

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Maternal, Infant and Early Childhood Home Visiting Program – Innovation Awards

Announcement Type: New
Funding Opportunity Number: HRSA-16-025

Catalog of Federal Domestic Assistance (CFDA) No. 93.870

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 17, 2016

MODIFIED on May 2, 2016:
Last bullet removed from Criterion 5 in Section V.1. Review Criteria.
Clarification added to Section V.2. Review and Section Process.

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration. Registration in all systems, including
SAM.gov and Grants.gov, may take up to one month to complete.*

Release Date: March 17, 2016

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Authority: Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Home Visiting and Early Childhood Systems is accepting applications for federal fiscal year (FY) 2016 competitive funds for innovation through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The purpose of this limited competition is to fund the development, implementation, and evaluation of innovations by MIECHV awardees (recipients) that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality, voluntary early childhood home visiting services to eligible families. This program is administered by HRSA in partnership with the Administration for Children and Families (ACF).

Funding Opportunity Title:	Maternal, Infant, and Early Childhood Home Visiting Program – Innovation Awards
Funding Opportunity Number:	HRSA-16-025
Due Date for Applications:	May 17, 2016
Anticipated Total Available Funding:	\$18,000,000
Estimated Number and Type of Awards:	Approximately 10 cooperative agreements
Estimated Award Amount:	Up to \$2,000,000 or up to \$4,000,000 if proposed as a collaboration for the entire project/budget period—See Section III .
Cost Sharing/Match Required:	No
Maintenance of Effort Required:	Statutory Maintenance of Effort/Non-supplantation requirements apply--See Section III .
Project/Budget Period:	September 30, 2016 – September 30, 2018 (two (2) years)
Eligible Applicants:	Eligible applicants include the following entities, all of which were funded in FY 2015 under the MIECHV program: 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (6) territories and jurisdictions (District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa).

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement (FOA) to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

Two technical assistance webinars for this funding opportunity will be provided. All applicants are encouraged to participate in one or both webinars. The webinars will: (1) help prepare applicants to submit an FY 2016 competitive application; (2) highlight key program requirements; and (3) offer participants an opportunity to ask questions. The webinars will be hosted on:

- Thursday, March 24, 2016 at 3:00-5:00 P.M. Eastern Time
- Tuesday, April 19, 2016 at 3:00-5:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: <http://mchb.hrsa.gov/programs/homevisiting/ta>. Please send questions about the programmatic aspects of this funding opportunity via e-mail to Marilyn Stephenson at mstephenson@hrsa.gov or Lisa King at lking@hrsa.gov, and the financial/budget related questions to Sarah Morgan at SMorgan1@hrsa.gov. The Division of Home Visiting and Early Childhood Systems will compile and address questions.

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I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Home Visiting and Early Childhood Systems is accepting applications for federal fiscal year (FY) 2016 competitive funds for innovation through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The purpose of this limited competition is to fund the development, implementation, and evaluation of innovations by MIECHV awardees (recipients) that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.

For the purpose of this FOA, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage. Approximately \$18,000,000 is expected to be available to fund approximately 10 recipients. Applicants may apply for a ceiling amount of up to \$2,000,000 for a single eligible applicant to develop, implement, and evaluate innovation. If the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may apply for a ceiling amount of up to \$4,000,000.

Innovations proposed and/or implemented under this FOA must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or promising approach home visiting service delivery models. Applicants must secure written prior approval from the national model developer(s) in order to ensure that any proposed innovation does not alter model core components (submit as Attachment 7) and is eligible for funding under this FOA. Fidelity is defined as 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. Prior to implementation, the model developer and HRSA must determine that the enhancement does not alter the core components related to program outcomes, and HRSA must determine it to be aligned with MIECHV program requirements.

Goals

The goals of the MIECHV program are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families¹ who reside in at-risk communities.

¹ Under Social Security Act, Title V, Section 511(k)(2), “[t]he term “eligible family” 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.

The goal of this funding opportunity is to develop, implement and evaluate innovations that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families, subject to the limitations described in this announcement.

Objectives

The objectives of this MIECHV program competitive funding opportunity are to:

1. Develop and implement innovations² that strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families and that are expected, based on evidence of promise³ or strong theory,⁴ to demonstrate improvement in one or more of the following program priority areas:
 - a. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs,
 - b. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
 - c. Coordination of MIECHV-funded home visiting programs with community resources and supports,⁵ including comprehensive statewide and/or local early childhood systems,⁶ such as child health, behavioral health, and human services systems, and
 - d. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.

2. Contribute to advances in knowledge about the development and implementation of innovations that enable delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families through:
 - a. Evaluation, and
 - b. Dissemination of knowledge gained to all MIECHV formula recipients.

² For the purpose of this FOA, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage. (See [Appendix B](#) for citation.)

³ Evidence of promise means there is empirical evidence to support the theoretical linkage between at least one critical component and at least one relevant outcome presented in the logic model for the proposed process, product, strategy, or practice. (See [Appendix B](#) for citation.)

⁴ Strong theory means a rationale for the proposed process, product, strategy, or practice that includes a logic model. Additionally, the rationale should reflect a theory of change, which is a detailed hypothesis about specific changes we expect will result from implementing a new strategy. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. They also help innovators test and identify what works for certain populations and not for others, which can inform both the scaling of specific strategies and the search for new ideas. (See [Appendix B](#) for citation.)

⁵ Social Security Act, Title V, Section 511(d)(3)(B).

⁶ An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve 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; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate 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.

2. Background

Statutory Authority

This program is authorized by the [Social Security Act, Title V, § 511\(c\) \(42 U.S.C. § 711\(c\)\)](#), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148).

The MIECHV program provides an opportunity for significant collaboration and partnership at the federal, state, tribal, and community levels to improve health and development outcomes for children through evidence-based home visiting programs. The funds are intended to assure, on a voluntary basis, effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. This program plays a crucial role in building high-quality, comprehensive statewide early childhood systems to support pregnant women, parents and caregivers, and children from birth to kindergarten entry and ultimately, to improve health and development outcomes.

Authorizing statute requires that the program demonstrate improvements for participating eligible families in each of the following areas: improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.⁷

MIECHV recipients invest the majority of their formula awards in implementation of home visiting models that meet the U.S. Department of Health and Human Services (HHS) criteria for evidence of effectiveness, and develop and implement continuous quality improvement plans to use relevant data for reflective practice. This funding opportunity aims to develop and implement innovations targeted to critical home visiting program delivery needs and generate/disseminate new knowledge in the field.

To strengthen and improve recipients' delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families, four program priority areas have been identified for improvement and innovation. In compliance with the requirements as described in this FOA, applicants must propose innovations that are expected, based on evidence of promise or strong theory (see [Appendix B](#) for definitions of these terms), to demonstrate improvement in one or more of the four identified program priority areas below. Innovations may also address additional priorities not identified below as long as they also address at least one of the program priority areas. Applicants are strongly encouraged to propose one innovation, which may consist of multiple activities.

⁷ Social Security Act, Title V, Section 511(d)(1).

The four identified program priority areas include:

1. *Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs*

Recruitment, engagement, and retention of higher-risk families is a major challenge as these families are often isolated and marginalized from services due to personal and socio-environmental factors.^{8,9} Recruitment includes identification, outreach, and enrollment of eligible families for voluntary participation in home visiting services. Family engagement and retention include activities to meet targets for the frequency or number of home visits received, length of program enrollment, and the amount or type of services received relative to the intended amount of services prescribed by the home visiting model.¹⁰

2. *Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce*

The benefits of home visiting can be seen only if program staff are appropriately hired based on required knowledge and skills, meet high standards, and receive ongoing training and support.¹¹ Unfortunately, frequent staff turnover occurs in many home visiting programs¹² and can ultimately result in lower program quality and efficiency, leading programs to conduct activities to increase job satisfaction and retain skilled home visitors.¹³

3. *Coordination of MIECHV-funded home visiting programs with community resources and supports,¹⁴ including high-quality, comprehensive statewide and/or local early childhood systems,¹⁵ such as child health, behavioral health, and human services systems*

One of the ways recipients can ensure the provision of high-quality home visiting services to eligible families in at-risk communities is by establishing linkages and referral networks to other community resources and supports, including to high-quality, comprehensive statewide and/or local early childhood systems. For example, home visiting programs coordinate with health, early care and education, and family support partners to identify and address gaps in services, develop appropriate referral agreements, increase interoperability among data systems, and improve system-wide standards of care.

