

**MATERNAL, INFANT, AND EARLY CHILDHOOD
HOME VISITING (MIECHV) PROGRAM:
BASE AND MATCHING GRANT AWARDS**

**FY 2025 NON-COMPETING CONTINUATION UPDATE
(NCC UPDATE)**

ACTIVITY CODE: X10

EHBs ONLY ISSUANCE: January 16, 2025

ENHANCED EHBs LAUNCH: February 14, 2025
(EHBs will accept applications beginning on this date)

EHBs SUBMISSION DEADLINE: April 21, 2025



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508 Compliance Disclaimer

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Contacts & Support](#).

Step 1: Review the Opportunity

Basic information

Key facts

Agency: Health Resources and Services Administration (HRSA)

Bureau: Maternal and Child Health Bureau (MCHB)

Program: Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

Opportunity name: FY 2025 MIECHV Non-Competing Continuation Update (NCC Update)

Opportunity number: HRSA-25-031

Federal Assistance Listing Number: 93.870

Statutory authority: 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act)

The MIECHV Program provides grants to states and jurisdictions to support voluntary, evidence-based home visiting services that give families the tools they need to thrive.

To help you find what you need, this NCC Update uses internal links. In Adobe Reader, you can return to where you were by pressing Alt + Backspace.

Summary

This notice of Non-Competing Continuation Update (NCC Update) provides instructions for completing applications for the Fiscal Year 2025 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Base and Matching Grant Awards. This NCC Update is being used as a streamlined alternative to HRSA’s traditional Notice of Funding Opportunity (NOFO) for this program. The NCC Update solicits key updates from you, current MIECHV recipients, about award-supported activities since the submission and approval of your FY 2024 MIECHV Base and Matching Grant Awards application, as well as your proposed plans for use of funds for FY 2025 MIECHV Base and Matching Grant Awards.

Have questions? Go to [Contacts & Support](#).

Key dates

NCC Update issue date: January 16, 2025

Enhanced EHBs launch: February 14, 2025

HRSA is enhancing EHBs to provide an updated SF-424A Non-Construction application package. While you may begin preparing your application materials upon release of this funding opportunity, **please wait until February 14, 2025 to enter any information into EHBs**. Contact your HRSA Project Officer if you have any questions.

Informational webinar: February 19, 2025, from 3 to 4:30 p.m. ET

Application deadline: April 21, 2025

Expected award date is by: September 29, 2025

Expected start date: September 30, 2025

Period of performance: We, HRSA, plan to fund awards for a 2-year period of performance from September 30, 2025, through September 29, 2027.¹

Funding details

Application type: Non-competing continuation

Expected total available FY 2025 funding: Up to \$490,969,350, including Base, Matching fund, and Additional Matching fund awards, which is available for awards to eligible entities that currently receive FY 2024 MIECHV formula funding to continue to deliver and expand coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.^{2,3}

Expected number and type of awards: 56 grants.

Funding range per award (based on statutory formula): Base funds: \$1,058,860 to \$25,676,711; Matching funds: \$1,013,420 to \$4,032,451; Additional Matching funds (further explained below): \$2,709 to \$437,492.

Total award funding depends on, and is subject to change based on, the availability of appropriated funds for this purpose. Base and Matching fund award amounts vary by state or jurisdiction, as determined by statutory formulas. See [Appendix](#) for an explanation of how we determine award amounts.

You may apply for up to the Base fund award ceiling amount. You are not required to apply for Matching funds, including Additional Matching funds. If you apply for Matching funds in FY 2025, you may apply for up to your Matching funds award ceiling amount, and you must demonstrate that you can meet the requirements outlined in this NCC Update with respect to obligations of non-federal and federal funds. Note that applying for Matching funds does not mean that you will be awarded this amount, as requirements applicable to recipient Matching fund awards must be satisfied, as further described in the [budget narrative instructions](#).

If you apply for matching funds but obligate less than the full minimum Matching fund allocation in non-federal funds, your federal Matching funds award will be reduced to reflect your reduced contribution.

Additional Matching funds are reflected in matching fund ceiling amounts for eligible entities that expressed interest in receiving unobligated matching funds if available⁴ in response to a Request for

¹ Under the authorizing statute, Social Security Act, Title V, § 511(k)(3)(A), funds made available to an eligible entity under this section and for this purpose for a fiscal year remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award.

² Social Security Act, Title V, § 511(l)(1).

³ Social Security Act, Title V, § 511(l)(2).

⁴ Social Security Act, Title V, § 511(c)(4)(B)(ii).

Information sent through HRSA's Electronic Handbooks (EHBs) in September 2023. Additional Matching funds consist of any funds made available for awards for the succeeding fiscal year that HRSA did not distribute to awardees in the previous fiscal year, as well as any matching funds that were awarded to but not used by awardees during prior fiscal years, were returned to HRSA, and are available for award during the succeeding fiscal year.⁵

See [Appendix](#) for details on Base, Matching, and Additional Matching funds.

Eligibility

Who can apply

You can apply if you are a MIECHV grant recipient of funds awarded under the FY 2024 MIECHV Base and Matching Grant Awards funding opportunity. Such eligible applicants include all 50 states, 5 U.S. territories and jurisdictions Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, and the District of Columbia. Nonprofit organizations previously funded to provide services in a state or jurisdiction that did not apply for or was not approved to receive MIECHV Program funding and that received FY 2024 MIECHV Base and Matching Grant Awards are also eligible to apply in FY 2025 if the state, territory, or jurisdiction also does not apply or is not approved to receive award funding under this NCC Update.

Tribes & tribal organizations

Native American tribes, including tribal governments and tribal organizations, may be eligible to apply for Tribal MIECHV award opportunities administered by the Administration for Children & Families (ACF) in partnership with HRSA. Reauthorization of the MIECHV Program under Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) increased reservations of funds for tribal entities from 3% to 6% of MIECHV program appropriations. Accordingly, Native American tribal governments or organizations are **not** eligible for this specific funding opportunity. Visit the [Tribal MIECHV Program](#) webpage for more information.

Completeness and responsiveness criteria

We will review your application to make sure it meets basic requirements before moving forward for consideration. We may request changes prior to consideration. Requirements that may require revisions include:

- An application submitted by an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- An application [submitted after the deadline](#).
- Contains missing or incomplete information that we require in your application.

⁵ Social Security Act, Title V, § 511(c)(4)(B)(iii)(I).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing or matching

Cost sharing or matching is **NOT** required for Base funds under the MIECHV Program. Cost sharing or matching **IS** required for Matching and Additional Matching funds. You are not required to apply for Matching or Additional Matching funds.

To obtain federal Matching funds, including federal Additional Matching Funds, eligible entities must obligate \$1 in non-federal funds to receive \$3 in federal funds, up to the award ceiling amount. We will use the same statutory calculation to determine Additional Matching fund amounts up to the award ceiling amount determined by HRSA for states and jurisdictions that expressed interest in applying for such Additional Matching funds.⁶ You would be required to report: (1) the total amount of federal funds obligated in the fiscal year by the eligible entity; and (2) the total amount obligated by the eligible entity from non-federal funds in the same fiscal year.

**Note: Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.*

For additional information and requirements related to MIECHV Matching funds, including Additional Matching Funds, see [Appendix](#).

Maintenance of effort

You must meet the maintenance of effort (MOE) requirement as described in the [FY 2024 MIECHV NOFO guidance](#) to receive MIECHV award funding for FY 2025 under this NCC Update.⁷

Program description

Purpose

The MIECHV Program improves maternal and child health, early childhood development, and family well-being, with a focus on pregnant women and parents with children up to kindergarten entry, especially those living in communities identified as at risk for poor maternal and child health outcomes. The MIECHV Program does this by supporting the delivery of coordinated and comprehensive, high-quality and voluntary early childhood home visiting services to eligible families. HRSA administers this Program in partnership with ACF. With increases in appropriations under the MIECHV Program for FY 2025 and future years, HRSA strongly encourages awardees to expand home visiting services to new communities and/or additional families in currently served communities through this funding opportunity.

⁶ Social Security Act, Title V, § 511(c)(4)(B)(iii).

⁷ Social Security Act, Title V, § 511(f)(1).

Program goals and objectives

The MIECHV Program aims to:⁸

- Provide comprehensive home visiting services to eligible families⁹ living in communities that face barriers to achieving positive maternal and child health outcomes.
- Strengthen programs that address preventive and primary care services for pregnant women, infants, and children under Title V of the Social Security Act.
- Improve coordination of services within at-risk communities that are identified in the approved statewide needs assessment as at risk for poor maternal and child health outcomes. (see [FY 2024 MIECHV NOFO guidance](#) for more information on such communities).¹⁰

Successful MIECHV Program recipients will achieve the following objectives:

A. Implement evidence-based home visiting models or promising approaches that:

1. Deliver high-quality, voluntary home visiting¹¹ as the primary service delivery strategy (See FY 2024 MIECHV NOFO guidance for definitions of [evidence-based home visiting models](#) and [promising approach home visiting models](#)).
2. Provide or support targeted, intensive home visiting services (See [FY 2024 MIECHV NOFO guidance](#) for more information).¹²
3. Serve eligible families residing in communities identified in the statewide needs assessment as at-risk for poor maternal and child health outcomes.¹³
4. Aim to achieve outcomes specified in the six statutorily mandated benchmark areas:¹⁴
 - i. Improved maternal and newborn health.
 - ii. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits.
 - iii. Improvement in school readiness and achievement.
 - iv. Reduction in crime or domestic violence.

