

FY 2020 Non-Competing Continuation Update TA Webinar

March 10, 2020

Welcome and Overview

>> Welcome and thank you for standing by. At this time all participants are in listen only mode until the question and answer session of today's call. At that time, if you'd like to ask a question, you may press star, 1. I would now like to turn the call over to meeting Jason Leger; you may begin.

>> Good afternoon, everyone, on behalf of the Division of Home Visiting and Early Childhood Systems at HRSA's Maternal and Child Health Bureau, I would like to welcome you to our technical assistance webinar for the Fiscal Year 2020 Non-Competing Continuation Update, or NCC Update, for the Maternal, Infant, and Early Childhood Home Visiting Program formula awards.

My name is Jason Leger, I am a policy analyst for the Division of Home Visiting and Early Childhood Systems. I am also joined by Cindy Phillips, Director of the division; Alicia Heim, the Region 8 project officer; and Jamie Weng, the Region 2 Project Officer; as well as Janene Dyson and Tya Renwick, Grants Management Specialists from HRSA's Office of Federal Assistance Management. In addition to this live webinar, please note that we will be conducting a live office hours on March 17th to field any additional questions on the update. No registration will be required for the office hours and additional details about the session will be discussed later in the presentation. Please also stay tuned for release of a frequently asked questions resource related to this NCC Update. We plan to release this the week of March 16. These FAQs will be shared through the recipient listserv and posted on our website.

Before we dive into the contents of the FY 2020 NCC Update, let us review the agenda. We will start with opening remarks from Cindy Phillips. This will be followed by an overview of the FY 2020 formula awards, which includes information on current funding. Then we will provide an overview of instructions on how to develop and submit NCC Update. We will then draw your attention to several key program expectations and funding restrictions. We will provide overview of submission requirements from the EHB's. We will share upcoming technical assistance opportunities that are intended to support you in submission of the NCC Update, and finally, remind you who you can contact for further technical assistance. Note that throughout this webinar we will draw your attention to slides with this "Avoiding Common Pitfalls" marker. We will share some common mistakes from previous years and how you can avoid making those errors in this year's submission. And now, I would like to turn the presentation over to our director, Cindy Phillips.

>> Hi, everyone, we are excited to join you on this webinar to discuss our formula funding guidance or NCC Update for Fiscal Year 2020. This year, HRSA plans to award up to \$342 million to the 56 entities who currently receive MIECHV formula funding in order to continue delivering coordinated and comprehensive early childhood home visiting services to eligible families. Similar to last year, we intend to maintain funding stability, so the elements of the formula are consistent with previous years. However, you have noticed a change in your award ceiling amount compared to last year. This change maybe due to sequestration that impacted the FY 2020 MIECHV appropriation. However, because the formula is reliant on data, such as SAIPE data, or the number of children living in poverty, and de-obligation data, that change from year to year can impact award ceiling amounts. That is why while FY 2020 award ceiling amounts were reduced by a consistent percent to account for the impact of

sequestration on the MIECHV appropriation, the percent of change of award ceiling amounts compared to last year varies across awardees. So due to sequestration and not everybody will be reduced by the same percentage, as some of that is due to change in data or deobligations. Note that HRSA was able to reduce the impact of sequestration from what was planned at 5.9% to an average reduction of 2.4%. And as I said before that will vary based on the awardee. We continue the use of guardrails to prevent any state's award from fluctuating by more than 7.5% from the prior year. For programmatic continuity, the program activities and expectations are consistent with those in Fiscal Year 2018. We will also be highlighting a select number of these later in the presentation, and just as a reminder, FY 18 was when we released our most recent full notice of funding opportunity. Our goal with this NCC Update is to streamline the amount of information you report to us. To that end, the NCC Update primarily requests assurances of compliance with program requirements and descriptions of major changes proposed in the upcoming project period. We look forward to learning of your Fiscal Year 20 plans for continued MIECHV-funded services. We also want to take a moment to acknowledge that many of you are hard at work conducting statewide needs assessments. We hope you will continue to share updates with us on how the work is progressing and please reach out to your Project Officer or Technical Assistance Specialist if you need additional support to complete the update by the deadline, October 1, 2020. Thank you for your hard work on behalf of our nation's young children, families and communities and now Jason, I will pass it back on to you.

