

# Grant applications for local evidence-based home visiting programs

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Home Visiting Program

# Agenda

- Funding opportunity overview
- Application submission checklist review
- Tips and tricks
- Questions

*Note: this slide deck will be uploaded to the DHHS website for future reference.*

# Overview

## Funding opportunity title

- Maternal Infant and Early Childhood Home Visiting (MIECHV) grant program

## Estimated funding available (for year 1)

- \$4,200,900

## Eligible applicants

- Local health departments, non-profits, tribal nations, other community agencies.
- Must serve at least 1 of the following counties: Cache, Carbon, Davis, Duchesne, Emery, Grand, Iron, Morgan, Salt Lake, San Juan, Sanpete, Tooele, Utah, Wasatch, Washington, Weber

# Approved evidence-based models

- 2 models are approved for this grant:
  - Nurse-Family Partnership
  - Parents as Teachers
- Organizations can propose using 1 or both models in their application.
- If an organization implements both models, they will still only have 1 agreement with DHHS.
- These evidence-based models will be implemented at the local level as part of a broader early childhood system



# Application types

- **“Initiating a new program”**
  - No current MIECHV funding for Parents as Teachers (PAT) or Nurse-Family Partnership (NFP)
- **“Expanding an existing program”**
  - Programs that currently offer PAT with MIECHV and do not plan to add NFP
  - Programs that currently offer PAT with MIECHV and would like to add NFP

# Proposed caseloads

- Caseloads **must** increase each year for each model in each county where they're implemented.
- Calculate the caseload proposals based on the number of people who are eligible to participate in your program.
  - Use needs assessment to determine the number of families eligible for program.
  - Set goal of serving 10-20% of those families by Year 4.
  - Work backward to establish increasing caseload targets per year.
  - If expanding a program, applicants must increase from their current contracted caseload.
- Notice of funding will include the caseload increase that each program must meet each year.

# Application Timeline

- Opening date:
  - March 11, 2024
- Question and answer period closes:
  - April 25, 2024 at 11:59 pm MT
- Closing date:
  - Tuesday, April 30, 2024 at 12:00 pm (noon) MT
- All applicants will be notified of their grant funding status on or before Thursday, May 23, 2024

Email questions and applications to [elizabethvw@utah.gov](mailto:elizabethvw@utah.gov). No late questions or applications will be accepted.

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# Application submission checklist review

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- ❑ Form A: Application cover sheet
- ❑ Form B: Assurances checklist
- ❑ Form C: Budget justification summary
- ❑ Form D: Budget form (excel format required)
- ❑ Project narrative
- ❑ 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
- ❑ Agency single audit or most recent agency audit
- ❑ Applicant organization's current cost allocation plan or current federal indirect rate agreement



# Project narrative

- Comprehensive narrative description of the proposed implementation of the MIECHV program
- Consider:
  - Goals of the evidence-based models to be implemented
  - Needs of the prenatal-to-five priority population to be served
  - Organizational capacity to provide the services at the level described in the sample scope of work

# Elements of project narrative

- **A: Purpose, goals, and objectives**
- **B:** Selection of the proposed evidence-based home visiting model(s)
- **C:** Organizational capacity
- **D:** Early childhood system collaboration
- **E:** Implementation plan for the proposed evidence-based home visiting model(s)
- **F:** Application type and proposed caseload
- **G:** Data collection, quality assurance, and reporting

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# Supporting documents

- ❑ 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
- ❑ Agency single audit or most recent agency audit
- ❑ Applicant organization's current cost allocation plan or current federal indirect rate agreement

# Application submission checklist review

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- Form D: Budget form (excel format required)
- ✓ Project narrative
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General organizational information



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



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

Funding and caseloads must match the content of the application



Select all counties that apply



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

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

Mark the correct type of application



Type of grant (select one)

- Initiating a new program
- Expanding a current program

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

- Nurse-Family Partnership
- Parents as Teachers

May propose to implement 1 or both models



# Form A: Application cover sheet

All items must be marked “yes” to be considered for this grant.

#### 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.<sup>13</sup>

- 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.<sup>14</sup>

- 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

# Form B: Assurances checklist

- **Year 1:** July 2024 to June 2025
- **Year 2:** July 2025 to June 2026
- **Year 3:** July 2026 to June 2027
- **Year 4:** July 2027 to June 2028

## **Budget periods**

## Applicants must account for all program costs under 4 cost categories:

- Personnel
- In-state travel
- Out-of-state travel
- Current expenses

The budget justification summary must match the cost allocation plan. The cost allocation plan is submitted as "supplementary documentation."