⁸ Social Security Act, Title V, § 511(a).

⁹ Social Security Act, Title V, § 511(l)(2).

¹⁰ “At-risk communities” are defined in statute as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of poor prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. Throughout this NCC Update, the term “community identified in the statewide needs assessment” and “community,” except as otherwise noted, are intended to refer to “at-risk” communities with high concentrations of the indicators identified in statute. (See [FY 2024 MIECHV NOFO guidance](#) for definition).

¹¹ Social Security Act, Title V, § 511(e)(7)(A).

¹² Social Security Act, Title V, § 511(d)(3)(B).

¹³ Social Security Act, Title V, § 511(b).

¹⁴ Social Security Act, Title V, § 511(d)(1)(A).

- v. Improvements in family economic self-sufficiency.
- vi. Improvements in the coordination and referrals for other community resources and supports.

B. Coordinate with comprehensive statewide early childhood systems to support families' and communities' needs.

About MCHB and its strategic plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs.

To learn more about MCHB and the Bureau's Strategic Plan, visit [Mission, Vision, and Work | MCHB](#).

Statutory authority

The MIECHV Program is authorized by [42 U.S.C. § 711\(c\)](#) (Title V, § 511(c) of the Social Security Act), to support the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. jurisdictions. Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) (the Act), amended Title V, section 511 of the Social Security Act, including by extending appropriated funding for the MIECHV Program through FY 2027. This Act also introduced new provisions, including authority to award Matching funds. This funding opportunity incorporates statutory requirements included in Section 6101 of the Consolidated Appropriations Act, 2023.

Matching fund allocations are based on a statutory formula, described in [Appendix](#). Eligible entities have the option, but are not required, to apply for Matching funds.

Additional Matching fund allocations are also based on a statutory formula that uses the same principles as Matching funds.¹⁵ However, only eligible entities that expressed interest in receiving additional matching funds in FY 2025 may choose to apply for such funds under this opportunity.¹⁶ For these eligible entities, estimated Additional Matching funds will be identified as part of the total Matching fund award ceiling amount available.

We will award funding if you meet all application requirements. You will receive one award that will consist of Base funds and, if you choose to apply for such funds, Matching funds.

Continuous quality improvement (CQI), performance measurement, and evaluation

Demonstration of improvement

You must track and report how your program helps eligible families in the MIECHV Program improve in at least four out of the six benchmark areas specified in statute¹⁷ that the service delivery model or

¹⁵ Social Security Act, Title V, § 511(d)(1)(A).

¹⁶ Social Security Act, Title V, § 511(d)(1)(A).

¹⁷ Social Security Act, Title V, § 511(d)(1)(A).

models selected are intended to improve.¹⁸ This assessment must be done every three years, with the next one due in FY 2026. For more information, please see [FY 2024 MIECHV NOFO guidance](#). Further guidance on the Demonstration of Improvement and Outcome Improvement Plans is located on the [MIECHV Data and Continuous Quality Improvement](#) webpage.

Continuous quality improvement

You must have an approved CQI Plan in place for FY 2025, but you do not need to include details about your CQI activities in your FY 2025 NCC Update application. Guidance for completing and submitting the CQI plan will be available on the [MIECHV Data and Continuous Quality Improvement](#) webpage in FY 2025. For questions or CQI support, contact your HRSA Project Officer and MIECHV Technical Assistance Resource Center (TARC) Data and CQI TA Specialist.

Performance measurement plan

You are required to implement a Performance Measurement Plan approved by HRSA.¹⁹

A proposed Performance Measurement Plan is not required for submission with this application. If you need to revise or update your previously approved plan, you can submit it to HRSA for approval on an as-needed basis. (See [Reporting](#) for more information about performance measurement.) Please see [this resource document](#) for more information about the performance measurement process and when a program may consider submitting an updated plan.

Evaluation

Awardees implementing a model that qualifies as a promising approach must conduct a well-designed and rigorous impact evaluation. If you are continuing an evaluation design that HRSA approved under a previous MIECHV award, you may use funds from this award to support evaluation activities described in your HRSA-approved Evaluation Plan. If you are proposing to implement a model that qualifies as a promising approach for the first time with this award, or if you wish to conduct a new evaluation design for a current promising approach, you must submit an Evaluation Plan to HRSA within the first 120 days of the period of performance. Identify at least one, but not more than two staff member(s) at the recipient-level who will oversee and monitor the evaluation. See [Personnel](#) for information on staffing plan expectations. If you contract with a third-party evaluator, you must identify the project lead(s). Include the lead(s) in *Attachment 3: Current Organizational Chart*. Your HRSA Project Officer will provide further guidance after award.

If you are participating in the voluntary Coordinated State Evaluation (CSE) with FY 2024 award funding, you may use funds from this award to continue supporting evaluation activities described in your HRSA-approved Full Evaluation Plan.

Evaluation is not required for programs implementing evidence-based home visiting models.

See the [MIECHV Evaluation & Research | MCHB \(hrsa.gov\)](#) webpage for more information.

¹⁸ Social Security Act, Title V, § 511(d)(1)(E)(i).

¹⁹ New award recipients must submit a Performance Measurement Plan to HRSA 90 days after the start of the FY 2025 period of performance.

Award information

Funding policies and limitations

Policies

- If we receive more funding for this program, we may award additional funding in alignment with statutory requirements.²⁰

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects).

To charge indirect costs you can select one of two methods:

- **Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency.
- **Method 2 – *De minimis* rate.** Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Step 2: Get Ready to Apply

HRSA's Electronic Handbooks

Your FY 2025 NCC Update Base and Matching Grant Award application must be submitted through the [HRSA EHBs](#). **Instructions on how to submit the NCC Update application will be emailed to eligible entities with base and matching award ceiling amounts on/around January 17, 2025.**

HRSA is also enhancing EHBs to provide an updated SF-424A Non-Construction application package. While you may begin preparing your application materials upon release of this funding opportunity,

²⁰ Social Security Act, Title V, § 511.

please wait until February 14, 2025 to enter any information into EHBs. Contact your Project Officer if you have any questions.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

For more information about this opportunity, join the following webinar:

FY 2025 MIECHV Program NCC Update Technical Assistance Webinar

Date: Wednesday, February 19, 2025

Time: 3 – 4:30 p.m. ET

Weblink: <https://hrsa.gov.zoomgov.com/j/1616013467?pwd=CjcLu5ixrEu8vEaTMa9Db2YFQizhSD.1>

If you are not able to join through your computer, you can call in and use the meeting ID:

Call-In Number: 1-833-568-8864

Meeting ID: 1616013467

Passcode: 3486575

We will record the webinar. If you are not able to join live, you can watch a recording on the [MIECHV Program Webpage](#).

Have questions? **Go to [Contacts & Support](#)**.

Step 3: Write Your Application

Application contents & format

Add all information outlined in the "required sections" part of the application and review to ensure completeness.

Application page limit: 50 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Any attachments should be saved as a PDF document before submitting through EHBs. Make sure the formatting is consistent with the original document.

Required sections

All of the following sections are **required** for a complete FY 2025 NCC Update application package. You must upload a complete application into the [HRSA EHBs](#) to be considered for funding.

Note: Please read instructions carefully and report only on the specific MIECHV award(s) and period of performance referenced in each section.

Project abstract summary form

Use the Standard OMB-approved Project Abstract Summary Form found in the application package. Do not upload the abstract as an attachment or it may be counted toward the page limit. See Section 3.1.2 of the [Application Guide](#) for more information on the Project Abstract Summary.

Provide a summary of your application. We may share your abstract with Congress and the public to provide additional information about your home visiting program. Please make sure your abstract is clear, accurate, concise, and without reference to other parts of the application. Do not exceed the Project Abstract character limit of 4,000.

The project abstract should include the following sections:

- *Purpose:* Provide a three-to-five-sentence description of your proposed project. Identify your overall aim, intended population(s) to be served, the population and/or community needs to be addressed, the home visiting model(s) implemented, and the proposed home visiting services. Include your plans for use of any Matching funds to expand or improve home visiting service delivery.
- *Goal(s) and Objectives:* State the major goals and objectives of your project. Objectives should support progress toward goals.
- *Approach:* Briefly describe the major methods and activities used to attain your goal(s) and objectives. Please include:
 - Caseload. Provide the total proposed caseload number of MIECHV family slots (see [FY 2024 MIECHV NOFO guidance](#) for a definition) for each federal fiscal year within the FY 2025 period of performance. Your proposed caseload for each federal fiscal year, which is associated with the maximum service capacity reported in Form 4, should be the same throughout your application.
 - MIECHV communities served. Indicate all MIECHV communities you plan to serve in FY 2025, including any new communities added since submission of your FY 2024 MIECHV NOFO application. This number should align with the number reported in [Attachment 2](#).
 - LIAs. State the total number of LIAs/local sites that you are designating to receive FY 2025 MIECHV funding. This number should align with the number reported in [Attachment 2](#).
 - Matching funds. If you are applying for federal Matching funds under this funding opportunity, provide a brief description of how you plan to use these funds to expand or support your home visiting program. Please also describe the source(s) of non-federal funds

you plan to obligate to meet the federal matching requirement. Clearly state if you are not applying for Matching funds and the rationale.

