Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: _____

Attachment C:
Financial and Demographic Data Elements

OMB Clearance Package

Attachment C:
Financial and Demographic Data Elements

Form 1 – MCHB Project Budget Details for FY _____

Form 2 – Project Funding Profile

Form 3 – Budget Details by Types of Individuals Served

Form 4 – Project Budget and Expenditures

Form 5 – Number of Individuals Served (unduplicated)

Form 6 – Maternal & Child Health Discretionary Grant

Form 7 – Discretionary Grant Project

Form 8 – MCH Discretionary Grant Project Abstract for FY

(For Research Projects ONLY)

Form 9 - Tracking Project Performance Measures

Form 10 - Project Performance Outcome Measure

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)		
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)		
	1) Special Projects of Regional and National Significance (SPRANS)	$	
	2) Community Integrated Service Systems (CISS)	$	
	3) State Systems Development Initiative (SSDI)	$	
	4) Healthy Start	$	
	5) Emergency Medical Services for Children (EMSC)	$	
	6) Autism Collaboration, Accountability, Research, Education and Support Act	$	
	7) Patient Protection and Affordable Care Act		
	8) Universal Newborn Hearing Screening		
	9) State Title V Block Grant	$	
	10) Other: _____	$	
	11) Other: _____	$	
	12) Other: _____	$	
	B. Other HRSA Funds		
	1) HIV/AIDS	$	
	2) Primary Care	$	
	3) Health Professions	$	
	4) Other: _____	$	
	5) Other: _____	$	
	6) Other: _____	$	
	C. Other Federal Funds		
	1) Center for Medicare and Medicaid Services (CMS)	$	
	2) Supplemental Security Income (SSI)	$	
	3) Agriculture (WIC/other)	$	
	4) Administration for Children and Families (ACF)	$	
	5) Centers for Disease Control and Prevention (CDC)	$	
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	$	
	7) National Institutes of Health (NIH)	$	
	8) Education	$	
	9) Bioterrorism		
	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. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. 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. Also include the dollar value of in-kind contributions.

Line 5. Displays the sum of lines 1 through 4.

Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **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 .4-6, 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. .

Line 7. Displays the sum of lines in 6A.1 through 6C.12.

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FORM 2

PROJECT FUNDING PROFILE

	FY____		FY____		FY____		FY____		FY____	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1 MCHB Grant Award Amount *Line 1, Form 2*	$	$	$	$	$	$	$	$	$	$
2 Unobligated Balance *Line 2, Form 2*	$	$	$	$	$	$	$	$	$	$
3 Matching Funds (If required) *Line 3, Form 2*	$	$	$	$	$	$	$	$	$	$
4 Other Project Funds *Line 4, Form 2*	$	$	$	$	$	$	$	$	$	$
5 Total Project Funds *Line 5, Form 2*	$	$	$	$	$	$	$	$	$	$
6 Total Federal Collaborative Funds *Line 7, Form 2*	$	$	$	$	$	$	$	$	$	$

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 note.

The form is intended to provide 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). 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

	FY_____		**FY_____**	
Target Population(s)	$ Budgeted	$ Expended	$ Budgeted	$ Expended
Pregnant Women (All Ages)				
Infants (Age 0 to 1 year)				
Children (Age 1 year to 12 years)				
Adolescents (Age 12 to 18 years)				
CSHCN Infants (Age 0 to 1 year)				
CSHCN Children and Youth (Age 1 year to 25 years)				
Non-pregnant Women (Age 25 and over)				
Other				
TOTAL				

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

For Projects Providing Direct Services, Enabling, or Public Health Services and Systems

If the project provides direct 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 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 25.

Enter the budgeted 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 the corresponding budgeted column in Form 2, Line 5.

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.

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FORM 4

PROJECT BUDGET AND EXPENDITURES
By Types of Services

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

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 note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, II 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 II 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 Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Public Health Services and Systems include 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. The other critical aspect of Public Health Services and Systems 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 such as 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 – 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) **Unknown %**
Pregnant Women (All Ages)							
10-14							
15-19							
20-24							
25-34							
35-44							
45 +							

Table 2

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

Table 3

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

Table 4

Women Served	(a) **Number Served**	(b) **Total Served**	(c) **Title XIX %**	(d) **Title XXI %**	(e) **Private/ Other %**	(f) **None %**	**Unknown %** (g)
Women 25+							
25-29							
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 %**	**Unknown %** (g)
Men 25+							

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 note.

Note that ages are expressed as either x to y, (i.e., 1 to 25, meaning from age 1 up to age 18, but not including 25) 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, the Line Reporting Year displays the year for which the data applies.

1. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services are those that are done by any non-capacity building services and would include individuals served by total dollars reported on Form 3, Line 5.

3. In Column (b), the total number of the individuals served is summed from Column (a).

1. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling or population-based services, 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.

