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

PROGRAM-SPECIFIC INSTRUCTIONS FOR SUBMITTING THE 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 25 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.

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 relevant Funding Opportunity Announcement.

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. **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. 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; 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 and as submitted in reference to its various goals, for example: (1) to measure whether the intended outcomes of the project are being attained; (2) to monitor the efficiency of the project activities; and (3) to meet the definitions of rigor and other evaluation criteria stipulated in the Funding Opportunity Announcement.

Describe any changes to the approved evaluation plan.

 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.).

2. Attachments
 Each attachment must be clearly labeled.

Attachment 1: *Maintenance of Effort Chart*

Applicants must complete and submit the following information:

NON-FEDERAL EXPENDITURES

Last state fiscal year: _____ (Actual)	Next State Fiscal Year: _____ (Estimated)
Actual State FY_____ non-federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter $0. Amount: **$** _____	Estimated State FY _____ non-federal funds, including in-kind, designated for activities proposed in this application. Amount: **$** _____

Other Attachments 10–15: *Optional*

Tables, Charts, etc.

The applicant may include tables, charts, or other graphics to give further details about changes to the proposal from the original application.

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://perfdata.hrsa.gov/mchb/DgisApp/FormAssignmentList/X02_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 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

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