>> Thanks, Cindy. As Cindy mentioned, HRSA anticipates awarding \$342 million in formula funds to the 56 entities currently receiving Fiscal Year 19 MIECHV funding. The FY 2020 project period extends from September 30, 2020 to September 29, 2022. Each eligible entity should have received individualized email notifications with the FY 20 award ceiling amount they may apply for. If you did not receive this notification, please contact your HRSA project officer. Ceiling amounts are based on the MIECHV funding formula. As Cindy noted, in FY 2020, award ceiling amounts were impacted by sequestration on the MIECHV appropriation. Further description of the formula can be found in the FY 2020 NCC Update guidance. This is consistent with the approach used in fiscal years 2018 and 2019. Submissions are due to the HRSA Electronic Handbooks or EHBs on April 24, 2020 at 11:59 PM Eastern time. Further instructions on how to upload your NCC Update in the EHBs will be discussed later in the presentation.

Now let's review the submission process for the NCC Update. First, please note there is a 50-page limit which includes all appendices when printed by HRSA. This page limit does not include standard OMB forms. Only one electronic submission will be accepted for each eligible entity and the submission must be in the EHBs. A complete submission includes five parts. The first is completion of two standard OMB forms built in the EHBs. The SF-424, Instructions for Application for Federal Assistance, and the SF-424A, Budget Information for Non-construction Programs. The four remaining parts of the application must be uploaded under the applicable sections in the EHBs. They include the abstract, an FY 20 Project Narrative, an FY 20 Budget Narrative, and attachments, four of which are required for all awardees and other attachments are required as applicable.

And here is our first pitfall to avoid. The page limit for your submission is 50 pages. Double check that you are at or under that limit before submitting. Last year many awardees ran into an issue with Excel attachments that were illegible or several pages long. This issue occurred after submission, so many were unaware of the problem. We would like to ask you to convert your attachments to a PDF format before uploading to EHBs. We think this should help alleviate the challenges we have seen last year. Later in the presentation, we will walk you through the process for submitting your application step-by-

step. But now, we would like to discuss each of the parts of the NCC Update in detail, so I will hand it over to Alicia to walk us through the Project Narrative.

Project Narrative Instructions

>>Thanks, Jason, and hello, everyone. Instructions for the project narrative start on page 4 of NCC Update. The project narrative consists of two main parts. First, is “Progress to Date and Significant Changes to Program Activities” from the beginning of the FY 19 period of performance to the present, and the second is Proposed Activities for the FY 20 Period of Performance. In the Progress to Date and Significant Changes section, please only provide a description of progress on the goals and objectives as proposed in your FY 19 work plan. As part of the progress to date, you are also asked to clearly state your FY 18 and FY 19 award numbers and estimated unobligated balance of each of these awards as of the date of the application, not the expected unobligated balance of these awards at the end of their period of performance. In your description of significant changes, please address changes in model selection, model enhancements, systems coordination, staffing, and LIA contracts. If there had not been any significant changes, you can simply provide a statement to that effect.

The second component to the project narrative requires you to address proposed activities for the FY 20 period of performance extending from September 30 2020 to September 29 2022. As in past years, a one-page updated abstract is required. Please note that the abstract should be uploaded under project description and the SF-424 part two section in the EHBs. You are also required to provide a statement of assurance that you will meet program expectations and funding restrictions which include providing assurance that home visiting services offered through the MIECHV program are voluntary; providing assurance of compliance for all of the program expectations that are listed in Box 1 on page 6 and further detail in appendix A; noting if you are proposing to implement a model enhancement in the context of the MIECHV-funded home visiting model and including model developer approval in Attachment 6; and finally describing any changes in activities to support parent engagement and leadership. If you believe any of these items do not apply to your program, please note that and include justification.

And this brings us to another tip to avoid common pitfalls in your responses to the guidance. Be sure to read the guidance carefully as some questions have more than one part. Respond fully to all parts of questions. The table here shows an example of an applicant initial response to the prompt in the NCC Update guidance, which requires a statement of assurance that home visiting services are provided on a voluntary basis and to describe any changes, if applicable, to how the applicant will ensure enrollee participation is voluntary. The applicant alludes to a change in this requirement does not explain what that change was. In the situation, the project officer returned the application and requested more detail on this response. The revised response on the far right fully explains how the awardee ensures that home visiting services are voluntary and how their policies and procedures were updated to address any confusion around the voluntary needs of services.