Project narrative

In this section:

1. Description of progress to date: September 30, 2022 to present

Explain the progress your MIECHV program has made toward achieving its goals and objectives **since September 30, 2022 to present**. Include at least three significant achievements. For example, your achievements could be related to service delivery, reaching communities identified in your needs assessment, coordinating with early childhood systems, or supporting the home visiting workforce, among others.

2. Description of significant changes and barriers to progress: May 29, 2024 to present

Provide a **brief description of any significant changes** that have emerged **since submission of your FY 2024 MIECHV NOFO application** and not documented in a prior approval request. Include any barriers to progress that led to program changes (budget, staffing, training, data systems, etc.) in your implementation of the program. Clearly state if there have been no significant changes.

If there have been significant changes, identify and describe these changes related to the following:

- a. Service delivery:
 - Model selection.
 - Caseload.
 - Communities served.
 - Changes to subrecipients or local implementation sites, including changes to contracts with local implementing agencies (LIAs),²¹ closing of existing LIAs, or establishment of new LIAs.
- b. Coordination:
 - Coordinated intake systems or caseload referral methods.
 - Coordination with comprehensive statewide and local maternal health and early childhood systems.
- c. Other significant changes that have impacted your program implementation.

3. Proposed activities for the FY 2025 Base and Matching Grant Awards (X10): period of performance September 30, 2025 to September 29, 2027

This section provides instructions for submission of: assurances of compliance with Program Expectations and Funding Restrictions (see **Required Assurances and Program Expectations**); proposed activities; work plan; and a budget for the FY 2025 period of performance.

In this section:

- a. **Program expectations and assurances:** Include a statement assuring compliance with *each* of the required assurances and program expectations listed in **Required Assurances and Program Expectations** (see additional details in the [FY 24 MIECHV NOFO](#)). You may use the optional *Attachment 7: Assurances Checklist* to provide this information. If you believe

²¹ The term “local implementing agency,” or LIA, includes local sites operated by MIECHV awardee staff.

an assurance or program expectation does not apply to your program, please clearly make a statement to that effect, including a justification/explanation. You must adhere to all statutory and program requirements.

Required Assurances and Program Expectations

- [Priority for Serving Priority Populations at Risk for Poor Maternal and Child Health Outcomes](#)
 - [Enrollment of Eligible Families](#)
 - [Voluntary Family Participation in Home Visiting Services](#)
 - [Maintenance of Effort \(MOE\)](#)²²
 - [Use of Grant to Provide or Support Targeted, Intensive Home Visiting Services](#)
 - [Selection of Home Visiting Service Delivery Model\(s\)](#)
 - [Fidelity to Home Visiting Service Delivery Model\(s\)](#)
 - [Model Developer Concurrence with Model Enhancements](#)
 - [Early Childhood Systems Coordination and Collaboration](#)
 - [Non-duplication and Coordination of Services with Tribal MIECHV Program \(see section f of project narrative: Subpopulations\)](#)
 - [High-Quality Home Visitor Supervision](#)
 - [Subrecipient Monitoring](#)²³
 - Virtual Home Visiting Service Delivery Requirements (See [section k](#) of project narrative: Virtual Home Visiting)
 - Obligation of Federal and Non-federal Funds for Matching (required only if applying for Matching funds – see [Appendix](#) for more information)
- b. [Project plan overview](#): Provide an overview of your project plans for the FY 2025 Base and Matching Grant Awards (September 30, 2025 to September 29, 2027). Include a summary of all major activities planned to achieve your goal(s) and objectives stated in the Project Abstract Summary.

Note: *Proposed activities must be in compliance with MIECHV statute, Program Expectations, and Funding Restrictions detailed in the [FY 2024 MIECHV NOFO](#). Activities must not be duplicative with other federally funded projects.*

Your overview should include:

- (i) Plans for use of any increased funding this year, which may include expansion or improvement of quality of home visiting services; increased family engagement;

²² In this application you must provide an assurance that, for fiscal year 2025, funding will be maintained at a level that is not less than expenditures for these home visiting activities in fiscal year 2019 or 2021, whichever is the lesser.²² **You are required to meet the MOE requirement to receive MIECHV award funding for FY 2025.** If the requirement is not met, you must describe the extenuating circumstance leading to the non-compliance. For more information on MOE, see [FY 2024 MIECHV NOFO guidance](#).

²³ Provide an assurance that you will monitor the performance of subrecipients (including LIAs) to ensure compliance with all federal requirements and performance expectations. See [FY 2024 MIECHV NOFO](#) guidance for more information. For applicants that do not use subrecipients (including LIAs), please provide an assurance that management and program staff hired by the applicant are aware of and compliant with all federal requirements and performance expectations.

retaining or strengthening the home visiting workforce; community readiness assessment and capacity building; or other activities.

- (ii) Indicate any significant changes from your plans described in the FY 2024 MIECHV Program Base and Matching Grant Awards application and provide a brief explanation of each change. We recommend using annotations (e.g., marking elements as “new”) or formatting (e.g., bold or italics) to note changes.

In addition, submit a work plan and timeline for completing these activities as required by *Attachment 1: Work Plan Timeline*. (See [Work Plan Timeline and MIECHV Communities, LIAs, and Caseload](#) for details.)

c. **Models, promising approaches, and model enhancements:**

- i. If you plan to use *new evidence-based model(s) or promising approach(es)* with FY 2025 award funding, please identify which you have chosen, and describe why you have chosen these model(s) or promising approach(es).
- ii. If you plan to use a *new or continuing model enhancement* with a MIECHV-funded home visiting model, describe the enhancement(s), including the information in this section for each enhancement. Otherwise, clearly state if you do not plan to use an enhancement. (For more information about model enhancements, see [Appendix](#)). For each enhancement please describe:
 - Proposed enhancement activities to be funded with the FY 2025 award and how the activities align with the scope of MIECHV.
 - The home visiting model the enhancement(s) will support.
 - Which LIAs will use the enhancement(s) and how the enhancement(s) could change the LIA’s proposed caseload or eligibility of families.
 - Training specific to the enhancement that has been or will be provided.

For any *new* model enhancement to be implemented since submission of your FY 2024 MIECHV NOFO Application, submit as Attachment 5 a letter of concurrence, or completed optional TA resource form “Documentation of Model Enhancement” from the model developer. **Submission of Attachment 5 is not required for continuing model enhancements.** See [Appendix](#) for more information about the model enhancement policy.

Note: *Temporary changes, including any changes to virtual home visiting, made by the model developer due to an emergency are not considered model enhancements.*

- d. **New communities:** With increased federal funding for MIECHV, HRSA strongly suggests that awardees expand services to additional communities through this funding opportunity. Identify any communities you do not currently serve with MIECHV funds that you plan to serve with FY 2025 MIECHV funding. List all communities to be served under this award in [Attachment 2](#). All communities served must be identified in your statewide needs assessment (listed on Table 7 of your most recently approved statewide needs

assessment).²⁴ If you submitted a needs assessment update amendment to your HRSA Project Officer for FY 2025, include the communities you added in this amendment. You may not begin serving any new communities until HRSA approves your needs assessment update amendment.

- i. If *not* adding new communities:
 - Clearly state if you do not intend to serve new communities, and why.
 - If you are not planning to expand services to additional communities with FY 2025 MIECHV funds, share any plans to do so in the future.
- ii. If adding new communities:
 - Explain why you propose to provide services to new communities. Discuss factors that led you to choose these communities.
- iii. For any new communities you intend to serve with FY 2025 MIECHV funds, describe community readiness and capacity for either expansion or provision of new home visiting services, as relevant to your proposed project. Please include:
 - A description of how you will use increased funding to expand services or reach new communities.
 - Any major strengths or barriers to either expansion or providing new home visiting services in the selected communities and plans to address those barriers.
 - How you determined community readiness. To support your planning, please refer to [*Community Readiness: A Toolkit to Support Maternal, Infant, and Early Childhood Home Visiting Program Awardees in Assessing Community Capacity*](#).
- iv. Which evidence-based home visiting model(s) or promising approach(es) you will select for any *new communities* (see [FY 2024 MIECHV NOFO guidance](#) for program requirements related to the selection of evidence-based home visiting models). Describe:
 - How the capacity and resources of these communities will support implementation of the selected evidence-based home visiting model(s).
 - Why these models were selected and how they will address the needs of the communities they are intended to serve.
 - How you will coordinate home visiting expansion plans with key partners and activities. For instance, how you will: align with relevant maternal health and early childhood strategic plans and needs assessments; coordinate with non-MIECHV funded home visiting in your state or jurisdiction; coordinate outreach and enrollment with other federal, state, or local benefit programs; and engage state and local funding partners and/or any philanthropic partners.