⁸ Fraser, J. A., Armstrong, K. L., Morris, J. P., & Dadds, M. R. (2000). Home visiting intervention for vulnerable families with newborns: follow-up results of a randomized controlled trial. *Child abuse & neglect*, 24(11), 1399-1429.

⁹ Folger, A. T., Brentley, A. L., Goyal, N. K., Hall, E. S., Sa, T., Peugh, J. L., ... & Ammerman, R. T. (2015). Evaluation of a community-based approach to strengthen retention in early childhood home visiting. *Prevention Science*, 1-10.

¹⁰ MIECHV Issue Brief – Enrollment and Engagement.

¹¹ Wasik, B. H. (1993). Staffing issues for home visiting programs. *The Future of Children*, 140-157.

¹² Gill, S., Greenberg, M. T., Moon, C., & Margraf, P. (2007). Home visitor competence, burnout, support, and client engagement. *Journal of Human Behavior in the Social Environment*, 15(1), 23-44.

¹³ Wasik, B. H. (1993). Staffing issues for home visiting programs. *The Future of Children*, 140-157.

¹⁴ Social Security Act, Title V, Section 511(d)(3)(B).

¹⁵ An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve 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; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate 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.

4. *Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs*

Continuous quality improvement (CQI) is an approach that helps home visiting programs improve processes and outcomes through regular data collection, performance measurement, and the review of practices that may promote or inhibit improvement.¹⁶ This work also aims to develop the resources necessary to widely spread initial learning and improvements within home visiting programs and participating organizations.¹⁷ Innovations proposed in this area must be relevant beyond the specific applicant’s state/territory and program priorities, be feasible for replication in other states or territories or among other populations, and build on the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN; see [Appendix B](#) for a definition) methods, materials, or other resources.

Subject to availability of funds, HRSA intends to fund the competitive innovation awards in federal FYs 2016 and 2017 through two cohorts of approximately 10 recipients each. Per the authorizing statute,¹⁸ 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. Successful recipients in the first cohort may apply for competitive innovation awards in the second cohort with a different proposal for innovation.

Federal FY 2016	Federal FY 2017
<i>Competitive Innovation Award Cohort 1</i> Approximately 10 awards for development, implementation, and evaluation of innovation	<i>Competitive Innovation Award Cohort 2</i> Approximately 10 awards for development, implementation, and evaluation of innovation (Subject to availability of funds)

Current Funding

Congress appropriated \$400,000,000 per fiscal year for FY 2016 and FY 2017 for the MIECHV program through the Medicare Access and CHIP Reauthorization Act (P.L. 114-10). Through a previously released formula funding opportunity (HRSA-16-172) distributing approximately \$345,000,000 of funds available to recipients in FY 2016 (April 1, 2016, start date), recipients will receive funds to support the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families through implementation of evidence-based or promising approach home visiting models.

Approximately \$18,000,000 will support this limited competition funding opportunity in FY 2016 to develop, implement, and evaluate innovations by current MIECHV recipients that strengthen and improve the delivery of coordinated and comprehensive high-quality, voluntary early childhood home visiting services to eligible families.

¹⁶ Ammerman, R. T., Putnam, F. W., Kopke, J. E., Gannon, T. A., Short, J. A., Van Ginkel, J. B., ... & Spector, A. R. (2007). Development and implementation of a quality assurance infrastructure in a multisite home visitation program in Ohio and Kentucky. *Journal of Prevention & Intervention in the Community*, 34(1-2), 89-107.

¹⁷Ammerman, R. T., Putnam, F. W., Kopke, J. E., Gannon, T. A., Short, J. A., Van Ginkel, J. B., ... & Spector, A. R. (2007). Development and implementation of a quality assurance infrastructure in a multisite home visitation program in Ohio and Kentucky. *Journal of Prevention & Intervention in the Community*, 34(1-2), 89-107.

¹⁸ Social Security Act, Title V, Section 511(j)(3).

Program Requirements

Components of Proposed Innovations

For the purpose of this FOA, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.

- Any innovation funded under this opportunity must strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.
- Innovations must be expected to demonstrate improvement in at least one of the four program priority areas defined above in this section. Innovations may also address additional priorities not identified above as long as they also address at least one of the program priority areas.
- Innovations must be based on evidence of promise or strong theory (see [Appendix B](#) for definitions of these terms).
- Innovations proposed and/or implemented under this FOA must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or promising approach home visiting service delivery models (see *Fidelity to a Home Visiting Service Model* and *Model Enhancements* requirements below for more information).
- Innovations must be responsive to the cultural and linguistic needs of diverse communities.
- Innovations may represent new ideas or approaches, adaptations of existing approaches for diverse populations, or approaches implemented to some degree but perhaps not fully developed, implemented to scale, or evaluated to maximize their promise.
- Innovations must be relevant beyond the specific applicant's state and territory and program priorities, and may be feasible for replication in other states or territories or among other populations.

Innovations expected to demonstrate improvement in recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs must not compromise or conflict with recipients' compliance with formula program requirements to develop policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented (see FOA HRSA-16-172 at <http://www.grants.gov/view-opportunity.html?oppId=280143>).

Innovations expected to demonstrate improvement in development and retention of a trained, highly skilled MIECHV-funded home visiting workforce must not compromise or conflict with recipients' compliance with formula program requirements to ensure the provision of reflective supervision to home visitors funded through the MIECHV program (see FOA HRSA-16-172 at <http://www.grants.gov/view-opportunity.html?oppId=280143>). Further, innovations must not compromise or conflict with model-required qualifications and training for home visiting staff. Applicants must not propose innovations that include a professional development and training program that is duplicative in scope or content of the professional development and training provided by other sources, including local implementing agencies (LIAs) and home visiting model developers.

Innovations expected to demonstrate improvement in coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems must include the establishment of appropriate linkages and referral

networks to other community resources and supports.¹⁹ Applicants that propose innovations targeted to this program area must ensure involvement in the MIECHV innovation development, implementation, and evaluation by at least one of the applicant's statewide early childhood systems entities (e.g., Early Childhood Comprehensive Systems recipient, Early Childhood Advisory Council, Governor's Children's Cabinet, etc.).

Innovations expected to demonstrate improvement in implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs must include use of Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN; see [Appendix B](#) for a definition) methods, materials, or other resources. Technical assistance to successful recipients to support their appropriate use of HV CoIIN resources will be available through HRSA-supported technical assistance providers. Access to these resources is available at <http://hv-coiin.edc.org/>.

Priority for Serving High-Risk Populations: While this funding opportunity does not provide funds to expand home visiting service delivery, recipients must ensure any proposed innovation strengthens and improves delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to high-risk populations named in statute,²⁰ which include:

- 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);
- 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 abuse or need substance abuse treatment;
- 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; and
- 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.

Fidelity to a Home Visiting Service Model: Innovations proposed and/or implemented under this FOA must not compromise or conflict with the recipient's compliance with program requirements to ensure fidelity of implementation of evidence-based or promising approach home visiting service delivery models. Fidelity is defined as 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. Recipient changes to an evidence-based model that alter the core components related to program outcomes (otherwise known as "drift") are not permissible, as they could impair fidelity and undermine the program's effectiveness, and are not consistent with statutory requirements. Applicants must secure written prior approval from the national model developer(s) in order to ensure that any proposed innovation does not alter model core components (submit as Attachment 7). Prior to implementation, the model developer and HRSA must determine that the innovation does not alter the core components related to program outcomes, and HRSA must determine it to be aligned with MIECHV program requirements.

¹⁹ Social Security Act, Title V, Section 511(d)(3)(B).

²⁰ Social Security Act, Title V, Section 511(d)(4).

Model Enhancements: Applicants who wish to propose an innovation that is an enhancement (such as a service delivery enhancement, subject to restrictions outlined in this FOA and other program requirements) to an existing evidence-based model in order to better meet the needs of targeted at-risk communities must secure written prior approval from the national model developer(s) in order to ensure that enhancements do not alter core components (submit model developer approval as Attachment 7). For the purposes of the MIECHV program, an acceptable enhancement of an evidence-based model is a variation that may not have been tested with rigorous impact research (rigorous is defined in [Appendix A](#)). Prior to implementation, the model developer and HRSA must determine that the enhancement does not alter the core components related to program outcomes, and HRSA must determine it to be aligned with MIECHV program requirements.

Grantee-Led Evaluation: Recipients of this competitive innovation award must conduct an evaluation of the proposed innovation, ensuring that the evaluation includes an appropriate evaluation design and meets expectations of rigor outlined in [Appendix A](#). The applicant must describe an evaluation plan that will: (1) answer an important question or questions of interest to the recipient; (2) include an appropriate evaluation design for the question(s) of interest; (3) meet expectations of rigor as defined in [Appendix A](#); and 4) be feasible for completion within the project period with available funding. Proposed formative or process evaluations conducted under this award must be designed to prepare recipients to undertake future rigorous impact evaluations with the goal of contributing generalizable knowledge to the field if future funding is available.