Beyond the program assurances in this section, there are a number of program activities where we would like to gain a better understanding. I will spend some time highlighting those in this portion of the presentation. First, we recognize that the impacts of home visiting rely on program staff who are hired based on required knowledge and skills, meet high standards, and receive ongoing training and support. That is why it requires you to describe how you plan for an address recruitment and retention of

qualified staff, including your home visiting workforce, in your project narrative. Additionally, we require you to discuss your plans for sustaining key activities of your MIECHV project. In this section, you should describe how you are leveraging other funding sources, such as Medicaid, for home visiting. New this year, we are also asking you to describe if and how the MIECHV program in your state is collaborating and coordinating with your state implementation of the Family First Prevention Services Act also known as Title IV-E Foster Care Prevention Funds. Further, acknowledging that pregnant women with substance use disorder are at higher risk of co-occurring mental health conditions including depression, and we are again requiring you to describe how you are addressing maternal depression and substance use disorder including opioids misuse within your MIECHV program. In this section, you may want to address how you are training your staff to equip them with the skills and resources necessary to best support families impacted by substance use disorder and maternal depression. If there are any geographically closed ACF Tribal MIECHV recipients in your state, you must identify them and describe your collaboration efforts. Additionally you are required to state the method you use for assigning and reporting MIECHV caseload slots—the home visitor personnel cost method or the enrollment slot method. If you are using the enrollment slot method, you are further required to provide that justification in Attachment 7.

And now we will turn our attention to promising approach and state-led evaluation. We want to encourage you to carefully read this section of the NCC Update to ensure you on your understanding or expectations for allocating FY 20 formula funds for evaluation activity. In this section you will need to provide a statement indicating if you are planning a new or continued promising approach evaluation or continuing an existing state-led evaluation. Note that while FY 20 formula funds are available to support new promising approach evaluations, no FY 20 funds can be proposed for new state-led evaluation. You can only propose FY 20 formula funds for continuing an existing state-led evaluation from FY 19. And these may be continued only with minimal alterations. HRSA is currently assessing strategy and frameworks for state-led evaluation moving forward, which is why no new state-led evaluation activity should be proposed in FY 20. Please follow the directions in Table 1 on page 8 and refer to Appendix A of the FY 18 MIECHV Notice of Funding Availability or NOFO for complete information on HRSA expectations for research and evaluation activity. You will find a link to appendix A from the FY 18 NOFO in the FY 2020 NCC Update. Please note that for awardees to choose to continue FY 19 evaluation or a promising approach evaluation, a modified evaluation plan described in the changes to the technical details of the evaluation will be due to HRSA no more than 120 days from the project start date. Finally, please don't forget to include a budget narrative and detailed line item breakdown as part of the overall budget for evaluation expenses.

Now let us move on to expectations for submission of your work plan. Similar to last year, you must submit a work plan timeline as Attachment 1. Detail instructions for Attachment 1 are on page 8 of the NCC Update. An optional TA resource table is available for the attachment. In Attachment 1, your work plan timeline must include a list of goals and objectives, and these goals and objectives must be aligned with those noted in your abstract. The work plan timeline should cover the entire FY 20 period of performance from 9/30/2020 to 9/29/2022. All proposed objectives must be in the SMART format, meaning they must be specific, measurable, achievable, realistic and time-bound.

This is what the work plan timeline attachment looks like in the optional TA resource tables you can use it if you wish. This template was included in the individualized email notification with your FY 20 award ceiling amount.

Now let us discuss how to report at-risk communities, local implementing agencies, and caseload of family slots. This information should be reported in and submitted as Attachment 2. Please be sure to look at the top of page 9 of NCC Update closely for the level of detail we expect from you in this attachment. Please pay special attention to the labeling of the column and the dates of current and proposed caseloads. Again as in past years, this template was included in individualized email notification with your FY 20 award ceiling amount.

This is what attachment two looks like in the optional TA resource tables provided by HRSA. This required attachment includes information on your at risk community, counties serve, LIAs, models implemented and the number of families cumulatively served from October 1, 2018 through September 30, 2019. On this attachment, you must also include your contracted caseload for the current funding year of October 1, 2019 through September 30, 2020. Your propose caseload for your Year 1 and Year 2 of your FY 20 project period and the estimated cost per family slot using your proposed caseloads for FY 20. Please pay close attention to the dates in the attachment. And in doing so, you may notice that the dates for reporting years one and two are one day off of the date for years one and two of the project period. This is intentional in order to align your proposed caseload with the dates of your quarterly and annual performance reports. Please note that you must assume stable if FY 2021 funding when proposing a caseload for reporting years one and two for the FY 20 project period in this attachment. Again you can use the HRSA developed TA resource table to resubmit this attachment if you wish. Now I would like to turn the presentation over to Tya who will walk you through the budget, budget narratives and budget attachments.