²⁴ Social Security Act, Title V, § 511(b).

- How you will work with systems partners to support new communities to implement MIECHV home visiting and establish referral and service coordination networks. Include any notable initiatives or programs you or your LIAs have with key partners.
- e. **Discontinued communities:** Identify any communities²⁵ where you intend to *discontinue* services under the FY 2025 MIECHV Base and Matching Grant Awards.

Clearly state if you do not plan to discontinue services to any communities.

If you plan to discontinue services for certain communities, list the communities and describe why and when services will end. Describe how you plan to support families to transition to other home visiting or early childhood services.
- f. **Subpopulations:** Describe subpopulations you intend to serve (see [FY 2024 MIECHV NOFO guidance](#) for program requirements related to priority population recruitment and enrollment).
 - i. Describe why you selected these subpopulations, including specific community needs within counties identified in your statewide needs assessment (for example, high rates of pregnant and parenting adolescents, substance-using caregivers, families experiencing homelessness, or others targeted subpopulations).
 - ii. Identify which tribal communities, if any, you will serve and describe proposed activities, including collaboration with tribal representatives and ACF Tribal MIECHV Program recipients.
 - Describe how these activities will not be duplicative of any services provided by the Tribal MIECHV Program in these communities.
 - List the tribe(s) and communities served, including reservations, counties, or urban areas, if applicable.
- g. **Eliminating Disparate Outcomes:** Using available data related to MIECHV outcomes for pregnant women and parents, infants, and young children, describe any new strategies and activities that help to reduce or eliminate health disparities for families served. Include coordination efforts with maternal health and early childhood systems partners, including supports for families that have traditionally been underserved. If new strategies and activities have been implemented describe:
 - i. Data sources used to identify disparities (e.g., needs assessment, performance measures).
 - ii. The specific strategies and/or plans to address the identified disparities, including the social drivers of health that are impacting outcomes for those enrolled in MIECHV-funded home visiting services.

²⁵ The term “communities” is operationalized as counties, county equivalents, or sub-territory geographic units identified as at-risk in Table 7 of your most recently approved statewide needs assessment update, or specific communities within these areas (including tribal communities). See [FY 2024 MIECHV NOFO guidance](#) for additional details.

- iii. Plans to address disparities in family recruitment and retention, including how you will engage families and those with lived experience in creating solutions that impact them.
- h. **Systems Coordination:** Describe how you and any LIAs will promote coordination of services for families served.
 - i. Describe any changes to how you and LIAs, if applicable, establish appropriate linkages and referral networks to other community resources and supports.
 - Examples include: Medicaid enrollment, Supplemental Nutrition Assistance Program (SNAP) enrollment, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) enrollment, transportation supports, housing supports or other HUD programs, medical home, mental health services, childcare, Part C Early Intervention, and child welfare.
 - ii. Describe the key partnerships and collaborations you are prioritizing to refer and connect families to resources, and coordinate services within the maternal health and early childhood serving systems. Note any barriers to these partnerships and collaborations and how you have or will address them.
- i. **Recruitment and Retention of Staff:** Briefly describe how you will plan for and address recruitment and retention of qualified staff at the awardee and LIA levels, including professional development activities and any efforts to address staffing vacancies or other staffing challenges (e.g., reassignments). Include the following:
 - i. Highlight efforts to promote staff well-being.
 - ii. Describe how workforce strategies support the reduction or elimination of disparate outcomes for families. Examples of strategies may include increasing staff diversity, improving equitable access to resources and training, or creating more inclusive workplace practices.
 - iii. Describe activities to promote competitive compensation for staff, including wages and benefits.
 - iv. Describe any proposed changes to key staff at the awardee level beginning with the FY 2025 MIECHV Base and Matching Grant Awards period of performance.
 - v. Provide a current project organizational chart with position titles, names and vacancies noted, contractors, and other significant collaborators as *Attachment 3*. Include staff biographies and resumes for any **new key staffing positions** since submission of your FY 2024 MIECHV NOFO funding application as one of the additional attachments (*Attachments 8–15*) (for more information on key staffing positions, see the [budget narrative instructions for personnel costs](#)).
- j. **Written agreements:** Describe any **new** written agreements or key changes to required or other high-priority partnerships (as described in [FY 2024 MIECHV NOFO guidance](#)). Clearly state if there are no changes. **You are not required to submit written agreements.**
 - i. If you have made any *changes* to written agreements or started any *new* written agreements since submission of your FY 2024 MIECHV NOFO funding application, please provide the following information for each written agreement as *Attachment*

6: *New or Revised Written Agreements*, or use your own format to provide the following information:

- The name of the state agency or other entity with whom you have the agreement (if you are in the same agency or organization, state this and include whether you have an informal agreement in place).
- The date the most recent agreement was created or fully executed (whichever is later).
- The expiration date of the agreement (if applicable).
- A brief summary (for example, a few bullets or short sentences) of the agreement's purpose and scope of collaboration related to MIECHV.

k. **Virtual Home Visiting:** You must provide the following **assurances (these may be included in the optional Attachment 7: Assurances Checklist**, or written as a narrative in this section if greater detail is needed):

- i. You have and are following your plan to encourage in-person home visits, as described in your submission of the [FY 2024 MIECHV NOFO guidance](#). You should conduct at least 75% of home visits in person during the FY 2025 period of performance, as reported in FY 2026 performance data. HRSA anticipates that the program threshold for in-person home visits will increase up to 85% in the coming years. **If you have updated your plan, please describe any changes.**
- ii. You are using the considerations described in your FY 2024 NOFO Base and Matching Grant Awards funding application to determine when a virtual home visit is appropriate. **If you have altered considerations, please describe those changes.**
- iii. Virtual home visits are implemented as a model enhancement, or virtual home visits have been identified as part of an effective model or model adaptation based on an evidence of effectiveness review.²⁶
- iv. You will conduct at least one in-person home visit per family during each 12-month period of enrollment, except when there is a Federal- or State-declared public health emergency during which the 12-month time period may be extended.²⁷
- v. Training standards for virtual visits are equivalent to those that apply to in-person service delivery.²⁸

Note: *If you conduct virtual home visits and do not comply with these required assurances, HRSA will provide the necessary technical assistance to assist with compliance.²⁹ Even if you do not plan to allow LIAs to regularly conduct virtual home visits, extenuating circumstances such as weather events or public health emergencies may make it necessary.*

²⁶ Social Security Act, Title V, § 511(e)(10)(B).

²⁷ Social Security Act, Title V, § 511(e)(10)(C).

²⁸ Social Security Act, Title V, § 511(d)(4)(B).

²⁹ Social Security Act, Title V, § 511(d)(4)(E).

You must also report the number of virtual home visits conducted annually, disaggregated by model, to HRSA on annual performance reporting forms.³⁰

I. **Leveraging Funding Sources**

- i. Describe how your state or jurisdiction leverages funding sources other than MIECHV Program funding, such as public insurance financing or braiding of funds across programs, to support evidence-based home visiting. Sources may include: Medicaid, the Title V Maternal and Child Health Services Block Grant, Title IV-E foster care prevention funds as described in the Family First Prevention Services Act, the Preschool Development Grant Birth-to-Five, Early Childhood Comprehensive Systems (ECCS), the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), transportation supports, and housing supports.
- ii. If you leverage other funding sources, describe any direct alignment of activities or braiding of funds with other federally funded programs to improve the reach, quality, coordination, or sustainability of MIECHV services.
- iii. Clearly state if you are not leveraging other funding sources to support evidence-based home visiting.

m. **Matching funds:**

- i. Describe partnerships and key successes in securing non-federal funds to match federal funds made available for FY 2025.
- ii. Describe any significant challenges in meeting your matching fund award ceiling amount and any plans to address these challenges in the future.
- iii. Provide an estimate of the number of participants served during a twelve-month period (e.g., October 1, 2024, through September 30, 2025) with the non-federal funds you used to qualify for the federal match with your FY 2024 MIECHV grant award.³¹
 - i. If the non-federal funds you identified are directly providing services to support a caseload of families served, please report the total number of participants (adults and index children) you anticipate being served during the reporting period.
 - ii. If the non-federal funds you identified support home visiting through other administrative or infrastructure activities (such as trainings, staff time, or centralized intake), calculate a proportion of the home visitor caseload those activities are supporting and project the number of participants (adults and index children) you anticipate would be served during the reporting period. Please briefly describe your method for calculating the proportion used to determine the estimate of the number of participants reported here.

³⁰ Social Security Act, Title V, § 511(e)(8)(A).

³¹ Families reported here should not be duplicative of those reported on form 1.

