

Request for grant applications (RFGA) for local evidence-based home visiting programs

Utah Department of Health and Human Services,
Division of Family Health, Office of Early Childhood, Home Visiting Program
195 South 1950 West
Salt Lake City, Utah 84116
homevisiting.utah.gov

Funding opportunity title	Maternal Infant and Early Childhood Home Visiting (MIECHV) grant program
Total funding available	\$4,200,900
Eligible applicants	Local health departments, non-profits, tribal nations, other community agencies serving the following counties: Cache, Carbon, Davis, Duchesne, Emery, Grand, Iron, Morgan, Salt Lake, San Juan, Sanpete, Tooele, Utah, Wasatch, Washington, Weber
Due date for applications	Tuesday, April 30, 2024 at 12:00pm (noon) MT
Funding notification	All applicants will be notified of their grant funding status on or before Thursday, May 23, 2024
Project period	The contracts resulting from this RFGA will be for four (4) years, beginning July 1, 2024 through June 30, 2028.
Contact:	Elizabeth VanSant-Webb, Home Visiting Program Manager elizabethvw@utah.gov

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Overview

The purpose of this solicitation is to identify qualified vendor(s) to provide evidence-based home visiting services in alignment with the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) program, administered by the Home Visiting Program (HVP) in the Utah Department of Health and Human Services (DHHS). Prospective vendors must plan to implement the Parents as Teachers or Nurse-Family Partnership model. Alternatively, vendors may also propose implementation of both models within one applicant organization. These evidence-based models will be implemented at the local level as part of a broader early childhood system.¹

General information about the request for grant applications

This request for grant applications (RFGA), having been determined to be the appropriate procurement method to provide the best value to the conducting procurement unit, is designed to provide interested vendors with enough information to complete this application. This includes the instructions, forms, and information needed for this opportunity.

Application submission

The opening date for this sourcing event is Monday, March 11, 2024. The closing date and time for this sourcing event is Tuesday, April 30, 2024 at 12:00pm (noon) MT. **It is the applicant's responsibility to make sure the application is submitted to elizabethvw@utah.gov by the date and time indicated above.**

Information session

The Home Visiting Program will hold an information session about this funding opportunity on Wednesday, March 27, 2024 from 1:30-3:00 pm MT. All interested applicant organizations are invited to attend.

Visit this link to register: https://utah.gov.zoom.us/webinar/register/WN_pj2lvX-SS2aVQEeOJ-ynIQ

Question and answer period

The question and answer period closes on Thursday, April 25, 2024 at 11:59 pm MT. All questions must be submitted to elizabethvw@utah.gov during the question and answer period.

¹ For more information about Utah's implementation of the MIECHV program, including performance measurement, client eligibility, and more, see Appendices A and D.

Aside from this information session, applicants are prohibited from communications regarding this RFGA with Home Visiting Program staff, evaluation committee members, or other associated individuals EXCEPT the identified contact.

Application types

This is the only funding opportunity available for organizations seeking to initiate or expand evidence-based home visiting at this time. Applicants must identify the type of application submitted on Form A: Application cover sheet and provide additional contextual information in Part F of the project narrative. The 2 types of applications are as follows:

- Applicants with no immediate history of funding under MIECHV will be considered “initiating a new program.”
 - This includes programs that currently offer Parents as Teachers or Nurse-Family Partnership that do not receive MIECHV funding.
- Applicants with an immediate history of funding under MIECHV will be considered “expanding an existing program.”²
 - This includes programs that currently offer Parents as Teachers with MIECHV and do not plan to add Nurse-Family Partnership to their services with MIECHV.
 - This includes programs that currently only offer Parents as Teachers with MIECHV and would like to expand services to include Nurse-Family Partnership.

Note: It is expected that all selected subrecipients will increase their organizational caseload for each model implemented for each year of the agreement. DHHS strongly encourages each applicant to propose an annual increase that will result in reaching at least 10-20% of the estimated need identified in Appendix B: At-risk counties from the Utah 2020 MIECHV needs assessment.

Review and selection process

This is a competitive grant application. Eligible applications will be reviewed and scored according to Appendix C: Mandatory minimums and technical requirements. It is suggested that these instructions and criteria be examined prior to writing the application, along with Appendix D: DHHS subrecipient terms and conditions and sample scope of work.

In order to continue to strive toward the estimated number of families in need of home visiting services throughout the state, every applicant must propose to increase their caseload each year of this funding opportunity across each model to be implemented. For the estimated numbers of

² Applicants seeking funding to expand an existing Parents as Teachers program under MIECHV should refer to their current grant agreement for their current caseload capacity number and propose an increase from this number.

families in need of home visiting services per county, see Appendix B: At-risk counties from the Utah 2020 MIECHV needs assessment.

Consideration will be given to distributing funds throughout the state and meeting the funding priorities outlined in the authorizing federal statute.³ Final selection will be made based on:

- Reviewer scores and comments,
- Alignment with at-risk counties identified in the Utah 2020 MIECHV needs assessment (see Appendix B),
- Prenatal-to-five priority populations to be served, and
- General funding priorities of HVP, including
 - Assuring funding supports a balance between expansion of existing home visiting services and building capacity for new programs, and
 - Increasing geographic representation across the state.

