

**FORM 6**

**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT  
PROJECT ABSTRACT  
FOR FY \_\_\_\_\_**

**PROJECT:** \_\_\_\_\_

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:
2. Project Number:
3. E-mail address:

**II. BUDGET**

1. MCHB Grant Award \$ \_\_\_\_\_  
(Line 1, Form 1)
2. Matching Funds (if applicable) \$ \_\_\_\_\_  
(Line 2, Form 1)
3. Other Project Funds \$ \_\_\_\_\_  
(Line 3, Form 1)
4. Total Project Funds \$ \_\_\_\_\_  
(Line 4, Form 1)

**III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**

- Direct Services  
Percent of Budget for Direct Services \_\_\_\_\_
- Enabling Services  
Percent of Budget for Enabling Services \_\_\_\_\_
- Public Health Services and Systems  
Percent of Budget for Public Health Services and Systems \_\_\_\_\_

**IV. DOMAIN SERVICES ARE PROVIDED TO**

- Maternal/ Women's Health
- Perinatal/ Infant Health
- Child Health
- Children with Special Health Care Needs
- Adolescent Health
- Life Course/ All Population Domains
- Local/ State/ National Capacity Building

**V. PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

- A. Project Description
  1. Problem (in 50 words, maximum):

2. Program Objectives and Key Activities: (List up to 5 major objectives and key related activities for the project. These should reflect the objectives from the NOFO, also these will be used for Grant Impact measurement at the end of your grant period.)

Objective 1:

Related Activity 1:

Related Activity 2:

Objective 2:

Related Activity 1:

Related Activity 2:

Objective 3:

Related Activity 1:

Related Activity 2:

Objective 4:

Related Activity 1:

Related Activity 2:

Objective 5:

Related Activity 1:

Related Activity 2:

3. Specify the primary *Healthy People 2030* objectives(s) (up to three) which this project addresses:

a.

b.

c.

4. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)
5. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from NOFO.)
6. Quality Improvement Activities

B. Continuing Grants and Ending Grants ONLY

1. Progress Towards Objectives to Date :
- a. Did you make measurable progress towards Objective 1 in the past year?  
 Yes  No  
i. Provide data that support this: \_\_\_\_\_
- b. Did you make measurable progress towards Objective 2 in the past year?  
 Yes  No  
i. Provide data that support this: \_\_\_\_\_
- c. Did you make measurable progress towards Objective 3 in the past year?  
 Yes  No  
i. Provide data that support this: \_\_\_\_\_
- d. Did you make measurable progress towards Objective 4 in the past year?  
 Yes  No

- i. Provide data that support this: \_\_\_\_\_
      - e. Did you make measurable progress towards Objective 5 in the past year?  
 Yes  No
        - i. Provide data that support this: \_\_\_\_\_
  - 2. Website URL and annual number of hits
    - a. \_\_\_\_\_ Number of web hits
    - b. \_\_\_\_\_ Number of unique visitors

**VI. KEY WORDS**

**VII. ANNOTATION**

## INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

**NOTE:** All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

### **Section I – Project Identifier Information**

Project Title: Displays the title for the project.  
Project Number: Displays the number assigned to the project (e.g., the grant number)  
E-mail address: Displays the electronic mail address of the project director

**Section II – Budget** - These figures will be transferred from Form 1, Lines 1 through 4.

### **Section III - Types of Services**

Indicate which type(s) of services your project provides, checking all that apply. For each type of service selected, indicated the percent of the Budget that is dedicated to that type of service. Percents for all three service types should sum to 100%.

Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-

on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

**Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)**

- A. New Projects only are to complete the following items:
1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
  2. System displays up to 5 objectives of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top objectives in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 objectives. For each goal, list the key related activities. The objectives and activities must be specific and time limited (i.e., Objective 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).
  3. Displays the primary Healthy People 2030 goal(s) that the project addresses.
  4. Describe the programs and activities used to reach objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
  5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
  6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its objectives and implementing activities.
- B. For continuing and ending projects ONLY:
1. For each program objective, select Yes/No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection. (not to exceed 200 words).
  2. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

**Section V – Key Words**

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

**Section VI – Annotation**

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the objectives of the project, the related activities which will be used to meet the objectives, and the materials, which will be developed.