

5600 Fishers Lane  
Rockville, MD 20857

OMB Number (0915-XXXX) Expiration date (XX/XX/202X)

*Issue the following RFI no later than 1/15/2025  
The RFI should be called “Needs Assessment Update Amendment”  
The due date for the RFI should be 3/15/2024*

Name  
Position  
Organization  
Address

Re: **Awardee** FY 25 MIECHV Statewide Needs Assessment Amendment

Dear **[Fill in Awardee or Project Director Name]**

The purpose of this RFI is to respond to your request to the Health Resources and Services Administration (HRSA) in correspondence dated **Month, Date, Year** to amend your approved 2020 MIECHV statewide needs assessment by including additional at-risk communities.

To meet HRSA’s requirements to amend your statewide needs assessment, you must submit your amended Statewide Needs Assessment Report (Word file) and amended Needs Assessment Data Summary (Excel file) to HRSA by **March 15<sup>th</sup>, 2025**. You can expect review and final approval by May 2025.

### Instructions

Start with your approved 2020 needs assessment narrative and use track changes to show where edits were made to justify your newly identified at-risk counties. If your 2020 needs assessment narrative was amended since its submission on 10/1/2020, start with your approved narrative.

**For the newly identified at-risk communities you wish to include**, your amended **Statewide Needs Assessment Narrative** must include the following four items:

1. Identify communities with concentrations of risk, based on factors including: premature birth, low birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
  - a. You may use national, state, or local data sources and other relevant maternal and child health indicators to support your selection of additional at-risk communities.
  - b. This portion of your amended narrative is where you provide the justification, and demonstration of need for adding counties to Table 7.

2. To the extent feasible, identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state. Please include:
  - a. the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives;
  - b. the gaps in early childhood home visitation in the state; and
  - c. the extent to which such programs or initiatives are meeting the needs of eligible families.
3. To the extent feasible, update the needs assessment narrative to reflect the capacity for providing substance abuse treatment and counseling services.
4. To the extent feasible, describe how information from any of these needs assessments (Title V MCH Block Grant, Head Start, and CAPTA) supported your identification of additional at-risk counties.

To amend **Table 7 of your Statewide Needs Assessment Data Summary**, start with the list of at-risk communities in Table 7. Your project officer emailed your Table 7 to you prior to issuing this Request for Information. **No counties may be removed from your Table 7.**

Your amended Statewide Needs Assessment Data Summary must include the following:

1. List the additional counties you've newly identified as at-risk.
2. Use a different color font or highlight to show which communities were added.
3. Fill out Columns A, B, C, D, and E to the extent feasible.

You may include counties you intend to add in your FY 2025 NCC application. Upon HRSA approval of your submission and the issuance of FY 2025 funds, you may begin serving counties identified in this amendment process..

Thank you for your cooperation with this matter. Please reach out to me if you have any questions or need any clarification on the items requested. I am available to meet with you in the coming weeks to discuss the needs assessment amendment requirements, MIECHV program requirements related to serving at-risk communities identified in an approved needs assessment amendment, and any technical assistance needs you may have.

[Insert PO Signature]

Public Burden Statement: The purpose of this data collection is to gather updated data and the list of communities identified as at-risk in the awardee needs assessment. 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 information collection is 0915/0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 30 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 Information

Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).  
Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

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