The state reserves the right to conduct discussions with the vendors who submit applications determined to be reasonably susceptible of being selected for award, followed by an opportunity to make best and final offers. Applications may be accepted without discussions.

Applicants will be notified via email whether their grant application is selected for funding. Notice of funding will include the DHHS approved annual caseload increase per selected subrecipient.

Available funding and anticipated agreements

HVP has an estimated total of \$4.2 million for subrecipient funding under this RFGA for the first year of this funding, starting on July 1, 2024. Continued funding may be available and is contingent upon the subrecipient's performance and ongoing federal funding. HVP anticipates funding multiple agreements under this RFGA. Only 1 application will be funded to serve each county to ensure the broadest geographic coverage across the state.

Grant agreements will be executed with selected applicant agencies and funds will be awarded based on available state and federal funds for the Maternal Infant and Early Childhood Home Visiting grant. See Appendix D: DHHS subrecipient terms and conditions and sample scope of work, which identifies expectations and required duties as a result of this RFGA.

Negotiations to finalize the work plan, staffing plan, subrecipient's duties, and budget must be completed prior to full execution of this agreement. Additionally, selected subrecipients will be required to submit documentation from the model developer(s) stating that the subrecipient's

³ The MIECHV program is authorized under 42 U.S.C § 711(c).

workplan and budget have been reviewed and deemed adequate to implement the proposed model with fidelity and that all proposed model adaptations have been reviewed and approved.

Selected subrecipients will be responsible for assuring the implementation of the work plan, increasing and maintaining the DHHS approved caseload, compliance with all state and federal requirements, including worker's compensation, nondiscrimination, data privacy, budget compliance, and reporting requirements.

Application submission checklist

The following checklist will help applicants verify they have completed each component of the application:

- Form A: Application cover sheet (PDF suggested)
- Form B: Assurances checklist (PDF suggested)
- Form C: Budget justification summary (PDF suggested)
- Form D: Budget form (excel format required)
- Project narrative (PDF suggested)
- Letter(s) of support: e-mail or documentation from each appropriate model developer supporting the applicant's ability to implement the proposed evidence-based model (PDF suggested)
- Agency single audit or most recent agency audit (PDF suggested)
- Applicant organization's current cost allocation plan or current federal indirect rate agreement (PDF suggested)

Note: Only the above attachments will be considered in the review process. Any attachments provided outside of this list will not be reviewed or considered in the scoring process.

The submission deadline is **12:00pm (noon) mountain time on Tuesday, April 30, 2024**. No late or incomplete applications will be accepted or reviewed.

Project narrative

All applicants must submit a comprehensive narrative description of their proposed implementation of the MIECHV program. The scope of the proposal described in the narrative should reflect the evidence-based home visiting program goals and prenatal-to-five priority populations, and demonstrate the capacity to provide services at the level described in Appendix D: DHHS subrecipient terms and conditions and sample scope of work. Applicants should review the following list prior to writing this narrative to make sure the type of application submitted aligns with the intended use of these funds.

- For applicants who wish to *initiate a new program*, the description should follow the points as written below.
- For applicants who wish to *expand an existing home visiting program*, the narrative should be worded as it relates to expanding services and describing the capacity to provide additional services.

The project narrative is divided into distinct sections and should be submitted in the sequence below:

- A. *Purpose, goals, and objectives* (one page or less)
 - a. **Project purpose:** State the purpose of the project and how it aligns with community needs.
 - b. **Goals:** Identify the goals for the project that support the overall purpose. Typically, the goals are stated in 1 sentence.
 - c. **Objectives:** Objectives should support progress toward each respective goal. It is strongly recommended that applicants use the SMART objective framework: specific, measurable, achievable, relevant, and timebound.

- B. *Selection of the proposed evidence-based home visiting model(s)* (one page or less, not including attachments)
 - a. **Model(s):** Identify the evidence-based home visiting model(s) selected for implementation and provide a letter of support or documentation from the model developer. Note: the letter of support or documentation will not be included in the page count.
 - b. **Community needs for at-risk families:** Clearly describe how the specific needs and gaps in services of the community and at-risk families will be met by the proposed evidence-based home visiting model(s) and how the community was included in the selection of the model(s).
 - c. **Implementation with fidelity:** Describe specific activities for how the applicant organization will implement the proposed evidence-based home visiting model(s)

with fidelity and how fidelity will be maintained throughout the length of the grant agreement.

- d. **Anticipated challenges and mitigation strategies:** Describe any anticipated challenges or risks associated with the implementation, maintenance of quality, and fidelity of the proposed evidence-based home visiting model(s) and possible strategies to address these challenges.

C. *Organizational capacity* (2 pages or less)

- a. **Experience with evidence-based home visiting:** Describe current or prior experience with implementing the proposed evidence-based home visiting model(s) or any other models, as well as the current capacity of the applicant organization to support the proposed model(s).
- b. **Sustainability:** Describe the applicant organization's plans to sustain the home visiting program during the agreement period and after this funding opportunity.
- c. **Budgetary infrastructure:** Demonstrate and document the infrastructure in place to budget and manage funds and submit invoices on time. Describe how current challenges with timely invoice submission will be addressed. Indicate how often program and budget staff meet to talk about program costs and billing.
- d. **Human resources infrastructure:** Demonstrate the infrastructure in place to hire and retain qualified staff. Describe how current challenges with timely hiring and retention will be addressed.
- e. **Responsiveness to the community:** Describe how the applicant organization's staff, leadership, and board ensures efficacy in maintaining responsiveness to the prenatal-to-five priority populations the applicant will serve with this funding⁴.

