requirements (UAR) [45 CFR part 75](#) and the [Subrecipient Monitoring Manual for MIECHV Award Recipients](#). This requirement applies to all subrecipients, including those that oversee LIAs or other intermediaries. For additional information about FFATA reporting, see [Section IV.](#))

You must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program and to ensure compliance with fiscal, administrative, and program requirements. Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the UAR, and MIECHV statutory and programmatic requirements.⁶² You must also execute subrecipient agreements that incorporate all of the elements of [45 CFR § 75.351–353](#). You must also clearly communicate expectations to subrecipients and how you will monitor their performance. You must be able to determine if costs proposed and subsequently incurred by subrecipients are allowable or unallowable. You must base your final determinations on allowability of costs on your documented organizational policies and procedures.

You must develop and carry out a subrecipient monitoring plan that outlines MIECHV program requirements and performance expectations, and a process to assess subrecipients' implementation of these requirements. The subrecipient monitoring plan must include an evaluation of each subrecipient's risk of noncompliance, identify the person(s) responsible for each monitoring activity, and include timelines for completion

⁶¹ Social Security Act, Title V, § 511(d)(3)(C)(iii).

⁶² Social Security Act, Title V, § 511(d).

for each monitoring activity. You must design your subrecipient monitoring activities to ensure that the subaward:

- Is used for authorized purposes.
- Is used for allowable, allocable, and reasonable costs.
- Is in compliance with federal statutes and regulations.
- Is in compliance with the terms and conditions of the subaward.
- Achieves applicable performance goals.

Subrecipient monitoring plans must include provisions for:

- Reviewing financial and performance reports as required by the recipient in compliance with federal requirements.
- Performing site visits to review financial and program operations.
- Providing technical assistance, when needed.
- Following up to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures pertaining to the federal award.
- Issuing a management decision for audit findings (as applicable) pertaining to the federal award provided to the subrecipient as required by [45 CFR § 75.521](#).

Your subrecipient monitoring plan should include the following required elements:

- a. The individual(s) responsible for carrying out the subrecipient monitoring plan.
- b. The person(s) responsible for and the method for performing subrecipient site visits to review financial and program operations, including, but not limited to:
 - i. Compliance with MIECHV program activities and requirements outlined in authorizing statute, applicable federal regulations, and the process for ensuring deficiencies are corrected.
 - ii. Enrollment and retention of eligible families in home visiting services.
 - iii. Coordination and referral pathways with local early childhood services providers
 - iv. Implementation of home visiting model(s) with fidelity.
 - v. Proper spending of funds.
- c. Reconciling budgeted spending to actual spending.
- d. Checking spending for allowability and allocability.
- e. Offering TA as requested.

- f. Tracking and reviewing report submissions.
- g. Your process for ongoing contact and communication with subrecipients.

5. HRSA Operational Site Visits

We conduct operational site visits with you approximately every three years to assess your compliance with MIECHV statutory and programmatic requirements. Pursuant to [45 CFR § 75.364](#), we and our designees must have the right of access to any books, documents, papers, or other records that are pertinent to the awards in order to make audits, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to your personnel for the purpose of interview and discussion related to such documents. Timely access is defined as your response to all document requests and requests to meet with your personnel by the deadlines stated by us or our designees.

6. Technical Assistance Engagement

The MIECHV Program's technical assistance (TA) system supports your efforts to improve family outcomes and strengthen the proficiency of state and local early childhood systems leaders and practitioners.⁶³ For a description of what the TA system supports, please see the [MIECHV Program Webpage](#).

MIECHV promotes the provision of TA through a relationship-based approach. As such, we expect you to engage with TA providers to support high-quality implementation of home visiting. You should regularly engage TA providers as partners to help achieve short- and long-term goals. At least once annually, your TA providers will assess your TA priorities and develop a plan to address those priorities. You must also engage with your TA providers during the review of annual performance reports and CQI plans.

B. Data and Evaluation

MIECHV's learning agenda involves a combination of:

- Continuous quality improvement.
- Performance measurement.
- Rigorous evaluation at the national and state levels.
- Support for research infrastructure in the field.

Each of these activities provides important, but distinct, information about the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting.

1. Common Framework for Research and Evaluation

⁶³ Social Security Act, Title V, § 511(c)(5).

The Administration for Children & Families (ACF) Common Framework for Research and Evaluation outlines the roles of various types of research and evaluation in generating information and answering empirical questions. More specifically, the framework describes the purpose of each type of research and the empirical and theoretical justifications for each. Recipients can refer to this document when planning their evaluation to examine the evidence that can be expected to be generated from the different types of studies and relevant aspects of research design that will contribute to high-quality evidence. [The Administration for Children & Families Common Framework for Research and Evaluation](#) is available online.

2. Awardee-led evaluation – Promising Approaches

If you implement a home visiting model that qualifies as a promising approach, then you are required to conduct a well-designed and rigorous evaluation of that approach. The purpose of the promising approach evaluation is to build evidence of the effectiveness of the home visiting model. By law, the evaluation of effectiveness must be conducted using well-designed and rigorous (a) randomized controlled research designs or (b) quasi-experimental research designs.⁶⁴ Well-designed and rigorous promising approach evaluations of effectiveness include an assessment of outcomes using an appropriate comparison condition.

