



# Welcome to the Visiting Budget Assistance (HV-BAT)

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Prepared for:  
Health Resources and Services Administration  
Maternal and Child Health Bureau  
5600 Fisher Lane  
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# Home Visiting Budget Assistance T

The Home Visiting Budget Assistance Tool (HV-BAT) was designed to collect costs that local implementing agencies (LIAs) incur. The reported costs should include all resources used for the home visiting model regardless of funding source.

## Data Entry Worksheets

Please go through each of the nine data entry worksheets listed below by clicking on the tab name at the bottom of the screen. Information pulled from other worksheets, such as model name and reporting period. Users should not enter data in any gray cells. Calculations that are included in the Summary worksheet.

- (1) **LIA Characteristics:** Collects information on the characteristics of the LIA completing the HV-BAT
- (2) **Labor Costs:** Collects information on the number of staff working on the home visiting model, their salaries, and the percentage of program activity below)
- (3) **Overhead and Infrastructure:** Collects information on indirect costs incurred when delivering the home visiting model
- (4) **Contracted Services:** Collects information on costs associated with outside contracts and consultants that were used with the program
- (5) **Model Costs, Tools, and Curricula:** Collects information on costs associated with model, tools, and curricula used to deliver the program
- (6) **Training:** Collects information on training costs incurred as part of implementing the home visiting model
- (7) **Consumable Supplies:** Collects information on costs of consumable supplies purchased for the home visiting model
- (8) **Non-consumable Supplies:** Collects information on purchases of non-consumable equipment and supplies used for the program during this period
- (9) **Travel:** Collects information on travel costs associated with implementing the home visiting model

The **Summary** worksheet provides a summary of costs entered in the HV-BAT; no data entry is needed in this worksheet.

The **Help** worksheets (denoted as "Help" and "Help\_overhead") provide additional guidance on how to answer selected questions that are shared across models; no data entry is needed in these worksheets.

In the **Labor Costs** worksheet, we request additional information about how program staff spend their time on seven program activities. In the Labor Costs worksheet, you may find it helpful to refer to these definitions. The definitions are also shown in the Labor Costs v

## Program Activities for Labor Costs

- (1) **Service Delivery:** Includes time spent providing services directly to families, such as home visits and family assessments
- (2) **Outreach:** Includes time spent conducting outreach activities to recruit and enroll families in the program
- (3) **Program Management and Coordination:** Includes time spent coordinating program activities and overseeing the program
- (4) **Supervising:** Includes time spent overseeing service delivery personnel, such as home visiting staff
- (5) **Admin/Data Entry:** Includes time spent providing administrative support, such as scheduling, data entry, and reimbursement
- (6) **Executive:** Includes time spent by executive staff overseeing the larger program, facility, or agency
- (7) **Other:** Includes staff roles not included in any other category (e.g., translators, cultural advisors)

# Local Implementing Agency Ch

**Instructions:** In this section, please respond to the following questions about your organization's services with default text "(Select one)" are dropdown menus: Click on the box to view and select an end (C23 and C28) for definitions and guidance on how to answer applicable questions.

## Question

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1. What are the dates of the 12-month reporting period for which the costs are reported in this tool?  
Start Date (Month, Day, Year)  
End Date (Month, Day, Year)

2. What is the name of the home visiting model for which the costs are reported?

3. How many years has your agency been implementing this home visiting model?

4. Does your agency also implement other home visiting models?

4a. If "Yes", which one(s)? (Select up to 5 additional models from the drop down menus) (Select additional Model 1, if applicable)

(Select additional Model 2, if applicable)

(Select additional Model 3, if applicable)

(Select additional Model 4, if applicable)

(Select additional Model 5, if applicable)

5. What are the funding sources for this home visiting model and the percentage of funding from each source?

Funding Source #1

Funding Source #2

Funding Source #3

Funding Source #4

Funding Source #5

Total of All Funding Sources

6. Does this home visiting model receive outreach services from another organization free of charge? (Outreach services include family recruitment, for example, through a centralized intake and referral system.)

