



Recipient Information

- 1. Recipient Name**
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796
- 2. Congressional District of Recipient**
03
- 3. Payment System Identifier (ID)**
[REDACTED]
- 4. Employer Identification Number (EIN)**
[REDACTED]
- 5. Data Universal Numbering System (DUNS)**
878092600
- 6. Recipient's Unique Entity Identifier**
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**
Jami Kiesling
jami.kiesling@health.mo.gov
(573)751-6266
- 8. Authorized Official**
Marcia A Mahaney
Director, Division of Administration
grants@health.mo.gov
(573)751-6014

Federal Agency Information

- 9. Awarding Agency Contact Information**
LaToya Ferguson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
LFerguson@hrsa.gov
(301) 443-1440
- 10. Program Official Contact Information**
Sandra Sheehy
Maternal and Child Health Bureau (MCHB)
Sandra.Sheehy@hrsa.hhs.gov
(816) 426-2917

Federal Award Information

- 11. Award Number**
1 X11MC45267-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
X1145267
- 13. Statutory Authority**
Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.
American Rescue Plan Act (P.L. 117-2)
42 USC § 711(c) (Title V, § 511(c) of the Social Security Act) and 42 U.S.C. 711A(c) (Title V, § 511A(c) of the Social Security Act, as added by § 9101 of the American Rescue Plan Act of 2021 (P.L. 117-2))
- 14. Federal Award Project Title**
American Rescue Plan Act Funding for Home Visiting
- 15. Assistance Listing Number**
93.870
- 16. Assistance Listing Program Title**
Maternal, Infant and Early Childhood Homevisiting Grant Program
- 17. Award Action Type**
New
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

| | |
|---|-----------------------|
| 19. Budget Period Start Date 12/01/2021 - End Date 09/30/2024 | |
| 20. Total Amount of Federal Funds Obligated by this Action | \$1,053,074.00 |
| 20a. Direct Cost Amount | |
| 20b. Indirect Cost Amount | |
| 21. Authorized Carryover | \$0.00 |
| 22. Offset | \$0.00 |
| 23. Total Amount of Federal Funds Obligated this budget period | \$1,053,074.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable | \$0.00 |
| 25. Total Federal and Non-Federal Approved this Budget Period | \$1,053,074.00 |
| 26. Project Period Start Date 12/01/2021 - End Date 09/30/2024 | |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$1,053,074.00 |

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Shonda Gosnell on 10/28/2021

30. Remarks



Notice of Award
Award Number: 1 X11MC45267-01-00
Federal Award Date: 10/28/2021

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

| | |
|--|----------------|
| a. Salaries and Wages: | \$0.00 |
| b. Fringe Benefits: | \$0.00 |
| c. Total Personnel Costs: | \$0.00 |
| d. Consultant Costs: | \$0.00 |
| e. Equipment: | \$0.00 |
| f. Supplies: | \$0.00 |
| g. Travel: | \$0.00 |
| h. Construction/Alteration and Renovation: | \$0.00 |
| i. Other: | \$1,053,074.00 |
| j. Consortium/Contractual Costs: | \$0.00 |
| k. Trainee Related Expenses: | \$0.00 |
| l. Trainee Stipends: | \$0.00 |
| m. Trainee Tuition and Fees: | \$0.00 |
| n. Trainee Travel: | \$0.00 |
| o. TOTAL DIRECT COSTS: | \$1,053,074.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC): | \$0.00 |
| q. TOTAL APPROVED BUDGET: | \$1,053,074.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$1,053,074.00 |

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$1,053,074.00 |
| b. Less Unobligated Balance from Prior Budget Periods | |
| i. Additional Authority | \$0.00 |
| ii. Offset | \$0.00 |
| c. Unawarded Balance of Current Year's Funds | \$0.00 |
| d. Less Cumulative Prior Award(s) This Budget Period | \$0.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$1,053,074.00 |

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

| FY-CAN | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|-----------------|-----------------|-----------------|------------------|------------------|
| 22 - 389A100 | 93.870 | 22X11MC45267C6 | \$1,053,074.00 | \$0.00 | N/A | 22X11MC45267C6 |

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

| YEAR | TOTAL COSTS |
|------|----------------|
| | Not applicable |

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

| | |
|--|--------|
| a. Amount of Direct Assistance | \$0.00 |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 |
| c. Less Cumulative Prior Award(s) This Budget Period | \$0.00 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR § 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.
5. The total percent of effort for each personnel funded under this grant must not exceed a sum of 100% FTE on all Federally-funded projects. The awardee organization must ensure compliance with this requirement.
6. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.