- iv. Provide an estimate of the number of participants (adults and index children) you plan to serve with the non-federal funds you have identified to qualify for the federal match in this FY 2025 MIECHV grant application.³²
- n. **Additional Matching funds:** Additional Matching funds will be awarded FY 2025 through FY 2027, subject to availability of funding. Annually, we will award any matching funds that were either: 1) not awarded in a prior fiscal year(s); or 2) returned to us from recipients' deobligated matching funds from prior awards and available for award. Additional Matching funds will be calculated and included in the total matching funds ceiling amount only for eligible entities that express interest in receiving them, based on the statutory formula. Awardees can apply for matching funds up to the ceiling amount provided by HRSA, provided that they identify the necessary corresponding non-federal funds.
 - i. **To express interest in receiving additional FY 2027 unobligated matching funds, provide a statement of interest in your application.** Indicating your interest in Additional Matching funds does not require you to apply for these funds in FY 2027.

Note: Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.
- o. **Pay for outcomes:** If you intend to implement a pay for outcomes (PFO) initiative, describe any past or proposed activities that would support such an initiative, such as a feasibility study, third party evaluation, and outcome payments. Refer to [FY 2024 MIECHV NOFO guidance](#) for additional instructions.
- p. **Awardee-led Evaluations:** Provide a statement indicating whether you plan to use funding from this award to:
 - i. Begin a new evaluation of a model that qualifies as a promising approach. Describe:
 - The purpose and the focus of the evaluation.
 - How the evaluation design will meet requirements for an assessment of impact using an appropriate comparison condition.

Note: Promising approaches must be evaluated through a well-designed and rigorous process. HRSA must approve any new promising approach evaluation. See [FY 2024 MIECHV NOFO guidance](#) for a description of the statutory Limit on Funds for Conducting and Evaluating a Promising Approach.
 - ii. Continue an evaluation of a model that qualifies as a promising approach that was approved under a previous MIECHV award.
 - iii. Continue an existing coordinated state evaluation (CSE) originally proposed under your FY 2024 formula award.

Note: Clearly state if you do not propose to conduct any of these evaluations with the FY 2025 Base and Matching Grant Awards, including if you will discontinue a previously

³² See [Appendix](#) for more information on additional reporting of non-federal funds.

approved evaluation. Your HRSA Project Officer will provide guidance on completing your Evaluation Plan after the project [start date](#).

4. Work plan timeline and MIECHV Communities, LIAs, and Caseload

For this section, include the following as attachments:

- a. **Attachment 1: Work Plan Timeline:** Provide a work plan timeline that includes: 1) a list of key activities to achieve each of the objectives proposed; 2) anticipated outputs; 3) responsible staff for each activity; and 4) timelines for completion. The work plan timeline must extend across the period of performance (September 30, 2025, through September 29, 2027) and include anticipated start and completion dates for activities.
- b. **Attachment 2: MIECHV Communities, Local Implementing Agencies, and Caseload of Family Slots:** Communities, LIAs and Caseload should include totals across Base and Matching funds. Please list each LIA and, for each LIA, identify the:
 - i. County/ies, County Equivalent or Tribal entity(ies) the LIA will serve (in whole or in part; these must be identified as listed on Table 7 of your most recently approved statewide needs assessment. If you submitted a needs assessment update amendment to your project officer for FY 2025, you may reflect the communities you added in the amendment. You may not begin serving those new communities until your needs assessment update amendment is approved by HRSA.
 - ii. Evidence-based model(s) and/or promising approach models the LIA will implement.
 - iii. Current caseload of MIECHV family slots (maximum service capacity) from 10/1/2024 through 9/30/2025 by model.
 - iv. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 1 (10/1/2025 through 9/30/2026) by model.
 - v. Proposed caseload of MIECHV family slots (maximum service capacity) for Year 2 (10/1/2026 through 9/30/2027) by model.
 - vi. Estimated cost per family slot using proposed caseload from 10/1/2025 through 9/30/2027.

Make your best estimates of proposed caseloads assuming stable Base Grant funding from FY 2025 to FY 2027. You may request revisions to caseloads should there be changes in future funding.

Note: Caseloads reported in this attachment must align with numbers reported in the abstract. Please also provide the total caseload sum of all LIAs.

Budget

Prior to completing your application, see Funding Restrictions in [FY 2024 MIECHV NOFO guidance](#) for complete descriptions of the limitations on the following types of expenditures. **Please wait until February 14, 2025 to enter any information into EHBs:**

- Limit on Funds to Support Direct Medical, Dental, Mental Health, or Legal Services.

- Statutory Limit on Use of Funds for Administrative Costs.³³
- Statutory Limit on Funds for Conducting a Program Using a Promising Approach (including Evaluation of the Program).³⁴

Note: Please do not include prior year MIECHV formula funds in the SF-424A or the budget narrative.

***If you are requesting MIECHV Base Grant funds or Matching Grant funds for the purpose of a PFO initiative, please disregard this section and instead refer to the [PFO Budget Instructions](#).**

Period of Performance

The project/budget period for this NCC Update is 2 years, from September 30, 2025, through September 29, 2027. Home visiting services must be made available throughout the full period of availability;³⁵ however, maintaining the same rate of expenditures or the same level of home visiting services throughout the full period of performance is not required.

Reminder: award funds that have not been obligated for expenditure during the period of availability for use will be de-obligated. FY 2025 funds must be obligated by recipients no later than September 29, 2027, and such obligations must be liquidated by December 31, 2027.

Key Requirements

You must have adequate financial management systems and internal controls to manage federal awards. For those using LIAs, you are responsible for reviewing subrecipients' and local sites' budgets according to all applicable recipient policies and procedures and for ensuring adequate post award monitoring of activities and expenditures.³⁶ Similar requirements apply to applicants hiring management and program staff to implement the home visiting program.

MIECHV award funding is subject to a 10% limit on administrative costs. (For complete detail on the limit of use of MIECHV funds for administrative cost limitation requirement, see [Appendix](#)). **Note that the definition of MIECHV administrative costs has changed.** Administrative costs exclude direct costs and are now defined as indirect costs, aligned with your indirect charges included in the budget and budget narrative. As a result of this change, you are no longer required to include a separate line-item breakdown and description of activities for administrative costs. You must have a process to ensure that administrative costs do not exceed the limitation, but you do not need to separately identify and track personnel time and other direct costs by activity.

Final personnel charges must be based on actual, not budgeted labor. For contract personnel positions, you must have a formal written agreement with the contracted individual that specifies the nature of the relationship between the parties, even if that relationship does not involve a salary or other compensation.

Contracting and subcontracting are allowable under this program; however, sub-granting is not allowable under this program except as specifically authorized. If you intend to provide services through subrecipient LIAs, you must have a written plan in place for subrecipient monitoring and must actively

³³ Social Security Act, Title V, § 511(d)(6).

³⁴ Social Security Act, Title V, § 511(d)(3)(A).

³⁵ Social Security Act, Title V, § 511(k)(3)(A).

³⁶ Recipients must show they are meeting all MIECHV monitoring requirements, regardless of the type of relationship they have with their implementing agencies.

monitor subrecipients. See [FY 2024 MIECHV NOFO guidance](#) for a complete description of subrecipient monitoring.

Unless you have prior approval from HRSA, you must plan to use at least 75% of MIECHV federal funds awarded for Service Delivery Expenditures to deliver targeted and intensive evidence-based home visiting services. For a complete definition and examples of service delivery expenditures, see the [FY 2024 MIECHV NOFO guidance](#).

Required Submissions

a. Budget Forms

Complete Application Form SF-424A Budget Information – Non-Construction Programs in the EHBs. The completed SF-424A form does not count towards your total page limit; however, any related budget narrative does count. **The project/budget period is 2 years.** Provide a line-item budget narrative using the budget categories in the SF-424A for the period of September 30, 2025, through September 29, 2027.

- i. **In Section A of the SF-424A budget form, use row (1) and label it Federal Base**, to provide the total federal **Base** funding budget amount you will request for FY 2025 (see communication via HRSA's EHBs for the total amount you may request). Please enter the amounts in the “New or Revised Budget” column under “Federal”, not the estimated unobligated funds column.
- ii. **In Section A of the SF-424A budget form, use row (2) and label it Federal Match**, to provide the total federal **Match** funding budget amount you will request for FY 2025 (see communication via HRSA’s EHBs for the total amount you may request). Please enter the amounts in the “New or Revised Budget” column under “Federal” not the estimated unobligated funds column. Only include amounts in this column if you are applying for Matching funds.
- iii. **In Section A of the SF-424A budget form, use row (3) and label it Non-Federal match** to provide the total **non-federal funding** budget amount you will be providing as matching non-federal funds if you are applying for Matching funds. Please enter the amounts in the “New or Revised Budget” column under “Non-Federal”. Only include amounts in this column if you are applying for Matching funds.
- iv. **In Section B of the SF-424A budget form, use Federal Base column** to provide object class category breakdown for the entire period of performance of FY 2025 base funds. Do not separately report budget amounts for each year of the award period.
- v. **In Section B of the SF-424A budget form, use Federal Match column** to provide object class category breakdown for the entire period of performance of FY 2025 federal matching funds. Do not separately report budget amounts for each year of the award period. Do not include amounts in this column if you are not applying for Matching funds.