Dissemination: Recipients must develop and implement a plan to disseminate lessons learned through the development and implementation of innovations to all MIECHV formula recipients and to the home visiting field broadly. This plan must also address dissemination of evaluation findings to the extent feasible within the project period based on the evaluation timeline. Recipients must participate in an ongoing virtual peer network that convenes no less than quarterly throughout the project period in order to facilitate the exchange of lessons learned, promote strategies for effective development and implementation, and improve the quality of grantee-led evaluation.

Subrecipient Monitoring: If the proposed innovation calls for activities to be completed by subrecipients, prime recipients must monitor subrecipient performance for compliance with federal requirements, programmatic expectations, and fiscal requirements. Recipients must effectively manage subrecipients of MIECHV funding in an effort to guarantee success of the MIECHV program. Effective management of MIECHV subrecipients will ensure proper spending of funds. Recipients will execute contracts with all subrecipients and must have a subrecipient monitoring plan in place. Prime recipients must have executed contracts with all subrecipients. (See also [Section IV](#) for additional information regarding Contractual costs and Subrecipient Monitoring and Management at [45 CFR Part 75](#).)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include:**

- Making available the services of experienced MCHB personnel as requested by the recipient in all phases of the project.
- Participating in some aspects of the development, implementation, and evaluation of innovations, including but not limited to, planning for the project, reviewing activities for compliance with federal law and programmatic requirements as well as best practices, and coordinating technical assistance to support recipients.
- Reviewing activities, measures, and tools to be established and implemented to accomplish the goals of the project.

The cooperative agreement recipient's responsibilities will include:

- As approved by HRSA, development, implementation, and evaluation of innovation to strengthen and improve the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families and that are expected, based on evidence of promise or strong theory, to demonstrate improvement in one or more of the following program priority areas:
 - a. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs,
 - b. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
 - c. Coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems, and
 - d. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.
- Completion of activities proposed in response to application review criteria in compliance with all applicable federal law and programmatic requirements, including required status and performance reporting. (See [Section I](#) for program requirements, [Section IV](#) for funding restrictions, and [Section VI](#) for reporting requirements.)
- Participation in face-to-face meetings and conference calls with relevant HRSA and ACF representatives and HRSA-supported technical assistance providers conducted during the period of the cooperative agreement.
- Collaboration with relevant HRSA and ACF representatives and HRSA-supported technical assistance providers on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements.
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds. See **Acknowledgment of Federal Funding** in Section 2.2 of HRSA's [SF-424 Application Guide](#).

2. Summary of Funding

This program will provide funding in FY 2016. Approximately \$18,000,000 is expected to be available to fund approximately ten (10) recipients. Applicants may apply for a ceiling amount of up to \$2,000,000 for a single eligible applicant to develop, implement, and evaluate innovation. If the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may apply for a ceiling amount of up to \$4,000,000.

Per the authorizing statute,²¹ 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. The project/budget period for these awards will be September 30, 2016 through September 30, 2018 (two years). FY 2016 funds that have not been obligated for expenditure by the recipient during the period of availability (September 30, 2016 to September 30, 2018) will be de-obligated. Recipients must provide a budget that describes the expenditure of funds at all points during the period of availability. Recipients are not required to maintain the same rate of expenditure throughout the full period of availability.

Due to the legislative requirement pertaining to the period of availability for use of funds by recipients (42 U.S.C. 711(j)(3)), recipients will not be permitted a no-cost extension of the period of availability for use of such funds.

Applicants should request funds not exceeding \$2,000,000 to develop, implement, and evaluate innovation to strengthen and improve the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. However, applicants may apply for a ceiling amount of up to \$4,000,000 if the proposal reflects a collaboration of two or more eligible applicants wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation to strengthen and improve the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. (See [Section III](#) for more information.)

Full funding is dependent on a history of satisfactory recipient performance on all MIECHV awards. HRSA staff will review recipients' 2012 de-obligated funding, programmatic and fiscal corrective action plans, Improvement Plans, and drawdown restriction. Recipients with more than 25 percent de-obligation of funds in 2012 as well as those on corrective action plans, Improvement Plans, and/or drawdown restriction must provide a plan to describe how they are addressing identified issues now and in the future. After funding is awarded, HRSA will review and approve the plan, or request clarification if needed. Technical assistance will be available to recipients to support implementation of their plans.

²¹ Social Security Act, Title V, Section 511(j)(3).

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR Part 200](#) as codified by HHS at [45 CFR Part 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal awards.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include the following entities currently funded in FY 2015 under the MIECHV program: 47 states; three (3) nonprofit organizations serving Florida, North Dakota, and Wyoming; and six (6) territories and jurisdictions (i.e., the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa).

NOTE: Multiple applications from an organization are not allowable. Any eligible applicant can submit only one application in response to this FOA. Where appropriate, eligible applicants may elect to collaborate with each other to jointly develop, implement, and evaluate proposed innovation. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed innovations. In these cases, the application must be submitted by one eligible applicant that proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation. These collaborative proposals must include innovations that are expected to benefit and contribute to the project objectives of every collaborating eligible applicant. It is feasible that one eligible applicant may apply for funds to develop, implement and evaluate the innovation and appear as a proposed subcontractor on a separate application for a different proposed innovation. **NOTE:** No two applications should intentionally propose identical projects.

Applicants must not submit an application with a budget request exceeding \$2,000,000 for the single eligible applicant to develop, implement, and evaluate innovation.

However, if the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may not submit an application with a budget request exceeding \$4,000,000.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the MIECHV program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort/Non-Supplantation

Funds provided to an eligible entity receiving an award shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives (per the Social Security Act, Title V, § 511(f)). The applicant must agree to maintain non-federal funding (state general funds) for evidence-based home visiting and home visiting initiatives, including in-kind, expended for activities proposed in this application, at a level which is not less than expenditures for such activities as of the most recently completed state fiscal year (non-profit applicants must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement). Recipients are required to report Maintenance of Effort correctly in their applications (insert detail as requested in Attachment 3). **The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.** Applicants may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration.

For purposes of maintenance of effort/non-supplantation in this FOA, 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 women or caregivers of children birth to kindergarten entry. Penalties for reducing effort may include a proportionate reduction in MIECHV funds. MIECHV funds would be reduced by no less than the same percentage reduction applied to non-federal/state expenditures to ensure that the Federal Government's share of program costs does not increase.

NOTE: Multiple applications from an organization are not allowable. Any eligible applicant can submit only one application in response to this FOA. Where appropriate, eligible applicants may elect to collaborate with each other to jointly develop, implement, and evaluate proposed innovation. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed innovations. In these cases, the application must be submitted by one eligible applicant that proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation. These collaborative proposals must include innovations that are expected to benefit and contribute to the project objectives of every collaborating eligible applicant. It is feasible that one eligible applicant may apply for funds to develop, implement and evaluate innovation and appear as a proposed subcontractor on a separate application for a different proposed innovation. **NOTE:** No two applications should intentionally propose identical projects.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, absent HRSA approval of an applicant's request to withdraw an application, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date, as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, and attachments required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **For HRSA guidelines regarding what content counts toward the page limit, see Sections 4.3 and 4.4 HRSA's [SF-424 Application Guide](#). We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#), please include the following.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide a summary of the application. The abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, 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 which are addressed, and the activities used to attain the goals.

Problem: Describe the principal needs and problems addressed by the project.

Purpose: State the purpose of the project. Name one or more of the following program priority areas the proposed innovation is expected based on evidence or strong theory (see [Appendix B](#) for definitions of these terms) to demonstrate improvement in:

- a. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs ,
- b. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
- c. Coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems, and
- d. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.