D. *Early childhood system collaboration* (1 page or less)

- a. **Partners:** List the community and multi-disciplinary partners and describe the applicant organization's current activities or plans to collaborate with them to enhance the local early childhood system.
 - i. Partners should include, at a minimum, primary care providers, social workers, school districts, child care providers, mental health providers, intimate partner violence service providers, substance use treatment providers, Help Me Grow Utah, and Baby Watch Early Intervention providers. Provide specific examples.
- b. **Referrals within the early childhood system:** Describe the applicant organization's current activities or plans to collaborate with the partners listed in section "D. subpart a. Partners" in order to identify, support, and refer families to the early childhood services that best fit their needs.

⁴ See Appendices A and D for the prenatal-to-five priority populations list.

- c. **Connecting with tribal communities:** For applicant organizations that propose to serve in an area co-located with a tribal nation or tribal community, describe how the organization has reached out, or plans to reach out, to the tribe to ask about any unmet need or potential partnerships to deliver home visiting services.
- E. *Implementation plan for the proposed evidence-based home visiting model(s)* (three pages or less)
 - a. **Responsive and appropriate services:** Describe specific activities the applicant organization will carry out to assure responsive and appropriate services. Include how these activities support the prenatal-to-five priority populations served.⁵
 - b. **Recruit, hire, and retain staff:** Describe how the applicant organization will recruit, hire, and train competent staff for all positions, including home visitors, supervisors, and other relevant staff. Make sure to consider other job duties, including data quality assurance, reporting, and reflective supervision for home visitors.
 - c. **Training:** Describe the training requirements for the proposed evidence-based home visiting model(s), training needs, timeline, and plan to obtain training from the national developer. Subrecipients should plan to secure the required training for each model without the assistance of HVP.
 - d. **Reflective practice:** Describe the plan to provide access to high quality reflective practice, training, and supervision for all home visitors and supervisors.
 - e. **Outreach, engagement and recruitment:** Describe how the program will conduct community-wide outreach, engagement, and recruitment activities in order to enroll and retain the targeted families in need of home visiting services in the county/counties to be served.
 - i. If the applicant organization proposes to implement both models, describe how the program will make sure families will be enrolled in the home visiting model that best meets their needs.
 - f. **Waitlist maintenance:** Describe how the maintenance of the waitlist aligns with the recommendations of each model, including length of service for families currently enrolled.⁶
 - i. If the program currently has a waitlist, describe successes and challenges with referring wait-listed families to other home visiting programs and additional supportive services.

⁵ See Appendices A and D for the prenatal-to-five priority populations list.

⁶ Waitlists for home visiting enable rapid enrollment, particularly in cases where caseloads must increase each year of funding, or in the event of unexpected home visitor or family turnover. For Parents as Teachers, the model recommends families receive at least 2 years of services. For Nurse-Family Partnership, the model recommends families receive at least 12 months of services.

- g. **Referral systems:** Describe how the program will implement, expand, and maintain a referral network. This description should include 3 parts:
- i. Describe how the program will build/maintain referrals **to** the home visiting program⁷: This component should support the program's recruitment and enrollment process. Referral resources should include, at a minimum, WIC, public health, family planning clinics, prenatal care (OB/GYNs, family practice, nurse practitioners, etc.), hospitals, clinics, Help Me Grow Utah, and Baby Watch Early Intervention providers. Include other referral sources if identified (such as the DHHS Division of Child and Family Services, mental health services, child care, school nurses, social workers, etc.).
 - ii. Describe how the program will build/maintain referrals **from** the home visiting program.⁸ This component should support the program's process to refer families to other local community resources with appropriate follow up processes during service or while a family is on a wait list. Referral sources should include, at a minimum, mental health providers, intimate partner violence services, substance use treatment services, Help Me Grow Utah, Baby Watch Early Intervention, primary care providers, and WIC. Include other referral sources if identified (such as the DHHS Division of Child and Family Services, child care, school nurses, social workers, etc.).
 - iii. Describe how the program will track all referrals to and from the home visiting program.
- h. **Community advisory board:** Discuss the program's current efforts or plans to establish a community advisory board. The overall goal of this board should be to provide input on proposed home visiting services. This can be through the use of an existing local advisory council, as long as this goal can be met through this group. List current and potential partners to serve on the advisory board, including caregivers and other relevant representatives from the community to be served.

F. *Application type and proposed caseload* (1 page or less)

Provide contextual information to align with the application type identified in Form A: Application cover sheet. Applicants should be fully prepared to meet requirements regarding the caseloads and appropriate staffing ratios of supervisors to home visitors detailed in

⁷ A referral system involves regular communication with the partners who do or should provide referrals to the home visiting program. These partners should understand the home visiting services provided by the program. This should further their efforts to refer clients to the home visiting program, make sure the partner is familiar with the process to provide referrals and enable ongoing feedback about the referral process to improve the home visiting program's services.