- vi. **In Section B of the SF-424A budget form, use Non-Federal column** to provide object class category breakdown for the entire period of performance of FY 2025 non-federal matching funds. Do not separately report budget amounts for each year of the award period. Do not include amounts in this column if you are not applying for Matching funds.

Program Income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions

The Further Consolidated Appropriations Act, 2024 (P.L. 118-47), Division D, Title II, § 202 Salary Rate Limitation does **not** apply to this program.

Budget Narrative

Describe the amounts requested for each line in the budget form Section B Object Class Categories. Amounts should match and be mathematically correct with amounts in your budget narrative and SF-424A.

The budget narrative should specifically describe how each item will support carrying out proposed activities during the period of performance. See additional detailed instructions in Section 3.1.5 of the [Application Guide](#). Note that the budget narrative should not be used to expand the project narrative.

Additionally, if you are applying for Matching funds, the budget narrative should also include a description and breakout of each line-item for Base and Matching funds.

Include the following in the budget narrative:

- a. **Personnel Costs:** List each recipient staff member and the details listed (1-6). If personnel costs are supported by in-kind contributions, indicate the percent of effort and the source of funds.

Note: *this list should align with the staffing plan you submitted with your FY 2024 MIECHV Base and Matching Grant Award application AND any changes to positions indicated under Recruitment and Retention of Staff under [Assurances and Proposed Program Activities and Expectations](#) in this project narrative. If you are proposing an entirely new staffing plan for your FY 2025 funds, please include that here.*

Provide:

- i. The full name of each staff member (or indicate a vacancy).
- ii. Position title.
- iii. Percentage of full-time equivalency (FTE) dedicated to this MIECHV award.³⁷
- iv. Annual/base salary.

³⁷ Total percent of effort for each personnel funded under this award must not exceed a sum of 100% FTE on all federally funded projects.

- v. Federal amount requested.
 - vi. If supported by in-kind contributions, indicate percent of effort and funding source(s).
- b. **Fringe Benefits:** List the components that make up the fringe benefit rate (for example, health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement). Fringe benefits should be directly proportional to the portion of personnel costs allocated for the project.
- c. **Travel:** List travel costs according to distance and long-distance travel. Travel expenses can include local and long-distance travel for participation in meetings that address home visiting efforts, other proposed trainings or workshops, and monitoring visits to LIAs. For local travel, give the mileage rate, number of miles, and reason for travel including staff traveling.

For meetings, trainings, and workshops, include expenses like airfare, lodging, and per diem for each person and each trip.

You must budget for required MIECHV meetings, if applicable. These include:

- All-Grantee Meeting (at least 1 in-person meeting for up to 5 people for 5 days) during the period of performance (once every 2 years).
- CSE meetings, *if applicable* (two in-person peer network meetings in year 1 of the period of performance, up to two people for 2 days).
- HV-CollN TA activities, *if applicable* (at least one in-person learning session for recipient and/or LIA teams).

Note: *The All-Grantee Meeting (AGM) will take place approximately every two years, with the next AGM anticipated in Fall 2025.*

- d. **Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Include a detailed status of current equipment if acquiring new equipment.
- e. **Supplies:** List the items used to carry out the proposed project. Include a description of the types of supplies estimated (e.g., Office, Medical, Educational).
- f. **Contractual:** List each planned contract, including:
- i. The purpose of the contract, including which home visiting model(s) will be used and which communities served, if applicable.
 - ii. How the costs were estimated. Do not provide line-item details on proposed contracts. Instead, provide the basis for your cost estimate for the contract.
 - iii. The contract deliverables and how the agreement relates to the overall project.
- g. **Other:** Include all costs that do not fit in any other category and provide an explanation of each cost under “Other” (for example, provider licenses, audit, etc.). Rent, utilities, and insurance may fall under this category if they are not included in an approved indirect cost rate. Include the cost of anything that helps anyone access project-related content.

- h. **Indirect Costs:** Include any planned indirect (facilities and administration) costs. If negotiated indirect costs are included in the budget, attach a copy of the indirect cost rate or allocation plan agreement as one of the attachments under Other Relevant Documents (Attachments 8-15). This does not count toward the total page limit.
- i. **Administrative Costs:** Administrative costs are now being defined as Indirect Costs (facilities and administration). No more than 10% of the federal award amount may be used to cover recipient costs of administration. If you meet the qualifying criteria for exception and need to request to use up to 15% of the total award, please describe those criteria here. The criteria for exceptions include when you directly provide home visiting services without a subrecipient, are expanding to new communities, or are new to administering MIECHV within the past 3 years. See [Appendix](#) for additional details.
- j. **Matching funds:** Clearly state if you are not applying for Matching funds. If you are applying for Matching funds, include the amount of federal funds you are applying for and the amount non-federal funds you propose to obligate as defined in [Appendix](#). See [Appendix](#) for more information on how the formula determines the matching allocation.

Specifically in your application:

- i. Provide the amount of *non-federal funds* you propose to obligate.
- ii. Provide the amount of *federal matching funds* you are requesting in this application.
- iii. Identify and describe *each non-federal funding source* proposed to be used to qualify for Matching funds. See the [Appendix](#) for a definition and examples of non-federal funding sources for the purposes of matching funds.

Budget – Pay for Outcomes Budget Submission

Applicants that **are** requesting to use a portion of their MIECHV formula award for a PFO initiative must follow [PFO Budget Instructions](#).

Required Attachments

You may upload only the attachments listed below with the NCC Update submission (no more than 15 total attachments). Each attachment must contain the Project Title, Organization Name, and Primary Contact Name. Standard forms do not count against the page limit; however, attachments do count against the page limit unless otherwise noted. You must ensure each attachment is correctly labeled and uploaded in the “Attachments” section in the EHBs as follows:

- Attachment 1: *(Required)* Work Plan Timeline
- Attachment 2: *(Required)* MIECHV Communities, Local Implementing Agencies, and Caseload of Family Slots
- Attachment 3: *(Required)* Current Organizational Chart
- Attachment 4: *(Only if applicable; does not count towards page limit)* Indirect Cost Rate Agreement or Allocation Plan
- Attachment 5: *(Only if applicable)* Model Developer Documentation for Model Enhancements

- Attachment 6: *(Only if applicable)* New or Revised Written Agreements
- Attachment 7: *(Optional)* Assurances Checklist
- Attachments 8–15: *(Optional)* Other Relevant Documents

Step 4: Learn About Application Review & Award Notice

Application review

Review criteria

The MIECHV Program is a formula-based program. We will review each application for [completeness and eligibility](#), all required documents, and compliance with the requirements outlined in this NCC Update. We may ask you to submit additional information (for example, an updated budget) as you prepare for an award.

We distribute MIECHV Program funds among eligible entities with complete applications according to statutory funding formulas described in [Appendix](#). You received a communication containing your Base and Matching fund award ceiling amounts on or around January 17, 2025.

Award notice

We issue Notices of Award (NOA) on or around the [start date](#) listed in this NCC Update.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application deadlines & submission

Deadlines

You must submit your completed and validated application in HRSA’s EHBs under HRSA-25-031 **by April 21, 2025, at 11:59 p.m. ET.**

Submission information

Your FY 2025 MIECHV NCC Update application must be submitted through the [HRSA EHBs](#). Instructions on how to submit the NCC Update application will be emailed to eligible entities with award ceiling amounts on/around January 17, 2025.

The application may not exceed the equivalent of 50 pages when printed by HRSA. The page limit includes the project and budget narratives and required attachments. Standard OMB-approved forms, such as the SF-424, SF-424A, and Project Abstract Summary forms are NOT included in the page limit. If there are other items that do not count toward the page limit, we'll make this clear.

Have questions? [Go to Contacts & Support.](#)

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
Project abstract <input type="checkbox"/>	Submit using Project Abstract Summary Form.	Yes
Project narrative <input type="checkbox"/>	Submit in EHBs.	Yes
Budget narrative <input type="checkbox"/>	Submit in EHBs.	Yes
Attachments	Upload in the "Attachments" section in EHBs. Up to No more than 15 total attachments may be uploaded.	
<input type="checkbox"/> Attachment 1: Work Plan Timeline (required)		Yes
<input type="checkbox"/> Attachment 2: Communities, Local Implementing Agencies, and Caseload of Family Slots (required)		Yes
<input type="checkbox"/> Attachment 3: Current Organizational Chart (required)		Yes
<input type="checkbox"/> Attachment 4: Indirect Cost Rate Agreement or Allocation Plan (only if applicable)		No
<input type="checkbox"/> Attachment 5: Model Developer Documentation for Model Enhancements (only if applicable)		Yes

<input type="checkbox"/> Attachment 6: New or Revised Written Agreements (only if applicable)		Yes
<input type="checkbox"/> Attachment 7: Assurances Checklist (optional)		Yes
<input type="checkbox"/> Attachments 8–15: Other Relevant Documents		Yes
<u>Other required forms*</u>	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	Included in EHBs application.	No

**Only what you attach in these forms counts toward the page limit. Forms themselves do not count against the page limit.*

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative & national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supply.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.

- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

Data exchange standards & interoperability

Section 50606 of the Bipartisan Budget Act of 2018 provides authority for HRSA to establish data exchange standards for improved interoperability in two categories of information: (1) data required to be submitted as part of federal data reporting, and (2) data required to be electronically exchanged between the MIECHV state agency and other agencies within the state by required by applicable federal law.³⁸ For more information, see the [FY 2022 MIECHV NCC Update](#) and the [MIECHV Data and Continuous Quality Improvement](#) webpage.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact [the HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

³⁸ Social Security Act, Title V, § 511(h)(5).

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or
 - An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

Federal financial report

The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.

Annual performance report

You must submit data for FY 2025 MIECHV Annual Performance Reporting Forms 1 and 2 by October 31, 2026. You will provide 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. These measures represent activities that occurred during the reporting period of October 1, 2025, through September 30, 2026. Future annual performance reporting will be required using the same timeline.

Annual Performance Report, Form 1: The demographic, service utilization, and select clinical indicators performance report has several measures, detailed on the [HRSA website](#).

Note: all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the model and for whom at least 25% of her/his personnel costs (salary/wages including benefits) are paid for with MIECHV funding (Home Visitor Personnel Cost

Method), or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV recipient and the LIA (Enrollment Slot Method).

Annual Performance Report, Form 2: This includes data collected for the 19 constructs defined by HRSA within the six benchmark areas. HRSA will use this data to meet statutory reporting requirements for the demonstration of improvement.³⁹ A complete listing of these areas is available on the [HRSA website](#).

Specific inclusion and eligibility criteria have been established for each measure. TA resources are available online on the [Data and Continuous Quality Improvement](#) webpage.

Quarterly performance reports

We require that you submit quarterly performance reports, Form 4, that include:

- The number of new and continuing households served.
- Maximum service capacity.
- Identification of LIAs and counties where households are served.
- Family engagement and retention.
- Staffing.

You will submit these reports through the HVIS, accessed through EHBs. Reports will be due no later than 45 days after the end of each reporting period.⁴⁰ We define quarterly reporting periods as follows:

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

MIECHV-supported LIAs that have been active for one year or longer should strive to maintain an active enrollment of at least 85% of their maximum service capacity. Quarterly performance reports will help HRSA track this information at the recipient level for award oversight and monitoring purposes. The reports will help us target TA resources as necessary.

³⁹ Social Security Act, Title V, § 511(d)(1)(E) requires eligible entities to track and report information demonstrating that the program results in improvements for the eligible families participating in the program in at least four of the six statutorily defined benchmark areas, no later than 30 days after the end of fiscal year 2020 and every 3 years thereafter. The next report is due at the end of fiscal year 2026. A recipient that does not submit the MIECHV Annual Performance Report, Form 2 by October 31, 2026 will be considered non-compliant with program requirements, which may impact MIECHV grant award funding in subsequent funding years.

⁴⁰ The submission due date associated with Form 4 Quarterly Performance Reports is 30 days from the last day of the reporting period. However, since 30 days is a shorter turn-around period than in previous years, we have instituted a temporary 45-day submission period to help transition recipients to the shorter submission timeframe. We will provide written notice prior to making any additional changes.

Integrity and performance reporting

The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility / Qualification](#) (formerly named FAPIIS), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

Contacts & Support

Agency contacts

Program & eligibility

Division of Home Visiting and Early Childhood Systems

Attn: MIECHV Program

Maternal and Child Health Bureau

Health Resources and Services Administration

Email your questions to this program's inbox: HomeVisiting@hrsa.gov

Call: 301-443-8590

Financial & budget

LaToya Ferguson

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email: lferguson@hrsa.gov

Call: 301-443-1440

Tynise Kee

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email: tkee@hrsa.gov

Call: 301-945-3944

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Helpful websites

[HRSA's How to Prepare Your Application page](#)

[HRSA Application Guide](#)

[HRSA Grants page](#)

[HHS Tips for Preparing Grant Proposals](#)

Appendix: Selected Program Requirements

Awardees are expected to adhere to all program requirements outlined in the FY 2024 MIECHV NOFO guidance, with the exception of those revised in this appendix.

Model Enhancements

For the purposes of the MIECHV Program, an acceptable enhancement of an evidence-based model is a variation to better meet the needs of families served that does not alter the model's core components, as defined by the model. Model enhancements may or may not have been developed by the national model developer, and enhancements may or may not have been tested with rigorous impact research. Prior to implementing a model enhancement, the model developer must determine that it does not alter the core components related to program impacts. HRSA must also approve its use.

Awardees wishing to adopt a model enhancement must submit to us documentation from the national model developer(s) that identify the core components of the model most closely associated with the model enhancement and provide a description of how the enhancement interacts with the model's core components. Documentation must also include a statement indicating that the model enhancement does not alter the core components of the model, and a rationale demonstrating that using the enhancement does not alter core components of the model. You may submit a letter of concurrence from the model developer or fill out the optional Model Enhancement Documentation TA template form. See further instructions in [Assurances and Program Expectations](#).

Temporary changes to the model made by the model developer due to an emergency are not model enhancements.

It is your responsibility to ensure that the proposed enhancement is in alignment with the scope of MIECHV. The activities must also be in alignment with your organizational policies and general federal requirements including tracking and monitoring of allowable activities and associated costs (such as 45 CFR §75.430).

You must submit documentation of model concurrence for *continuing* model enhancements with each NOFO application, anticipated every 3 years. You must provide documentation of model concurrence for each *new* model enhancement at the time of the initial request for HRSA approval. Once approved by HRSA, a model enhancement is always approvable as an enhancement unless a model changes its core components.

By law, if the use of virtual home visits has not been identified by HRSA as part of an effective model or model adaptation, based on [HomVEE](#) review, you must implement virtual home visits as a model enhancement. You do not have to submit a letter of concurrence from the model developer indicating that the use of virtual home visits does not alter the core components of the model for any of the models on the following list, as they have provided HRSA with required virtual home visit model enhancement documentation. No additional documentation of concurrence is required to conduct virtual or hybrid home visits.

Models approved for virtual home visits model enhancement implementation include:

- Child First
- Family Check-up for Children
- Family Spirit
- Health Access Nurturing Development Services (HANDS) Program
- Healthy Families America (HFA)
- Home Instruction for Parents of Preschool Youngsters (HIPPIY)
- Maternal Early Childhood Sustained Home Visiting Program (MESCH)
- Maternal Infant Health Outreach Worker (MIHOW)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Promoting First Relationships – Home Visiting Intervention Model
- SafeCare Augmented

Base and Matching Funds

Overview

Under this funding opportunity, eligible entities may apply for MIECHV Program funding that includes up to three sources: Base funds, Matching funds, and Additional matching funds.⁴¹ HRSA will issue MIECHV Program grants using one Notice of Award (NoA) that includes Base funds, Matching funds, and Additional Matching funds, if available and requested by the awardee. See the [Funding details](#) section for information on MIECHV Program funding and the following sections for information on Base funds and Matching funds.

Base Funds Formula

Per statute, the Base funds that awardees receive will remain stable each year based on the statutory formula for such funds, subject to the availability of appropriations.⁴²

We calculated the Base funding under this NCC, in part, according to each state or jurisdiction's share of children under the age of 5.⁴³ We used the most recent U.S. Census data available before FY 2023 to determine this share.^{44,45} To ensure stable funding, we applied 10% guardrails to base award allocations, meaning we award each state, or jurisdiction, no less than 90% of their funding for FY 2021 and no more

⁴¹ To be eligible to receive Additional Matching funds for FY 2025 under this NCC, eligible MIECHV award recipients must have provided a statement of interest through a RFI sent through HRSA's EHBs in September 2023. See 42 U.S.C. 711(c)(4)(B)(ii).

⁴² 42 U.S.C. 711(c)(4)(A)(ii).

⁴³ 42 U.S.C. 711(c)(4)(A)(ii).

⁴⁴ Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from

[https://data.census.gov/table?t=Age+and+Sex&g=0100000US\\$0400000&y=2021&tid=ACSST1Y2021.S0101](https://data.census.gov/table?t=Age+and+Sex&g=0100000US$0400000&y=2021&tid=ACSST1Y2021.S0101)

⁴⁵ Bureau, U. S. C. (n.d.). Explore census data. Retrieved April 6, 2023, from

[https://data.census.gov/table?q=United+States+decennial&t=Age+and+Sex&g=0100000US,\\$0400000&y=2020&tid=DECENIALDPMP2020.DP1](https://data.census.gov/table?q=United+States+decennial&t=Age+and+Sex&g=0100000US,$0400000&y=2020&tid=DECENIALDPMP2020.DP1)

than 110% of their funding for FY 2021. We distribute any remaining funds proportional to each award recipients' share after guardrails have been applied. A \$1.0 million minimum base amount also applies.⁴⁶

Matching Funds

Matching Funds Formula

We calculate the federal matching ceiling amount each year for each state and jurisdiction in two steps:

- Allot each award recipient the minimum matching grant allocation amount for the fiscal year.⁴⁷
- Identify any further Matching funds amounts for each eligible entity for the fiscal year based, in part, on the proportion of children under 5 living in households with incomes below the poverty line, using the most recent U.S. Census data available.^{48,49}
- Identify Additional Matching funds available for award for the fiscal year to an eligible entity that submitted a statement indicating a desire for additional Matching funds. This determination is based on the applicable statutory criteria for such additional matching funds.⁵⁰

Matching Funds Requirements

Federal matching funding may be awarded up to the award ceiling amount. HRSA identifies eligible entity matching amount award ceilings in EHBs.