This MIECHV award is one funding mechanism that recipients might use to build evidence around the promising approach. Recipients may use funds from this FY 2024 award and their FY 2025 and FY 2026 awards, subject to the availability of funds, to plan and conduct a four-year evaluation study.

You will be required to submit an evaluation plan describing the technical details of the evaluation study to your Project Officer no later than 120 days from the project start date. Your Project Officer will provide guidance on developing the evaluation plan after the award is issued.

3. Awardee-led Evaluation – Coordinated State Evaluation

If you are interested in using funds from this award to conduct voluntary program evaluation, then you must participate in the Coordinated State Evaluation (CSE) approach. The CSE approach is a coordinated effort of multiple MIECHV awardee teams to plan and conduct similar, complementary, and multifaceted evaluation studies within a priority topic area. Through facilitated support, CSE awardees in the same topic area develop study designs that:

- Reflect a common agenda with shared evaluation questions.
- Share data collection and measurement strategies.
- Build generalizable and actionable findings.
- Are interpretable together despite differences in context and settings.

⁶⁴ Social Security Act, Title V, § 511(d)(3)(A).

You may use the FY 2024 award to co-create new coordinated evaluation studies in a topic area listed in this section. You will spend the first year of the project designing your study in coordination with other recipients participating in the CSE. CSE is designed to be a four-year project that starts with this award and continues through the FY 2025 and FY 2026 award periods (see Box 1).

All MIECHV eligible entities can propose program evaluation through CSE, even if you did not previously participate in CSE. Current FY 2023 CSE participants are encouraged to build upon their earlier work by participating in this new round of CSE. Peer networks meet monthly, facilitated by TA specialists. Peer network meetings will be organized to support shared learning within and across each set of CSE participants – those concluding FY 2021-2023 award CSE projects and those developing FY 2024-2026 award CSE projects.

Box 1. CSE project overview

CSE Year 1 (9/30/2024 – 9/29/2025)

FY 2024 award

Plan within the peer network, incorporating community engagement. Submit the state-specific evaluation plan to HRSA for approval.

CSE Year 2 (9/30/2025 – 9/29/2026)

FY 2024 & FY 2025 awards

Conduct the study design: data collection and analysis.

CSE Year 3 (9/30/2026 – 9/29/2027)

FY 2025 & FY 2026 awards

Conduct the study design: data collection and analysis

CSE Year 4 (9/30/2027 – 9/29/2028)

FY 2026 award

Shared analysis, interpretation, and dissemination

CSE studies may include descriptive studies, formative evaluation, impact evaluation, outcome evaluation, and process or implementation evaluation (see [OMB Memorandum on Program Evaluation Standards and Practice](#)). The type and scope of your CSE design depends on your previous work in the priority topic area and your program needs. **Your design must include at least two of the same evaluation questions and, to the extent practical, use at least one of the same measurement tools as other awardees conducting CSE studies in the same topic area.**

As part of the CSE approach, you are required to design, conduct, and interpret findings from an evaluation study over a four-year period within:

- a. *Priority topic areas.* HRSA identified the following three topic areas for this round of CSE. You must conduct your evaluation in one of these topic areas:
 - i. Family Engagement in Home Visiting Services.
 - ii. Maternal Health.
 - iii. Workforce Development.
- b. *CSE Peer Networks.* You must work with other MIECHV recipients to identify an evaluation focus within your chosen topic area and build a common agenda or shared logic model that centers equity in evaluation. CSE awardees will meet in

peer networks monthly during the first year of the project for planning the coordinated studies and community engagement. Peer Networks will continue to meet regularly (minimum frequency is quarterly and maximum frequency is monthly) throughout the course of the four-year project.

- c. *Three MIECHV Awards.* CSE is designed to be a four-year project inclusive of planning with community engagement, designing the study within the peer network, submitting your state-specific evaluation plan to HRSA for approval, conducting the study with data collection and analysis, interpreting results in the peer network, and disseminating and documenting uses of the evaluation findings.

CSE participants should plan for and include in this FY 2024 application budget two (2) in-person CSE meetings during the planning phase (September 30, 2024 – September 29, 2025). All other CSE Peer Network meetings will take place virtually.

4. Data Exchange Standards for Improved Data Interoperability

Section 50606 of the Bipartisan Budget Act of 2018 provides new authority for HRSA to establish data exchange standards for improved interoperability in two categories of information:

- Data required to be submitted as part of federal data reporting.
- Data required to be electronically exchanged between the MIECHV state agency and other agencies within the state as required by applicable federal law.⁶⁵

HRSA encourages recipients to consider plans to improve data interoperability in their state, or jurisdiction. This could involve creating or adopting data exchange standards, sharing data, or coordinating data with other state agencies or early childhood programs. The scope and content of these plans may vary depending on factors such as capacity and readiness, and they may focus on state and/or local operations.

Note that no changes to existing MIECHV federal data reporting are required due to this authority. In addition, HRSA is not issuing new requirements around the adoption of data exchange standards at this time.

More information on implementing data exchange standards is available on the HRSA the [MIECHV Data and Continuous Quality Improvement](#) webpage.

⁶⁵ Social Security Act, Title V, § 511(h)(5).

G. Pay for Outcomes

You may use a portion of your MIECHV grant for outcomes or success payments (hereafter referred to as outcomes payments) related to a PFO initiative.⁶⁶ A PFO initiative is a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes as a result of the intervention that results in social benefit and direct cost savings or cost avoidance to the public sector.⁶⁷ See the [PFO SIR Guidance](#) for detailed requirements.

You may use up to 25% of your MIECHV award for outcomes payments related to a PFO initiative.⁶⁸ You may also budget MIECHV funds apart from the 25% limit on outcomes payments to support other activities needed to implement a PFO initiative. MIECHV funds designated for implementing a PFO initiative may support costs associated with conducting a feasibility study; conducting a PFO evaluation; reporting costs associated with PFO; and costs associated with administration of the PFO initiative. In submitting such proposals, you must demonstrate that **the PFO initiative will not result in a reduction of funding for home visiting services delivered**⁶⁹ as compared to the year prior to the initiation of the PFO initiative.

As part of a PFO initiative, you must complete a feasibility study that describes how the proposed intervention is based on evidence of effectiveness.⁷⁰ (Refer to the [HRSA website](#) for further instructions on the PFO feasibility study.) You must complete the PFO feasibility study prior to proposing to use MIECHV funds for PFO initiative outcomes payments and PFO evaluation. You can apply to use MIECHV formula funds to conduct a new PFO feasibility study in your FY 2024 funding application and in subsequent funding years, subject to the availability of future funding. Alternatively, you can use a feasibility study completed within the past five years to meet this requirement. According to statute, funds made available for a PFO initiative within a fiscal year will remain available for expenditure for up to 10 years after the funds are made available.⁷¹ We encourage you to consider the amount of time needed to complete a PFO initiative when submitting your proposal. **If you propose to budget MIECHV funds for only a feasibility study, you are not required to respond to the MIECHV PFO SIR.**

Note: If you are interested in implementing a PFO initiative, carefully review the [MIECHV PFO SIR](#) prior to proposing to budget MIECHV funds to implement any activities associated with such an initiative. If you are budgeting for a PFO initiative, please refer to the [PFO Budget Instructions](#) located on the HRSA website.

⁶⁶ Social Security Act, Title V, § 511(c)(3).

⁶⁷ Social Security Act, Title V, § 511(l)(4).

⁶⁸ Social Security Act, Title V, § 511(c)(3).

⁶⁹ Social Security Act, Title V, § 511(c)(3).

⁷⁰ Social Security Act, Title V, § 511(l)(4)(A).

⁷¹ Social Security Act, Title V, § 511(l)(4)(B).

H. Performance Reporting and Continuous Quality Improvement

1. *Demonstration of Improvement*

Section 50602 of the Bipartisan Budget Act of 2018 requires you to track and report information demonstrating that the program results in improvements for eligible families participating in the program in at least four out of the six benchmark areas specified in statute that the service delivery model or models selected by the recipient are intended to improve. Such a demonstration is required following FY 2020 and every 3 years thereafter.

You are required to submit information to HRSA demonstrating that the program results in improvements for eligible families participating in the program in at least four benchmark areas using the MIECHV Annual Performance Report, Form 2 (Performance Indicators and Systems Outcome Measures). If you fail to demonstrate improvement in at least four of six the benchmark areas, you must develop and implement a plan to improve outcomes, subject to HRSA approval. This Outcome Improvement Plan (OIP) should describe the specific, measurable, and time-oriented actions you will take to improve performance on selected performance measures and address how you propose to comply with our monitoring and oversight of the plan's implementation.

If you continue not to demonstrate improvement after the full implementation of an OIP and subsequent reassessment, or do not submit a required performance report, we may assert all available remedies for noncompliance, including termination of the award.

More guidance on the requirements and methodology associated with the Demonstration of Improvement and OIPs is available online in the [MIECHV Data and Continuous Quality Improvement](#) webpage.

2. *Continuous Quality Improvement*

We will request a new or updated Continuous Quality Improvement (CQI) Plan at a future date.

3. *Performance Measurement Plan*

You are required to implement a Performance Measurement Plan approved by HRSA. We must approve any revised or amended plan. (See [Section VI](#) for more information about performance measurement.) New award recipients must submit a Performance Measurement Plan to HRSA 90 days after the start of the period of performance. **A proposed plan is not required for submission with this application.**

I. Funding Restrictions

1. *Limit on Use of Funds for Administrative Costs*

Use of MIECHV award funding is subject to a limit on administrative costs, as further described in this section. No more than 10% of the award amount may be used for

administering the award.⁷² You may be granted an exception to limit your use of funds for administrative costs at 15% of the total award (instead of the 10% limit on administrative costs) if you:

- Directly provide home visits to eligible families and without a subrecipient.
- Are in the process of *expanding* to new communities.
- Are new to administering MIECHV within the past 3 years.⁷³

You must develop and implement a plan to determine and monitor administrative costs to ensure costs do not exceed the 10% cap.

This limit applies to all MIECHV funds, including MIECHV funds budgeted for a PFO initiative (see [Appendix B](#) for definition).