⁸ A referral system involves communication with other programs or services to which home visitors refer families. This aspect of the system also requires regular communication among partners and is more active than providing clients with a referral slip, a phone number to call, or a website to visit.

Appendix D: DHHS subrecipient terms and conditions and sample scope of work. Information in this section should address all 4 years of the period of availability.

Note: In order to continue to strive toward the estimated number of families in need of home visiting services throughout the state, every applicant must increase their caseload each year of this funding opportunity across each model to be implemented. DHHS strongly encourages each applicant to propose an annual increase that will result in reaching at least 10-20% of the estimated need identified in Appendix B: At-risk counties from the Utah 2020 MIECHV needs assessment.

- a. *Initiating a new program:* Address the following items:
 - i. **Community needs and a new program:** Describe the specific community needs to be targeted by establishing a new evidence-based home visiting program with MIECHV and the model(s) to be implemented.
 - ii. **Proposed targeted caseload:**
 1. Propose a target caseload number for each year, home visiting model, and county to be served.
 2. Identify the percentage increase for this caseload by year, model, and county to be served.
 - iii. **Caseload maintenance:** Demonstrate the program's ability to reach the proposed target caseload for each year of the contract. Describe any anticipated challenges and possible strategies to address these challenges.
 - iv. **Increase in funding:** Describe why an increase in funding for any period of the agreement is necessary. This should address the applicant organization's ability to meet the caseload for each year, as well as other program needs.
- b. *Expanding an existing program:* Address the following items:
 - i. **Community needs and a new model:** Describe the specific community needs to be targeted by the model(s) to be implemented. If seeking to add Nurse-Family Partnership, describe the specific community needs to be targeted by offering this model under MIECHV.
 - ii. **Average enrollment:** Provide the average enrollment percentage for the current contract year (since October 1, 2023) as of the date of submission. This should be calculated as follows:⁹

$$\text{October enrollment} + \text{November enrollment} + \text{December enrollment} + \text{January enrollment} + \text{February enrollment} + \text{March enrollment} + \text{April enrollment} = \text{total enrollment}$$

⁹ Monthly enrollment numbers are documented and shared with LIAs in the monthly information summary reports (MISR) maintained by HVP.

$(\text{Total enrollment}/7 \text{ months})/\text{current caseload capacity number} = \text{average enrollment percentage}$

- iii. **Proposed target caseload:**¹⁰
 - 1. Propose a target caseload number for each year, home visiting model, and county to be served.
 - 2. Identify the percentage increase for this caseload by year, model, and county to be served.
- iv. **Caseload maintenance:** Demonstrate an ability to reach the proposed target caseload for each year of the contract under each proposed model. Describe any anticipated challenges and possible strategies to address these challenges.
- v. **Increase in funding:** Describe why an increase in funding for any period of the agreement is necessary. This should address the applicant organization's ability to meet the caseload for each year, as well as other program needs.

G. *Data collection, quality assurance, and reporting (2 pages or less)*

Applicants should allocate enough funds in their budget to support the collection, reporting, and quality assurance of all necessary data, including staff time and computer systems. Data reporting requirements for this grant may differ from data collection required by an evidence-based home visiting model developer, or from data collected by an applicant's organization for case management purposes. See Appendix D: DHHS subrecipient terms and conditions and sample scope of work for more information.

- a. **Report submission:** Provide a statement acknowledging that, if awarded, the applicant will submit all required visit data by the fifth business day each month.
- b. **Data collection and reporting:** Describe the methods and systems that will be used to collect and report required performance and demographic data. Specifically include:
 - i. Name of software or data system(s) that will be used to capture data on home visiting clients;
 - ii. Planned data collection method (for example, paper forms completed by home visitors during/after visits, followed by data entry into electronic system; tablets or mobile devices used by home visitors and/or families); and
 - iii. Roles of home visitors, supervisors, and administrative staff in data collection, data entry, quality assurance, and data submission to HVP.

¹⁰ Applicants seeking funding to expand an existing Parents as Teachers program under MIECHV should refer to their current grant agreement for their current caseload capacity number and propose an increase from this number.

- c. **Quality assurance:** Describe the systems in place, or anticipated systems to be put in place, to make sure the local program appropriately monitors and improves performance and demographic data quality and integrity through quality assurance.¹¹ This should include the accuracy, completeness, and timeliness of data collection and submission.
- d. **Anticipated challenges and mitigation strategies:** Describe any anticipated barriers or challenges in the process of collecting and/or reporting demographic and performance data, and possible strategies to address these challenges. Include anticipated needs for resources or technical assistance to establish, update, or improve data collection, quality assurance, and reporting processes.
- e. **Continuous quality improvement:** Describe the program's experience with continuous quality improvement, plan-do-study-act cycles, and how the program plans to support the CQI champion to lead this work.

¹¹ Quality assurance at the local level will be a new requirement for all subrecipients. See Appendix D: DHHS subrecipient terms and conditions and sample scope of work for details.