Budget Narrative Instructions

>> Thank you, Alicia. Now we will review information related to completed the FY 2020 budget. A description of the budget requirements start on page 9 of the FY 2020 NCC Update. The budget must outline the use of grant funds at all points of the period of availability and cover the full, two year period which is September 30th 2020 through September 29th, 2022. While you're not required to maintain the same rate of expenditures or the same level of home visiting services throughout the full period of availability, you must demonstrate that home visiting services will be available throughout the entire two-year project period. The award ceiling amount for each state and territory was sent out through the EHB email notices to each eligible applicant on February 26. Please be aware that the award ceiling amounts include both direct and indirect costs. If you are an eligible entity and did not receive this email, please reach out to your HRSA project officer. A complete budget must include SF 424A budget form, Budget Narrative, a Period of Availability Spreadsheet, and a Maintenance of Effort Chart. In developing the budget, please be mindful that costs charged to the award must be reasonable, allowable, and allocable. Documentation must be maintained to support all grants expenditures. Please review the Uniform Administrative Requirements at 45 CFR part 75, 403 through 405 for information regarding allowable costs. It's also important to note that if FY 2020 grant funds must be obligated prior to September 29, 2022. Funds that if not been obligated by September 29th, 2022, will be the obligated and return to HRSA.

There are forms of written documentation that are required for a complete budget submission. First, Section A of the SF-424A budget form must be completed. Please use Row 1 to provide the budget amount requested for FY 2020. Enter the total amount you received from the HRSA EHB email. Please

enter the amount in the federal field under the New or Revised Budget column and not the Estimated Unobligated Funds column.

Next, in section B of the SF-424A budget form, use column one to provide the object class category breakdown for the entire FY 2020 period of availability. Please be mindful that funds allocated to each budget category must be consistently reflected throughout all budget documents.

The second required component to submit with the budget is a written narrative. The narrative should be clear, concise and should align with the SF-424A budget form as well as project narrative. The budget narrative must include a cost breakout, explain the amounts requested for each line item, and describe how each line item will support the achievement of the proposed objective. The main budget categories include personnel, fringe benefits, travel, supplies, contracts, other, and indirect costs. Here are a few important details that must be captured under each category. Personnel must include a listing of personnel current positions and individuals who will be supported by the FY 2020 grant funds. Additional information for personnel will be addressed in detail momentarily. Fringe benefits must include a list of the components that account for the fringe benefit rate. Fringe benefits should be directly proportional to the personnel salary that are allocated for the project. Travel—the travel events must be listed according to local and long-distance. Local travel must include the number of miles, mileage rate, listing of travelers, description of travel and its destination. Long-distance travel must include a listing of travelers as well as costs for airfare, lodging, per diem, and again the description of travel and its destination. For supplies, you must provide a cost breakout and justification for each line item and a description for general supplies, as well as educational and model-specific supplies. Contracts must provide a clear explanation for the purpose and need of each contract, how it relates to the project objectives, description of how costs were estimated, the specific deliverables, and a breakdown of costs to include the FTE percentage of home visiting personnel. Now this slide shows two ways to represent the FTE percentage for home visitors. You can provide the FTE percentages for each individual home visitor, or with the FTE percentages by home visiting personnel position. The other cost should include costs that do not fit into any other budget category. This cost must be broken out and provide a clear explanation for each line item in this category. Indirect—indirect, if your organization has an approved indirect cost rate agreement or cost allocation plan, and will charge the grant for indirect cost, the approved indirect cost rate agreement or plan, must be included with the application. The approved rate used to calculate the indirect cost must be reflected in the budget narrative. For additional details on the budget categories, please reference pages 9 through 12 of the FY 2020 NCC Update. The budget narrative must also include a separate description and line item breakouts for the administrative and recipient-level infrastructure expenditures. The narrative must reflect the percentage of administrative expenditures that are allocated to support the cost of administering the grant. These expenditures are limited to 10% of the FY 2020 grant funding. Additionally, the percentage of recipient-level infrastructure expenditures that are allocated to enable a delivery of home visiting services, are limited to 25% of the FY 2020 grant funding. Which will also include the administrative costs as previously described. For a complete definition and examples of administrative and recipient-level infrastructure expenditures, please reference appendix A of the NCC Update. Now as a reminder, administrative and recipient-level infrastructure expenditures must be included in the budget narrative and does not need to be included on the period of availability spreadsheet as a separate line item. Now we will take a look at some common budgetary mistakes from past years and how to avoid them.

First, the personal costs—please review the personnel category to make sure that each person or position listed includes a full name, title, FTE percentage, annual base salary, and the federal amount requested for each individual, and also a description of the roles and responsibilities. If a position is vacant, please indicate that in the budget. Additionally, in-kind contributions must also be included in the budget, along with the source of funding. I will now turn the presentation over to Janene Dyson for more information on how to avoid other common pitfalls.

>> Thank you, Tya. On this slide, there are a number of common mistakes made in the budget narrative. We will take a few minutes to review some of the sections to help you avoid these common pitfalls. In general, you must use your budget narrative to itemize and justify all requested costs in the budget. The first example shows the applicant is requesting \$5000 to attend the ABC conference. However, the costs are not itemized or justified and there is no mention of destination, name of individuals completing the travel, and purpose for the travel. The second example includes a justification for attending the conference as well as an itemized breakdown of costs, destination, and names of the individuals who are completing the travel.

To continue our discussion on travel, the All Grantee Meeting is a grant requirement. You must budget for one All Grantee Meeting in the Washington DC area for up to five people for five days. Additionally, if your staff would like to participate in other professional development opportunities, you can budget for your staff attendance. As mentioned by Tya, you should list travel costs according to local and long distance travel. Please refer to page 28 of the HRSA SF-424 application guide for more information on providing a travel budget justification.

We would now discuss common pitfalls for supplies. When writing the supply section of your budget narrative, you must provide a justification for the costs requested. The first sample justification does not justify the cost requested nor does it have a breakdown of costs. The second sample justification clearly describes and justifies the cost. Please note that items such as laptops, tablets, and desktop computers are classified as a supply item if the value is under the \$5000 equipment threshold.

In regards to direct services, as a reminder, the MIECHV program generally does not fund delivery or costs of direct medical, dental, mental health, or legal services. However, some limited direct services may be provided, typically by the home visitor, to the extent required to maintain fidelity to an evidence-based model approved for use under MIECHV. Recipients may coordinate with and refer eligible families to direct medical, dental, mental health, or legal services and providers covered by other sources of funding for which non-MIECHV sources of funding may provide reimbursement.

Another common issue is the level of detail provided for the contractual section. For each contract whether the nature of the relationship is a sub-recipient or a subcontractor, please include the following: (1) an explanation of the purpose of the contract, (2) how calls were estimated, (3) contract deliverables, (4) a breakdown of calls including the level of effort for all home visiting personnel, and (5), a narrative justification that explains the need for each contractual agreement and how it relates to the overall project. Also listed on this slide is an example which contains the elements that we just discussed.

On this next slide, we want to provide some examples of types of calls that could be requested in the other budget category. These examples are in addition to what is on page 12 and 13 of the FY 20 NCC Update guidance. In some cases, rent, utility, and insurance fall under this category if they are not

included in an approved indirect cost agreement. Please note membership dues or fees are allowable as indirect costs. Also for some state entities, membership dues or fees for an individual may be allowable if authorized under the employee established fringe benefit plan. However, mentorship dues or fees are not allowable as a direct charge to the grant. As an important reminder, please fully justify all costs and clearly describe how costs proposed are directly linked to the proposed MIECHV project.

Finally, remember to include within your application submission a line item breakout of administrative expenditures, which can be no more than 10% of the overall award, and your recipient-level infrastructure cost, which are inclusive of administrative costs and cannot be more than 25% of the overall award. Many applicants failed to include these costs last year resulting in those applications be returned for revision. The example on this slide is one way that you could represent both types of costs in your budget. As mentioned earlier by Tya, not only are you to provide line item breakouts of administrative calls and recipient-level infrastructure, but you also are required to provide a description of activity that fall under administrative and infrastructure within the budget narrative. Finally, please note the 10% administrative cap is not a cap on the negotiated indirect costs rate agreement. And now, I will turn it over to Jason to provide information about the required attachments.