The term “administrative costs” refers to the costs of administering the MIECHV award incurred by the recipient but does not include the costs of delivering such home visiting services. This 10% limit is *not* a limit on indirect costs (also known as “facilities and administration costs”). See [Appendix B](#) for examples.

Note: This 10% federal cap on administrative costs does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate.

If you anticipate incurring administrative costs greater than 10% of the total award, meet one of these three criteria, and wish to request an exception to the limit on administrative costs, you must describe your reasoning for requesting an exception in the Budget Narrative section.

2. Limitation on Use of Funds for Conducting and Evaluating a Promising Approach

Per statute, no more than 25% of the MIECHV grant award for a fiscal year may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach.⁷⁴ This 25% limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year. (See [Appendix B](#) for a definition of promising approach.)

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable award requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance

⁷² Social Security Act, Title V, § 511(d)(6)(A).

⁷³ Social Security Act, Title V, § 511(d)(6)(B).

⁷⁴ Social Security Act, Title V, § 511(d)(3)(A).

services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. You can find post-award requirements for program income at [45 CFR § 75.307](#).

3. Limit on Use of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services

The MIECHV Program generally does not fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required to maintain fidelity to an evidence-based model approved for use under MIECHV. Recipients may provide health education or health literacy training, as well as coordinate with and refer eligible families to direct medical, dental, mental health, or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding (to the extent available and appropriate) may provide reimbursement.

4. Maintenance of Effort

Per statute, you are required to meet the MOE requirement in order to receive MIECHV award funding.⁷⁵ To demonstrate compliance with the maintenance of effort (MOE) requirement, you must maintain non-federal funding (State General Funds)⁷⁶ for evidence-based home visiting and home visiting initiatives, at a level that is not less than the amount spent for these home visiting activities in either fiscal year 2019 or 2021, whichever is less.⁷⁷ These amounts were published in the [Federal Register](#) on June 23, 2023.⁷⁸

Non-federal funding for MOE is defined in [Appendix B](#). In addition, for purposes of maintenance of effort, home visiting is defined as an evidence-based program implemented in response to findings from the most current statewide needs assessment that includes home visiting as a primary service delivery strategy and is offered on a voluntary basis to pregnant people or caregivers of children birth to kindergarten entry.

Nonprofit entity applicants must agree to take all steps reasonably available to meet this requirement and should provide appropriate documentation from the state supporting their compliance with the MOE requirement.

⁷⁵ Social Security Act, Title V, § 511(f)(1).

⁷⁶ See [Appendix B](#) for a definition of non-federal funds for the purposes of meeting the MOE requirement.

⁷⁷ Social Security Act, Title V, § 511(f).

⁷⁸ Social Security Act, Title V, § 511(f)(2).

5. Funding Formulas

Base Funds Formula

Per statute, we calculate the base funding according to each state or jurisdiction's share of children under the age of 5. We use the most recent U.S. Census data available before FY 2023 to determine this share.^{79,80}

To ensure stable funding, we apply 10% guardrails to base award allocations, meaning we will award each state, or jurisdiction, no less than 90% of their funding from FY 2021 and no more than 110% of their funding from FY 2021. We will distribute any remaining funds proportional to each award recipients' share after guardrails have been applied.

There is a \$1.0 million minimum base amount awarded to recipients.

Matching Funds Formula

Per statute, we calculate the federal matching ceiling amount for each state and jurisdiction in two steps:

- Allot each award recipient the minimum matching funds amount for the fiscal year.
- Distribute the remaining amount based on the proportion of children under 5 living in households with incomes below the poverty line, using the most recent U.S. Census data available.^{81,82}

We will use this same two-step process in future years to determine the federal matching ceiling amount for each state and jurisdiction.

To obtain federal matching grant award funds, eligible entities (base grant awardees) must obligate \$1 in other funds to receive \$3 in federal matching funds (25% recipient contribution; 75% federal matching grant contribution). Federal matching grant funding may be awarded up to the award ceiling amount. HRSA provided eligible entities with estimates of their maximum matching amount separately.

You may apply for up to the base funds award ceiling amount as determined by the formula in [Appendix A](#). You are not required to apply for matching funds. If you apply for

⁷⁹ Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from [https://data.census.gov/table?t=Age+and+Sex&g=0100000US\\$0400000&y=2021&tid=ACSST1Y2021.S0101](https://data.census.gov/table?t=Age+and+Sex&g=0100000US$0400000&y=2021&tid=ACSST1Y2021.S0101)

⁸⁰ Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from [https://data.census.gov/table?q=United+States+decennial&t=Age+and+Sex&g=0100000US,\\$0400000&y=2020&tid=DECENNIALDPMP2020.DP1](https://data.census.gov/table?q=United+States+decennial&t=Age+and+Sex&g=0100000US,$0400000&y=2020&tid=DECENNIALDPMP2020.DP1)

⁸¹ Bureau, U. S. C. (n.d.). Explore census data. Retrieved September 5, 2023, from [https://data.census.gov/table?q=children+under+poverty+age&t=Age+and+Sex:Families+and+Household+Characteristics:Family+Size+and+Type:Populations+and+People&g=010XX00US\\$0400000&y=2021&tid=ACSST1Y2021.B17006](https://data.census.gov/table?q=children+under+poverty+age&t=Age+and+Sex:Families+and+Household+Characteristics:Family+Size+and+Type:Populations+and+People&g=010XX00US$0400000&y=2021&tid=ACSST1Y2021.B17006)