Budget section

Applicants should consider the following before drafting the budget:

- Applicants must comply with federal and state regulations concerning cost principles, audit requirements, and contract administration requirements, including, but not limited to, the uniform guidance, which is set forth in Title 2 of the Code of Federal Regulations.
- Costs charged must be reasonable, allowable, and allocable under the MIECHV grant program.
- Documentation must be maintained to support all expenditures in accordance with federal record retention policy, stating documentation must be maintained for a minimum of 3 years after the date of submission of final reports. In addition, financial records must be maintained in accordance with the DHHS record retention policy, stating that all financial records must be maintained for a minimum of 8 years after the date of submission of final invoices.
- Specific activities required by the proposed evidence-based home visiting model(s) and the resources needed to conduct those activities (such as supplies, computer equipment, developmentally appropriate materials, etc.).
- The skills required to carry out the grant activities and requirements, particularly the financial, data quality assurance, and continuous quality improvement components of the grant.
- Salaries and fringe should reflect the numbers of home visitors and supervisors needed to serve the proposed caseload for each year of the grant, as outlined in Part F of the project narrative and in Appendix D: DHHS subrecipient terms and conditions and sample scope of work.
- Training for new and current staff to remain up to date on the proposed evidence-based home visiting model for which they are hired.¹²
- No more than 10% of the grant amount, or up to the applicant organization's federally approved indirect rate, may be spent on costs associated with administering the grant (indirect).
- Unallowable costs include:
 - Expenditures that do not support the home visiting program
 - Direct medical, dental, mental health, or legal services and supplies
 - Other items as identified by HVP in the course of program administration

Required forms

¹² Note: Home visitors may only be trained and provide services under 1 evidence-based home visiting model.

Applicants must complete and submit Forms C and D. Failure to include both forms will result in disqualification of the application.

Budget scoring

Information provided on Forms C and D will be the only documents reviewed and scored for the budget portion of the application. Supplementary information will not be taken into consideration for scoring purposes.

Form A: Application cover sheet

General applicant information

- Applicant legal name (not “doing business as”):
- Business address (street, city, state, ZIP code):
- System for award management unique entity identifier (SAM UEI):
- Legal status of organization (government, non-profit, for profit):

Application contact information

Organization director

- Name:
- Phone number(s):
- Email:

Application contact

- Name:
- Phone number(s):
- Email:

Requested funding and caseload

- Year 1: \$ _____
 - Year 1 caseload: _____ families
- Year 2: \$ _____
 - Year 2 caseload: _____ families
- Year 3: \$ _____
 - Year 3 caseload: _____ families
- Year 4: \$ _____
 - Year 4 caseload: _____ families

High-risk county/counties to be served (select all that apply)

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cache | <input type="checkbox"/> Iron | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Carbon | <input type="checkbox"/> Morgan | <input type="checkbox"/> Wasatch |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duchesne | <input type="checkbox"/> San Juan | <input type="checkbox"/> Weber |
| <input type="checkbox"/> Emery | <input type="checkbox"/> Sanpete | |
| <input type="checkbox"/> Grand | <input type="checkbox"/> Tooele | |

Type of grant (select one)

- Initiating a new program
- Expanding a current program
- Nurse-Family Partnership
- Parents as Teachers

Proposed evidence-based model(s) (select all that apply)

I certify that the information contained above is true and accurate to the best of my knowledge; that I have informed this organization's governing board of the organization's intent to apply for this grant; and, that I have received approval from the governing board to submit this application on behalf of the applicant.

Signature of authorized agent for applicant: _____

Name and title of authorized agent: _____

Date of signature: _____

Form B: Assurances checklist

Applicant organizations must assure compliance with each of the following program expectations to be considered for MIECHV funding.

If funded, the applicant organization assures:

The home visiting program will follow all relevant federal and state statutes and laws governing the funding under this agreement.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will prioritize serving the populations at risk for poor maternal and child health outcomes, as outlined in Appendix A, per the authorizing statute.¹³

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will only serve a county/counties identified as “high-risk” in the Utah 2020 MIECHV needs assessment (Appendix B), per the federal authorizing statute.¹⁴

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will comply with code of conduct in Appendix E.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will submit a full work plan, staffing plan, and updated budget, subject to HVP approval, prior to agreement execution.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will conduct all appropriate data quality assurance activities required to ensure local compliance with funding requirements.

- Yes, the organization assures
- No, the organization does not assure

¹³ This criteria is established under 42 U.S.C § 711(d)(5).

¹⁴ This criteria is established under 42 U.S.C § 711(d)(5).

The home visiting program will ensure all required data is submitted on time and fully reviewed in preparation of each agreement monitoring meeting and site visits.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will ensure families are informed of the voluntary nature of home visiting services funded with this agreement prior to enrollment.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will use grant funds to provide targeted, intensive home visiting services implemented with fidelity using only the Parents as Teachers, Nurse-Family Partnership, or both, models.

- Yes, the organization assures
- No, the organization does not assure

The home visiting program will provide high-quality supervision to all MIECHV-funded staff.

- Yes, the organization assures
- No, the organization does not assure

The organization is not currently classified as having a high fiscal risk with the Utah Department of Health and Human Services (DHHS), or other state or federal agency.