PDF format suggested

# Form C: Budget justification summary

## Include each staff member's title, FTE, expected rate of pay and total expected pay. Include salary and fringe benefits only for staff directly involved in proposed activities.

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

### Recommended:

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

- Home visitor salary:
  - $\$27.62/\text{hourly rate} \times 2,080/\text{annual hours} = \$57,449.60$  annual salary
- Fringe amount:
  - $\$57,449.60$  annual salary  $\times$  23% fringe rate =  $\$13,213.41$  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 =  $\$70,663.01$ /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

# Form C: Budget justification—personnel

## Not recommended:

- Building manager salary:
  - \$26/hourly rate (part time) = \$27,040 annual salary
  - Monthly copay for podiatrist:  $\$65 \times 12 = 780$
  - We need to order car first aid kits for the home visitors and she will order them  $\$30 \times 5 = \$150$
  - Also health insurance and dental
  - **Total:** \$27,040
  - Brief description of duties: She manages access and maintenance in our building and is overseeing the renovation of our lobby. Also she orders supplies for our programs so she's involved in the program and should be covered under the grant.

**Form C: Budget justification—personnel**



**Briefly explain and list the expected in-state travel costs for staff working on the grant. Budgeting should include:**

- Daily mileage for home visits and reflective practice (or indicate if covered by another funding source)

**Applicants must budget for home visitors and supervisors to attend the following meetings each budget period (1-4), which includes mileage, parking, hotel, and meals:**

- Annual 2-day Utah MIECHV annual training (located on the Wasatch Front)
- Statewide CQI workgroup meetings and trainings: 1 annual in-person meeting (Wasatch Front location; the CQI champion, and 1 program supervisor)

**Form C: Budget justification—in-state travel**

## Recommended:

- 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

## Not recommended:

- Mileage for home visits and reflective practice:
  - 5,000 miles for home visits annually x (gas is currently about \$3.50 a gallon and our cars get 30 miles per gallon) = \$538.33
- In-state travel for annual CQI workgroup meeting for 5 home visitors and 2 supervisor:
  - \$200 per hotel room x 7 people (might have 1 more) = \$1,400 x # of nights
  - Driving \$300
- Meals: We'll put the meals on my p-card

**Form C: Budget justification—in-state travel**

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

- Required essential trainings for the home visiting model(s) provided in the state of Utah
- Describe the event's purpose; how it supports the proposed home visiting model(s); and itemize the costs, frequency, method of 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 Home Visiting Program.
- Home Visiting Program will not approve budgets that include more than 1 non-required out-of-state conference per home visitor or supervisor for the entire funding period (4 years). This includes in-person attendance at the National Home Visiting Summit or model-specific conferences/events.

**Form C: Budget justification—out-of-state travel**

## Recommended:

- Airfare: \$600 round trip X 3 staff = \$1,800
- Mileage: 42 miles round trip x 0.67 per mile (or current IRS rate) = \$28.14
- 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

## Not recommended:

- Trip #1: Conference in NV. \$900 for hotels, \$224 for drive over, meals probably \$400
- Trip 3: Trauma Informed training in New Jersey (we haven't figured out the breakdown on this one but \$2000 to be safe)
- We have our eye on a 2 day training in Illinois but will have to see where funds are after the first 2 trips. Early bird registration closes on 4/25 so we'll let you know if we register after then.

**Form C: Budget justification—out-of-state travel**

**Briefly explain the expected costs to run the program. Expected costs must match the Form D: Budget subcategories. Form D also explains each subcategory.**

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 Home Visiting Program in the course of program administration

**Form C: Budget justification—current expenses**

- Form D must be submitted as an excel file.
- The top section (circled in red) is the only one that needs information entered manually.
- The other information will auto-populate as you complete the form.



Utah Department of Health and Human Services  
Utah Home Visiting Program

2024 Request for grant applications (RFGA): local evidence-based home visiting programs  
Budget Overview

Applicant agency name: \_\_\_\_\_  
 Budget contact name and title: \_\_\_\_\_  
 Contact email: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_

Budget period	Total proposed budget	Proposed annual caseload	Annual cost per family calculation	% increase in budget (compared to previous year)	% increase in caseload (compared to previous year)
Year 1	\$ -	0	#DIV/0!	baseline year	baseline year
Year 2	\$ -	0	#DIV/0!	#DIV/0!	#DIV/0!
Year 3	\$ -	0	#DIV/0!	#DIV/0!	#DIV/0!
Year 4	\$ -	0	#DIV/0!	#DIV/0!	#DIV/0!

