

Project Abstract

Project Abstract
Instructions
Section I – Project Identifier Information: These items will be auto-populated.
Section II – Budget: These figures will be auto-populated from Financial Form, Lines 1 through 4. <ul style="list-style-type: none">• New Competing Performance Report: will auto-populate the budgeted amount for the first budget period• Non-Competing Continuation Performance Reports and Project Period End Report: will auto-populate the budgeted amount from the prior performance report
Section III – Types of Services <p>Indicate which type(s) of services your project provides, checking all that apply. For each type of service selected, indicated the percent of the Budget that is dedicated to that type of service (if you do not know the exact percent, provide your best estimate). Percents for all three service types should sum to 100%.</p> <p>Comments: Enter any comments, if applicable.</p>
Definitions: <p>Direct Services are preventive, primary, or specialty clinical services for which MCHB program funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. Reporting on direct services should not include the costs of clinical services which are delivered with program dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to the following, paid for with program funds: preventive, primary, or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care.</p> <p>Enabling Services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCHB program funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and beneficiary outreach. Reporting on enabling services should NOT include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. Enabling services may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs. In both cases the direct services might still be billed to Medicaid or other insurance, but providing for the availability of the provider enables individuals to access the services, and therefore counts as enabling services.</p> <p>Public Health Services and Systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, population-based outreach and education, and research.</p>
Section IV – Grantee Organization Type: Choose the one that best applies to your organization.
Section V – Special Population(s) Served: If your program directly targets or serves any of the special populations listed, please select the population(s) that apply.

Section VI – Project Description OR Experience to Date (DO NOT EXCEED THE SPACE PROVIDED)

- A. Project description, new projects only:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for children with special health care needs.
 2. Displays up to 5 objectives of the program. The objectives are auto-populated with the objectives from the Notice of Funding Opportunity (NOFO). For each objective, describe the project activities used to reach objectives, and comment on innovation, cost, and other characteristics of the methodology that are proposed or are being implemented. Lists with numbered items can be used in this section.
 3. Describe the coordination planned and carried out, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
 4. Briefly describe the evaluation methods that will be used to assess the success of the project in implementing activities and attaining its aims.
- B. Experience to date:
1. For each program objective, select Yes or No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection (not to exceed 200 words).

Section VII – Key Words

Select the key words to describe the project. Choose key words from the included list. Select all that apply. If a key word is not listed, select Other and specify key word(s). You may select a sub-key word without also selecting the corresponding general key word. For example, you may select “Early Childhood - Newborn Screening” without selecting “Early Childhood - General”. In addition, you may select only the general key word if none of the sub-key words apply.

Comments: Enter any comments, if applicable.

I. PROJECT IDENTIFIER INFORMATION

1. Project Title: _____
2. Project Number: _____
3. Project Director/Principal Investigator as show on NoA: _____
4. E-mail Address: _____

II. BUDGET

1. MCHB Grant Award \$ _____
(Line 1, Financial Form)
2. Matching Funds (if applicable) \$ _____
(Line 2, Financial Form)
3. Other Project Funds \$ _____
(Line 3, Financial Form)
4. Total Project Funds \$ _____
(Line 4, Financial Form)

III. TYPE(S) OF SERVICE PROVIDED (select all that apply)

- Direct Services
Percent of Budget for Direct Services ____
- Enabling Services
Percent of Budget for Enabling Services ____
- Public Health Services and Systems
Percent of Budget for Public Health Services and Systems ____

IV. GRANTEE ORGANIZATION TYPE

- State Agency
- Community Government Agency
- School District
- University/Institution of Higher Learning (Non-Hospital Based)
- Academic Medical Center
- Community-Based Non-Governmental Organization (Health Care)
- Community-Based Non-Governmental Organization (Non-Health Care)
- Professional Membership Organization (Individuals Constitute Its Membership)
- National Organization (Other Organizations Constitute Its Membership)
- National Organization (Non-Membership Based)
- Independent Research/Planning/Policy Organization
- Other (specify) _____