7. In the reporting period, what percentage of this home visiting model's home visits took place in rural areas? (Click the "Rural and Frontier Definitions" link to see the definition of rural areas.)

8. In the reporting period, what percentage of this home visiting model's home visits took place in frontier areas? (Click the "Rural and Frontier Definitions" link to see the definition of frontier areas.)

## Question

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9. In the reporting period, what percentage of this home visiting model's scheduled home visits were successfully completed (i.e., services were provided to the family per the evidence-based model's guidance)?
10. In the reporting period, what was the total number of home visits completed for this home visiting model?
11. In the reporting period, what was the unduplicated count of households served by this home visiting model?
12. In the reporting period, what percentage of the families served by this home visiting model were below 200% of the federal poverty line? (Click the "Federal Poverty Line Definition" link for guidance on federal poverty line thresholds.)
13. For this home visiting model, approximately what percentage of visits had more than one person from your agency attending the visit (e.g., another home visitor, trainee, supervisor)?

# Local Implementing Agency Characteristics

**Instructions:** In this section, please respond to the following questions about your organization's services by filling in the outlined boxes with default text "(Select one)" are dropdown menus: Click on the box to view and select an entry from the dropdown menu (C23 and C28) for definitions and guidance on how to answer applicable questions.

Question	Response
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1. What are the dates of the 12-month reporting period for which the costs are reported in this tool?

Start Date (Month, Day, Year)

End Date (Month, Day, Year)

(Select one)
(Select one)
(Select one)
(Select one)
(Select one)
(Select one)

2. What is the name of the home visiting model for which the costs are reported?

3. How many years has your agency been implementing this home visiting model?

4. Does your agency also implement other home visiting models?

4a. If "Yes", which one(s)? (Select up to 5 additional models from the drop down menus) (Select additional Model 1, if applicable)

(Select additional Model 2, if applicable)

(Select additional Model 3, if applicable)

(Select additional Model 4, if applicable)

(Select additional Model 5, if applicable)

5. What are the funding sources for this home visiting model and the percentage of funding from each source?

	Funding Sources
Funding Source #1	(Select one)
Funding Source #2	(Select one)
Funding Source #3	(Select one)
Funding Source #4	(Select one)
Funding Source #5	(Select one)
Total of All Funding Sources	Total:

6. Does this home visiting model receive outreach services from another organization free of charge? (Outreach services include family recruitment, for example, through a centralized intake and referral system.)

(Select one)

7. In the reporting period, what percentage of this home visiting model's home visits took place in rural areas? (Click the "Rural and Frontier Definitions" link to see the definition of rural areas.)

8. In the reporting period, what percentage of this home visiting model's home visits took place in frontier areas? (Click the "Rural and Frontier Definitions" link to see the definition of frontier areas.)

**Question****Response**

9. In the reporting period, what percentage of this home visiting model's scheduled home visits were successfully completed (i.e., services were provided to the family per the evidence-based model's guidance)?

10. In the reporting period, what was the total number of home visits completed for this home visiting model?

11. In the reporting period, what was the unduplicated count of households served by this home visiting model?

12. In the reporting period, what percentage of the families served by this home visiting model were below 200% of the federal poverty line? (Click the "Federal Poverty Line Definition" link for guidance on federal poverty line thresholds.)

13. For this home visiting model, approximately what percentage of visits had more than one person from your agency attending the visit (e.g., another home visitor, trainee, supervisor)?


# Local Implementing Agency Characteristics

**Instructions:** In this section, please respond to the following questions about your organization's services by filling in the outline boxes with default text "(Select one)" are dropdown menus: Click on the box to view and select an entry from the dropdown menu (C23 and C28) for definitions and guidance on how to answer applicable questions.

**Question**

**Response**

1. What are the dates of the 12-month reporting period for which the costs are reported in this tool?

Start Date (Month, Day, Year)

End Date (Month, Day, Year)

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2. What is the name of the home visiting model for which the costs are reported?

(Select one)

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3. How many years has your agency been implementing this home visiting model?