Methodology: Briefly describe the major activities used to attain the goal(s) and objectives.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criteria (1) Need and (2) Response*

In this section:

- State the purpose of the project.
- Describe the proposed innovation. Applicants are strongly encouraged to propose one innovation.
Note: For the purpose of this FOA, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.
- Identify the goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list. Objectives should support progress toward goals.
 - Utilize the SMART objective framework: Specific, measurable, achievable, realistic, and timebound are characteristics of SMART objectives.
 - Describe how the goal(s) and objectives align with the two objectives of this program (see [Section I](#)).
- Name one or more of the following program priority areas the proposed innovation is expected based on evidence or strong theory (see [Appendix B](#) for definitions of these terms) to demonstrate improvement in:
 - a. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs,
 - b. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
 - c. Coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems, and
 - d. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*

In this section:

- Describe the needs for the proposed innovation and how the proposed innovation will address these needs, including (*Note: Wherever feasible, applicants must provide demographic, service utilization, outcome, organizational, workforce, and/or other data to demonstrate needs discussed in the application.*):
 - The at-risk communities the applicant proposed to serve in the Fiscal Year 2016 formula application that will be touched by the proposed innovation and the needs of those at-risk communities (see [Appendix B](#) for a definition of at-risk communities.);
 - Among eligible families living in at-risk communities that will be touched by the proposed innovation and representing priority populations (see [Section I](#)), describe any target subpopulations to whom the applicant proposes to target the proposed innovation and the needs of those subpopulations;

- Needs of the applicant entity and its workforce;
- Needs that demonstrate why the applicant has selected to target one or more of the following program areas for improvement:
 - a. Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs,
 - b. Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce,
 - c. Coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems, and
 - d. Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.
- Indicate how the applicant proposes to utilize any relevant major findings of the most recent Title V Needs Assessment to inform proposed activities under this application.
- State whether the recipient has previously developed or implemented the proposed innovation to some degree. If so, describe why funding through this award opportunity is needed to fully develop or implement the proposed innovation to maximize its promise.
- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

In this section, the applicant must propose methods that will be used to address the stated needs and benchmark area outcomes specified in authorizing legislation while meeting the program requirements described in this FOA. (See [Section I](#) for a list of these outcomes.) Ensure that methods address each of the project's stated goal(s) and objective(s) as well as the Objectives of this program listed in [Section I](#).

- Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables.
- Describe how the proposed innovation meets the definition of innovation provided in this FOA. **Note: For the purpose of this funding opportunity, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.**
- Describe how the proposed innovation will strengthen and improve delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.
- Describe how the proposed innovation targets one or more of the named program priority area(s) identified for improvement.
- Explain why, based on evidence of promise or strong theory, the proposed innovation is expected to demonstrate improvement in one or more of the four program priority areas identified for improvement (named in [Section I](#); see [Appendix B](#) for definitions of these terms).
- Describe how the recipient will ensure that the innovation will not compromise or conflict with recipients' fidelity of implementation of evidence-based or promising approach home visiting service delivery models, and will comply with program requirements related to model enhancements (see [Section I](#)).
- Describe how the proposed innovation is responsive to the cultural and linguistic needs of diverse communities.

- If the proposed innovation has been previously developed or implemented to some degree by the applicant, indicate how lessons learned in that work inform the innovation as proposed in this application.
- Describe how the proposed innovation is expected to impact the recipient’s ability to demonstrate improvement under the recipient’s formula grant reporting in one or more of the benchmark area(s) named in statute (see [Section I](#)).
- Demonstrate how the proposed innovation is relevant beyond the specific applicant’s state and territory and program priorities, and may be feasible for replication in other states or territories or among other populations.
- Applicants that propose an *innovation expected to demonstrate improvement in recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs* must describe how the innovation will not compromise or conflict with recipients’ compliance with formula program requirements to develop policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented (see FOA HRSA-16-172 at <http://www.grants.gov/view-opportunity.html?oppId=280143>).
- Applicants that propose an *innovation to demonstrate improvement in development and retention of a trained, highly skilled MIECHV-funded home visiting workforce* must describe how the innovation will:
 - Not compromise or conflict with recipients’ compliance with formula program requirements to ensure the provision of reflective supervision to home visitors funded through the MIECHV program (see FOA HRSA-16-172 at <http://www.grants.gov/view-opportunity.html?oppId=280143>);
 - Not compromise or conflict with model-required qualifications and training for home visiting staff; and
 - Not include a professional development and training program that is duplicative in scope or content of the professional development and training provided by other sources, including LIAs and home visiting model developers.
- Applicants that propose an *innovation expected to demonstrate improvement in coordination of MIECHV-funded home visiting programs with community resources and supports, including comprehensive statewide and/or local early childhood systems, such as child health, behavioral health, and human services systems* must describe how the innovation will:
 - Include the establishment of appropriate linkages and referral networks to other community resources and supports²²; and
 - Ensure involvement in the MIECHV innovation development, implementation, and evaluation by at least one of the applicant’s statewide early childhood systems entities (e.g., Early Childhood Comprehensive Systems recipient, Early Childhood Advisory Council, Governor’s Children’s Cabinet, etc.).
- Applicants that propose an *innovation expected to demonstrate improvement in implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs* must describe how the innovation will include use of Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN; see [Appendix B](#) for a definition) methods, materials, or other resources. If an applicant proposes an innovation in this program priority area that does not reflect the methods utilized in the HV CoIIN, the applicant must describe why an alternate approach is appropriate. (*Note:* Technical

²² Social Security Act, Title V, Section 511(d)(3)(B).

assistance to successful recipients to support their appropriate use of HV CoIIN resources will be available through HRSA-supported technical assistance providers. Access to these resources is available at <http://hv-coiin.edc.org/>.

- Describe how the applicant will meet additional program requirements described in [Section I](#) related to:
 - Priority for serving high-risk populations;
 - Grantee-led evaluation;
 - Dissemination; and
 - Subrecipient monitoring.
- Describe the role and participation of contracted local implementing agencies (if applicable) in developing and implementing the proposed innovation.
- Identify meaningful support and collaboration with key stakeholders in developing and implementing the proposed innovation, including development of the application.
- Describe proposed activities with the national developer(s) of the model(s) selected by the applicant (including state or regional representatives of national model developers) in the development and implementation of the proposed innovation.
- Propose a plan for project sustainability after the period of MIECHV funding ends, which sustains key methods and activities of the project, provided the project is determined to be successful or well-suited for additional investment.

Applicants must submit a logic model for their project (to reflect development, implementation, and evaluation of the proposed innovation). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model must show the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve. The logic model should reflect the evidence of promise or strong theory on which the proposed innovation is based. (See [Section VIII](#) for additional resources, and [Appendix B](#) for definitions of key terms.) The applicant should include the logic model as Attachment 1. The logic model should depict the connections between the:

- Goals and objectives of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work, based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the enrollees to be served);
- Activities (e.g., approach, key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of project activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

▪ *WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response*

In this section:

- Provide a work plan timeline that includes each activity listed under the Methodology and Evaluation and Dissemination narrative sections and identifies responsible staff and timeline for completion. The work plan timeline must extend across the project period (September 30, 2016 to September 30, 2018) and include start and completion dates for activities. The work plan timeline should be submitted as Attachment 2.

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

In this section:

- Discuss challenges that are likely to be encountered in developing, implementing, and evaluating the proposed innovation, and approaches that will be used to resolve such challenges.
- Discuss technical assistance that may be requested from HRSA-supported technical assistance providers, the national model developer(s) of the model(s) selected by the applicant, and/or another technical assistance provider to support resolution of the named challenges.

▪ *EVALUATION AND DISSEMINATION -- Corresponds to Section V's Review Criterion (3) Evaluative Measures*

Recipients of this competitive innovation award must conduct an evaluation of the proposed innovations, ensuring that the evaluation includes an appropriate evaluation design, meets expectation of rigor outlined in [Appendix A](#), and is feasible for completion within the project period with available funding. **All proposed evaluations must be approved by HRSA.** Applicants must demonstrate capability for implementing the evaluation design proposed within the project period.

In this section, applicants must:

- Clearly articulate proposed evaluation/research question(s).
- Describe an evaluation plan that will: (1) answer the proposed evaluation/research question(s); (2) include an appropriate evaluation design for the question(s) of interest; (3) meet expectations of rigor as defined in [Appendix A](#); and 4) be feasible for completion within the project period with available funding.
- Discuss the theoretical or empirical linkages between the proposed innovations and expected outcomes and describe how the proposed evaluation design helps the applicant understand those linkages.
- Discuss how the evaluation will be conducted, including how interim data and findings will be used during the project period to inform program improvements and activities and the role of contracted local implementing agencies (if applicable).
- Articulate proposed evaluation methods, measurement, data collection strategies, sample, sampling strategy (if appropriate), timeline, Institutional Review Board (IRB) review, and analysis. (Note: Applicants are encouraged to schedule preparatory and other evaluation-related activities early in the project work plan, including time for evaluations plans to be approved by HRSA. See [Appendix A](#) for more information.)