- Yes, the organization assures
- No, the organization does not assure

Form C: Budget justification summary

Applicants must account for all program costs under 4 cost categories: personnel, in-state travel, out-of-state travel, and current expenses. The following section provides detailed information on allowable and associated costs within each category. Justifications must include detailed calculations to support costs. Failure to include the required detail could result in a delayed grant agreement if the application is selected for funding.

All costs under this grant must align with the applicant organization's cost allocation plan.

It is strongly suggested that applicants incorporate the cost of appropriate financial staff to provide oversight to the grant.

Grant years are as follows:

- Budget period 1: July/October 2024 to June/September 2025
- Budget period 2: July/October 2025 to June/September 2026
- Budget period 3: July/October 2026 to June/September 2027
- Budget period 4: July/October 2027 to June/September 2028

Applicants are required to submit grant program costs listed below using the Excel format of the budget form (Form D) that is provided. The file must be submitted as an Excel Workbook—PDFs will not be reviewed.

All information included in this budget justification must align with the information submitted in Form D: Budget form.

I. Personnel

For each proposed funded position, indicate the title, the full time equivalent (FTE) on this grant (see example below), the expected rate of pay, and the total amount the applicant expects to pay the position for each year of the grant. Grant funds can be used for salary and fringe benefits for staff members *directly* involved in applicant's proposed activities.

A brief description of the key duties that each staff will perform (aside from home visitors) MUST be included.

Full-time equivalent (FTE) example calculation:

FTE means the percentage of time a person will work on this grant. Each position should reflect the following calculations:

- Home visitor salary:

- $\$27.62/\text{hourly rate} \times 2,080/\text{annual hours}^{15} = \$57,449.60$ annual salary
- Fringe amount:
 - $\$57,449.60$ annual salary $\times 23\%$ fringe rate¹⁶ = $\$13,213.41$ fringe amount
- Fringe breakdown:
 - 6.20% FICA + 1.45% Medicare + 3.00% Retirement + 12.35% Insurance = 23.00% total fringe rate
- Total compensation:
 - $\$57,449.60$ annual salary + $\$13,213.41$ fringe = $\$70,663.01/\text{annual salary and fringe total}$
- FTE to be charged to the grant:
 - $\$70,663.01$ annual salary and fringe total $\times 0.50$ FTE assigned to grant = $\$35,331.50$ total to be charged to grant for this position

All staff must be prorated to the anticipated time they will work on the grant. If a position needs to be hired, applicants must prorate the final salary to account for delays in posting, recruiting, and hiring the position based on their typical organizational hiring practices and history. For the above example in budget period 1, the position would be prorated for 9 months as follows:

$$(\$35,331.50/12 \text{ months}) \times 9 \text{ months} = \$26,498.63 \text{ charged to grant for this position}$$

II. In-state travel

Briefly explain and list the expected in-state travel costs for staff working on the grant, including mileage, parking, hotel, and meals. Applicants must budget for home visitors and supervisors to attend:

- Required essential training(s) for the home visiting model(s) provided in the state of Utah
- Annual 2-day Utah MIECHV annual training (located on the Wasatch Front for budget periods 1-4)
- Statewide CQI workgroup meetings and trainings: 1 annual in-person meeting (Wasatch Front location; budget periods 1-4 for the CQI champion, and 1 program supervisor
- Mileage for travel to home visits and reflective practice (or indicate if covered by another funding source)

If project staff will travel during the course of their jobs or for attendance at educational events within the state of Utah, describe the purpose of the event, how it supports the proposed home visiting model(s), and itemize the costs, frequency, and the nature of the travel.

Examples of justification:

¹⁵ Use the applicant organization standard.

¹⁶ Use the applicant organization fringe rate, 23% is an example.

- Mileage for home visits and reflective practice:
 - 5,000 miles for home visits annually x 0.67 per mile (or current IRS rate) = \$3,350
- In-state travel for annual CQI workgroup meeting for home visitor and 1 supervisor:
 - Mileage: 208 miles round trip x 0.67 per mile (or current IRS rate) = \$139.36 per vehicle
 - Hotel: \$174/night x 3 nights = \$522 per person * x 2 staff \$1,044 total
 - Meals: \$36/day x 3 days = \$108 per person x 2 staff = \$216 total
 - Or calculate according to applicable policy

III. Out-of-state travel

Briefly explain and list the expected out-of-state travel costs for staff working on the grant, including mileage, parking, hotel, and meals for all home visitors and supervisor to attend.

- Required essential training(s) for the home visiting model(s) provided in the state of Utah

If project staff will travel during the course of their jobs or for attendance at educational events or conferences outside the state of Utah, describe the purpose of the event, how it supports the proposed home visiting model(s), and itemize the costs, frequency, the nature of the travel, and justification for multiple travelers attending the same event.

Grant funds cannot be used for out-of-state travel without prior written approval from HVP.

Note: To ensure that the majority of grant funds are used for home visiting services provided directly to families, HVP will not approve budgets that include more than one non-required out-of-state conference per home visitor or supervisor for the entire contract period. This includes in-person attendance at the National Home Visiting Summit or model-specific conferences/events. Programs interested in more frequent attendance are encouraged to use dollars from other funding sources for these types of professional development opportunities.