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4. Does your agency also implement other home visiting models?

(Select one)

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4a. If "Yes", which one(s)? (Select up to 5 additional models from the drop down menus) (Select additional Model 1, if applicable)

(Select one)

(Select additional Model 2, if applicable)

(Select one)

(Select additional Model 3, if applicable)

(Select one)

(Select additional Model 4, if applicable)

(Select one)

(Select additional Model 5, if applicable)

(Select one)

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5. What are the funding sources for this home visiting model and the percentage of funding from each source?

**Funding Sources**

Funding Source #1

(Select one)

Funding Source #2

(Select one)

Funding Source #3

(Select one)

Funding Source #4

(Select one)

Funding Source #5

(Select one)

Total of All Funding Sources

Total:

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6. Does this home visiting model receive outreach services from another organization free of charge? (Outreach services include family recruitment, for example, through a centralized intake and referral system.)

(Select one)

--

7. In the reporting period, what percentage of this home visiting model's home visits took place in rural areas? (Click the "Rural and Frontier Definitions" link to see the definition of rural areas.)

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8. In the reporting period, what percentage of this home visiting model's home visits took place in frontier areas? (Click the "Rural and Frontier Definitions" link to see the definition of frontier areas.)

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## Overhead and Infrastructure Costs

Home Visiting Model: (Select one)

Reporting Period: -

Total Reported Overhead and Infrastructure Costs: \$0

**Instructions:** Enter information on the overhead and infrastructure costs incurred for the home visiting model during the reporting period.

**Column A (Description):** Do not enter anything in this column. Categories for which expenditures should be reported are listed in this column. For additional detail on each category, click on the cell with the category name and view the definition that appears in the popup box. Click on the "Overhead Help" hyperlink (cell D8) for additional guidance on reporting overhead costs that are shared across models or other programs.

**Column B (Annual Expenditures):** Enter the annual expenditure for each category listed in column A. Organizations charge for overhead and infrastructure costs differently, so use the method that is most appropriate for your organization. If your organization has an indirect rate that covers general overhead expenses, include total annual costs for those expenses in the overhead costs. If tracked separately, include liability insurance and payroll taxes in "Other Overhead Costs". If your organization tracks infrastructure expenses such as rent, utilities, and maintenance separately from indirect costs, include those expenses as infrastructure expenses.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response for the MIECHV funding of each expense. Response options include "Yes, 100%"; "Yes, partially"; and "No."

**Column D (Percentage MIECHV Funded):** If "Yes, partially" is selected in column C, enter the percentage of the expense that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in column C.

[Overhead Help](#)

Description (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
<b>Overhead Costs</b>			
Institutional Indirect Costs		(Select one)	
Unallowable Indirect Costs		(Select one)	
Other Overhead Costs		(Select one)	
<b>Infrastructure Expenses</b>			
Office Rent		(Select one)	
Utilities and Maintenance		(Select one)	

## Contracted Services Costs

Home Visiting Model: (Select one)

Reporting Period: -

Total Reported Contracted Services Costs: \$0

**Instructions:** Enter information on the costs associated with contracted services incurred for the home visiting model during the reporting period.

**Column A (Contracted Services):** Do not enter anything in this column. Contracted services categories for which expenditures should be reported are listed in this column. For additional detail on each type of contracted service, click on the cell with the name of the service and view the definition that appears in the popup box.

**Column B (Annual Expenditures):** Enter the annual expenditure associated with each contracted service listed in column A.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%"; "Yes, partially"; and "No."

**Column D (Percentage MIECHV Funded):** If "Yes, partially" is selected in column C, enter percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in column C.

Contracted Services (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
Data Services		(Select one)	
Outreach Services		(Select one)	
Service Delivery		(Select one)	
Other Services		(Select one)	

## Model Cost, Tools, and Curricula

Home Visiting Model: (Select one)	Reporting Period: -
Total Reported Costs for Model, Tools, and Curricula: \$0	

**Instructions:** Enter information on the fees your organization paid to the home visiting model developer and expenses related to assessment, tools, and curricula incurred for the home visiting model during the reporting period.