You are not required to apply for federal matching funds. If you apply for matching funds in FY 2025, you may apply for up to your matching funds award ceiling amount, which will vary by state or jurisdiction, and you must demonstrate that you can meet the requirements outlined in this NCC Update with respect to obligations of non-federal and federal funds. **To be eligible to receive federal matching grant funds, you must also provide an assurance that you will contribute and obligate (i.e., commit) the amount of non-federal funds identified in the budget narrative during the period of performance (this assurance may be included in the optional Attachment 7: Assurances Checklist).** These non-federal funds must support home visiting services delivered in compliance with MIECHV requirements as set forth in this NCC Update, including requirements related to: the demonstration of improvement in outcomes, implementation of evidence-based models or promising approaches, providing or supporting targeted and intensive home visiting models, and prioritizing services to priority populations (see [FY 2024 MIECHV NOFO guidance](#) for more information on non-federal funds).

Applying for federal matching funds does not mean that you will be awarded the amount you request. HRSA will review your application to ensure that all requirements for matching fund awards are satisfied, as further described in the [Budget Narrative](#). If you apply for matching funds but contribute

⁴⁶ 42 U.S.C. 711(c)(4)(A)(iv).

⁴⁷ 42 U.S.C. 711(c)(4)(B)(v).

⁴⁸ Bureau, U. S. C. (n.d.). Explore census data. Retrieved September 16, 2024, from [https://data.census.gov/table/ACSST1Y2022.B17006?q=children under poverty age&t=Age and Sex:Families and Household Characteristics:Family Size and Type:Populations and People&g=010XX00US\\$0400000](https://data.census.gov/table/ACSST1Y2022.B17006?q=children under poverty age&t=Age and Sex:Families and Household Characteristics:Family Size and Type:Populations and People&g=010XX00US$0400000)

⁴⁹ Bureau, U. S. C. (n.d.). Explore census data. Retrieved September 16, 2024, from [https://data.census.gov/table?q=2020+Small+Area+Income+and+Poverty+Estimates+&t=Age+and+Sex&Ag=010XX00US\\$0400000&y=2021&tid=DECENNIALDPGU2020.DP3](https://data.census.gov/table?q=2020+Small+Area+Income+and+Poverty+Estimates+&t=Age+and+Sex&Ag=010XX00US$0400000&y=2021&tid=DECENNIALDPGU2020.DP3)

⁵⁰ 42 U.S.C. 711(c)(4)(B)(ii).

less than the full minimum matching allocation in non-federal funds, your federal matching award will be reduced to reflect your reduced contribution.

Non-federal funds used for the match must be above and beyond the funds used by eligible entities to meet the Maintenance of Effort (MOE) requirement, and may come from sources including, but not limited to: state general funds or other state funding sources, local governments and/or private entities (including funds made available by gifts, donations, or transfers).

Note: Pursuant to 48 U.S.C. 1469a(d), HRSA waives cost sharing requirements up to \$199,999 for any award to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.

Definition of Non-federal Funds for Matching Funds

For the purposes of providing MIECHV Program matching funds under 42 U.S.C. 711(c)(4)(B), the amount of the grant payable to the eligible entity for the fiscal year will be increased up to certain specified “matching” amounts determined in reference to amounts of federal and non-federal funding outlined in this section.

Obligations of non-federal funding, for this purpose, are:

- Amounts committed by the eligible entity (generally a state or jurisdiction) but do not need to be obligated by the MIECHV recipient entity (generally a specific state/jurisdiction agency);
- Funds that support home visiting services delivered in compliance with specified MIECHV requirements; and
- Are reported to the Secretary, and not counted toward meeting the awardee’s MIECHV Program [Maintenance of Effort](#) requirement under 42 U.S.C. 711(f).

The MIECHV requirements for which such funds are obligated must be related to improvements in outcomes for individual families and core components of the MIECHV Program.

These include **all** of the following:

- Implementation of service models meeting HHS criteria for evidence of effectiveness (or up to 25% used for implementing and evaluating promising approaches).
- Providing targeted, intensive home visiting services to eligible families.
- Prioritizing services to high-risk populations.

Non-federal funds may consist of amounts made available by state appropriations or other state funding sources, local governments, and/or private entities (including funds made available by gifts, donations, or transfers). Non-federal obligated amounts may consist of cash and/or third-party in-kind contributions. The MIECHV recipient entity must report obligated amounts to the Secretary through HRSA in the form and frequency determined by the agency (see [reporting of non-federal funds](#)).

- Non-federal funds for the purposes of matching are subject to requirements in [45 CFR Part 75](#) – Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards, including the following requirements:

- Non-federal funds must be necessary and reasonable for the accomplishment of project or program objectives.
- Non-federal funds used for matching cannot be included as contribution for any other federal award. Costs paid for using non-federal funds may not be included as a cost or used to meet cost sharing or matching requirements for any other federally financed program in either the current or a prior period.
- Funds paid by the federal government for another federal award cannot be applied as a source of non-federal matching funds unless federal statute specifically makes an allowance.
- Matching funds must be verifiable from the non-federal entity's records and must be adequately documented.

Reporting of Non-federal Funds

Awardees will be required to report the non-federal funds in their annual SF-425 federal financial report (FFR) so that HRSA can track that the use of non-federal funds aligned with awardees' proposals and non-federal funds were commensurate with the awarded federal match. Awardees will need to develop reporting systems to track the obligation of non-federal funds used for the match to comply with FFR reporting requirements. Please see the [HRSA Manage Your Grants website](#) for additional information on FFR reporting requirements, and the [MIECHV Program Reauthorization website](#) for additional information on MIECHV matching funds reporting requirements.

For detailed review, such as on future HRSA site visits, documentation requested from awardees for non-federal matching funds will be similar to previous requests for supporting documentation of non-federal funds used to meet maintenance of effort requirements. This may include applicable documents such as state budget appropriations, documentation showing amounts obligated, and agreements between the MIECHV award recipient and agency/ies expending non-federal funds.

Providing targeted, intensive home visiting services to eligible families

Non-federal funding for the match is expected to be used to provide or support targeted, intensive home visiting services. Such non-federal funding may be used for activities that support targeted, intensive home visiting services, such as intake and referral services, under certain circumstances.

Non-federal funds used for matching must be obligated by the eligible entity to deliver services in compliance with subsections 511(d)(2) and 511(d)(3) of the Social Security Act, which, in part, require that such funds be used to "provide or support targeted, intensive home visiting services." (See 42 U.S.C. 711(c)(4)(B)(i)(II).) In accordance with statute, non-federal funding for the match must be used to provide or support targeted, intensive home visiting programs which use models that meet the MIECHV evidence standards; align with federal MIECHV requirements for program design, quality, and service delivery; align with the improvements in individual outcomes described in the MIECHV statute; and target MIECHV priority populations. Non-federal funding that supports universal intake and referral services, to be included for purposes of the proposed match, must demonstrate active and successful referral relationships to targeted, intensive home visiting programs.

Home visiting models that provide universal services (or offer only a limited number of visits) do not qualify as targeted and intensive home visiting services. If LIAs uses a universal model for family outreach and referral using MIECHV funds not allocated to service delivery, the recipient must establish processes to ensure families are referred to programs applying targeted and intensive home visiting models. Note that universal models used for family outreach and referral do not qualify for use as service delivery expenditures. For a complete definition and examples of service delivery expenditures, see [FY 2024 MIECHV NOFO guidance](#).

Limit on Use of Funds for Administrative Costs

Use of MIECHV award funding is subject to a limit on administrative indirect costs, as further described in this section. No more than 10% of the award amount may be used to cover recipient costs of administration. You may be granted an exception to limit your use of funds for administrative costs at 15% of the total award (instead of the 10% limit on administrative costs) if you:

- Directly provide home visits to eligible families and without a subrecipient.
- Are in the process of expanding to new communities.
- Are new to administering MIECHV within the past 3 years.

This limit applies to all MIECHV funds, including MIECHV funds budgeted for a PFO initiative. If you anticipate incurring administrative costs greater than 10% of the total award, meet one of the three criteria above, and wish to request an exception to the limit on administrative costs, you must receive prior approval from HRSA.

The term “administrative costs” refers to the costs of administering the MIECHV award incurred by the recipient but does not include the costs of delivering such home visiting services. This limitation is 10% of the total federal funds awarded and is not a limit on recipient indirect cost rates. Please continue to allocate your indirect cost rate to your budget as normal.

Note: *This 10% federal cap on administrative costs does not flow down to subrecipients.*