Examples of justification for 3-day model training (2 home visitors and 1 supervisor):

- Airfare: \$600 round trip X 3 staff = \$1,800
- Mileage: 42 miles round trip x 0.67 per mile (or current IRS rate) = \$1,181.88
- Hotel: \$174 a night x 4 nights = \$636 x 3 staff = \$2,088
- Meals: \$36 / day x 4 days = \$144 per person x 3 staff = \$432 total
 - Or calculate according to applicable policy
- Baggage fees: \$50 round trip x 3 staff = \$150
- Taxi/shuttle fees: \$68 round trip x 3 staff = \$204
- Purpose: training to ensure program implements the model with fidelity

IV. Current expenses

Briefly explain the expected costs for items and services the applicant will purchase to run the program in alignment with the subcategories listed on Form D: Budget form. Descriptions for each category are included on that form.

Prior written approval is required for the purchase of any individual piece of equipment that costs more than \$5,000, or for major capital improvements to property.

Unallowable costs include:

- Expenditures that do not support the home visiting program
- Direct medical, dental, mental health, or legal services and supplies
- Other items as identified by HVP in the course of program administration

Note: Applicants must comply with federal and state regulations concerning cost principles, audit requirements, and contract administration requirements, including, but not limited to, the uniform guidance, which is set forth in Title 2 of the Code of Federal Regulations.

Form D: Budget form

This form is provided in the RFGA packet.

Grant years are as follows:

- Budget Period 1: July/October 2024 to June/September 2025
- Budget Period 2: July/October 2025 to June/September 2026
- Budget Period 3: July/October 2026 to June/September 2027
- Budget Period 4: July/October 2027 to June/September 2028

Budget overview tab completion tips:

- Input applicant organization name and budget contact information
- All totals will be auto-calculated as each subsequent tab is completed

Years 1-4 tab completion tips:

- The proposed total caseload for each sheet should be accounted for across all proposed evidence-based home visiting models to be implemented for the year.
- This proposed total caseload should align with the information provided in Part F of the project narrative and Appendix D: DHHS subrecipient terms and conditions and sample scope of work.
- Hover over each object code/description for more information.

The file must be submitted as an Excel Workbook—PDFs will not be reviewed.

Appendix A: Utah's MIECHV program overview

In December 2022, Congress extended authorization for the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program¹⁷ through federal fiscal year 2027. This program supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. This funding is designed to improve coordination of services for prenatal-to-five at-risk communities and identify and provide comprehensive services to improve outcomes for families who reside in these communities.¹⁸ In the 2023 General Session of the Utah Legislature, ongoing state funding was appropriated to the Department of Health and Human Services to meet the matching funding requirements in this reauthorization. As the grantee of Utah's MIECHV funds, the DHHS Home Visiting Program (HVP) seeks to expand evidence-based home visiting in Utah using these funds.

Utah's Home Visiting Program background

The mission of the Utah Home Visiting Program (HVP) is to support and strengthen a system of evidence-based home visiting that empowers and creates positive change in the lives of families in Utah. This is accomplished by supporting a voluntary high-quality evidence-based home visiting system in Utah to improve outcomes for families in Utah in the following areas:

- Maternal and newborn health
- Child injuries, maltreatment, and emergency department visits
- School readiness and achievement
- Crime or domestic violence
- Family economic self-sufficiency
- Coordination and referrals

Over the next 5 years, HVP seeks to make meaningful progress toward the following goals:

- Expand the provision of responsive and appropriate high-quality evidence-based home visiting services to families in Utah
- Stratify data to improve outcomes for families enrolled in high quality evidence-based home visiting programs

¹⁷ The MIECHV grant is administered by the federal Health Resources and Services Administration (HRSA), which is authorized under 42 U.S.C § 711(c) and subject to terms, conditions, and restrictions applicable to HRSA funds, as well as 45 CFR Part 75, the Health and Human Services Grants Policy Statement, and Federal Award Performance Goals.

¹⁸ Under 42 U.S.C § 711(b), awardees must complete a statewide needs assessment to identify at-risk communities. At-risk communities identified in Utah's needs assessment may be found in Appendix B.

- Strengthen partnerships with home visiting, early childhood, maternal health, and community service providers to improve coordination of services for families enrolled in home visiting programs throughout the state
- Collaborate with statewide early childhood systems to streamline, expand, and sustain home visiting services in Utah

Priority populations for MIECHV

Families receiving home visiting services must be pregnant or with a child up to age five, depending upon the model implemented. Additionally, subrecipients of this funding must prioritize families based on the following criteria:¹⁹

- Reside in at-risk communities
- Low income families
- Pregnant women younger than age 21
- Families with a history of child abuse or neglect, or with interactions with child welfare services
- Families with a history of substance abuse or those who need substance abuse treatment
- Families with people who use of tobacco products in the home
- Families that are or have children with low student achievement
- Families with children who have developmental delays or disabilities
- Families with individuals who are serving or formerly served in the armed forces

Details on eligibility may be found in Appendix D: DHHS subrecipient terms and conditions and sample scope of work.

