**Attachments**

* Attachment 1 – Evidence-Based Home Visiting Model
* Attachment 2 – Project Abstract
* Attachment 3 – Work Plan
* Attachment 4 – Project Budget Form
* Attachment 5- Project Budget Justification

**Attachment 1 – Evidence-Based Home Visiting Model**

Applicants may select one of the evidence-based service delivery models from the list below. Note: Models are listed alphabetically.

* **Attachment and Biobehavioral Catch-Up Intervention** (ABC)
* **Healthy Families America (HFA)**
* **Parents as Teachers (PAT)**
* **Safe Care – Augmented**

These models have met the criteria for evidence of effectiveness (https://homvee.acf.hhs.gov) for home visiting program models that target families with pregnant women and children from birth to kindergarten. Models listed above have some evidence of effectiveness for both child and maternal health outcomes.

|  |  |
| --- | --- |
| **Models​** | **Population Need​****​** |
| **ABC**​ | * Targets caregivers of infants and young children 6 to 48 months old who may be at risk for maltreatment​
 |
| **HFA**​ | * Designed for parents facing challenges such as single parenthood, low income, childhood history of abuse etc.​
* Individual sites have flexibility in choosing the target population they wish to serve​
 |
| **PAT**​ | * Affiliates determine their target populations, and criteria could include children with special needs, families at risk for child abuse, income-based criteria, teen parents etc.​
 |
| **SafeCare**​ | * Designed for families with a history of child maltreatment or risk factors for child maltreatment​.
* Serves parents of children with developmental or physical disabilities, or mental health, emotional, or behavioral issues​
 |

**Attachment 2 – Project Abstract**

|  |  |
| --- | --- |
| Project Title |  |
| Organization Name: |  |
| Organization Address: |  |
| Project Director Name: |  |
| Phone Numbers: |  |
| Email Address: |  |

**Annotation:**

**Problem:**

**Purpose:**

**Goal(s) and Objectives:**

**Methodology:**

**Attachment 3 – Work Plan**

|  |  |
| --- | --- |
| **Agency/Organization Name:** |  |
| **Program/ Grant Name:** |  |
| **Project Title:** |  |
| **Total Request:** |  |
| **Primary Target Population:** |  |
| **Estimated Reach:**  |  |
| **Programmatic Contact Person:** |  |
| **Telephone:** |  |
| **Email:** |  |

 **Guidance:**

 Using the following instructions please complete the chart below:

* Goal: Make sure your goals are clear and reachable, each one should be:
	+ Specific (simple, sensible, significant)
	+ Measurable (meaningful, motivating)
	+ Achievable (agreed, attainable)
	+ Relevant (reasonable, realistic, and resourced, results-based)
	+ Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)
* Objective (SMART): Measurable steps your organization would take to achieve the goal.
* Key Indicator: A measurable value that effectively demonstrates how you will achieve your objective(s)
* Key External Partner: Who you work with outside of your organization to achieve the goal.
* Key Activity: Actions you plan carry out in order to fulfill the associated objective.
* Start Date and Completion Date: The dates you plan to complete the associated activity.
* Actual Start Date and Completion Date: The dates you actually started and completed the activity.
	+ Note: These columns should be entered by you and submitted to your project officer at the end of the budget period
* Key Personnel: Title of individuals from your organization who will work on the activity.

|  |
| --- |
| **GOAL 1:** *Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.* |
| **Measurable Objectives/Activities:** |
| **Objective #1:***By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.*  |
| Key Indicator(s): *Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.* |
| Key External Partner(s): *DC DOH and SBHCs* |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. *In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.* | *10/1/17* | *6/30/18* |  |  | *Primary Investigator**Consultant* |
| B.  |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |

|  |
| --- |
| **GOAL 2:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |

|  |
| --- |
| **GOAL 3:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |

|  |
| --- |
| **GOAL 4:**  |
| **Measurable Objectives/Activities:** |
| **Objective #1:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #2:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| **Objective #3:** |
| Key Indicator(s):  |
| Key External Partner(s):  |
| **Key Activities to Meet this Objective:** | **Start Date:** | **Completion Date:** | **Actual Start Date:** | **Actual Completion Date:** | **Key Personnel (Title)** |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |

**Attachment 4 – Project Budget Form**

|  |
| --- |
| Agency/Organization NameBudget Period  |
| **Personnel**  |  |  |  |  |  |  |  |  |
| **Name of Staff** | **Position Title** | **Percent Charge to Grant** | **Annual Salary** | **Salary Charged** | **Fringe Benefits Rates** | **Fringe Benefits Cost** | **Total Salary and Benefits** | **In-kind Contributions (Yes/No)** |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
|   |   | 0% |  $ -  |  $ -  | 0% |  $ -  |  $ -  |   |
| **Total Personnel** |  |  |  **$ -**  |  **$ -**  |  |  **$ -**  |  **$ -**  |   |
|   |
| **Non-Personnel Costs** |
| **Consultants/Contractual**  | **Total** |
|   |  |
|   |  |
|   |  |
|   |  |
| **Occupancy (List the location of each service below)** | **Cost** | **Monthly** | **Total** |
|   |  $ -  | 0 |  |
|   |  $ -  | 0 |  |
|   |  $ -  | 0 |  |
|   |  $ -  | 0 |  |
| **Travel (List each travelers name below)** | **Travel Destination**  | **Time (Dates of Travel)** | **Total** |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| **Supplies** | **Quantity** | **Total** |
|   | 0 |  |
|   | 0 |  |
|   | 0 |  |
| **Equipment** | **Quantity** | **Total** |
|   | 0 |  |
|   | 0 |  |
|   | 0 |  |
| **Client Costs** | **Total** |
|   |  |
|   |  |
|   |  |
| **Communication** | **Total** |
|   |  |
|   |  |
|   |  |
| **Total Non-Personnel Cost** |  **$ -**  |
|   |
| **Other Direct Costs** |
| **Type of Service** | **Total** |
|   |  |
|   |  |
|   |  |
|   |  |
| **Total Other Direct Cost** |  |  |  |  |  |  **$ -**  |
|   |
| **Total Direct and Indirect Costs** |
| **Direct Cost (Personnel + Non-Personnel + Other Direct)** |  **$ -**  |
| **Indirect Cost (10%)** |  **$ -**  |
| **Total Project Cost** |  **$**  |

**Attachment 5 – Project Budget Justification**

**Budget/ Budget JustificationInstructions**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. This document should be submitted with the Excel budget template that was provided to you.

1. **Personnel:** Personnel costs should be explained by listing each staff member who will **(1)** be supported from funds and **(2)** in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality, and reporting. **Note:** Final personnel charges must be based on actual, not budgeted labor. **Fringe Benefits:** Fringe Benefits change yearly and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.
2. **Consultants/Contractual:** Grantees must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Grantees must provide the following information in the budget justification:
3. **Name of Contractor/Consultant: Who is the contractor/consultant?**

Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principal supervisor of the contract.

1. **Method of Selection: How was the contractor/consultant selected?**

If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization, include the contract supervisor’s qualifications.

1. **Period of Performance: How long is the contract period?**

Include the complete length of contract. If the contract involves several tasks, include the performance period for each task.

1. **Scope of Work: What will the contractor/consultant do?**

List and describe the specific tasks the contractor is to perform.

1. **Criteria for Measuring Contractor/Consultant Accountability: How will contractor/consultant use the funds?**

Include an itemized line-item breakdown as well as total contract amount. If applicable, include any indirect costs paid under the contract and the indirect cost rate used.

Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

1. **Occupancy/Rent:** This cost includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.
2. **Travel:** The budget should reflect the travel expenses associated with implementation to the program and other proposed trainings or workshops, with breakdown of expenses (e.g., airfare, hotel, per diem, and mileage reimbursement).
3. **Supplies:**Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the “supplies” category. **When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the “Other Direct Costs” category.** If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies are over $10,000 it must be itemized.
4. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).
5. **Client / Participant Costs:** Includes client travel.Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.
6. **Communication:** Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.
7. **Other Direct Costs:** Other direct costs category contains items not included in the previous categories. Give justification for all the items in the “other” category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the “other direct cost” category except costs for consultant and/or contractual.