Program Specific Term(s)

1. Recipients will ensure the provision of high-quality home visiting services to eligible families in at risk communities by establishing and coordinating appropriate collaborative linkages and referral networks to other community resources and supports within the early childhood system.
2. This notice of award provides one-time funding made available under section 9101 of the American Rescue Plan Act (ARP), P.L. 117-2, to entities that currently receive Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funding to address the needs of

expectant parents and families with young children during the COVID-19 public health emergency. Funding must be used for the purposes set forth in the applicable law, as further described below, and may support a wide range of in-scope activities within the defined allowable categories.

For additional information, see the [X11 Award Submission Guidance](#) on the [MIECHV Program Technical Assistance webpage](#).

3. Under ARP section 9101, funding must be used for the following purposes:

1. to serve families with home visits or with virtual visits, that may be conducted by the use of electronic information and telecommunications technologies, in a service delivery model described in section 511(d)(3)(A) [of the Social Security Act (SSA)];
2. to pay hazard pay or other additional staff costs associated with providing home visits or administration for programs funded under [SSA] section 511;
3. to train home visitors employed by the entity in conducting a virtual home visit and in emergency preparedness and response planning for families served, and may include training on how to safely conduct intimate partner violence screenings, and training on safety and planning for families served to support the family outcome improvements listed in [SSA] section 511(d)(2)(B);
4. for the acquisition by families served by programs under [SSA] section 511 of such technological means as are needed to conduct and support a virtual home visit;
5. to provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to an eligible family (as defined in [SSA] section 511(k)(2));
6. to coordinate with and provide reimbursement for supplies to diaper banks when using such entities to provide emergency supplies specified in paragraph (5); or
7. to provide prepaid grocery cards to an eligible family (as defined in [SSA] section 511(k)(2)) participating in the maternal, infant, and early childhood home visiting program under [SSA] section 511 for the purpose of enabling the family to meet the emergency needs of the family.

4. Under ARP section 9101:

- a. Recipients must ensure the modification of any grants, contracts, and other agreements with LIAs/subrecipients as necessary to ensure that during the project period, recipients will not reduce funding for, or staffing levels of, local programs on account of reduced enrollment in the program.
 - b. Recipients must ensure coordination with local diaper banks when using funds to provide emergency supplies to eligible families, to the extent practicable.
 - c. Recipients must reaffirm that, in conducting the program, the recipient will focus on priority populations.
5. As provided for in OMB Memorandum M-21-20: Promoting Public Trust in the Federal Government through Effective Implementation of the American Rescue Plan Act and Stewardship of the Taxpayer Resources, available at https://www.whitehouse.gov/wp-content/uploads/2021/03/M_21_20.pdf, HRSA may waive the procurement requirements contained in 45 CFR § 75.328(a) (2 CFR § 200.319(b)) regarding geographical preferences and 45 CFR § 75.330 (2 CFR § 200.321) regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. HRSA approved this waiver, which applies to this award, on March 23, 2021.
6. Recipients must maintain appropriate records and documentation to support the charges against the Federal awards.
7. HRSA determined your award amount using the following formula:
- Need funding – 50 percent of the grant allocation;
 - o 25 percent of the award was distributed across states and 5 territories based on the proportion of total U.S. COVID-19 cases.
 - o 25 percent of the award was distributed across states based on the proportion of children under 5 years of age living in poverty.
 - o A \$200,000 minimum need-based award for recipients was applied.
 - Base Funding – 50 percent of the grant allocation was proportionally distributed based on each recipient's base funding portion of the FY 2020 MIECHV Formula grant award ceiling amount.
8. This award funding must be used in alignment with your MIECHV formula grant (X10) scope of project. As noted above, funding must be used for the purposes set forth in the applicable law, and may support a wide range of in-scope activities in the following categories consistent with those purposes:
- **Service delivery.** Funds may be used to serve families with eligible service delivery model(s) to provide in-person or virtual home visits and other program activities. This includes service expansion to new families and/or new at-risk communities, as identified in your current statewide needs assessment update.
 - **Hazard pay or other staff costs.** Fund hazard pay or other additional staff costs associated with providing home visits or

administration for programs.