>> Thank you so much, Janene and hello again, everyone. There are two attachments that are required components of your budget. One is the period of availability spreadsheet, attachment three. The purpose of this spreadsheet is trying to identify an estimate of the amount of remaining FY 19 funds and to ensure the full FY 20 award amount will be budgeted through the end of the project period supporting home visiting service provision throughout the entire project period. The optional TA resource table we have developed can help you in submitting all the required information for Attachment 3. You will see this year the TA resource table for this attachment is similar to last year's template. There are four columns for you to enter budget information. The first column is those funds from your FY 19 award that you have budgeted towards your Year 1 activities for FY 20. The second column is what you are budgeting and in Year 1 from the FY 20 award. The third column is what you are budgeting in year two of the FY 20 award, and the fourth column is the total of your FY 20 award. The amount in the cell circled in blue should be no more than the award ceiling amount you received by email from HRSA EHBs and the total amount requested in your proposed budget narrative for fiscal year 2020.

Finally, the last required component of your budget is the maintenance of effort or MOE chart, Attachment 4. This is on page 15 of the FY 20 NCC Update and you will see that it is similar to the version included in last year's NCC Update guidance. You are required to enter from left to right the actual MOE from FY 18, the actual MOE from FY 19, and the estimated MOE for the current fiscal year, Fiscal Year 2020. The purpose of this is to enhance our documentation of the statutorily required component of the program. Please note that HRSA project officers may reach out to you for additional information in cases where you report any changes in your maintenance of effort.

Attachments

Now, let us quickly review all of the attachments for the NCC Update. The first four attachments are required for all awardees. Alicia discussed the first two, the Work Plan Timeline, and Attachment 2: the At-Risk Communities, Local Implementing Agencies, and Caseload of Family Slots in the Project Narrative section. The two other attachments required for all applications, the Period of Availability Spreadsheet

and Maintenance of Effort Chart were discussed just now in the budget section of this webinar. There are other attachments that you may be required to submit. Please read the NCC Update carefully to assess which additional attachments 5-8 are required in your submission as applicable. Attachment 5 is an updated organizational chart, which we ask you to submit if you had changes to your organizational chart since FY 19. Attachment 6 is a model developer documentation, which you will need to submit if you have proposed a new model enhancement. If you are proposing to use the enrollment slot method, instead of the home visitor personnel cost method for identifying MIECHV families, you will need that justification as Attachment 7. Finally if you have indirect cost agreement, you must submit the latest negotiated agreement as Attachment 8. Any other relevant documents can be submitted using attachments 9-15.

General Reminders

Now before we get into the details of how to submit your NCC Update, I wanted to provide a few general reminders to help you submit a seamless and accurate application. First, the timeframe of your budget submission needs to match the FY 20 project period. That is September 30, 2020 to September 29, 2022. That is even if you will not spending FY 20 funds until later in the project period. So do not list the start date as October 1st 2020 the start date must be September 30th 2020. And similarly, do not list an end date of September 30th 2022, that end date is September 29, 2022. As you draft your NCC Update, follow the outline on page 3 and check off sections as you complete them. This will help ensure that your application is complete.

Another great idea is to review last year's funding application from FY 19 and the revision requests received from your project officer and grants management specialist. Have the concerns from previous years been addressed and fixed in your FY 20 application? Feel free to reach out to your HRSA project officer to help you address questions in advance of the deadline. This may help reduce the number of revisions later. As you review your application before submitting, make sure the application is consistent across each section. For example, if your proposed caseload is 350, make sure it is 350 in every place in the submission where you need to indicate caseload. That means it should be 350 in the abstract, and the project narrative, and Attachment 2. And finally, your budget narrative and justification should include the FY 20 requested amount, which should be no more than the award ceiling amount based on your EHB email. Your budget narrative and justification should not include any funds from the FY 19 award, even though most of you are using FY 19 funds to support your program in the first year of the FY 20 project period. There is only one place in the FY 20 application where you should include Fiscal Year 19 funds. That is on Attachment 3. The period of availability spreadsheet. In the left column. And with those general reminders, I will go ahead and turn it over to Jamie to walk you through the submission requirement and uploading your document into the HRSA EHBs.

Submission Instructions

>> Thank you, Jason, and now I will walk through the NCC Update submission steps in the HRSA electronic handbooks, also known as EHBs. Each Program Director and Authorizing Official should have received an email from HRSA in late February containing a direct link to the online EHBs application page an eligibility codes, the optional TA resource table spreadsheet, and a step by step EHB user guide to walk you through the submission process. First, you will click on the EHB web link and log into the EHBs. You should be brought to the screen shown here and find announcement number HRSA-20-101 and

click on the corresponding “Apply in EHBs” button on the right side of the screen. Identify your organization and click the “Begin New Application” link. If the EHB web link does not direct you to the initial screen, please see the detailed descriptions in the EHB user guides for alternative steps.

