

Notice of Award FAIN# X1050316

Federal Award Date: 08/29/2023

#### **Recipient Information**

1. Recipient Name
Health, New Jersey Department of
55 N Willow St
Trenton, NJ 08608-1203

2. Congressional District of Recipient

3. Payment System Identifier (ID) 1216000928B7

4. Employer Identification Number (EIN) 216000928

5. Data Universal Numbering System (DUNS) 806418075

6. Recipient's Unique Entity Identifier MQKPEU6D1BT5

7. Project Director or Principal Investigator Sarah L Bilyj Project Director sarah.bilyj@doh.nj.gov (609)913-5473

8. Authorized Official Nancy Scotto-Rosato Nancy.Scotto-Rosato@doh.nj.gov (609)292-5656

#### **Federal Agency Information**

9. Awarding Agency Contact Information
Tynise Kee
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
tkee@hrsa.gov
(301) 945-3944

10. Program Official Contact Information
Lehida Melendez-Morales
Public Health Analyst
Maternal and Child Health Bureau (MCHB)
Imelendez-morales@hrsa.gov
(787) 403-5314

### **Federal Award Information**

**11. Award Number** 1 X10MC50316-01-00

12. Unique Federal Award Identification Number (FAIN) X1050316

13. Statutory Authority 42 U.S.C. § 711(c)

14. Federal Award Project Title

Maternal, Infant and Early Childhood Homevisiting Grant Program

15. Assistance Listing Number 93.870

**16.** Assistance Listing Program Title

Maternal, Infant and Early Childhood Homevisiting Grant Program

17. Award Action Type New

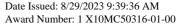
18. Is the Award R&D?

Summary Federal Award Financial Information		
19. Budget Period Start Date 09/30/2023 - End Date 09/29/2025		
20. Total Amount of Federal Funds Obligated by this Action	\$14,702,744.00	
20a. Direct Cost Amount		
20b. Indirect Cost Amount		
21. Authorized Carryover	\$0.00	
22. Offset	\$0.00	
23. Total Amount of Federal Funds Obligated this budget period	\$14,702,744.00	
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00	
25. Total Federal and Non-Federal Approved this Budget Period	\$14,702,744.00	
26. Project Period Start Date 09/30/2023 - End Date 09/29/2025		
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$14,702,744.00	

28. Authorized Treatment of Program Income Addition

29. Grants Management Officer – Signature William Davis on 08/29/2023

30. Remarks





Maternal and Child Health Bureau (MCHB)

Notice of Award Award Number: 1 X10MC50316-01-00 Federal Award Date: 08/29/2023

31. APPROVED BUDGET: (Excludes Direct Assistance) [X] Grant Funds Only	
[ ] Total project costs including grant funds and all other finar	ocial participation
[ ] Total project costs including grant funds and an other final	
a. Salaries and Wages:	\$360,775.00
b. Fringe Benefits:	\$246,951.00
c. Total Personnel Costs:	\$607,726.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$20,142.00
g. Travel:	\$17,172.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$72,149.00
j. Consortium/Contractual Costs:	\$13,927,470.00
k. Trainee Related Expenses:	\$0.00
I. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$14,644,659.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$58,085.00
q. TOTAL APPROVED BUDGET:	\$14,702,744.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$14,702,744.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$14,702,744.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$14,702,744.00

# 33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR TOTAL COSTS				
Not applicable				
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)				
a. Amount of Direct As	\$0.00			
b. Less Unawarded Ba	\$0.00			
c. Less Cumulative Pric	\$0.00			
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION				
35. FORMER GRANT NUMBER				
36. OBJECT CLASS 41.51				
37. BHCMIS#				

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

#### 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 38923G1	93.870	23X10MC50316	\$14,702,744.00	\$0.00	N/A	23X10MC50316

# HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

# **Terms and Conditions**

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

**Grant Specific Condition(s)** 

#### **Grant Specific Term(s)**

- 1. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.
  - You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: https://pmsapp.psc.gov/pms/app/userrequest. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
  - http://pms.psc.gov/find-pms-liaison-accountant.html
- 2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at https://www.fsrs.gov/ by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: https://www.hrsa.gov/grants/ffata.html.
- 3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.
- 4. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this

award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.

5. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.

- 6. The total percent of effort of each personnel on the project must not exceed a sum of 100% FTE on all Federally-funded projects. The awardee organization must maintain appropriate documentation ensuring that the total percent of effort for each personnel does not exceed a sum of 100% FTE on all Federally-funded projects.
- 7. Funds in the amount of \$9,600 have been reallocated from the equipment category to the supply category as the definition of equipment is \$5,000 or more per unit.