- If the applicant proposes a formative or process evaluation, describe how the results of the evaluation conducted under this award will prepare the applicant to undertake rigorous impact evaluations with the goal of contributing generalizable knowledge to the field subject to the availability of funds.
 - Identify evaluation staff and describe their relevant experience, training, skills, and knowledge, including materials published and previous work of a similar nature.
 - Describe the cost of the evaluation and the source of funds. (See [Appendix A](#) for guidance about grantee-led evaluation.)
 - Demonstrate evidence of organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities to meet the objectives of the evaluation plan described, including by identifying meaningful support and collaboration with key stakeholders in conducting the evaluation and in the development of this application.
 - Demonstrate capacity and capability to engage with federal and technical assistance staff to provide regular updates on progress toward meeting evaluation objectives and to make course corrections, as necessary.
 - Describe how the applicant will engage with national evidence-based home visiting model developer(s) (including state or regional representatives of national model developers) in the evaluation of the proposed innovations.
 - Describe how the applicant plans to disseminate lessons learned to all MIECHV formula recipients and the home visiting field broadly, including evaluation findings to the extent feasible within the project period based on the evaluation timeline.
 - Describe the current experience, skills, and knowledge of program staff to contribute to a peer support network and to disseminate lessons learned and key findings to MIECHV formula recipients and the home visiting field.
 - Provide results of any completed evaluations of the proposed innovations and describe how the proposed activities seek to use those findings to support the proposed activities and why additional funding through this opportunity is required.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

In this section:

- Provide information on the applicant organization's current mission and structure, and the scope of the organization's current activities related to the proposed innovations.
- Describe how the organization's mission, structure and current activities contribute to the organization's ability to:
 - Develop an innovation that strengthens and improves delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families is expected based on evidence of promise or strong theory to demonstrate improvement in one or more of the identified program priority areas (see [Section I](#));
 - Implement an innovation that strengthens and improves delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families is expected, based on evidence of promise or strong theory, to demonstrate improvement in one or more of the identified program priority areas (see [Section I](#));
 - Conduct an evaluation of the proposed innovation; and
 - Disseminate knowledge gained about development, implementation, and evaluation

of the proposed innovation to MIECHV formula recipients.

- Provide the applicant’s staffing plan, including qualifications of key staff, to ensure success in meeting programmatic and fiscal requirements described in this FOA, specifically describing the applicant’s capacity to provide strong oversight and guidance to contractors (insert as Attachment 4).
- Provide an applicant project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators (insert as Attachment 5).
- Describe the organizational capacity of any partnering agencies or organizations involved in the implementation of the project. If other MIECHV recipient(s) are named as partnering entities, describe how this increases the capacity of the proposed innovation.
- Describe the availability of resources and the state/territory’s demonstrated commitment to home visiting to continue the proposed innovation after the award period ends, provided the project is determined to be successful or well-suited for additional investment.
- Applicants must describe past performance with previous MIECHV awards. If applicable, describe de-obligation of funds, and fiscal and programmatic corrective action. If challenges existed with any of these areas, applicants must describe plans to mitigate these challenges and describe improvement activities underway.
 - Recipients on a programmatic corrective action plan and/or drawdown restrictions in FY 2014 and FY 2015 should describe actions taken to address the corrective action plan or lift the restrictions.
 - Recipients with more than 25 percent de-obligation of funds in FY 2012 should describe actions to avoid de-obligations of currently active (FY 2014 and FY 2015) and FY 2016 MIECHV awards within the period of availability.
 - Recipients currently mandated to implement an Improvement Plan as a result of not demonstrating overall improvement in at least four of six benchmark areas in third-year performance data should provide an update on progress toward implementation of the Improvement Plan. (This does not include recipients mandated to implement an Improvement Plan but were notified that the Plan is considered complete based on assessment of Fiscal Year 2015 performance data.)

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(5) Resources/Capabilities
Evaluation and Dissemination	(3) Evaluative Measures
Organizational Information	(4) Impact and (5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the SF-424 Application Guide and the additional budget instructions provided below.

Applicants must not submit an application with a budget request exceeding \$2,000,000 for the single eligible applicant to develop, implement, and evaluate innovation.

However, if the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may not submit an application with a budget request exceeding \$4,000,000.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity.

Cost sharing/matching is not required for this program.

In addition, the MIECHV program requires the following:

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. **The project/budget period is two years.** Please provide a line item budget using the budget categories in the SF-424A for a project and budget period of September 30, 2016 through September 30, 2018. **In Section A of the SF-424A budget form, you will use only row 1, column e** to provide the budget amount you will request for FY 2016. Please enter the amounts in the “New or Revised Budget” column, not the estimated unobligated funds column. **In Section B of the SF-424A budget form, you will use only column (1)** to provide object class category breakdown for the entire period of availability of FY 2016 funds.

The recipient accounting systems must be capable of separating the MIECHV awards with overlapping periods of availability (i.e., must have a chart of accounts to prevent award expenditures from being co-mingled with other award periods of availability). Salaries and other expenditures charged to the award must be for services that occurred during the award's period of availability.

Costs charged to the award must be reasonable, allowable and allocable under this program. Documentation must be maintained to support all award expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. All documentation must be maintained by the recipient and the subrecipients in accordance with the federal record retention policy which states documentation must be maintained for a minimum of three years after the submission of the final (accepted) Federal Financial Report (FFR).

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113), as it does not use funds appropriated by this law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

Applicants must not submit an application with a budget request exceeding \$2,000,000 for the single eligible applicant to develop, implement, and evaluate innovation.

However, if the proposal reflects a collaboration of two or more eligible applicants (wherein one eligible applicant proposes to contract with other eligible applicant(s) to jointly develop, implement, and evaluate innovation), the applicant may not submit an application with a budget request exceeding \$4,000,000.

In addition, the MIECHV program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of availability from September 30, 2016, until September 30, 2018 (two years). Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Period of Availability

Funds awarded to a recipient for a federal fiscal year under this FOA shall remain available for expenditure by the recipient through the end of the second succeeding federal fiscal year after award. **Applicants must provide a budget that describes the expenditure of award funds at all points during the period of availability. Applicants are not required to maintain the same rate of expenditure throughout the project period (the full period of availability).** Reminder: FY 2016 award funds that have not been obligated for expenditure by the recipient during the period of availability for use by the recipient will be de-obligated.

Note: Prior to completing the Budget and Budget Justification Narrative, see [Section IV](#) for funding restrictions on expenditures of the award, including:

- **Limit of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services;**
- **Statutory Limitation ("Cap") on Use of Funds for Administrative Expenditures; and**
- **Limit of Funds for Conducting and Evaluating a Promising Approach.**

Note: HRSA recommends that a minimum of \$100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor.

Include the following in the Budget Justification Narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will (1) be supported from funds and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed project, staff responsible for quality improvement activities (including but not limited to providing continuous quality improvement support to LIAs), staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. This list must include the Project Director on the Notice of Award. **Note:** Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts and other proposed trainings or workshops. All applicants must budget for one national meeting per year in the Washington, DC area for up to three people for five days. Additionally, applicants must budget for one regional meeting per year for up to three people for five days. **Meeting attendance is an award requirement.**

Supplies: Educational supplies may include pamphlets and educational videotapes—as well as model-specific supplies such as crib kits to promote safe sleep, tools to promote parent/child interaction, etc. that are essential in ensuring model fidelity. Clear justification for the purchase of basic medical supplies must be included. As a reminder: MIECHV programs authorized by § 511 of the Social Security Act do not support the delivery or costs of direct medical, dental, or mental health services or legal services except for some limited services provided (typically by the home visitor) to the extent required in fidelity to an evidence-based model that meets the HHS criteria for evidence of effectiveness or a model that qualifies as a promising approach. (See FOA HRSA-16-172 at <http://www.grants.gov/view-opportunity.html?oppId=280143> for a list of evidence-based home visiting service delivery models approved for use under that FOA that meet the HHS criteria for evidence of effectiveness.)

Contractual: Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients (for example, local implementing agencies) that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number. “Subaward” means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient. A subaward may be provided through any legal agreement, including a contract. Note: *contracting* and *subcontracting*²³ are allowable under this

²³ Contracting or subcontracting is a process whereby an awardee enters into a written agreement (the contract) with a third party for the conduct of prescribed activities or functions under an award. Such an agreement may involve

program; however, *subawarding*²⁴ is *not* allowable under this program. Recipients must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

Timely Federal Funding Accountability and Transparency Act (FFATA) reporting is required by the federal award recipient to the FFATA Sub-award Reporting System. Recipients must have policies and procedures in place to ensure compliance with FFATA. For more FFATA information, please see Section 6.d. Transparency Act Reporting Requirements of HRSA's [SF-424 Application Guide](#).