Data and performance measurement for MIECHV

The MIECHV program requires collection and reporting on performance data to track the program's performance, identify areas for improvement, and make sure services result in measurable improvement for families and communities and to track services use. Subrecipients are required to oversee program data entry, quality assurance, and complete periodic data reports to HVP to ensure compliance with the MIECHV program. As the MIECHV-awardee, HVP provides technical assistance and guidance to subrecipients to meet these requirements.

Subrecipients must collect and report on demographic, service use, and select clinical indicators detailed in this resource from HRSA:

<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/form-1-demographic-performance.pdf>

¹⁹ This criteria is established under 42 U.S.C § 711(d)(5).

Subrecipients for these funds must track performance detailed in this resource from the Health Resources and Services Administration (HRSA):

<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf>

Calculations, tools, and timelines for administration of these performance measures and indicators must align with Utah's HRSA-approved performance measurement plan, which is maintained by HVP.

Continuous quality improvement

The MIECHV program requires engagement in continuous program quality improvement. HVP operationalizes this work through a continuous quality improvement (CQI) statewide workgroup, which is facilitated by the state-level team. This requires subrecipients to designate 1 CQI champion to represent their program in this workgroup. The local program supports the work of this individual by embedding the state CQI project into local improvement efforts, allocating time at scheduled staff meetings for relevant discussions and reviewing data monthly. This work aims to support the demonstration of measurable improvement in program implementation at the local level.

Appendix B: At risk counties from the Utah 2020 MIECHV needs assessment

The following table provides the ranking and estimated number of families in need of home visiting services for all identified prenatal-to-five at-risk counties in the HRSA-approved Utah 2020 MIECHV needs assessment.

Ranking	County	Estimated number of families in need of home visiting services
1	Salt Lake	3,854
2	Washington	1,219
3	Tooele	469
4	Carbon	186
5	Sanpete	130
6	Grand	88
7	Weber	901
8	Duchesne	186
9	San Juan	154
10	Morgan	69
11	Utah	3,430
12	Wasatch	279
13	Iron	220
14	Emery	93
15	Cache	742
16	Davis	571

A copy of this needs assessment may be requested by emailing Elizabeth VanSant-Webb at elizabethvw@utah.gov.

DHHS strongly encourages each applicant to propose an annual increase that will result in reaching at least 10-20% of the estimated need identified in the table above.

Appendix C: Mandatory minimums and technical requirements

The DHHS subrecipient terms and conditions, a sample scope of work (Appendix D) and mandatory minimums and technical requirements (this appendix, C) are included in this RFGA. Applicants should review these documents before submitting their responses to better understand the items that are being requested from this RFGA.

For ease of evaluation, the proposals must include all required forms and provide a point-by-point response to the project narrative (see pages 7-13 of the RFGA packet). Following this will make sure that applicants address each area of the evaluation criteria. The criteria are not intended to limit a proposal's content or exclude any relevant or essential data. Applicants are at liberty and are encouraged to expand upon the criteria to demonstrate the applicant's capability to provide the state with appropriate services aligning with the federal statute.

Note: Priority points will be granted to applicants who serve counties with more at-risk indicators. If more than 1 county is identified in the proposal, the highest-ranking county will account for these priority points.

Mandatory minimums

Applicants must:

1. Be licensed and in good standing to legally conduct business in the state of Utah, or will become licensed at a later day, if funding is awarded.
2. Not currently be classified as having a high fiscal risk with the Utah Department of Health and Human Services (DHHS) or other state or federal agency.
3. Agree/assure all components listed on Form B: Assurances checklist.
4. Submit both Form C: Budget justification summary and Form D: Budget form.
5. Propose to serve only eligible counties (Appendix B: At risk counties from the Utah 2020 MIECHV needs assessment).
6. Propose an increased organizational caseload for each year of funding of at least 10-20% across each model to be implemented.
7. Submit only 1 application per organization, regardless of the model(s) proposed.

Technical requirements

Applications must:

1. Be typed, single spaced, use 1-inch margins, and 10-point font. The project narrative must not exceed 11 pages.
2. Fully address these technical requirements (this attachment, Appendix C), and provide a point-by-point response to the project narrative prompts.

3. Demonstrate the capability and capacity to initiate a new program or expand a currently funded MIECHV program.^{20 21}
 - a. Applicants with no immediate history of funding under MIECHV will be considered “initiating a new program.”
 - b. Applicants with an immediate history of funding under MIECHV and will expand services under MIECHV with Parents as Teachers, Nurse-Family Partnership or both have identified the community need exceeds the current caseload capacity will be considered “expanding an existing program.”
4. Demonstrate the ability to increase caseloads each year in order to serve more families in need.
5. Be submitted via email to elizabethhw@utah.gov in Word, Excel and/or PDF files.

²⁰ Applicants seeking funding to expand an existing program should refer to their current grant agreement for their current caseload capacity number.

²¹ Note: this is the only funding opportunity available for organizations with a current agreement for evidence-based home visiting with the Home Visiting Program.

Appendix D: DHHS Subrecipient terms and conditions and sample scope of work

These files are included in the RFGA packet as “DHHS subrecipient terms” and “MIECHV sample scope of work”.

Appendix E: Code of conduct

This file is included in the RFGA packet as “Provider code of conduct”.