### **Program Specific Term(s)**

- 1. Recipients must respond to any additional information that is requested through Request For Information within the allotted time. **Failure to submit an approvable response may result in further actions including draw-down restrictions.**
- 2. Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as applicable. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need. Topics covered will include program administration, program activities, technical assistance, fiscal issues, and evaluation procedures.
- 3. Recipients must give priority in providing services under the MIECHV program to the following:
  - Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A);
  - · Low-income eligible families;
  - Eligible families with pregnant women who have not attained age 21;
  - Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
  - Eligible families that have a history of substance abuse or need substance abuse treatment;
  - Eligible families that have users of tobacco products in the home;
  - · Eligible families that are or have children with low student achievement;
  - Eligible families with children with developmental delays or disabilities; and
  - Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.
  - As required under the MIECHV authorizing statute, recipients must serve communities identified in the most recent approved statewide needs assessment update, that face disproportionate risks and barriers to health and well-being.
- 4. Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use by HRSA and that meet the HHS criteria for evidence of effectiveness. Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable. If a recipient is implementing a model enhancement, prior to implementation, the model developer must determine that the model enhancement does not alter the core components related to program impacts, and HRSA must determine the enhancement to be aligned with MIECHV program activities and expectations.
- 5. Recipients will ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, establishing appropriate collaborative linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. Recipients must ensure the involvement of representatives from key state agencies in project planning, implementation, and/or evaluation through the development and implementation of signed written agreements, such as letters of agreement (LOAs) or memoranda of understanding (MOUs). HRSA requires recipients to review, and update as appropriate, agreements at least every 3 years.
- 6. In FY 2024, HRSA's Division of Home Visiting and Early Childhood Systems plans to hold an All Grantee Meeting (AGM) in the Washington, DC area, for up to four days. In-person attendance at the January 2024 AGM is a grant requirement. In order to maximize learning and sharing potential, HRSA strongly encourages attendees to plan for up to five people, including the MIECHV project director, and other key staff. When determining attendance of key personnel, recipients are encouraged to consider staff with responsibilities such as: program oversight, fiscal oversight, grants management, data, continuous quality improvement, program evaluation, performance measurement, capacity-building and technical assistance, systems integration, professional development, and subrecipient monitoring.
- 7. No more than 10 percent of the award amount may be used for administering the award. With prior approval, a recipient may be granted an

exception to limit their use of funds for administrative costs at 15 percent of the total award (instead of the aforementioned 10 percent limit on administrative costs) if the recipient: 1) directly provides home visits to eligible families and without a subrecipient; 2) is in the process of expanding to new communities; or 3) is new to administering MIECHV within the past 3 years.

- 8. Maintenance of Effort Requirement: Recipients must maintain non-federal funding for evidence-based home visiting and home visiting initiatives, obligated for activities proposed in the Notice of Funding Opportunity, at a level which is not less than expenditures for such activities in state fiscal year 2019 or 2021, whichever is the lesser. For the purposes of the maintenance of effort requirement, non-federal funding is defined as state general funds, including in-kind, obligated only by the recipient entity administering the MIECHV grant and not by other state agencies. In addition, home visiting is defined as an evidence-based program implemented in response to findings from an approved statewide needs assessment that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant people or caregivers of children birth to kindergarten entry. Nonprofit recipients must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort requirement.
  - As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.
- 9. Funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded for the project period/budget period beginning September 30, 2023 must be obligated by recipients no later than September 29, 2025, and liquidated by December 31, 2025. Award funds that have not been obligated for expenditure by the recipient during the period of availability will be deobligated. They may not be carried over into a subsequent fiscal year.
- 10. Program income generated as a result of MIECHV funded activities must be used for approved program-related expenditures. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. Post-award requirements for program income can be found at 45 CFR § 75.307.
- 11. Recipients must continue to implement a Performance Measurement Plan approved by HRSA. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. New recipients must submit a Performance Measurement Plan to HRSA no later than 90 days from project start date.
- 12. Recipients are required to implement an approved Continuous Quality Improvement (CQI) Plan. HRSA will provide guidance on how to submit final plans to the HRSA Project Officer through a Request for Information in the Electronic Handbooks (EHBs). If the scope of a CQI Plan changes substantially during the period of performance, recipients must submit an updated CQI plan and rationale for the changes to the Project Officer at least 90 days prior to the proposed implementation start date.