Then you will be brought to the screen shown here. First enter the eligibility code found in the HRSA EHB email and then your organization’s FY 2019 MIECHV X10 grant number and this will create your applications.

To complete your application package, use the left-hand side menu, to navigate through the application. As mentioned you will complete the standard form SF 424 directly in the EHB. On the left side menu, you will see links to the SF-424 form which asks you for accurate information at SF424A budget form that is listed as section A-C under the budget information header and the SF-424B assurance form under the other information header. Please note that while budget sections D through F are not required, you still must click the save or save and continue button so the system will mark this section as complete. On the form, some information may be pre-populated with the organization’s information and others you will be required to complete. Review the information and update required feel as appropriate. Also note that if your organization DUNS number is changing, please notify your project officer so they are aware. As a general reminder please be sure to click “Save” or “Save and Continue” throughout the system, so it will mark the section as complete. The system will not automatically save your input.

The SF-424 section has Part 1 and Part 2 tab in the SF-424-Part 2 tab you will see a required upload for Project Description. Please attach the required one-page abstract here.

In the project performance site location section, click on the button to add a project performance site and add your organization’s information. Do not enter LIA information here.

To upload your project narrative, click on the left side navigation link labeled “Project Narrative” as seen on the screen. On the right side of the page, first click on the “Attach File” button and this section will expand. Click the “Choose File” button and select the file document you wish to upload from your computer. And then click “Save and Continue” to mark the section complete. And then move on to the next section. You can attach up to two documents. Remember Microsoft Word documents and Adobe PDFs are accepted. Throughout the application, you will follow the similar process to upload documents to your application.

To upload your budget narrative, click on the left side navigation link labeled “Budget Narrative” and repeat the steps as we previously mentioned to attach your document.

As described in the guidance, there are up to 15 attachments that are either required or as applicable. Attachments 1-4 required for all applications and are marked by the red asterisk. On the left side of the navigation menu, click the label “Appendices” under the other information header. Follow the previously outlined steps to attach the file, choose the file, upload the file, and then save and continue for each attachment. Again Microsoft or Adobe PDF files are preferred. Keep that in mind if you're using the optional TA resource table and convert those Excel formats to PDF format.

To review the entire application for completeness and accuracy, click the “Review” from the navigation menu as seen on this screen. Then click on proceed to submit at the bottom right.

The application is considered complete when all checkmarks under the status column are green. Please remember only the authorizing official or AO can submit the application to HRSA. AO's will see a "Submit to HRSA" button on the right bottom screen. Then they will see a certification and acceptance page before clicking the final "Submit Application" button. If you are not the AO, instead you will see a "Submit to a AO" button at the bottom right of your screen. Then the AO must log into the EHB to review and submit the application to HRSA. Applicants are strongly encouraged to communicate with the AO and leave adequate time for him or her to complete the submission process prior to the deadline.

To provide you with further technical assistance, we have scheduled office hours to field questions on the NCC Update. The session is scheduled for next Tuesday, March 17, from 3-4 PM Eastern Time. The conference line and Adobe Connect rooms are accessible from the slides. Advance registration is not required. A copy of the TA resource tables for optional use will be also included to the email to project directors and authorizing officials to support you in submitting information for the required attachments. For additional copies, please reach out to your HRSA project officer. Did you have technical issues with EHB submission? Please reach out to the HRSA contact center. For business administrative or fiscal issues, please contact your Grants Management Specialist. For that MIECHV program, for programmatic issues or TA, please contact your HRSA Project Officer. Now we will take time to answer questions that you may have. Operator, can you provide instructions for how we can ask questions?

Operator Instructions/Q and A

[Operator instructions]

>> We will go ahead and start answering some of the questions that are in the chat box. To begin, California Department of Public Health asks, in the outline of the required section, section 1.A.2 description of specific implementation activities, is not described in the body of the guidance. Is the section not required or is there specific guidance missing? Thanks. Thank you, California, for finding that slight error. Please note that that section is not required and it was a holdover from a previous draft of the application.

Our next question, came from Missouri, MIECHV team, it was just stated they professional membership fees are not payable grant funds. Does this reference ASTHVI fees? And to answer the question, we have Meseret Bezuneh, our Branch Chief for the implementation branch.