V. SPECIAL POPULATION(S) SERVED *(select all that apply)*

- Uninsured
- Homeless
- Rural
- Tribal

VI. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

A. Project description, new projects only:

1. Project Description and Problem *(In 150 words or less, briefly describe the problem that your project addresses):*
2. Program Objectives and Key Project Activities: *(Objectives auto-populated from the NOFO objectives. For each objective, list project activities used to reach objective, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented)*
 - Objective 1:
 - Related Activity 1:
 - Related Activity 2:
 - Objective 2:
 - Related Activity 1:
 - Related Activity 2:
 - Objective 3:
 - Related Activity 1:
 - Related Activity 2:
 - Objective 4:
 - Related Activity 1:
 - Related Activity 2:
 - Objective 5:
 - Related Activity 1:
 - Related Activity 2:
3. Coordination (List the state, local, or other organizations involved in the project and briefly describe their roles):
4. Evaluation *(Briefly describe the methods which will be used to determine whether process and outcome objectives are met; be sure to tie to evaluation requirements from NOFO):*

B. Experience to date:

1. Progress Towards Objectives to Date:
 - a. Did you make measurable progress towards Objective 1 in the reporting period?
 Yes No
 - i. Provide data that support this: _____
 - b. Did you make measurable progress towards Objective 2 in the reporting period?
 Yes No
 - i. Provide data that support this: _____
 - c. Did you make measurable progress towards Objective 3 in the reporting period?
 Yes No
 - i. Provide data that support this: _____
 - d. Did you make measurable progress towards Objective 4 in the reporting period?
 Yes No
 - i. Provide data that support this: _____
 - e. Did you make measurable progress towards Objective 5 in the reporting period?
 Yes No
 - i. Provide data that support this: _____

VII. KEY WORDS (*select all that apply*)

- Early Childhood – General
 - Early Childhood – Newborn Screening
 - Early Childhood – Safe Sleep
 - Early Childhood – Developmental Health (including developmental screening)
- Adolescent Health
- Maternal Health – General
 - Maternal Health – Maternal Mortality
 - Maternal Health – Perinatal/Postpartum Care
 - Maternal Health – Breastfeeding
 - Maternal Health – Maternal Depression
- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health – General
 - Mental/Behavioral Health – Autism
 - Mental/Behavioral Health – Substance Use Disorder(s)
- Clinical Care
- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition
- Immunizations
- Injury Prevention – General

- Injury Prevention – Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children – General
 - Emergency Services for Children – Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- Other (specify): _____

Comments: _____

Project Abstract (Research Programs ONLY)

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Instructions													
<p>Section I – Project Identifier Information: These items will be auto-populated.</p> <p>Section II – Budget: These figures will be auto-populated from the Financial Form, Lines 1 through 4.</p> <ul style="list-style-type: none"> • New Competing Performance Report: will auto-populate the budgeted amount for the first budget period • Non-Competing Continuation Performance Reports and Project Period End Report: will auto-populate the budgeted amount from the prior performance report <p>Section III – Population Focus: Indicate which population(s) are the focus of the study. Select all that apply.</p> <p>Section IV – Study Design: Indicate which type of design the study uses. Select all that apply.</p> <p>Section V – Time Design: Indicate which type of design the study uses. Select all that apply.</p> <p>Section VI – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED) Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be aligned with those listed in the Maternal and Child Health Bureau (MCHB) Strategic Research Issues (https://mchb.hrsa.gov/research/strategic-research-issues.asp).</p> <p>Section VII – Research Abstract: Provide a three to five sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the objectives of the project, the related activities which will be used to meet the stated objectives, and the materials which will be developed.</p> <p>Section VIII – Key Words Select the key words to describe the project. Choose key words from the included list. Select all that apply. If a key word is not listed, select Other and specify key word(s). You may select a sub-key word without also selecting the corresponding general key word. For example, you may select “Early Childhood - Newborn Screening” without selecting “Early Childhood - General”. In addition, you may select only the general key word if none of the sub-key words apply.</p> <p>Comments: Enter any comments, if applicable.</p>													
I.	<p>PROJECT IDENTIFIER INFORMATION</p> <ol style="list-style-type: none"> 1. Project Title: _____ 2. Project Number: _____ 3. Project Director/Principal Investigator as show on NoA: _____ 4. Additional Principal Investigator(s), Discipline: _____ 												
II.	<p>BUDGET</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1. MCHB Grant Award (Line 1, Financial Form)</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>2. Matching Funds (if applicable) (Line 2, Financial Form)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>3. Other Project Funds (Line 3, Financial Form)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4. Total Project Funds (Line 4, Financial Form)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	1. MCHB Grant Award (Line 1, Financial Form)	\$		2. Matching Funds (if applicable) (Line 2, Financial Form)	\$		3. Other Project Funds (Line 3, Financial Form)	\$		4. Total Project Funds (Line 4, Financial Form)	\$	
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4. Total Project Funds (Line 4, Financial Form)	\$												
III.	<p>POPULATION FOCUS <i>(select all that apply)</i></p> <p><input type="checkbox"/> Neonates <input type="checkbox"/> Pregnant Women</p>												