⁸² Bureau, U. S. C. (n.d.). Explore census data. Retrieved September 5, 2023, from [https://data.census.gov/table?q=2020+Small+Area+Income+and+Poverty+Estimates+&t=Age+and+Sex&g=010XX00US\\$0400000&y=2021&tid=DECENNIALDPGU2020.DP3](https://data.census.gov/table?q=2020+Small+Area+Income+and+Poverty+Estimates+&t=Age+and+Sex&g=010XX00US$0400000&y=2021&tid=DECENNIALDPGU2020.DP3)

matching funds in FY 2024, you may apply for an award of up to \$725,892, and demonstrate that you will meet the requirements outlined in this NOFO with respect to obligations of non-Federal and Federal funds. You should note, however, that applying for this federal matching amount does not mean that you will be awarded this amount, as requirements applicable to recipient matching fund awards must be satisfied, as further described in the [Budget Narrative](#). Recipients that apply for matching funds but contribute less than the full minimum matching allocation of \$241,964 in non-federal funds will see further adjustments to their matching funds award to reflect their reduced contribution.

Note: Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.

Eligible entities may choose whether or not to apply for matching grant funds. For FY 2024, recipients who choose to apply for matching grant funds must provide an assurance that they will contribute and obligate the amount of non-federal funds identified in the budget narrative during the period of performance to be eligible to receive federal matching grant funds. Applicants should also note that eligible states and jurisdictions may decide not to apply for federal matching grant funds, including because they do not expect to obligate non-federal funds.

Non-federal funds used for the match must be above and beyond the funds used by eligible entities to meet the Maintenance of Effort (MOE) requirement, and may come from sources including, but not limited to, state general funds or other state funding sources, local governments and/or private entities (including funds made available by gifts, donations, or transfers). See [Appendix B](#) for the definition of non-federal funds for the purposes of matching funds.

Appendix B: Glossary of Selected Terms

Administrative Expenditures – The costs of administering a MIECHV award incurred by you, and include, but are not limited to:

- Reporting costs (Home Visiting Information System, Federal Financial Report, and other reports required as a condition of the award).
- Project-specific accounting and financial management.
- Payment Management System drawdowns and quarterly reporting.
- Time spent working with our grants management specialists and project officers.
- Programmatic or fiscal monitoring of subrecipients or local sites.
- Complying with Federal Funding Accountability and Transparency Act (FFATA) subrecipient reporting requirements.
- Support of HRSA site visits.
- The portion of regional or national meetings dealing with MIECHV grants administration.
- Audit expenses.
- Support of HHS Office of Inspector General or Government Accountability Office audits.

Caseload of MIECHV Family Slots – The caseload of MIECHV family slots (related to maximum service capacity) is the highest number of families (or households) that could be enrolled if the program were fully staffed with trained home visitors. One caseload slot includes all members of one MIECHV family or household. The number of slots should be separate from the cumulative number of enrolled families during the reporting period.

A “MIECHV family” is an eligible family served during the reporting period by a home visitor providing services with fidelity to the model and is identified as a MIECHV family at enrollment. There are two different ways to identify MIECHV families:

Home Visitor Personnel Cost Method: You identify eligible families as MIECHV families at enrollment based on the home visitor to whom they are assigned. You identify all families as MIECHV that are served by home visitors whose personnel costs (salary or wages including benefits) are paid for with at least 25% MIECHV funding.

Enrollment Slot Method: You identify eligible families as MIECHV families based on the slot they are assigned at enrollment. You identify slots as MIECHV-funded and assign families to these slots at enrollment regardless of the percentage of the slot funded by MIECHV. You should develop a contractual agreement with the LIA for identifying slots.

For data collection, once an eligible family is identified as a MIECHV family, you must track the family throughout participation in the program.

Centralized Intake System (CIS) – A single entry point (a single place or process) where screening helps identify a client’s needs and creates referrals to programs and services that best fit the family. CISs connect clients to the services they need based on individualized family needs. Centralized intake may be referred to as: coordinated intake and referral, coordinated entry, centralized/single point of access, or system “front door.” CISs often carry out shared tasks across organizations—specifically, community outreach and recruitment, screening and assessment, determination of fit, and referral to comprehensive services. A strong CIS allows providers to screen clients and use individualized family assessments, provide and follow referrals through the system, and connect families to multiple family services and supports.

Communities – You must give service priority to eligible families living in communities identified in the statewide needs assessment. HRSA must approve a statewide needs assessment before it can be implemented. Communities are those at greater risk than the state as a whole based on indicators of poor maternal and child health outcomes OR communities with high rates of these indicators.

Indicators include: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of adverse prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance misuse or substance use disorders; unemployment; or child maltreatment.

In the most recent needs assessment update, the term “communities” meant counties, county equivalents, or sub-territory geographic units. Communities were identified by comparing statewide data and data for the identified community. Data could be supplemented with other information available that showed a community as being challenged by disparate health, social, and economic outcomes. Updates to the designation of communities is allowed. Once you identified the communities, you had the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if enough data for these smaller units were available.