Consultants can also be listed 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.

Other: The cost of purchasing technical assistance from public or private entities, if the state determines that such assistance is required in developing, implementing, evaluating and administering home visiting programs, is allowable but must be clearly justified.

v. Program-Specific Forms

1) Performance Standards for MCHB-funded awards, including MIECHV

The Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for MCHB-funded programs, including MIECHV, have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

2) Performance Measures for the MIECHV competitive innovation awards and Submission of Administrative Data

To prepare successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH4_1.HTML.

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. Administrative information (DGIS Forms 1, 2, 4, 6, 7, and Products and Publications) will be due to HRSA within 120 days of the Notice of Award date of issuance.

project activities or general support services. In all instances, these agreements involve the acquisition of services or products which are designed to assist the awardee in carrying out the approved award project.

²⁴ Subawarding is a process whereby an awardee transfers money, property, services or anything of value to an organization or individual, whether by grant, contract or other mechanism, for the purpose of providing general financial assistance to that third party. Such a purpose is in contrast with that of the contracting process which involves the acquisition of services or products from a third party.

vi. Attachments

Please provide the following items to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit (50 pages).** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Logic Model (counts toward the application 50 page limit)

Applicants must submit a logic model for their project (to reflect development, implementation, and evaluation of the proposed innovation). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model must show the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve. The logic model should reflect the evidence of promise or strong theory on which the proposed innovation is based. (See [Section IV](#) for more information, [Section VIII](#) for resources, and [Appendix B](#) for definitions of key terms.)

Attachment 2: Work Plan Timeline (counts toward the application 50 page limit)

Provide a work plan timeline that includes each activity listed under the Methodology narrative and identifies responsible staff and timeline for completion. The work plan timeline must extend across the project period (September 30, 2016, to September 30, 2018) and include start and completion dates for activities.

Attachment 3: Maintenance of Effort Chart (counts toward the application 50 page limit)

See [Section III](#) for guidance regarding maintenance of effort. HRSA will enforce statutory MOE requirements through all available mechanisms.

Applicants must complete and submit the following chart:

1) NON-FEDERAL EXPENDITURES

Baseline State FY Prior to Application (Actual)	Current State FY of Application (Estimated)
<p>Actual prior state FY non-federal (State General Funds) expended for the proposed project. If proposed activities are not currently funded by the applicant, enter \$0.</p> <p>(Non-profit applicants must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.)</p> <p>Amount: \$ _____</p>	<p>Estimated current state FY non-federal (State General Funds) designated for the proposed project.</p> <p>(Non-profit applicants must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.)</p> <p>Amount: \$ _____</p>

2) Provide a detailed list of current and projected non-federal revenues in order to demonstrate compliance with the requirement.

Attachment 4: Applicant Staffing Plan (counts toward the application 50 page limit)

Provide the applicant's staffing plan, including qualifications of staff, to ensure success in meeting programmatic and fiscal requirements of this project, specifically describing the applicant's capacity to provide strong oversight and guidance to contractors.

Attachment 5: Organizational Chart (counts toward the application 50 page limit)

Provide a one-page figure that depicts the applicant project organizational chart with applicant position titles, names and vacancies noted, contractors, and other significant collaborators.

Attachment 6: Documentation of Proposed Contracts, if applicable (counts toward the application 50 page limit)

Provide documents that demonstrate agreements between the applicant and any contractors cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement must be dated.

Attachment 7: Model Developer Letter(s) (counts toward the application 50 page limit)

Provide documentation of the national model developer(s) approval of the proposed project to ensure that any proposed innovation does not alter model core components.

Attachments 8 – 15: Other Relevant Documents (count toward the application 50 page limit, with the exceptions as mentioned above)

Include here any other documents that are relevant to the application (including indirect cost rate agreements and proof of non-profit status, as applicable).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

Applicants must allow ample time to complete registration with SAM or Grants.gov.

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *May 17, 2016 at 11:59 P.M. Eastern Time*.

Applicants must submit an application by the due date referenced here.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Maternal, Infant, and Early Childhood Home Visiting Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100. For more information about Executive Order 12372, see the [HHS Grants Policy Statement](#).

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request up to \$2,000,000 (or \$4,000,000 in applications that meet requirements specified in [Section III](#)) of funding for a project period of two years (September 30, 2016 to September 30, 2018).

Awards to support projects will be contingent upon satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The MIECHV program is a service delivery program. Funds made available to awardees under this announcement must be used by recipients to develop, implement, and evaluate innovations that strengthen and improve delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families. HRSA funds may not be used except as provided for in the authorizing legislation and applicable implementing program policy issuances, including this FOA and the notice(s) of award, as well as other federal laws, regulations, and policies applicable to the use of federal awards.

Recipients may coordinate with and refer to direct medical, dental, mental health or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement. 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 in fidelity to an evidence-based model approved for use under MIECHV. This funding opportunity does not provide funding to expand home visiting service delivery, but rather to develop, implement and evaluate innovations that strengthen and improve delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families.

For the purpose of this FOA, an innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.

The following describes other specific program limitations on use of MIECHV funds:

Statutory Limitation (“Cap”) on Use of Funds for Administrative Expenditures

Use of MIECHV funding is subject to limitations on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.²⁵

No more than 10 percent of the award amount may be spent on administrative expenditures.

For purposes of this FOA, the term “administrative expenditures” refers to the costs of administering a MIECHV award incurred by the recipient, and includes, but may not be limited to, the following:

- Reporting costs (DGIS, FFR, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- PMS drawdowns and quarterly reporting;
- Time spent working with the HRSA Grants Management Specialist and HRSA Project Officer;
- Subrecipient monitoring;
- Complying with FFATA subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV awards administration;
- Audit expenses; and
- Support of HHS Office of Inspector General or Government Accountability Office (GAO) audits.

Note: The 10 percent cap on expenditures related to administering the award does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate. Administrative costs related to programmatic activities are not subject to the 10 percent limitation.

²⁵ Social Security Act, Title V, Section 511(i)(2)(C).

Statutory Limitation on Use of Funds for Conducting and Evaluating a Promising Approach²⁶

If a proposed innovation seeks to strengthen and improve the delivery of services provided in fidelity to a model that qualifies as a promising approach, such as a model enhancement to a promising approach, applicants should be aware that no more than 25 **percent** of the MIECHV award for a fiscal year may be expended for purposes of conducting and evaluating a promising approach. This 25 **percent** limit on expenditures pertains to the total funds awarded through MIECHV to the recipient for the fiscal year. (See [Appendix B](#) for a definition of promising approach.)

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L.114-113), as it does not use funds appropriated by this law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

²⁶ Social Security Act, Title V, Section 511(d)(3)(A).

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Maternal, Infant and Early Childhood Home Visiting Program – Innovation Awards* has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's INTRODUCTION and NEEDS ASSESSMENT

The extent to which the application demonstrates the need for the proposed innovation, justifying the purpose, goals, and objectives of the proposed project.

In determining the need for the project, the following factors will be considered:

- The extent to which the applicant describes how the proposed innovation will address the needs discussed in the Needs Assessment section of the application's Project Narrative;
- The extent to which the applicant identifies the at-risk communities the applicant proposed to serve in the Fiscal Year 2016 formula application and the needs of those at-risk communities that will be touched by the proposed innovation;
- The extent to which the applicant describes the unmet needs of the applicant entity and its workforce; and
- The extent to which the applicant identifies needs that demonstrate why the applicant has selected to address one or more of the four program areas for improvement named in [Section I](#).

