

**MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING
PROGRAM
Competitive Grant Programs**

**PROGRAM-SPECIFIC INSTRUCTIONS FOR SUBMITTING THE
FY 2013 NON-COMPETING CONTINUATION (NCC) PROGRESS REPORT**

ACTIVITY CODE: D89

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0356. Public reporting burden for this collection of information is estimated to average 42.43 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

As indicated in the FOA for MIECHV competitive grants (HRSA-11-179 and HRSA-12-156), states must comply with the legislative requirement to submit an annual report to the Secretary regarding the program and activities carried out under the MIECHV program. Instructions for completing the NCC Progress Report for continued funding follow below.

In each section below, address program activities during the reporting period at both the state and community level. Information should be included specific to each community-level program, to the extent practicable. Be sure to report on any changes to the information in the original application in response to the applicable Funding Opportunity Announcement Number: HRSA-11-179 or HRSA-12-156

1. NCC Progress Report Required Sections

The following sections are required to submit the NCC Progress Report in HRSA Electronic Handbook (EHB).

A. Basic Information

1. SF-PPR (EHB)

This page displays the Grantee Organization Information and the Authorizing Official Contact Information. For this page, confirm the Authorizing Official for the grant.

2. SF-PPR – 2 (cover page continuation) (EHB)

This page displays Supplemental Information for this grant, as well as the Point of Contact for the grant. For this page, confirm the Point of Contact for the grant.

3. Performance Narrative (EHB attachment)

The purpose of the performance narrative is to provide a comprehensive picture of the project and to provide documentation of project activities and accomplishments for the reporting period (9/30/2012 – 9/29/2013). This documentation will make it possible to obtain information about the overall progress of the project and plans for continuation of the project in the coming budget period. The performance narrative is submitted as an attachment in the “Performance Narrative” section of the NCC Progress Report.

The performance narrative should include the following information in the order listed below. The performance narrative should be no more than 20 pages in length.

a. Project Identifier Information

- i. Grant Number
- ii. Project Title
- iii. Organization Name
- iv. Mailing Address
- v. Primary Contact Information:
 1. Name and Title
 2. Phone
 3. Email

Use the following section headers for the Narrative:

▪ **INTRODUCTION**

The introduction must provide:

- A brief description of the project’s purpose. Please be specific about your efforts surrounding either the expansion or development of a high-quality home visiting program
- A clear description of the problem, the intervention, and the benefits of the project to date

- A description of the priority element(s) addressed and how the priority element(s) identified built on, or enhanced, the grantee’s existing MIECHV program to date, if applicable
- *NEEDS ASSESSMENT, METHODOLOGY, AND WORKPLAN*
 - Provide an update on the progress in meeting the goals and objectives identified in the competitive application. Describe the specific activities or steps that have been taken during the reporting period to achieve each of the goals and objectives proposed.
 - Provide a thorough discussion of the progress towards meeting the needs of each community identified in the needs assessment as proposed in the competitive application. For each community, include:
 - The evidence-based model(s) or promising approach(es) supported by the competitive funding.
 - An estimate of the number of families served by the project; The number of home visits families served under this project received during the reporting period;
 - The cost per family served by the current home visiting program;
 - A brief explanation of how the “cost per family” was calculated; and
 - An explanation of how the selected priority element(s) are being addressed within each community identified.
 - As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, implementing and evaluating all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
 - Provide an updated timeline that includes each activity and identifies responsible staff.

Demographic data should be used and cited whenever possible to support the information provided.

- *RESOLUTION OF CHALLENGES*

Discuss challenges that have been encountered in designing and implementing the activities described in the Work Plan, and approaches that have been used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

- Provide an update on organizational experience and capability for coordinating and supporting planning and implementation of a comprehensive plan to meet the objectives of this initiative.

- Provide an update on the activities and processes taken to implement the evaluation plan. Please include steps taken to meet the definitions of rigor and other evaluation criteria stipulated under Section VIII.1 of the FOA.
- **ORGANIZATIONAL INFORMATION**
 - Provide information on any changes experienced by the grantee organization that might affect its ability to conduct the program as required and meet program expectations (e.g., resources, organizational capacity, state funding, etc.).
 - If applicable, the amount of estimated unobligated balance of HRSA competitive funds awarded in FY 2011 (funds will no longer be available for use after September 30, 2013—remaining funds will be deobligated);¹
 - The amount of estimated unobligated balance of HRSA competitive funds awarded in FY 2012 (funds will no longer be available for use after September 30, 2014—remaining funds will be deobligated);¹
- **MAINTENANCE OF EFFORT**

Funds provided to an eligible entity receiving a grant under this section shall supplement, and not supplant, funds from other sources for early childhood home visiting programs or initiatives (per the Social Security Act, Title V, §511(f)). The grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities as of the most recently completed fiscal year.

Applicants must complete and submit the following information:

NON-FEDERAL EXPENDITURES

<p style="text-align: center;">FY 2012 (Actual)</p> <p>Actual FY 2012 non-federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">FY 2013 (Estimated)</p> <p>Estimated FY 2013 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ ____</p>
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B. Appendices

¹ Grantees are reminded that any proposed changes of more than 25% of the budget (i.e., rebudgeting) require prior approval through the EHB.

Grantees are allowed to attach only the appendices listed below with the NCC Progress Report submission. Each attachment must contain the Grant Number, Project Title, Organization Name, and Primary Contact Name. Grantees must ensure that each attachment is correctly labeled and attached in the “Appendices” section as follows:

1. Attachments

Below is a list of attachments that were included in your application. Please utilize any of these attachments as part of your application if needed to update the information submitted with your original application. Please note that these are supplementary and are not intended to be a continuation of the performance narrative. Unless otherwise noted, attachments count toward the performance report page limit. **Each attachment must be clearly labeled.**

Attachment 1: Tables, Charts, etc.

Attachment 2: Job Descriptions for New Key Personnel

Attachment 3: Biographical Sketches of New Key Personnel

Attachment 4: Letters of Agreement or Description(s) of Proposed/Existing Contracts (project specific)

Attachment 5: Project Organizational Chart

Attachment 6: Summary of Other Organizational Accomplishments

Attachment 7: Timeline

Attachment 8: Model Developer Approval Letter

Attachment 9: Other Relevant Documents

2. Electronic Data Collection on Program Performance

The Health Resources and Services Administration has modified its reporting requirements for MIECHV grants to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. MCHB program offices select the program specific forms, including performance measures, which must be completed by grantees/awardees. The program specific forms selected by the program offices depend upon the type and focus of the program. The program specific forms include:

Financial forms, Demographic Data forms, Performance Measures, and Additional Data Elements.

The listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/D89_1.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this progress report. However, this information will be due to HRSA within 120 days after the Notice of Grant Award.

3. HRSA Contacts

Grantees are encouraged to request assistance, if needed, when submitting their NCC Progress Report. Please contact your MCHB project officer to obtain additional information regarding overall program issues.

Grantees may obtain additional information regarding business, administrative, or fiscal issues related to this NCC Progress Report by contacting:

Ms. Mickey Reynolds
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) (301)443-0724
Email: mreynolds@hrsa.gov

Grantees may need assistance when working online to submit their information electronically through HRSA's Electronic Handbooks. For assistance with submitting information in HRSA's EHBs (i.e., technical system issues), contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV