

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298

Expires:

Attachment B
Part~~PART~~ 2-
Financial and Demographic Data Elements

OMB Clearance Package

March, 2009

Draft

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1.	MCHB GRANT AWARD AMOUNT	\$	
2.	UNOBLIGATED BALANCE	\$	
3.	MATCHING FUNDS	\$	
	(Required: Yes [] No [] If yes, amount)		
	A. Local funds	\$	
	B. State funds	\$	
	C. Program Income	\$	
	D. Applicant/Grantee Funds	\$	
	E. Other funds: _____	\$	
4.	OTHER PROJECT FUNDS (Not included in 3 above)	\$	
	A. Local funds	\$	
	B. State funds	\$	
	C. Program Income (Clinical or Other)	\$	
	D. Applicant/Grantee Funds (includes in-kind)	\$	
	E. Other funds (including private sector, e.g., Foundations)	\$	
5.	TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$	
6.	FEDERAL COLLABORATIVE FUNDS	\$	
	(Source(s) of additional Federal funds contributing to the project)		
	<u>A.</u> Other MCHB Funds (Do not repeat grant funds from Line 1)		
	1) <u>Special Projects of Regional and National Significance (SPRANS)</u>	\$	
	2) <u>Community Integrated Service Systems (CISS)</u>	\$	
	3) <u>State Systems Development Initiative (SSDI)</u>	\$	
	4) <u>Healthy Start/4) Abstinence Education</u>	\$	
	5) <u>Emergency Medical Services for Children (EMSC)</u>	\$	
	6) <u>Traumatic Brain Injury</u>	\$	
	7) <u>State Title V Block Grant 7) Bioterrorism</u>	\$	
	8) Other: _____	\$	
	9) Other: _____	\$	
	10) Other: _____	\$	
	<u>B.</u> Other HRSA Funds		
	1) <u>HIV/AIDS</u>	\$	
	2) <u>Primary Care</u>	\$	
	3) <u>Health Professions</u>	\$	
	4) Other: _____	\$	
	5) Other: _____	\$	
	6) Other: _____	\$	
	<u>C.</u> Other Federal Funds		
	1) <u>Center for Medicare and Medicaid Services (CMS)</u>	\$	
	2) <u>Supplemental Security Income (SSI)</u>	\$	
	3) Agriculture (WIC/other)	\$	
	4) <u>Administration for Children and Families (ACF)</u>	\$	
	5) <u>Centers for Disease Control and Prevention (CDC)</u>	\$	
	6) <u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u>	\$	
	7) <u>National Institutes of Health (NIH)</u>	\$	
	8) Education	\$	
	9) <u>Bioterrorism</u>	\$	
	10) Other: _____	\$	
	11) Other: _____	\$	
	12) Other: _____	\$	
7.	TOTAL COLLABORATIVE FEDERAL FUNDS	\$	

**INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY ____**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g. unobligated balance) from the previous year's award, if any. ~~(the unobligated balance).~~ New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. ~~Indicate if matching funds are required by checking the appropriate choice. If matching funds are required for this grant program, enter the total amount of the matching funds received or committed to the project. List the amounts by source on lines 3A through 3D-3E as appropriate. Do not include "overmatch" funds. Any additional funds over and above the amount required for matching purposes should be reported in Line 4.~~ Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. ~~Do not include those amounts included in Line 3 above.~~ Also include the dollar value of in-kind contributions.
- Line 5. ~~Enter/Displays~~ the sum of lines 1 through 4.
- Line 6. ~~Line 6.~~ ~~EE~~ Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.912) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A, ~~8-10,~~ 6B, ~~44-6,~~ or 6C, ~~10-12~~ are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. ~~If more space is required, add a footnote at the bottom of the page showing additional sources and amounts.~~
- Line 7. ~~Enter/Displays~~ the sum of ~~Lines-lines in~~ 6A, ~~1~~ through 6C, ~~12-9~~.