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's INTRODUCTION, METHODOLOGY, and WORK PLAN

The extent to which the proposed innovation project responds to the Purpose and Objectives included in the program description and the definition of innovation provided in [Section I](#). The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

In determining these aspects of the project, the following factors will be considered:

- The extent to which the applicant describes how the proposed innovation project will strengthen and improve delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families and is expected to impact the recipient's ability to demonstrate improvement in one or more of the benchmark area(s) named in statute (see [Section I](#));
- The extent to which the applicant describes how the proposed innovation targets one or more of the named program priority area(s) identified for improvement (named in [Section I](#)) and the strength of support provided as evidence of promise or strong theory (see [Appendix B](#) for definitions of these terms) to support the proposed innovation;
- The extent to which the applicant describes how the project will meet applicable program requirements described in [Section I](#) related to:
 - Components of proposed innovations, including those specific to targeted program priority areas;
 - Priority for serving high-risk populations;
 - Fidelity to a home visiting service model;
 - Model enhancements; and
 - Subrecipient monitoring;
- The extent to which the applicant describes the role and participation of applicable key partners;
- The extent to which the logic model includes the required components and shows the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve; and
- The extent to which the work plan includes major activities listed under the Methodology and Evaluation and Dissemination sections of the application's Project Narrative, and identifies responsible staff and timeline for completion.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's EVALUATION AND DISSEMINATION

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The extent to which the evaluation plan includes appropriate evaluation/research question(s) that encourages rigorous evaluation design and appropriate evaluation design for question(s) of interest that meets expectations of rigor;
- The extent to which the applicant articulates appropriate evaluation methods, measures, data collection strategies, sample, timeline, IRB review, and analysis;
- The extent to which the applicant identifies evaluation staff with appropriate training and experience and describes the cost of the evaluation and the source of funds; and

- The extent to which the applicant organization has appropriate organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities to meet the objectives of the evaluation plan, including by identifying meaningful support and collaboration with key stakeholders in conducting the evaluation and in the development of this application.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s METHODOLOGY, ORGANIZATIONAL INFORMATION, and EVALUATION AND DISSEMINATION

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

In determining these aspects of the project, the following factors will be considered:

- The extent to which the applicant describes how the project will meet applicable program requirements described in [Section I](#) related to dissemination;
- The extent to which the applicant demonstrates the current experience, skills, and knowledge of program and evaluation staff to contribute to a peer support network and disseminate lessons learned and key findings to MIECHV formula recipients and the home visiting field;
- The extent to which the applicant demonstrates how the proposed innovation is relevant beyond the specific applicant’s program priorities and program structure, and may be feasible for implementation in other states or territories or among other populations;
- The extent to which the applicant proposes a plan for project sustainability after the period of MIECHV funding ends, which sustains key methods and activities of the project, provided the project is determined to be successful or well-suited for additional investment; and
- The extent to which the applicant describes the availability of resources and the state/territory’s demonstrated commitment to home visiting to continue the proposed innovation after the award period ends.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s RESOLUTION OF CHALLENGES and ORGANIZATIONAL INFORMATION

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

In determining these aspects of the project, the following factors will be considered:

- The extent to which the applicant discusses challenges that are likely to be encountered in developing and implementing the proposed innovation, and approaches that will be used to

resolve such challenges;

- The extent to which the applicant describes how the organization's mission, structure and current activities contribute to the organization's ability to complete the project;
- The extent to which the applicant provides the applicant's staffing plan adequate to ensure success in meeting programmatic and fiscal requirements described in this FOA, and the extent to which that plan is supported by an organizational chart; and
- The extent to which the applicant describe the organizational capacity of any partnering agencies or organizations involved in the implementation of the project, including any other MIECHV recipient(s) named as partnering entities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET and BUDGET JUSTIFICATION NARRATIVE

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the evaluation activities, and the anticipated results.

In determining these aspects of the project, the following factors will be considered:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which the budget demonstrates key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which the budget provided is reasonable, allowable, and allocable based on the proposed activities.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities or preferences. In making awards, special consideration will be given to applicants that do not have a history of de-obligation of funds and/or fiscal and programmatic corrective action. This determination will be made by HRSA after application reviews by the Objective Review Committee.

3. Assessment of Risk

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to

other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR [§ 75.212](#)).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent on or before September 30, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

Human Subjects Protection:

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR Part 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

Federal Financial Report (SF-425)

The Federal Financial Report (SF-425) will be required on an annual basis.

Federal Funding Accountability and Transparency Act (FFATA) Reporting

Timely FFATA reporting is required by the recipient of federal funds to the FFATA Sub-award Reporting System. (See [Section IV](#) for additional detail.)

Status Reports

1) Administrative Forms

(DGIS Forms 1, 2, 4, 6, 7, and Products and Publications)

The HRSA MCHB Discretionary Grant Information System (DGIS) Forms 1, 2, 4, 6, 7, and Products and Publications reports are due within 120 days of the Notice of Award (NoA) issue date. To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH4_1.HTML.

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (<https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf>), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant programs and the services each funded program provides. The performance data will serve several purposes, including grantee monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: <http://mchb.hrsa.gov/dgis.pdf>. In addition to the reporting on the new performance measures, grantees will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary grantees. New and existing grants awarded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for grantee reporting. For grant activities funded with 2015 dollars, grantees will continue to report on their currently assigned measures in DGIS.

2) Project Period End Performance Reporting

Final performance reports are due within 90 days of the end of the project period. The reports include financial, performance measure, program, and abstract data, as well as products and publications. Recipients will receive notification via e-mail from the HRSA Electronic Handbooks (EHBs). Successful applicants receiving grant funding will be required to electronically complete the program specific data forms that appear for this program at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/UH4_1.HTML.

Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR 75 Appendix XII](#).

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Sarah E. Morgan
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W
Rockville, MD 20857
Telephone: (301) 443-4584
Fax: (301) 443-6686
E-mail: SMorgan1@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Marilyn Stephenson, RN, MSN
Team Lead, Eastern Branch
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
61 Forsyth Street SW, Suite 3M60
Atlanta, GA 30303
Telephone: (404) 562-1489
Fax: (301) 443-8921
E-mail: mstephenson@hrsa.gov

OR

Lisa R. King, MA
Team Lead, Western Branch
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18N154
Rockville, MD 20857
Telephone: (301) 443-9739
Fax: (301) 443-8918
E-mail: lking@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

1. Technical Assistance

Two technical assistance webinars for this funding opportunity will be provided. All applicants are encouraged to participate in one or both webinars. The webinars will: (1) help prepare applicants to submit an application; (2) highlight significant program requirements; and (3) offer participants an opportunity to ask questions. The webinars will be hosted on:

- Thursday, March 24, 2016 at 3:00-5:00 P.M. Eastern Time
- Tuesday, April 19, 2016 at 3:00-5:00 P.M. Eastern Time

Webinar and registration information is available on the Maternal and Child Health Bureau website at: <http://mchb.hrsa.gov/programs/homevisiting/ta>. Please send questions about the programmatic aspects of this funding opportunity via e-mail to Marilyn Stephenson at mstephenson@hrsa.gov or Lisa King at lking@hrsa.gov, and the financial/budget related questions to Sarah Morgan at SMorgan1@hrsa.gov. The Division of Home Visiting and Early Childhood Systems will compile and address questions.

2. Resources

Affordable Care Act Outreach and Education

See Section 2.2 of HRSA's [SF-424 Application Guide](#) for additional information.

Continuous Quality Improvement

Additional information regarding CQI and other issues related to home visiting programs and improved child and family outcomes is available at <http://mchb.hrsa.gov/programs/homevisiting/ta/resources/index.html>.

Logic Models:

Additional information on developing logic models can be found at the following website:

http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

3. Public Burden Statement:

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0351. Public reporting burden for this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s [SF-424 Application Guide](#).

APPENDIX A: EXPECTATIONS FOR RESEARCH AND EVALUATION ACTIVITIES

Recipients of this competitive innovation award must conduct an evaluation of the proposed innovation, ensuring that the evaluation will: (1) answer an important question or questions of interest to the recipient; (2) include an appropriate evaluation design for the question(s) of interest; (3) meet expectations of rigor as defined below; and 4) be feasible for completion within the project period with available funding.

Evaluations are an important component of the continuous learning and knowledge-building that is key to the MIECHV program. Technical assistance will be provided to assist recipients in finalizing their evaluation plans, developing internal capacity to conduct the evaluation, participate in a peer support network, and use evaluation results to improve project activities.

Applicants must describe their plans to disseminate lessons learned to all MIECHV formula recipients and the home visiting field broadly, including evaluation findings to the extent feasible within the project period based on the evaluation timeline. If a formative or process evaluation is proposed, the applicant must describe how the results of the evaluation conducted under this award will prepare the applicant to undertake rigorous impact evaluations with the goal of contributing generalizable knowledge to the field if future funding is available.