Early Childhood System – An early childhood system brings together health, early care and education, child welfare, and other family support program partners, community leaders, families, and other partners to reach agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; make sure there are stable and continuous services from pregnancy to kindergarten entry; include and serve children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

Partners in an early childhood system may include the following (including their local counterparts):

- The state's Early Childhood Comprehensive Systems recipient if there is one and/or related state level early childhood systems coordinating effort.
- The state's Maternal and Child Health Services (Title V) agency.
- The state's Public Health agency, if this agency is not also administering the state's Title V program.
- The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA).
- The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA.
- The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies).
- The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program.
- The state's Preschool Development Grant Birth through Five (PDG B-5) recipient, if there is one.
- Federal programs serving young children and their families, including the Healthy Start program.
- Tribal recipients funded by HHS' ACF Tribal Home Visiting program.
- Tribal entities located in identified communities at risk for poor maternal and child health outcomes.
- U.S. Department of Housing and Urban Development-funded recipients within the state, including Continuum of Care recipients, state and local housing authorities, and other organizations that serve families that are homeless or at-risk for homelessness.
- Runaway & Homeless Youth programs, particularly those funded by ACF.
- The Office of Coordinator for Education of Homeless Children and Youths in the State authorized by the McKinney-Vento Act.
- The State Advisory Council on Early Childhood Education and Care authorized by § 642B(b)(1)(A)(i) of the Head Start Act, if applicable.
- The state's Medicaid/Children's Health Insurance program (or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program).

- The state’s primary health care, medical home, and safety net provider organizations (American Academy of Pediatrics, American College of Obstetricians and Gynecologists, State Primary Care Associations and HRSA-funded health centers and look-alikes, etc.).
- The state’s Child Care and Development Fund (CCDF) Administrator.
- Director of the state’s Head Start State Collaboration Office.
- The state’s Single State Agency for Substance Abuse Services.
- The state’s domestic violence coalition.
- The state’s mental health agency.
- The statewide agency(ies) or local organization(s) focused on serving court-involved families, such as the Court Improvement Program, dependency courts, or family-serving problem-solving courts including infant-toddler courts.
- The statewide agency or organization focused on crime reduction, such as the State Reentry Council, State Council on Crime and Delinquency, or Association of Problem Solving Courts.
- The state’s Temporary Assistance for Needy Families agency.
- The state’s WIC program.
- The state’s Supplemental Nutrition Assistance Program (SNAP) agency.
- The state’s Injury Prevention and Control (Public Health Injury Surveillance and Prevention) program.
- The state’s oral health agency.

Eligible Family – The term “eligible family,” under the MIECHV authorizing statute, means: (A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child’s primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child.⁸³

Evidence-Based Models – Home visiting service delivery models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.⁸⁴ In addition to the HHS criteria for evidence of effectiveness, statute specifies that a model selected by a eligible entity “conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that

⁸³ Social Security Act, Title V, § 511(l)(2).

⁸⁴ Social Security Act, Title V, § 511(d)(3)(A)(iii).

has comprehensive home visitation program standards that ensure high-quality service delivery and continuous program quality improvement,” among other requirements.⁸⁵

Fidelity – A recipient’s adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable.

Home Visiting Budget Assistance Tool (HV-BAT) – The Home Visiting Budget Assistance Tool (HV-BAT) is an Excel-based instrument that collects information on standardized cost metrics from programs that deliver home visiting services. The HV-BAT is designed for use by MIECHV-funded LIAs and recipients to collect and report comprehensive home visiting program costs incurred by LIAs during a 12-month period. It may help you and LIAs in several ways, including program monitoring, budget planning, economic evaluation, and leveraging innovative financing strategies.

The HV-BAT is not a requirement, but you may be interested in completing it to:

- Support using empirical cost data to inform program planning, budgeting, and subrecipient monitoring.
- Conduct descriptive research assessing the variability of implementation costs across MIECHV-funded home visiting programs.
- Inform future activities to support policy priorities related to public financing of home visiting services and PFO approaches.

We have additional resources to help you use the HV-BAT and cost data. Visit the technical assistance resources on our [MIECHV Data and Continuous Quality Improvement](#) webpage.

HHS Criteria for Evidence of Effectiveness – To meet HHS’ criteria for an “evidence-based early childhood home visiting service delivery model,” program models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains; or
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain.

In both cases, the impacts must either: 1) be found in the full sample; or 2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, following statute, if the program model meets these criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be

⁸⁵ Social Security Act, Title V, § 511(d)(3)(A)(i)(I).

sustained for at least 1 year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.

For results from single-case designs to be considered towards the HHS criteria, additional requirements must be met:

- At least five studies examining the intervention meet the What Works Clearinghouse’s pilot single-case design standards without reservations or standards with reservations (equivalent to a “high” or “moderate” rating in HomVEE, respectively).
- The single-case designs are conducted by at least three research teams with no overlapping authorship at three institutions.
- The combined number of cases is at least 20.

Home Visiting Evidence of Effectiveness (HomVEE) – The Department of Health and Human Services, through HomVEE, conducts a detailed and open review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant people and children from birth to kindergarten entry. More information is available on the [HomVEE Webpage](#).