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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 Services
[ ] Enabling Services
[ ] Public Health Services and Systems

I. DOMAIN SERVICES ARE PROVIDED TO

[ ] **Maternal/ Women's' Health**
[ ] **Perinatal/ Infant Health**
[ ] **Child Health**
[ ] **Children with Special Health Care Needs**
[ ] **Adolescent Health**
[ ] **Life Course/ All Population Domains**
[ ] **Local/ State/ National Capacity Building**

II. PROJECT DESCRIPTION OR EXPERIENCE TO DATE

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

2. Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period.)

Aim 1:

Related Activity 1:

Related Activity 2:

Aim 2:

Related Activity 1:

Related Activity 2:

Aim 3:

Related Activity 1:

Related Activity 2:

Aim 4:

Related Activity 1:

Related Activity 2:

Aim 5:

Related Activity 1:

Related Activity 2:

3. Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

a.
b.
c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)
7. Quality Improvement Activities

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):
2. Website URL and annual number of hits
   a. _____ Number of web hits
   b. _____ Number of unique visitors

III. KEY WORDS

IV. 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 title for the project.
Project Number: Displays the number assigned to the project (e.g., the grant number)
E-mail address: 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.

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 aims 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 aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e., Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).

3. Displays the primary Healthy People 2020 goal(s) that the project addresses.

4. Describe the programs and activities used to reach aims, 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 aims and implementing activities.

A. 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. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

Section V – Key Words

Provide up to 10 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 aims of the project, the related activities which will be used to meet the aims, 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

5. Demographic Characteristics of Project Participants

Indicate the service level:

☐	**Direct Health Care Services**
☐	**Enabling Services**
☐	**Public Health Services and Systems**

	RACE (Indicate all that apply)								**ETHNICITY**			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children 1 to 12 years												
Adolescents 12-18 years												
Young Adults 18-25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6. Clients' Primary Language(s)

_____
_____
_____

7. Population Served

[ ] Homeless
[ ] Incarcerated
[ ] Severely Depressed
[ ] Migrant Worker/ Population
[ ] Uninsured
[ ] Adolescent Pregnancy
[ ] Food Stamp Eligible
[ ] Other

8. Resource/TA and Training Centers ONLY

Answer all that apply.

a. Characteristics of Primary Intended Audience(s)
   [ ] Providers/ Professionals
   [ ] Local/ Community partners
   [ ] Title V
   [ ] Other state agencies/ partners
   [ ] Regional
   [ ] National
   [ ] International
b. Number of Requests Received/Answered: ___/____
a. Number of Continuing Education credits provided: _____
b. Number of Individuals/ Participants Reached: _____
c. Number of Organizations Assisted: _____
d. Major Type of TA or Training Provided:
   [ ] continuing education courses,
   [ ] workshops,
   [ ] on-site assistance,
   [ ] distance learning classes
   [ ] one-on-one remote consultation
   [ ] other, Specify: _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 7
PROJECT SUMMARY

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 – Demographic Characteristics of Project Participants
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.

Public Health Services and Systems include 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. The other critical aspect of **Public Health Services and Systems** 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 such as 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 6 – Clients Primary Language(s)
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 7 – Check all population served

Section 8 – 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:
1. Project Director:
2. Principle Investigator(s), Discipline

II. BUDGET

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

III. CARE EMPHASIS

[ ] Interventional
[ ] Non-interventional

IV. POPULATION FOCUS

[ ] Neonates
[ ] Infants
[ ] Toddlers
[ ] Preschool Children
[ ] School-Aged Children
[ ] Adolescents
[ ] Adolescents (Pregnancy Related)
[ ] Young Adults (>20)
[ ] Pregnant Women
[ ] Postpartum Women
[ ] Parents/Mothers/Fathers
[ ] Adolescent Parents
[ ] Grandparents
[ ] Physicians
[ ] Others

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.

Primary area addressed by research:

Secondary area addressed by research:

VIII. ABSTRACT

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

Project Title:	Displays the title for the project.
Project Number:	Displays the number assigned to the project (e.g., the grant number).
Project Director:	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*).

Section VIII – Abstract

Section IX - -Key Words

Provide up to 10 key words to 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 aims of the project, the related activities which will be used to meet the stated aims, and the materials, which will be developed.

FORM 9

TRACKING PROJECT PERFORMANCE MEASURES

Annual Objective and Performance Data

	FY___	FY___	FY___	FY___	FY___
PERFORMANCE MEASURE # 1					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
PERFORMANCE MEASURE # 2					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
PERFORMANCE MEASURE # 3 __					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

INSTRUCTIONS FOR THE COMPLETION OF FORM 9
PERFORMANCE MEASURE TRACKING

General Instructions:

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. If neither actual data nor an estimate can be provided, the State must provide a footnote that describes a time framed plan for providing the required data. In such cases, the Annual Performance Objective and Annual Performance Indicator lines are to be left blank.

This form serves two purposes: 1) to show performance measures with 5-year planned performance objective targets for the application, and 2) the performance Annual Performance Indicator,@ values actually achieved each year for the annual report for each performance measure.

For each program (i.e., Healthy Start, Research, LEND, etc.) there are appropriate, required Performance Measures. Under the applicable AFY@ heading, each project will complete the Annual Performance Objectives, the Annual Performance Indicators, and numerator and denominator data for each measure as described below under Specific Instructions. For project developed additional performance measures, enter these data on the form beginning with the first blank Performance Measure area under the national measure(s).