  In future years, recipients will be required to submit updated CQI plans with the Base Grant Award application every other year (e.g., the next CQI Plan update will be required with the FY 2025 Base Grant Award application). During the interim years in which CQI plans are not due, recipients will be required to submit basic updates on CQI activities (e.g., include basic update with FY 2024 NOFO submission).
- 13. No more than 25 percent of total fiscal year MIECHV grant award may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach. Recipients that implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients must submit an evaluation plan in accordance with guidance provided through consultation with HRSA. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
- 14. Recipients who are conducting a voluntary state-led evaluation are required to participate in Coordinated State Evaluation (CSE) to conduct evaluation in one of four HRSA-identified priority topic areas in a peer network of MIECHV awardees. Participating recipients must continue CSE activities that were planned for and designed under the FY 2021 award. An addendum to the approved FY 2021 evaluation plan is due to HRSA no later than 120 days from project start date. HRSA will provide further guidance and technical assistance after the award is issued.
- 15. Recipients must assure participation in any HHS-led national evaluation activities, if selected to participate.
- 16. Funds awarded to any subcontractor, subrecipient or recipient by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (OHRP) (http://www.hhs.gov/ohrp/about/index.html) that the studies comply with the requirements of 45 CFR Part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the awardee.
- 17. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights

(OCR) and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most healthcare providers. (http://www.hhs.gov/ocr/hipaa).

### Standard Term(s)

 Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

### Reporting Requirement(s)

1. Due Date: Within 120 Days of Award Issue Date

Recipients must submit a Performance Report (DGIS) within 120 days after receipt of the NoA. This report includes completing Administrative Form 1, Products, Publications, and Submissions Data Collection Form, Core 3, Capacity Building Forms 4 and 8. The performance report must be submitted using the Electronic Handbooks (EHBs). More information is available at: https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection

#### 2. Due Date: Within 90 Days of Project End Date

Program specific forms (DGIS) for the project period are due within 90 days of the project period end date via EHBs. Specific forms required to be completed by recipients include Administrative Form 1, Products, Publications, and Submissions and Performance Measures, Core 3, Capacity Building (CB) 4 and CB 8.

3. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.

4. Due Date: 10/31/2024

Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Annual performance reports are required and will be consolidated across X10 and X11 grants.

**Section 1** of the report includes demographic, service utilization, and select clinical indicators including an unduplicated count of enrollees; select demographic and socioeconomic characteristics of enrollees; numbers of households from priority populations; and service utilization across all models

**Section 2** of the report includes the performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the six benchmark areas.

The annual reporting period is defined as October 1 through September 30 of each year.

5. Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 45 days after end of reporting period.

Recipients must submit Quarterly Performance Reports that include: the number of new and continuing households served; maximum service capacity; identification of local implementing agency (LIA) names and addresses; identification of counties and zip codes where households are served by each LIA; identification of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention; and staff recruitment and retention. Recipients are required to report information about MIECHV Program participants and staff supported with X10 funds separately from X11 funds. Households should only be reported once in either X10 or X11 Quarterly Performance Reports and there should not be duplication of households, participants, or staff across reports. These reports are submitted through the HVIS system, accessed through EHBs.

The submission due date associated with Quarterly Performance Reports is 45 days from the last day of the reporting period. Quarterly reporting periods are defined as follows:

- Q1 October 1-December 31
- Q2 January 1-March 31
- Q3 April 1-June 30
- Q4 July 1-September 30

#### 6. Due Date: Within 90 Days of Project End Date

Recipients must submit a final progress report, which includes a final evaluation report (if applicable), within 90 days of the end of grant support. Final progress reports will be required and, when appropriate, may include activities carried out under X10 and X11 awards. The final progress report will collect program specific goals and progress on strategies; impact of the overall project; the degree to which the

recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; funding expenditures by evidence-based home visiting model and promising approaches; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final progress report must be submitted through the EHBs: (https://grants.hrsa.gov/webexternal/home.asp). Failure to submit timely and accurate final progress reports may affect future funding to the organization or awards with the same program director.

Recipients will receive notification regarding final reporting through EHBs two to three months prior to the due date.

Recipients that implement a promising approach and/or coordinated state evaluation must include an evaluation section in their final progress report. The evaluation section of the final progress report must include an evaluation summary, a description of evaluation design and results, successes and challenges, limitations, and if applicable based on the stage of the project, conclusions or implications, and a plan for dissemination of evaluation findings. Recipients should expect significant review and revisions to this section and should be prepared to make requested revisions to ensure accuracy and appropriateness of the data, including having evaluation staff available to respond during the submission and review of the final report, which occurs after the end of the project period.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

#### Contacts

### NoA Email Address(es):

Name	Role	Email
Sarah L Bilyj	Point of Contact, Program Director	sarah.bilyj@doh.nj.gov
Nancy Scotto-Rosato	Authorizing Official	nancy.scotto-rosato@doh.nj.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).