**Column A (Description):** Do not enter anything in this column. The categories for which expenditures should be reported are listed in this column. For additional detail on each category, click on the cell with the category name and view the definition that appears in the popup box.

**Column B (Annual Expenditures):** Enter the annual expenditure for each category listed in Column A. Model fees include the startup fee and ongoing annual fees. Startup fees should be reported in this column only if they were paid during the reporting period, so if the model startup fees were paid before the reporting period began, do not report those costs in this column. Additional fees not covered in the overall model fee, such as training tuition, should be reported in the "Training" worksheet and not in this worksheet.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%"; "Yes, partially"; and "No."

**Column D (Percentage MIECHV Funded):** If "Yes, partially," is selected in column C, enter the percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%," or "No" is selected in column C.

Description (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
<b>Model Fees</b>			
Startup Model Fee		(Select one)	
Annual Model Fee		(Select one)	
<b>Assessment, Tools, and Curricula</b>			
Startup Model Curricula Fees		(Select one)	
Annual Model Curricula Fees		(Select one)	
Additional Curricula Fees		(Select one)	
Developmental Screening, Assessment, and Outcome Measurement Tools		(Select one)	

## Training Costs

Home Visiting Model: (Select one)

Reporting Period: -

Total Reported Training Costs: \$0

**Instructions:** Enter information on the training costs incurred for this home visiting model during the reporting period. If model training costs are included in the model fee, those costs should be reported in the "Model Cost, Tools, and Curricula" worksheet and not in this worksheet. Do not report costs incurred for travel to trainings in this worksheet; travel costs should be reported in the "Travel" worksheet.

**Column A (Trainings):** Do not enter anything in this column. Training categories for which expenditures should be reported are listed in this column. For additional detail on each category, click on the cell with the category name and view the definition that appears in the popup box.

**Column B (Annual Expenditures):** Enter the annual expenditure associated with each training listed in column A. If the model fee reported in the "Model Cost, Tools, and Curricula" worksheet does not include training tuition, report model training costs in this column. Initial training tuition categories include training tuition for new staff.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%"; "Yes, partially"; and "No."

**Column D (Percentage MIECHV Funded):** If "Yes, partially" is selected in column C, enter the percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in column C.

Trainings (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
Home Visitor Initial Training Tuition		(Select one)	
Supervisor Initial Training Tuition		(Select one)	
Administrator Initial Training Tuition		(Select one)	
Other Staff Initial Training Tuition		(Select one)	
Ongoing Trainings and Professional Development		(Select one)	

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## Consumable Supplies Costs

Home Visiting Model: (Select one)

Reporting Period: -

Total Reported Consumable Supplies Costs: \$0

**Instructions:** Enter information on the costs of consumable supplies purchased for the home visiting model during the reporting period. Consumable supplies are supplies and materials that are purchased recurrently and get used up or depleted, such as office supplies or phone usage fees.

**Column A (Consumable Supplies):** Do not enter anything in this column. Consumable supplies categories for which expenditures should be reported are listed in this column. For additional detail on each category, click on the cell with the category name and view the definition that appears in the popup box.

**Column B (Annual Expenditures):** Enter the annual expenditure for each consumable supplies category listed in column A. Cell phone usage fees should be reported as consumable administrative supplies.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response about the MIECHV funding of each expense. Response options include “Yes, 100%”; “Yes, partially”; and “No.”

**Column D (Percentage MIECHV Funded):** If “Yes, partially” is selected in column C, enter the percentage that is funded by MIECHV. Do not enter anything if “Yes, 100%” or “No” is selected in column C.