- **Home visitor training.** Funds may be used to develop, conduct, and evaluate training of home visitors that are employed by the recipient in: Conducting a virtual home visit; emergency preparedness and response planning for families; safely conducting intimate partner violence screenings; or safety and planning for families served to improve family outcomes in the MIECHV benchmark areas.
- **Technology.** Acquire the necessary technological means, for families enrolled in the program, to conduct and support virtual home visiting.
- **Emergency supplies.** Provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to eligible families. If you choose to budget funds for emergency supplies, you are required to coordinate with local diaper banks to the extent practicable.
- **Diaper bank coordination.** Provide enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks.
- **Prepaid grocery cards.** Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.

9. Funding provided under this award is restricted and may not be drawn down from the Payment Management System until the required X11 Award Submission has been approved by HRSA.
10. You may rebudget X11 funding without prior approval except as noted in this paragraph. You do not need prior approval to rebudget X11 funds if the proposed use of funding aligns with the X11 funding intent and MIECHV formula grant (X10) scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with 45 CFR part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>. If the amount of the costs to be rebudgeted exceeds 25 percent of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
11. If you cannot use all or part the funding provided under this award for the approved activities noted, you should relinquish all or part of the award back to HRSA. If this is the case, you should contact the program and grants management contacts noted on page 1 of this notice of award regarding the process to relinquish your award within 90 days of award release date.
12. You are expected to monitor and use available resources (e.g., guidance, technical assistance webinars, tip sheets, shared promising practices), such as those available from the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). MIECHV-specific resources and more information are available at the following webpages: Important Home Visiting Information During COVID-19 (<https://mchb.hrsa.gov/Home-Visiting-Information-During-COVID-19>) and MIECHV Data, Evaluation, and Continuous Quality Improvement Technical Assistance (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/miechv-program-ta>).
13. Recipients must respond to any additional information that is requested through a Request For Information within the allotted time. **Failure to submit an approvable response may result in further actions, including imposition of drawdown restrictions.**
14. Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as applicable. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need. Topics covered will include program administration, program activities, technical assistance, fiscal issues, and evaluation procedures.
15. Recipients must give priority in providing services under the MIECHV program to the following:
 - 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.
16. Recipients must assure participation in any national evaluation activities, if selected to participate.
17. No more than 10 percent of the award amount may be spent on costs associated with administering the award. The requirements of the

Social Security Act, § 504(d) (relating to a limitation on administrative expenditures) apply to this award. Of the amounts paid to a state under § 503 from an allotment for a fiscal year under § 502(c), not more than 10 percent may be used for administering the funds paid under such section. Per § 511 [42 U.S.C 711] (i)(2)(C) of the Social Security Act, MIECHV grants need to be administered "in the same manner" as the MCH Block Grant. The administration of the MCH Block Grant is governed by 45 CFR part 96 which states, "a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds" (45 CFR § 96.30(a)). In consequence, recipients will determine which expenses are "administrative" according to the laws and rules of their states.