Total budget request	\$ -
Average annual caseload	0
Average annual cost per family	#DIV/0!

Please input applicant agency name. All other content will auto-calculate following the completion of each budget year tab.

# Form D: Budget form—cover page

Utah Department of Health and Human Services  
Utah Home Visiting Program  
2024 Request for grant applications (RFGA): local evidence-based home visiting programs  
Proposal for budget period 1

Proposed caseload  
across all  
evidence-based home  
visiting model(s): \_\_\_\_\_

Applicant Agency Name: \_\_\_\_\_

I. Personnel		
	Budget Request	Total Amount
A. Salaries	\$ -	\$ -
B. Benefits	\$ -	\$ -
<b>Total Personnel</b>	<b>\$ -</b>	<b>0.00</b>

II. In-state Travel		
Object Code/Description	Budget Request	Total Amount
6002 In-state Auto Mileage Reimbursement	\$ -	\$ -
6003 In-state Transportation	\$ -	\$ -
6005 In-state Meal/Lodging Reimbursement	\$ -	\$ -
<b>Total Staff In-State Travel</b>	<b>\$ -</b>	<b>0.00</b>

III. Out-of-state Travel (Staff and home visitors only)		
	Budget Request	Total Amount
6055 Out-state Meal/Lodging Reimbursement	\$ -	\$ -
6057 Out-state Transportation Reimbursement	\$ -	\$ -
<b>Total Out-of-state Travel</b>	<b>\$ -</b>	<b>\$ -</b>

IV. Current Expense		
Object Code/Description	Budget Request	Total Amount
6122 Food for Clients	\$ -	\$ -
6132 Communication Services	\$ -	\$ -
6135 Contractual Related Services	\$ -	\$ -
6136 Postage & Mailing	\$ -	\$ -
6137 Technical Services	\$ -	\$ -
6141 Indirect/Administrative	\$ -	\$ -
6148 Payroll Processing	\$ -	\$ -
6181 Office Supplies	\$ -	\$ -
6182 Printing and Binding	\$ -	\$ -
6184 Educational & Recreational Supplies	\$ -	\$ -
6185 Books & Subscriptions	\$ -	\$ -
6186 Photocopy Expenses	\$ -	\$ -
6187 Small Equipment	\$ -	\$ -
6188 Office Furnishings	\$ -	\$ -
6219 Related Services Supplies & Equipment	\$ -	\$ -
6221 Printed Forms and Publications	\$ -	\$ -
6269 Training and Development	\$ -	\$ -
6271 Special Events	\$ -	\$ -
6274 Membership Dues	\$ -	\$ -
6475 Computer & Office Equipment	\$ -	\$ -
<b>Total Current Expense</b>	<b>\$ -</b>	<b>0.00</b>

<b>Total All Categories</b>	<b>0.00</b>
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Personnel Detail information Auto total calculates under I. Personnel A & B respectively. Information here must align with information provided in Parts 3 and 4 of the Funding Request Form.

Name	Title	% of FTE (with MIECHV Funds)	Hourly Rate	Salary	Benefits	Notes
Home Visiting Personnel						

# Application submission checklist review

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- ✓ Agency single audit or most recent agency audit
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# Tips and tricks

- Use the scope of work as a reference for what the committee will be looking for
  - Consider the caseload for each year carefully: refer to Appendix B: At-risk counties from the Utah 2020 MIECHV needs assessment
  - Make sure the hiring and staffing plan decreases the likelihood of not meeting caseload requirements each year
  - When working on the budget, be sure the cost per family aligns with reasonable expectations for the applicant organization
-

# Tips and tricks

- When in doubt provide more detail (while sticking to length requirements)
  - Use the application submission checklist
  - Double check the required document type
    - Form D: Budget form—excel file
    - All other documents—PDF is recommended
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# Questions?

Reminder: For any questions after today, email [elizabethvw@utah.gov](mailto:elizabethvw@utah.gov) prior to the question and answer period closing on Thursday, April 25, 2024 at 11:59 pm

Submission deadline: **Tuesday, April 30, 2024, 12:00pm (noon)  
mountain time**

No late or incomplete applications will be accepted.