~~NOTE: MCHB Training Grants must fill out Section "V. Detailed Budget" of the currently approved HRSA 6025 in addition to this form.~~

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE**

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a ~~foot~~note.

The form is intended to provide ~~at a glance~~ funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report), and Lines 1 through 7 of Form 1. The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED
For Projects Providing Direct Health Care, Enabling, or Population-based Services

Target Population(s)	FY _____		FY _____	
	\$ Budgeted	\$ Expended	\$ Budgeted	\$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1 year)				
Children <u>and Youth</u> (Age 1 year to <u>24-25</u> years)				
CSHCN Infants (Age 0 <u>to</u> -1 year)				
CSHCN Children <u>and Youth</u> (Age 1 year to <u>24-25</u> years)				
Non-pregnant Women (Age 22 and over)				
Other				
TOTAL				

**INSTRUCTIONS FOR COMPLETION OF FORM 3
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**

For Projects Providing Direct Health Care, Enabling, or Population-based Services

If the project provides direct health care services, complete all required data cells for all years of the grant. If an actual number is not available make an estimate. Please explain all estimates in a ~~foot~~note.

All ages are to be read from x to y, not including y. For example, infants are those from birth to 1, and children and youth are from age 1 to ~~2225~~.

Enter the budgeted ~~and expended~~ amounts for the appropriate fiscal year, for each targeted population group. Note that the Total for each budgeted column is to be the same as that appearing in Line 5, Form 1, and in the corresponding budgeted column in Form 2, Line 5, Form 2.

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. Note that the Total for the expended column is to be the same as that appearing in the corresponding expended column in Form 2, Line 5.
~~. Note that these figures are to be the actual amounts expended; new projects will not have data in "Expended" columns.~~

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

<u>TYPES OF SERVICES</u>	FY _____		FY _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. <u>TOTAL</u>	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – ~~enter~~ Displays the total amounts for each column, budgeted for each year and expended for each year completed. |

FORM 5
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 1

Pregnant Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	(g) <u>Unknown %</u>
Pregnant Women (All Ages)							
10-14							
15-19							
20-24							
25-34							
35-44							
45 +							

Table 2

Children Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	(g) <u>Unknown %</u>
Infants <1							
Children <u>and Youth</u> 1 to 24 <u>25</u> years							
12-24 months							
25 months-4 years							
5-9							
10-14							
15-19							
20-24 <u>24</u>							

Table 3

CSHCN Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	(g) <u>Unknown %</u>
Infants <1 yr							
Children <u>and Youth</u> 1 to 22 <u>25</u> years							
<u>12-24 months</u>							
<u>25 months-4 years</u>							
<u>4-5-9</u>							
<u>5-9</u> <u>10-14</u>							

10-1415-19								
1520-2424								

FORM 5 Continued
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 4

Women Served	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	<u>Unknown</u> % (g)
Women <u>22-25+</u>							
<u>22-24</u>							
<u>25-29</u>							
30-34							
35-44							
45-54							
55-64							
65+							

Table 5

Other	(a) Number Served	(b) Total Served	(c) Title XIX %	(d) Title XXI %	(e) Private/ Other %	(f) None %	<u>Unknown</u> % (g)
<u>Men (24+)</u>							

TOTAL SERVED: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 5

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)

By Type of Individual and Source of Primary Insurance Coverage For Projects Providing Direct Health Care, Enabling or Population-based Services

Enter data into all required (unshaded) data cells. If an actual number is not available, make an estimate. Please explain all estimates, in a footnote. ~~Do not enter data into shaded cells.~~

Note that ages are expressed as either x to y, ~~not through y~~ (i.e., 1 to 2225, meaning from age 1 up to age 2225, but not including 2225) or x – y (i.e., 1 – 4) meaning age 1 through age 4). Also, symbols are used to indicate directions. For example, <1 means less than 1, or from birth up to, but not including age 1. On the other hand, 45+ means age 45 and over.