Home Visiting Collaborative Improvement and Innovation Network – Through the Education Development Center, HRSA coordinates the Home Visiting Collaborative Improvement and Innovation Network 3.0 (HV CoIIN 3.0). The HV CoIIN 3.0 coordinates the sharing of clinical and other interventions found to be effective in the previous HV CoIINs related to reducing maternal depression, promoting early childhood development, and linking families to service for any delays; increasing initiation and duration of breastfeeding, enhancing and increasing family participation, improving staff recruitment and retention, and advancing health equity. A new set of evidence-informed change strategies will continue to build the CQI capacity of MIECHV recipients and local implementing agencies (LIAs). The HV CoIIN brings together LIAs across multiple states, jurisdictions, and tribal entities to seek collaborative learning, rapid testing for improvement, and sharing of best practices. The HV CoIIN uses the Model for Improvement which includes small tests of change (known as Plan-Do-Study-Act cycles) to adapt evidence-based practices recommended by faculty of the collaborative to the local context of participating agencies. The collaborative tracks individual agency and overall progress of the HV CoIIN using standardized outcomes and process measures for each target area. Each team reports on these measures monthly as they test and adapt the recommended changes.

Infant and Early Childhood Mental Health Consultation (IECMHC) – A prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in order to equip these caregivers to facilitate children’s healthy social and emotional development. IECMHC has been shown to improve children’s social skills and emotional functioning, promote healthy relationships, reduce

challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.

Maximum Service Capacity – The maximum service capacity (associated with the caseload of MIECHV family slots) is the highest number of households that could be enrolled at the end of the quarterly reporting period if the program were fully staffed with trained home visitors.

MIECHV Performance Measures – Performance measures are categorized into two types: performance indicators and systems outcomes. Performance indicators are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone. Systems outcome measures are more distal to the home visiting intervention and/or are less sensitive to change due to home visiting alone due to many factors, including confounding influences or differences in available system infrastructure at the state- or community-level. A [complete listing of the performance measures](#) is available on the HRSA website.

Non-Federal Funds (for matching funds) – For the purposes of providing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program matching funds under 42 U.S.C. 711(c)(4)(B), the total amount of the grant payable to the eligible entity for the fiscal year will be increased by certain specified “matching” amounts determined in reference to amounts of obligated Federal and non-Federal funding, as outlined in this section.

Obligations of non-Federal funding, for this purpose, are amounts committed by the eligible entity to support home visiting services delivered in compliance with specified MIECHV requirements, reported to the Secretary, and not counted toward meeting the recipient’s MIECHV Program Maintenance of Effort (MOE) requirement under 42 U.S.C. 711(f). The MIECHV requirements for which such funds are obligated must be related to improvements in outcomes for individual families⁸⁶ and core components⁸⁷ of the MIECHV Program. These include all of the following:

- Implementation of service models meeting HHS criteria for evidence of effectiveness (or up to 25% used for implementing and evaluating promising approaches)
- Providing or supporting targeted, intensive home visiting services to eligible families
- Prioritizing services to priority populations

Non-Federal funds must be obligated by the eligible entity and may consist of amounts made available by state appropriations or other state funding sources, local governments, and/or private entities (including funds made available by gifts, donations, or transfers). Non-Federal obligated amounts may consist of cash and/or third-party in-

⁸⁶ Social Security Act, Title V, § 511(d)(2).

⁸⁷ Social Security Act, Title V, § 511(d)(3).

kind contributions. The recipient must report obligated amounts to the Secretary through HRSA in the form and frequency determined by the agency.

Non-Federal funds for the purposes of matching must comply with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards,⁸⁸ including the following requirements:

- Non-Federal funds must be necessary and reasonable for the accomplishment of project or program objectives.⁸⁹
- Non-Federal funds used for matching cannot be included as contribution for any other Federal award.⁹⁰ Costs paid for using non-Federal funds may not be included as a cost or used to meet cost sharing or matching requirements for any other Federally financed program in either the current or a prior period.⁹¹
- Funds paid by the Federal Government for another Federal award cannot be applied as a source of non-Federal matching funds unless Federal statute specifically makes an allowance.⁹²
- Matching funds must be verifiable from the non-Federal entity's records and must be adequately documented.^{93,94}

Non-Federal Funds (for Maintenance of Effort) – For the purposes of the Maintenance of Effort (MOE) defined in statute, non-federal funding is defined as state general funds, including in-kind, obligated only by the recipient entity administering the MIECHV award and not by other state agencies.

Pay for Outcomes Initiative – The term “pay for outcomes initiative”⁹⁵ means a performance-based award, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. A PFO initiative must include:

- A feasibility study that describes how the proposed intervention is based on evidence of effectiveness.
- A rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention.

⁸⁸ 45 CFR § 75

⁸⁹ 45 CFR § 75.306(b)

⁹⁰ Ibid.

⁹¹ 45 CFR § 75.403(f)

⁹² 45 CFR § 75.306(b)(5)

⁹³ 45 CFR § 75.306(b)

⁹⁴ 45 CFR § 75.403(g)

⁹⁵ Social Security Act, Title V, § 511(c).