- Infants
- Toddlers
- Preschool Children
- School-Aged Children
- Adolescents
- Adolescents (Pregnancy Related)
- Young Adults (18-25)
- Postpartum Women
- Parents/Mothers/Fathers
- Adolescent Parents
- Grandparents
- Physicians
- Other (specify) _____

IV. STUDY DESIGN *(select all that apply)*

- Experimental
- Quasi-experimental
- Observational

V. TIME DESIGN *(select all that apply)*

- Cross-sectional
- Longitudinal
- Mixed

VI. PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS

From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues

Primary area addressed by research: _____

Secondary area addressed by research (if applicable): _____

VII. RESEARCH ABSTRACT

VIII. KEY WORDS *(select all that apply)*

- Early Childhood – General
 - Early Childhood – Newborn Screening
 - Early Childhood – Safe Sleep
 - Early Childhood – Developmental Health (including developmental screening)
- Adolescent Health
- Maternal Health – General
 - Maternal Health – Maternal Mortality
 - Maternal Health – Perinatal/Postpartum Care
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 - Maternal Health – Maternal Depression
- Children, Adolescents, and Young Adults with Special Health Care Needs
- Developmental Disabilities
- Mental/Behavioral Health – General
 - Mental/Behavioral Health – Autism
 - Mental/Behavioral Health – Substance Use Disorder(s)
- Clinical Care
- Sickle Cell Disease
- Heritable Disorders (excluding sickle cell)
- Epilepsy
- Fetal Alcohol Syndrome
- Oral Health
- Medical Home
- Health Care Transition
- Immunizations

- Injury Prevention – General
 - Injury Prevention – Poison/Toxin Exposure
- Child Maltreatment
- Emergency Services for Children – General
 - Emergency Services for Children – Emergency Preparedness
- Health Equity
- Social Determinants of Health
- Telehealth
- Preventive Services
- Obesity
- Health Insurance
- Nutrition
- Respiratory Health
- Life Course Approach
- Other (specify): _____

Comments: _____

Financial Form

Financial Form	
Instructions	
<p>Line 1 – MCHB Grant Award Amount: Enter the amount of the Federal MCHB grant award for this project.</p> <p>Line 2 – Required Matching Funds: If <u>matching funds are required</u> for this grant program list the total amount of matching funds. These can include local, state, program, applicant/grantee, or other funds. Where appropriate, include the dollar value of in-kind contributions.</p> <p>Line 3 – Other Project Funds: Enter the total amount of other funds received for the project. These can include local, state, program, applicant/grantee, or other funds leveraged. Also include the dollar value of in-kind contributions.</p> <p>Line 4 – Total Project Funds: Displays the sum of lines 1 through 3, which is auto-calculated.</p> <p>Line 5 – Federal Collaborative Funds: Enter the total amount of other Federal funds received other than the MCHB grant award for the project. Such funds include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.</p> <p>For all lines:</p> <ul style="list-style-type: none"> • New Competing Performance Report: enter the budgeted amount for the first budget period • Non-Competing Continuation Performance Reports: enter the expended amount for the prior budget period and the budgeted amount for the upcoming budget period • Project Period End Report: enter the expended amount for the last budget period <p>Comments: Enter any comments, if applicable.</p>	

	Budget Period ____		Budget Period ____	
	Budgeted	Expended	Budgeted	Expended
1. MCHB GRANT AWARD AMOUNT	\$ ____	\$ ____	\$ ____	\$ ____
2. REQUIRED MATCHING FUNDS (Are matching funds required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enter amount)	\$ ____	\$ ____	\$ ____	\$ ____
3. OTHER PROJECT FUNDS (Not included in Line 1 or Line 2 above)	\$ ____	\$ ____	\$ ____	\$ ____
4. TOTAL PROJECT FUNDS (Total of Lines 1 through 3)	\$ ____	\$ ____	\$ ____	\$ ____
5. FEDERAL COLLABORATIVE FUNDS (Additional federal funds contributing to the project)	\$ ____	\$ ____	\$ ____	\$ ____

Comments: _____