1. At the top of the Form, ~~on the~~ Line Reporting Year, ~~enter~~ displays the year for which the data applies.
2. In Column (a) ~~for all tables~~, enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services would generally be included in the top three levels of the MCH pyramid (the fourth, or base level, would generally not contain direct services) and would include individuals served by total dollars reported on Form 3, Line 5 of Form 3.
3. In Column (b), ~~enter~~ the total number of the individuals served is summed from Column (a).
4. In the remaining columns, report, ~~for all tables~~, the percentage of those individuals receiving direct health care, enabling or population-based services, ~~the percentage~~ who have as their primary source of coverage:
Column (c): Title XIX (includes Medicaid expansion under Title XXI)
Column (d): Title XXI
Column (e): Private or other coverage
Column (f): None
Column (g): Unknown

These may be estimates. If individuals are covered by more than one source of insurance, they should be listed under the column of their primary source.

FORM 6
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____

PROJECT: _____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. E-mail address:

II. BUDGET

- | | |
|---|----------|
| 1. MCHB Grant Award
(Line 1, Form 2) | \$ _____ |
| 2. Unobligated Balance
(Line 2, Form 2) | \$ _____ |
| 3. Matching Funds (if applicable)
(Line 3, Form 2) | \$ _____ |
| 4. Other Project Funds
(Line 4, Form 2) | \$ _____ |
| 5. Total Project Funds
(Line 5, Form 2) | \$ _____ |

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

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

IV. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

- A. Project Description
1. Problem (in 50 words, maximum):

 2. Goals and Objectives: (List up to 5 major goals and time-framed objectives per goal for the project)
 - Goal 1:
 - Objective 1:
 - Objective 2:
 - Goal 2:
 - Objective 1:
 - Objective 2:
 - Goal 3:
 - Objective 1:
 - Objective 2:

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

V. **KEY WORDS**

VI. **ANNOTATION**

INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: ~~_____ Displays the List the appropriate shortened~~ title for the project.
Project Number: ~~_____ Displays the This is the~~ number assigned to the project ~~when funded, and will, for new projects, be filled in later. (e.g., the grant number)~~
E-mail address: ~~_____ Include-Displays the~~ electronic mail address ~~of the project director~~

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply. ~~(consistent with Form 5)~~

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

- _____ A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
 2. ~~Provide Up~~ to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
 3. ~~List-Displays~~ the primary Healthy people 2010 goal(s) that the project addresses.
 4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
 5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
 6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.
- B. For continuing projects ONLY:
1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
 2. Provide website and number of hits annually, if applicable.

Section V – Key Words

~~Provide up to 10 k~~Key words ~~to~~ describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1. **Project Service Focus**
 Urban/Central City Suburban Metropolitan Area (city & suburbs)
 Rural Frontier Border (US-Mexico)
2. **Project Scope**
 Local Multi-county State-wide
 Regional National
3. **Grantee Organization Type**
 State Agency
 Community Government Agency
 School District
 University/Institution Of Higher Learning (Non-Hospital Based)
 Academic Medical Center
 Community-Based Non-Governmental Organization (Health Care)
 Community-Based Non-Governmental Organization (Non-Health Care)
 Professional Membership Organization (Individuals Constitute Its Membership)
 National Organization (Other Organizations Constitute Its Membership)
 National Organization (Non-Membership Based)
 Independent Research/Planning/Policy Organization
 Other _____
4. **Project Infrastructure Focus** (from MCH Pyramid) if applicable
 Guidelines/Standards Development And Maintenance
 Policies And Programs Study And Analysis
 Synthesis Of Data And Information
 Translation Of Data And Information For Different Audiences
 Dissemination Of Information And Resources
 Quality Assurance
 Technical Assistance
 Training
 Systems Development
 Other

8.7. Resource/TA and Training Centers ONLY

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
 - Policy Makers/Public Servants
 - Consumers
 - Providers/Professionals
- b. Number of Requests Received/Answered: ____/____
- c. Number of Continuing Education credits provided: _____
- d. Number of Individuals/Participants Reached: _____
- e. Number of Organizations Assisted: _____
- f. Major Type of TA or Training Provided:
 - continuing education courses,
 - workshops,
 - on-site assistance,
 - distance learning classes
 - other

INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

NOTE: All information provided should fit into the space provided in the form. Where information has previously been entered in forms 2 through 9, the information will automatically be transferred electronically to the appropriate place on this form.