Consumable Supplies (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
<b>Administrative Supplies</b>			
Startup Supply Costs		(Select one)	
Consumable Administrative Supplies		(Select one)	
<b>Service Delivery Materials</b>			
Client Support Materials		(Select one)	
Consumable Programmatic Materials		(Select one)	



## Travel Costs

Home Visiting Model: (Select one)

Reporting Period: -

Total Reported Travel Costs: \$0

**Instructions:** Enter information on travel expenses incurred for the home visiting model during the reporting period.

**Column A (Travel):** Do not enter anything in this column. Travel categories for which expenditures should be reported are listed in this column. For additional detail on each category, click on the cell with the name of the category and view the definition that appears in the popup box. If you do not track travel costs separately for each category shown in column A, you have the option to report costs in aggregate by selecting “Yes” for the question “Do you want to report travel costs in aggregate rather than by categories shown above?” at the bottom of the table and then entering costs in the "Total Travel" row. Do not enter costs in the "Total Travel" row (row 14) if you already reported separate travel costs for each category in rows 10-12.

**Column B (Annual Expenditures):** Enter the annual expenditure associated with each travel type listed in column A. Note, you have the option to report travel costs in aggregate by selecting “Yes” to the question “Do you want to report travel costs in aggregate rather than by categories shown above?” at the bottom of the table.

**Column C (Is Expense MIECHV Funded?):** From the dropdown menu, select the appropriate response about the MIECHV funding of each expense. Response options include “Yes, 100%”; “Yes, partially”; and “No.”

**Column D (Percentage MIECHV Funded):** If “Yes, partially” is selected in column C, enter the percentage that is funded by MIECHV. Do not enter anything if “Yes, 100%” or “No” is selected in column C.

Travel (A)	Annual Expenditures (B)	Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
Mileage to Families for Service Delivery		(Select one)	
Mileage for Outreach		(Select one)	
Travel to Trainings and Meetings		(Select one)	
Do you want to report travel costs in aggregate, rather than by categories shown above?			(Select one)
Total Travel		(Select one)	



## Summary of Reported Costs

Home Visiting Model: (Select one)

Reporting Period: -

Figure 1. Total Costs by Category

Table 1. Total and Per Family Costs of Home Visiting Model by Cost Category

Cost Category	Total Cost (\$)	Total Cost (%)	Cost per Family Served
Labor	\$0	0%	\$0
Overhead and Infrastructure	\$0	0%	\$0
Contracted Services	\$0	0%	\$0
Model Cost, Tools, Curricula	\$0	0%	\$0
Training	\$0	0%	\$0
Consumable Supplies	\$0	0%	\$0
Non-consumable Equipment & Supplies	\$0	0%	\$0
Travel	\$0	0%	\$0
<b>Total Costs</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>

Figure 2. Labor Costs by Program Activity

Table 2. Total and per Family Labor Costs by Program Activity

Program Activity	Total Cost (\$)	Total Cost (%)	Cost per Family Served
Service Delivery	\$0	0%	\$0
Outreach	\$0	0%	\$0
Program Management & Coordination	\$0	0%	\$0
Supervising	\$0	0%	\$0
Administration/Data Entry	\$0	0%	\$0
Executive	\$0	0%	\$0
Other	\$0	0%	\$0
<b>Total Labor Costs</b>	<b>\$0</b>	<b>0%</b>	<b>\$0</b>

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## Rural and Frontier Definitions (Questions 7 and 8)

[Return to LIA Charac](#)

We recommend that you use the rural-urban continuum codes (RUCC) from the United States Department of Agriculture to report the percentages of your agency's home visits provided in rural and frontier areas. These codes for each county in the United States are provided at the link shown below. Please follow the steps below to determine percentages of home visits in rural and frontier areas:

1. Download the Rural-urban Continuum codes from the US Department of Agriculture: <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/>
2. Download excel file: Rural-urban Continuum Code 2013. Filter the data to select your state.
  - a. You can do so by clicking on the drop down menu in the State column (column B), then unchecking "Select all" box, and then checking the box with your state.
3. Filter the data to select the counties (column C) in which your agency provides home visits.
4. Use the codes in the RUCC\_2013 column (column E) to determine the urban/frontier status of each county.
  - a. Codes 1, 2, and 3 correspond to urban areas.
  - b. Codes 4, 5, and 6 correspond to rural areas.
  - c. Codes 7, 8, and 9 correspond to frontier areas.
5. Use the number of home visits in each county and the corresponding RUCC to calculate the percentage of home visits provided in rural and frontier areas.