>> Thank you, Jason and thank you Missouri, so the membership fee could be paid either as indirect costs or as part of a benefit for employees. So we did have that and that was cleared about two years ago so it is allowable as an indirect cost for organizational membership, if it is professional technical organizations or societies, and payment of dues or membership fees for individuals membership, in a professional or technical organization is allowed by the fringe benefits so it would have to be one or the other items of the items that we just discussed as an indirect costs or as a benefit.

>> Thank you Meseret.

Next question, When will the slides for the call, webinar recording be available? We plan to get this onto our website as soon as possible. Whenever it is available, we will be sure to alert you through the home visiting digest biweekly newsletter.

Next, also from Missouri, indirect cost rate agreement has not been included in the total page count in previous applications. Please clarify if it does count in this application.

Because the indirect cost rate agreement is one of the appendices for the application, it will count toward your page limit this year.

>> This is Meseret Bezuneh again, so this is going to be if there's change in the indirect cost agreement if there is no change, they don't have to submit it, correct? Only if there's change or not?

>> Actually it is the preference that you submit your latest, most recent approved and direct cost rate of agreement per instructions in the guidance. So if you have an approved agreement or cost allocation plan please submit that. Along with your budget application.

>> So if the page number, and sometimes these could be voluminous, if the page number is of concern, please let your project officer know and we will be able to look and would be able to respond quickly.

Thank you.

>> Okay, we have a request to repeat the comment and clarify about ASTHVI fees.

>> Again this is not the change for previous guidance and I just want to reiterate that. Membership dues, they can be part of the indirect costs or again as part of the fringe benefits [Indiscernible - low volume] for employees. This is not the change that was established, I believe we provided that guidance a few years back. So it is consistent so with the guidance provided in March, March 15, 2016, however, there has not been any changes and is consistent with other grants policies.

>> We are going to pause for a moment and see if the operator has any questions for us.

>> I show no questions in the phone queue.

>> Thank you, we will continue taking questions in just a moment.

We have the next question, are HRA fees for states considered membership fees? Team lead for policy and technical assistance will take that.

>> Good afternoon, no, HFA fees for states are not considered membership fees in the same way that ASTHVI membership would be considered a membership fee and those would be inclusive of our cost to support direct service implementation. So that would be affiliation fees with model developers and other with similar fees and those would be conserving the door cost for implementation and not membership fees.

>> That looks like all of the questions that are currently in the chat box. Actually, we are going to pause for just a moment. It looks like we had more of a statement from Rebecca what if the ASTHVI membership is on behalf of an organization not on individual? Our membership is on behalf of our organization and is not employee benefits. It's like HRSA would like that in the indirect line. You are correct, that would be in the indirect costs.

Hawaii, thank you for your question—the one that you submitted. We would recommend you reach out to your project officer to answer that question, since it is very specific to your state.

So Kevin has asked if there are conferences which have not yet posted location and registration fee cost for 2021, can we include them in the budget, budget narrative?

>> The answers yes, you can simply put estimate or budget amount.

>> And Hannah has asked could you repeat when or where the recorded webinar will be available, and when office hours will be held? Sure. Office hours will be held next week on March 17, from 3 PM until 4 PM Eastern standard Time and you would find information about that in the email that went out to the authorizing official and the project director as well as in the last home visiting digest. It will have the Adobe link and the call in information. And then for this webinar, it will be posted to our website under the MIECHV program implementation page under the HRSA MIECHV guidance tab and we will alert you to its posting when ever it makes it onto the website. We are hoping it would be available within a week or so.

Operator, are we showing any further questions?

>> I show no questions in the phone queue.

>> Thank you. We will give it a couple of more minutes just in case any more questions come into the phone or in the chat before we close off. Just so everybody can see we will go back to the TA opportunity slide. If you need to jot down the information, or put a calendar invite in your Outlook or something. Okay, Operator, if you do not show any more questions and we are not seeing any more questions in the checkbox, we will go ahead and wrap up. We are looking forward to seeing everyone at the annual All Grantee Meeting in Late April at this but the 2020 meeting is still on but let your PO know if you're unable to attend or if your state will not allow you to attend due to COVID-19. We will continue to keep you updated as we learn more. Thank you for taking time to join us today and for your continued commitment to serving MIECHV children and families. To learn more about HRSA please visit www.HRSA.gov or follow us on Facebook, Twitter, linked in and YouTube. For the latest news from our agency. This concludes our webinar.

[Event Concluded]