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Products and Dissemination

Indicate the number of each type of product resulting from the project.

Section 6.5 – Demographic Characteristics of Project Participants ~~(for Clinical Services Projects)~~

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome

counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Section 7-6 – Clients Primary Language(s) (~~for Clinical Services Projects~~)

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 8-7 – Resource/TA and Training Centers (Only)

Answer all that apply.

FORM 8
(For Research Projects ONLY)
MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY_____

I. PROJECT IDENTIFIER INFORMATION

1. Project Title:
2. Project Number:
3. Project Director:
4. Principle Investigator(s), Discipline

II. BUDGET

1. MCHB Grant Award \$ _____
(Line 1, Form 2)
2. Unobligated Balance \$ _____
(Line 2, Form 2)
3. Matching Funds (if applicable) \$ _____
(Line 3, Form 2)
4. Other Project Funds \$ _____
(Line 4, Form 2)
5. Total Project Funds \$ _____
(Line 5, Form 2)

III. CARE EMPHASIS

- Interventional
 Non-interventional

IV. POPULATION FOCUS

- | | |
|--|--|
| <input type="checkbox"/> Neonates | <input type="checkbox"/> Pregnant Women |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Postpartum Women |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Parents/Mothers/Fathers |
| <input type="checkbox"/> Preschool Children | <input type="checkbox"/> Adolescent Parents |
| <input type="checkbox"/> School-Aged Children | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Adolescents (Pregnancy Related) | <input type="checkbox"/> Others |
| <input type="checkbox"/> Young Adults (>20) | |

V. STUDY DESIGN

- Experimental
 Quasi-Experimental
 Observational

VI. TIME DESIGN

- Cross-sectional
 Longitudinal
 Mixed

VII. PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS

From the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009.

From the topics listed in *Research Areas & Priority Issues & Questions: Maternal and Child Health Bureau 2000-2003*

Primary area addressed by research:

Secondary area addressed by research:

VIII. ABSTRACT (~~From PHS Form 398, Form Page 2~~)

IX. KEY WORDS

X. ANNOTATION

**INSTRUCTIONS FOR THE COMPLETION OF FORM 8
MATERNAL & CHILD HEALTH
RESEARCH PROJECT ABSTRACT**

NOTE: All information provided should fit into the space provided in the form. Do not exceed the space provided.

Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

~~Provide the requested information for Lines 1 through 4:~~

Project Title: ~~List~~ Displays the appropriate shortened title for the project.

Project Number: ~~Displays the number assigned to the project (e.g., the grant number). This is the number assigned to the project when funded.~~

Project Director: ~~The~~ Displays the name and degree(s) of the project director as listed on the grant application.

~~Principal~~ Investigator: Enter the name(s) and discipline(s) of the principal investigator(s).

Section II – Budget

The amounts for Lines 1 through 5 will be transferred from Form 1, Lines 1 through 5.

Section III – Care Emphasis

Indicate whether the study is interventional or non-interventional.

Section IV – Population Focus

Indicate which population(s) are the focus of the study. Check all that apply.

Section V – Study Design

Indicate which type of design the study uses.

Section VI – Time Design

Indicate which type of design the study uses.

Section VII – Priority Research Issues and Questions of Focus (DO NOT EXCEED THE SPACE PROVIDED)

Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004 – 2009 Research Areas & Priority Issues & Questions: Maternal and Child Health Bureau 2000-2003.

Section VIII – Abstract

Section IX - -Key Words

~~Provide up to 10 key words to describe~~ Key words describe the project, including populations served. A list of key words used to classify active projects is included. Choose keywords from this list when describing your project.

Section X – Annotation

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.