For example, for an agency that is located in North Carolina and provides 50% of home visits in Vance County (RUCC = 4), 30% of visits in Franklin County (RUCC = 1), and 20% of home visits in Warren County (RUCC = 8), 50% of home visits are provided in rural areas and 20% are provided in frontier areas.

## Federal Poverty Line Definitions (Question 12)

[Return to LIA Charac](#)

We recommend that you use the HHS guidelines for a family of 4 to determine the federal poverty line (FPL) threshold. In 2019, the FPL for a family of 4 in the 48 Contiguous States and the District of Columbia was household/family income of \$25,750. Based on this number, the specific threshold for below 200% of FPL is \$51,500.

Source: (<https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines>)

## Reporting Shared Overhead Costs

[Return to Overhead and Inf](#)

Some LIAs have costs for resources that are used to support more than one home visiting model. Other LIAs may have costs that contribute to the work of more than one agency. For example, an LIA that provides multiple home visiting models will have administrative costs that support all models. Similarly, agencies that work closely together may incur costs to support the efforts of another agency (e.g., administrative support may be provided by an LIA that organizes the efforts of multiple county-level LIAs). In these cases, it is important to report in a way that avoids double-counting of costs. We have provided 3 examples below to help you calculate the portion of these shared costs to report in the HV-BAT.

**Example 1** (an LIA that provides more than one model): The Apple LIA has been asked to report costs for providing NFP. In addition to NFP, Apple also provides HIPPPY and SafeCare. Suppose Apple has 100 families: 60 receive NFP, 20 receive HIPPPY, and 20 receive SafeCare. In other words, 60% of their families are receiving NFP. Apple has \$1000 of administrative costs that support all 3 models. When reporting the share of costs that goes to support NFP, Apple should apply the fraction of their client families receiving NFP. In this example, Apple would report 60% of their \$1000 shared administrative costs, or \$600.

**Example 2** (an LIA that supports other LIAs' home visiting programs): The Beets LIA has been asked to report costs for providing HFA. HFA is the only model provided by Beets. However, Beets works closely with 2 other LIAs that provide home visiting models in nearby counties. Beets pays an administrative staff that supports all 3 LIAs. When reporting these administrative costs, Beets should report only the fraction that is used for their home visiting services. The other 2 LIAs should also report a fraction of Beets' administrative costs. Assume that costs shared across LIAs are divided equally among those LIAs. In this example, if Beets has administrative costs of \$999 per year, we would assume that 1/3 of those costs are for Beets' home visiting program. Beets would report a cost of \$333 in the HV-BAT. The other 2 LIAs would also report \$333 for administrative costs in their respective HV-BATs.

**Example 3** (an LIA that both supports other LIAs' programs and provides more than one model): Cilantro LIA has been asked to report costs for Family Spirit. Cilantro has 40 families receiving Family Spirit and another 60 families receiving EHS. They also have shared administrative staff paid for by another LIA (Dill) that operates in a nearby county and supports a total of 4 home visiting LIAs. Cilantro will need to report its share of the administrative cost provided by Dill that is used for Family Spirit. Cilantro also needs to report only Family Spirit costs for any of their costs shared across Family Spirit and EHS. In this example, suppose Dill (the overall administrative agency) has annual administrative costs of \$1000 that support 4 LIAs, including Cilantro. Cilantro should account for  $\frac{1}{4}$  of those costs, or \$250. However, if those costs help support Cilantro's work on both Family Spirit and EHS, they should be further prorated to reflect the Family Spirit costs. Because 40% of Cilantro's families receive Family Spirit, Cilantro will report 40% of \$250, or \$100, in the HV-BAT. If Cilantro has additional costs that are shared between Family Spirit and EHS largely in proportion to the number of families enrolled in each of the two home visiting programs, then Cilantro should report 40% of those costs in the HV-BAT.