Specific Instructions:

In the first available space under “Performance Measure" on the appropriate form, enter the brief title of the project performance measure that has been selected. The titles are to be numbered consecutively with notations of "PP 1, PP 2, etc. Titles are to be written exactly as they appear on Form 10, "Project Performance/Outcome Measure Detail Sheet."

For both national and project measures, in the lines labeled Annual Performance Objective enter a numerical value for the target the project plans to meet for the next 5 years. These values may be expressed as a number, a rate, a percentage, or yes - no

For both national and project measures, in the lines labeled Annual Performance Indicator, enter the numerical value that expresses the progress the project has made toward the accomplishment of the performance objective for the appropriate reporting year. Note that the indicator data are to go in the years column from which they were actually derived even if the data are a year behind the "reporting" year. This value is to be expressed in the same units as the performance objective: a number, a rate, a percentage, or a yes - no.

If there are numerator and denominator data for the performance measures, enter those data on the appropriate lines for the appropriate fiscal year. If there are no numerator and denominator data leave these lines empty. NOTE: Do not enter numerator and denominator data for scale measures.

Repeat this process for each performance measure. A continuation page is included. If the continuation page is used, be sure to enter the number for each listed performance measure. If there are more than six performance measures, make as many copies of the continuation page as necessary.

FORM 10
PROJECT PERFORMANCE/OUTCOME MEASURE
DETAIL SHEET

Form 10 - Option 1 (Single Measure):

PERFORMANCE MEASURE:

Level:

Domain:

GOAL:

MEASURE:

DEFINITIONS:

Numerator:
Denominator:
Units:
Number:
Text:

HEALTHY PEOPLE 2020 OBJECTIVE (or other benchmark data):

GRANTEE DATA SOURCES:

SIGNIFICANCE:

Form 10 - Option 2 (Tiered Measure):

PERFORMANCE MEASURE:

Level:

Domain:

GOAL:

MEASURE:

DEFINITION:

Tier 1:

Tier 2- Activities/ Activity Areas:

Tier 3- Process Measures:

Tier 4- Outcome Measures:

BENCHMARK DATA SOURCES:

GRANTEE DATA SOURCES:

SIGNIFICANCE:

FORM 10
DETAIL SHEET INSTRUCTIONS
PROJECT PERFORMANCE MEASURE

Instructions:

This form is to be used for both the nationally required Project Performance Measures and any Outcome Measure the project chooses to add. The project can choose to add either a single component Performance measure, using **Option 1**, or a tiered measure, using **Option 2**. Complete each section as appropriate for the measure being described.

Performance Measure: Enter the narrative description of the performance or outcome measure**.**

Level: Select from National, State, or Grantee the most appropriate classification for the measure being described.

Category: Select from Women's and Maternal Health, Perinatal Infant Health, Child Health, Children with Special Health Care Needs, Adolescent Health, Life Course/ Crosscutting, or Capacity Building the most appropriate classification for the measure being described.

Goal: Enter a short statement indicating what the project hopes to accomplish by tracking this measure.

Measure: Enter a brief statement of the measure with information sufficient to interpret the meaning of a value associated with it (e.g., *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for needed services).* The measure statement should not indicate a desired direction (e.g., an increase).

Definition: Describe how the value of the measure is determined from the data. If the value of the measure is yes/no or some other narrative indicator such as a stage 1/stage 2/stage 3, a clear description of what those values mean and how they are determined should be provided.

If using Option 2:

Tier 1: Use dichotomous yes/no for respondents to state whether work is being done in the program

Tier 2: Enter a list of related process activities related to the area of measurement that projects can select from to demonstrate what activities are being done

Tier 3: Enter the same list as in Tier 2, but with space for reporting of numerical value for each process activity selected *(e.g. if Technical Assistance is selected in Tier 2, then in Tier 3, space should be provided to report number of technical assistance encounters provided)*

Tier 4 or Option 1: Enter the following for outcome measures to be reported.

- **Numerator:** If the measure is a percentage, rate, or ratio, provide a clear description of the numerator.
- **Denominator:** If the measure is a percentage, rate, or ratio, provide a clear description of the denominator.
- **Units:** If the measure is a percentage, rate, ratio, or scale, indicate the units in which the measure is to be expressed (e.g., 1,000, 100) on the **"Number"** line and type of measure (e.g., percentage, rate, ratio or scale) on **"Text"** line. If the measure is a narrative, indicate yes/no or stage 1, stage 2", etc. on the **"Text"** line and make no entry on the **"Number"** line.

Healthy People 2020 Objective: If the measure is related to a *Healthy People 2020* objective describe the objective and corresponding number. If it relates to another benchmark data source, please describe that and include relevant information.

Grantee Data Sources: Enter the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.

Significance: Briefly describe why this measure is significant, especially as it relates to the Goal.

Note that the Performance Measure title and numerator and denominator data are to appear on Form 10 exactly as they appear on this Form.