18. Maintenance of Effort/Non-Supplantation Requirement: Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. Recipients may demonstrate compliance by maintaining non-federal funding (State General Funds) for evidence-based home visiting and home visiting initiatives, expended for the activities proposed in the Notice of Funding Opportunity, at a level that is not less than expenditures for such activities as of the most recently completed fiscal year. Non-federal funding is defined as state general funds, including in-kind, expended only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current statewide needs assessment update 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. Nonprofit recipients must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted. As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.
19. Funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded during Federal fiscal year 2022 (funds awarded by 12/01/2021) that have not been obligated prior to September 30, 2024 will be deobligated. They may not be carried over into a subsequent fiscal year.
20. All program income generated as a result of awarded funds must be used for approved program related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. Post award requirements for program income can be found at 45 CFR § 75.307.
21. Recipients must continue to implement a Performance Measurement Plan approved by HRSA. This plan outlines the details of each performance measure and related data collection, reporting, and analysis activities. The recipient is expected to work with HRSA on an ongoing basis throughout the grant period to complete the development of operationally defined performance measures for each benchmark area and the specification of data collection processes in order to support program accountability and future ongoing quality improvement. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. An updated plan may be required to be submitted during the period of performance of the grant.
22. Funds awarded to any recipient, subrecipient, or subcontractor by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (OHRP) (<http://www.hhs.gov/ohrp/about/index.html>) that the studies comply with the requirements of 45 CFR part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the recipient/awardee.
23. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights (OCR) and is codified at 45 CFR parts 160 and 164. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most healthcare providers. (<http://www.hhs.gov/ocr/hipaa>).
24. No more than 25 percent of total fiscal year MIECHV grant award may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach. Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients must submit an evaluation plan in accordance with guidance provided through consultation with HRSA. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
25. Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use by HRSA and

that meet the HHS criteria for evidence of effectiveness. Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must implement the model with fidelity. 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. If a recipient is implementing a model enhancement, prior to implementation, the model developer must determine that the model enhancement does not alter the core components related to program impacts, and HRSA must determine the enhancement to be aligned with MIECHV program activities and expectations.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**

Within 60 days of award release date, you must submit the following in EHBs: (1) Project Narrative, (2) SF-424A Budget Form, (3) Budget Narrative, and (4) Workplan Timeline.

2. **Due Date: 10/30/2023**

Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Annual performance reports are required, will be consolidated across X10 and X11 grants, and must present an unduplicated count of MIECHV participants in the case that a family is served through both X10 and X11 grants in the same reporting period.

Section 1 (Form 1) of the report includes demographic, service utilization, and select clinical indicators including: an unduplicated count of enrollees; selected characteristics by race and ethnicity; socioeconomic data; other demographics; numbers of households from priority populations; service utilization across all models; among other measures.

Section 2 (Form 2) of the report includes the performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the six benchmark areas.

The annual reporting period is defined as October 1 through September 30 of each year.

3. **Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.**

Recipients are required to submit **two quarterly reports** related to the allowable uses of ARP funds:

Quarterly Performance Reports (Form 4) and narrative Quarterly Progress Reports.

Recipients must submit **Quarterly Performance Reports (Form 4)** to report information about MIECHV participants and staff supported with X11 funds separately from X10 funds. Information included in Form 4 includes: the number of new and continuing households served; maximum service capacity; identification of Local Implementing Agency (LIA) names and addresses; identification of counties and zip codes where households are served by each LIA; identification of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention; and staff recruitment and retention. These reports are submitted through the HVIS system, accessed through EHBs.

Recipients must also submit **narrative Quarterly Progress Reports** including descriptions of the scope of activities in the categories outlined above and consistent with those purposes, including updates on progress in achieving project goals and objectives. Quarterly Performance Reports will be distinct from quarterly reports required for MIECHV formula grant (X10) awards and will be submitted through HRSA's EHBs.

The submission due date associated with Form 4 Quarterly Performance Reports and narrative Quarterly Progress Reports is 45 days from the last day of the reporting period. The content and deadline for Quarterly Performance Reports are subject to change, pending Office of Management and Budget approval. Recipients will receive notice from HRSA of any such changes.

Quarterly reporting periods are defined as follows:

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

4. **Due Date: Within 90 Days of Project End Date**

Recipients must submit a final progress report, which includes a final evaluation report (if applicable), within 90 days of the end of grant support. Final progress reports will be required and, when appropriate, may include activities carried out under X10 and X11 awards. The final progress report will collect program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final progress report must be submitted through the EHBs: (<https://grants.hrsa.gov/webexternal/home.asp>). Failure to submit timely and accurate

final progress reports may affect future funding to the organization or awards with the same program director. Recipients will receive notification regarding final reporting through EHBs 2 - 3 months prior to the due date.

5. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

| Name | Role | Email |
|------------------|------------------------------------|-----------------------------|
| Jami Kiesling | Program Director, Point of Contact | jami.kiesling@health.mo.gov |
| Marcia A Mahaney | Authorizing Official | grants@health.mo.gov |

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).