- An annual, publicly available report on the progress of the initiative.
- A requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except to a third party conducting the evaluation.

Precision Home Visiting – Home visiting that differentiates what works, for whom, and in what contexts to achieve specific outcomes. It focuses on the components of home visiting services rather than on complex models of home visiting that are administered uniformly. Precision home visiting uses research to identify what elements of home visiting work best for particular types of families in particular contexts. Additional information is available from the [Home Visiting Applied Research Collaborative \(HARC\) webpage](#).

Promising Approach Home Visiting Model – A home visiting service delivery model that qualifies as a promising approach is defined in statute: “the model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process.”⁹⁶ Statute further requires, “An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using the service delivery model described in clause (i)(II).”⁹⁷

Reflective Supervision – Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children’s primary caregiving relationships. Reflective supervision is a practice that acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is different from administrative supervision and clinical supervision as the shared exploration of the parallel process, or attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant or toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor’s ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor.

Service Delivery Expenditures – Costs budgeted to deliver home visiting services to caseloads of family slots, barring recipient-level infrastructure expenditures, which include, but are not limited to administrative expenditures, indirect costs, and those expenditures necessary to enable delivery of MIECHV services. Family slots are

⁹⁶ Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

⁹⁷ Social Security Act, Title V, § 511 (d)(3)(A)(ii).

enrollment slots served by a trained home visitor implementing services with fidelity to the model whose personnel costs (salary/wages including benefits) are paid for with at least 25% their MIECHV funding, or identified as MIECHV based on the designation of the slot they are assigned at enrollment and, if applicable, in accordance with the terms of the contractual agreement between the MIECHV state recipient and the (LIA).

Examples of service delivery expenditures may include but are not limited to personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support:

- Contract costs to LIAs for MIECHV service delivery.
- Professional development and training for LIA and other contractual staff.
- Assessment instruments/licenses.
- Participant educational supplies.
- Participant recruitment.

Service Coordination – Intentional organization of activities between two or more entities to facilitate, in partnership with the family, the delivery of the right services in the right setting at the right time.

Social Determinants of Health – “[The] conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context.”⁹⁸

Title V Needs Assessment – Title V of the Social Security Act (§ 505(a)(1)) requires each state, as part of its application for the Title V Maternal and Child Health Services Block Grant to States Program, to prepare and transmit a statewide Needs Assessment every 5 years that identifies (consistent with the health status goals and national health objectives) the need for:

- Preventive and primary care services for pregnant women, mothers, and infants up to age 1.
- Preventive and primary care services for children.
- Services for children with special health care needs.

More details are provided in [Part Two, Section III.C. of the Guidance and forms of the Title V Application/Annual Report for the Title V Maternal and Child Health Services Block Grant to States Program](#).

⁹⁸ Office of Disease Prevention and Health Promotion. Healthy People 2030. Priority Areas. [Social Determinants of Health](#). HHS. Accessed June 1, 2023.

Unobligated Balance – The amount of funds authorized under a federal award that the recipient (non-federal entity) has not obligated. The amount is computed by subtracting the cumulative amount of the non-federal entity's unliquidated obligations and expenditures of funds under the federal award from the cumulative amount of the funds that the federal awarding agency or pass-through entity authorized the non-federal entity to obligate.⁹⁹

Virtual Home Visit – The term “virtual home visit” means a home visit, as described in an applicable service delivery model, that is conducted solely by the use of electronic information and telecommunications technologies.¹⁰⁰

⁹⁹ 45 CFR § 75.2

¹⁰⁰ Section 6101(h) of the Consolidated Appropriations Act, 2023 (P.L. 117-328)

Appendix C: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	My attachment = ___ pages
Attachments Form	Attachment 1: Work Plan Timeline (required)	My attachment = ___ pages
Attachments Form	Attachment 2: Communities, Local Implementing Agencies, and Caseload of Family Slots (required)	My attachment = ___ pages
Attachments Form	Attachment 3: Applicant Staffing Plan (required)	My attachment = ___ pages
Attachments Form	Attachment 4: Organizational Chart (required)	(Does not count against the page limit)
Attachments Form	Attachment 5: Administrative Cost Detail (required)	My attachment = ___ pages
Attachments Form	Attachment 6: Written Agreements (required)	My attachment = ___ pages

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 7: Model Developer Documentation for Model Enhancements, if applicable	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8: Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Explanation of Inability to Certify, if applicable	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9: Indirect Cost Rate Agreement or Cost Allocation Plan, if applicable (does not count toward the page limit)	<i>My attachment = N/A_pages</i>
Attachments Form	Attachment 10: Proof of Nonprofit Status, if applicable (does not count toward the page limit)	<i>My attachment = N/A_pages</i>
Attachments Form	Attachment 11: Continuous Quality Improvement (CQI) Plan (required only for New Applicants; does not count toward the page limit)	<i>My attachment = N/A_pages</i>
Attachments Form	Attachment 12: SF-424A – Budget Information Non-Construction Programs (required)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13: Other Relevant Documents, if applicable	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14: Other Relevant Documents, if applicable	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15: Other Relevant Documents, if applicable	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Project Narrative	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes.
Page Limit for HRSA is 60 pages		My total = ___ pages