- **Evaluations must address key theoretical or empirical linkages between the proposed innovation and expected outcomes:** The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Evaluations should be designed to inform project activities and lay the groundwork for future rigorous impact evaluation.
- **Recipients will contract with third party evaluators, if necessary:** If the recipient does not have the in-house capacity to conduct an objective, comprehensive grantee-led evaluation, the recipient may contract with an institution of higher education, or a third-party evaluator specializing in social science research and evaluation. It is important that evaluators have the necessary independence from the project to support objectivity. A skilled evaluator can assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project.
- **All proposed evaluations must be approved by HRSA:** Recipients must submit a detailed proposed evaluation plan to HRSA for review and approval prior to conducting their evaluation. HHS supports a contract for the provision of technical assistance for evaluation-related activities for home visiting programs. Recipients will receive support from the technical assistance provider as their evaluation plans are reviewed by HRSA. Recipients can expect extensive assistance from the Project Officer, technical assistance provider, and other federal staff prior to the final approval of any evaluation plan. It is HRSA's expectation that proposed evaluation plans may undergo significant revisions prior to final approval.
- **Recipients may choose the type of evaluation they will implement:** Assuming the proposed evaluation design is appropriate to address the theoretical or empirical linkages, meets the requirements for rigor (outlined below), and is feasible for completion within the project period with available funding, recipients may choose the type of evaluation they will implement. The evaluation may utilize qualitative and/or quantitative research

approaches. Applicants should be sensitive to the limitations of drawing conclusions about program efficacy from non-experimental evaluation designs and should design the proposed evaluation accordingly in order to answer the evaluation question(s) and contribute to program improvements, and, as appropriate, lay the groundwork for future rigorous impact evaluation that utilizes an experimental or quasi-experimental design.

- **Recipients must provide updates on the progress of their evaluations to HRSA:** Recipients are required to provide regular updates about evaluation activities, challenges, and progress through conference calls with the HRSA Project Officer, technical assistance provider, and other federal staff. Recipients will provide updates on meeting evaluation milestones described in the approved evaluation plan, and will use these meetings to discuss solutions to any challenges experienced. Any requested changes to approved evaluation plans should be discussed during these meetings.
- **Recipients must provide final reports of evaluation results to HRSA:** Recipients are required to provide summary final reports of evaluation results to HRSA in accordance with the timeline included in the approved evaluation plan. Final reports should contain sufficient information on the evaluation question(s), and the design, implementation, results, and limitations of the evaluation to allow for the dissemination of findings and allow HRSA to describe results across projects.

Budgets for evaluation activities should be: (1) appropriate for the evaluation design and question(s); (2) adequate to ensure quality and rigor, and; (3) in line with available program and organizational resources. HRSA recommends that a minimum of \$100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor. However, if appropriate to the scale, complexity, and design of the evaluation, an applicant may propose more or less than this amount. The applicant should provide appropriate support for their evaluation budget in the budget justification.

What it means to be rigorous: Rigor is important for descriptive studies, quasi-experimental studies, and experimental studies. Rigorous evaluation incorporates the following features across methodologies:

Rigor in Quantitative Evaluation (i.e.: Outcome Evaluations)	Rigor in Qualitative Evaluation (i.e.: Formative or Process Evaluations)
<p><i>Credibility/Internal Validity:</i> Ensuring what is intended to be evaluated is actually what is being evaluated; ensuring that the method(s) used is the most definitive and compelling approach that is available and feasible for the question being addressed.</p>	<p><i>Credibility:</i> Presenting an accurate description or interpretation of human experience that people who also share the same experience could recognize. Strategies for accomplishing this include obtaining informal feedback from the participants who provided the data to ensure that the interpretations reported are recognized as accurate representations. Drawing on the words of research participants when composing a final report and the amount of time spent with participants both strengthen the validity of a qualitative study.</p>

<p>Applicability/External Validity: Generalizability of findings beyond the current project (i.e. when findings “fit” into contexts outside the study situation). Ensuring the population being studied represents one or more of the populations being served by the program.</p>	<p>Transferability: The ability to transfer research findings or methods from one group to another. A way of accomplishing this kind of applicability with qualitative findings is to provide extensive descriptions of the population studied—in terms of the context and demographics of participants—and conducting a study that is methodologically similar with demographically different participants.</p>
<p>Consistency/Reliability: When processes and methods are consistently followed and clearly described so that someone else could replicate the approach and other studies can confirm what is found.</p>	<p>Dependability: When another researcher can follow the decision chain in qualitative work, by describing the: purpose of the study; inclusion criteria; data collection methods; interpretative methods; and techniques for determining the credibility of findings.</p>
<p>Neutrality: Producing results that are as objective as possible and acknowledge the bias and limitations brought to the collection, analysis, and interpretation of results.</p>	<p>Confirmability: Requiring the researcher to be reflexive, or self-critical about how their own biases affect the research; takes into account the researcher’s unique perspective and examines the extent to which another researcher can corroborate or confirm the findings.</p>

APPENDIX B: GLOSSARY OF SELECTED TERMS

At-risk communities - As a statutory requirement for MIECHV funding for state home visiting programs, states are required to give service priority to eligible families residing in at-risk communities identified by a statewide needs assessment.²⁷ A MIECHV-specific statewide needs assessment was required to be submitted within six months of the date of enactment of the Affordable Care Act as a condition of receiving FY 2011 MCH Block Grant funding.²⁸

At-risk communities were defined as those communities for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole. At-risk communities were further defined 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 at risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. The identification of at-risk communities was to be based on a comparison of statewide data and data for the community identified as being at-risk. These data could be supplemented with any other information the state may have had available that informed the designation of a community as being at-risk; consequently, updates to the designation of at-risk communities are also permissible. Once the state identified the at-risk communities, the state had the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if sufficient data for these smaller units were available for assessment.

Community - A community is a geographically distinct area that is defined by the MIECHV recipient. Communities should be areas that hold local salience and may be defined as a neighborhood, town, city, or other geographic area. Services provided within a particular community should be distinguishable from services provided in other communities.

Early childhood system - An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve 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; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate 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.

Eligible families - The term “eligible family,” under the MIECHV authorizing legislation, 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

²⁷ Social Security Act, Title V, Section 511(d)(4).

²⁸ Social Security Act, Title V, Section 511(b).

including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child.²⁹

Evidence of promise - Evidence of promise means there is empirical evidence to support the theoretical linkage between at least one critical component and at least one relevant outcome presented in the logic model for the proposed process, product, strategy, or practice.³⁰

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; and/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 the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least one year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.³¹

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; and
- The combined number of cases is at least 20.

Home Visiting Collaborative Improvement and Innovation Network - HRSA, through its cooperative agreement with the Education Development Center, facilitates the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN), the first national learning collaborative of its kind based on the Breakthrough Series Model which has been successfully utilized in health care and social service settings. The HV CoIIN brings together MIECHV teams from local implementing agencies across multiple states, tribal entities, and a non-profit recipient 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

²⁹ Social Security Act, Title V, Section 511(k)(2).

³⁰ This definition is based on terminology provided by the U.S. Department of Education’s Investing in Innovation Fund.

³¹ Social Security Act, Title V, Section 511 (d)(3)(A)(i)(I).

for each target area. Each team reports on these measures monthly as they test and adapt the recommended changes.

Home Visiting Evidence of Effectiveness (HomVEE) - The Department of Health and Human Services uses Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent 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 women and children from birth to kindergarten entry (that is, up through age five). Additional information about HomVEE is available at: <http://homvee.acf.hhs.gov>.

Innovation - An innovation is defined as a process, product, strategy, or practice that improves (or is expected to improve) significantly upon the outcomes reached with current/status quo options and that can ultimately reach widespread effective usage.³²

Promising approach - A home visiting service delivery model that qualifies as a promising approach is defined in statute³³: “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.” The authorizing 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 a ‘promising approach’ service delivery model.”

Strong theory - Strong theory means a rationale for the proposed process, product, strategy, or practice that includes a logic model. Additionally, the rationale should reflect a theory of change, which is a detailed hypothesis about specific changes we expect will result from implementing a new strategy. Carefully articulated theories of change provide roadmaps, which can continue to be refined and tested, for guiding decisions about program design and evaluation. They also help innovators test and identify what works for certain populations and not for others, which can inform both the scaling of specific strategies and the search for new ideas.³⁴

Title V Needs Assessment – Title V of the Social Security Act (Section 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 five years that identifies (consistent with the health status goals and national health objectives) the need for: (1) preventive and primary care services for pregnant women, mothers and infants up to age one; (2) preventive and primary care services for children; and (3) services for children with special health care needs. More details are provided in Part Two, Section II.B. of the Application/Annual Report Guidance for the Title V Maternal and Child Health Services Block Grant to States Program, which can be found at <http://mchb.hrsa.gov/programs/titlevgrants/index.html>.

³² This definition is based on terminology provided by the U.S. Department of Education’s Investing in Innovation Fund.

³³ Social Security Act, Title V, Section 511(d)(3)(A).

³⁴ This definition is based on terminology provided by the U.S. Department of Education’s Investing in Innovation Fund and Harvard University’s Center on the Developing Child (<http://developingchild.harvard.edu/innovation-application/key-concepts/theories-of-change/>).