

Bidders Conference for the Maternal and Infant Health RFA

Issued 11/14/12 by the New York State
Department of Health Bureau of
Maternal and Child Health

Purpose

- To improve key maternal and infant health outcomes:
 - Preterm birth
 - Low birth weight
 - Infant mortality
 - Maternal mortality
- To reduce disparities in these outcomes
- To focus on MA-eligible low income women residing in high-need communities.....

Purpose (cont)

Through the implementation of evidence-based and/or best practice strategies across the life course

Background

- High-need women include:
 - Low income or uninsured
 - Racial, ethnic and linguistic minorities
 - Women with multiple social or economic stressors
 - Underserved immigrants
 - Victims of domestic abuse women with unintended or unwanted pregnancies
 - Women with disabilities

Guiding Models, Principles and Approaches

- Performance Management Approach
- Life Course Model
- Social Ecological Model

RFA Structure

- Component A- supports community partnerships, replacing:
 - Comprehensive Prenatal/Perinatal Services networks
 - Community Health Worker Program
 - Healthy Mom, Healthy Baby
- Component B- implements NYS' federal Maternal, Infant and Early Childhood Home Visiting state plan:
 - Nurse Family Partnership
 - Healthy Families New York

RFA Structure (cont)

- Component A and Component B applications must be submitted separately
- Once funded, all grantees serving common target areas will actively collaborate to achieve shared goals:
 - Coordination and integration of planning strategies
 - Development of improvement strategies
 - Ongoing coordination of outreach, screening and referral, service delivery, system building strategies

RFA Structure (cont)

- Community assessment of needs and strengths
 - Improvement strategies will be designed to address these needs and strengths
 - “Ongoing”, integrate community assessment activities into their initiatives to monitor persistent and emerging needs, barriers, resources and opportunities
 - Updated needs assessment will be an annual grant deliverable

RFA Structure (cont)

- Focus on Medicaid-eligible individuals and populations residing in the highest need communities statewide
- Targeting methodology was developed for the NYS Maternal, Infant & Early Childhood Home Visiting Needs Assessment and Updated State Plan

Tier Assignments

- Counties are assigned to tiers based on the MIECHV Needs Assessment
- Tier 1- Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Queens, Richmond, Suffolk, Westchester
- Tier 2a- Broome, Chautauqua, Chemung, Dutchess, Niagara, Oswego, Rockland, St. Lawrence, Ulster (over 500 annual MA births)
- Tier 2b- All remaining counties

Component A

Maternal and Infant Community
Health Collaboratives

Figure 1: Component A: Maternal and Infant Community Health Collaboratives (MICHC)

AIM: To improve health outcomes for women of childbearing age and their families while reducing persistent racial/ethnic and economic disparities related to those outcomes.

Strong Collaboration & Partnerships

Improvement Strategies

- Directly responsive to community assessment
- Address relevant factors at community, organizational, family & individual social ecologic levels
- Targeted to one or more clearly-defined groups or organizations
- Clearly articulated rationale based on established or emerging evidence base or other empirical or theoretical framework(s)
- Builds on strengths and capacity of applicant and collaborating partners

Performance Standards

- **PS1:** High-need women and infants are enrolled in health insurance
- **PS2:** High-need women and infants are engaged in health care and other supportive services appropriate to their needs
- **PS3:** The medical, behavioral, and psychological risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral, and follow-up
- **PS4:** Within the community there are supports and opportunities in place that help high-need women engage in and maintain healthy behaviors and reduce or eliminate risky behaviors

Performance Measures

- **To be developed in Year 1:**
- Process measures to monitor the implementation of improvement strategies as planned
- Outcome measures to monitor the extent to which performance standards have been accomplished and which health outcomes improved
- Tools and processes for ongoing critical review of progress and performance, with adjustments to improvement strategies as needed

Improved Outcomes

Pre-term birth

Low Birth Weight

Infant Mortality

Maternal Mortality

Preconception

Prenatal/
Postpartum

Interconception

Assessment of Community Needs & Resources

Minimum Eligibility

- Applications will be accepted from:
 - Article 28 facilities
 - Not for profit health and human service organizations
 - Local government agencies
- Organizations applying for funding through Component B may submit a separate application for funding under Component A
- Each application must propose a target area that includes 100 or more Medicaid births annually

General Considerations

- Collaborative applications from community partners
- Preference given to applicants serving the highest need Tier 1 counties, followed by Tier 2a
- Assessment of community needs and resources defines service area, partners and strategies
- Defined performance standards
 - Enrollment in health insurance
 - Engagement in primary care/supportive services
 - Identification and follow-up of risk factors
 - Community support for health-promoting behavior

General Considerations (cont)

- Improvement Strategies
 - aligned with community assessment
 - based on emerging evidence/theoretical framework
- Strategies address individual/family, organizational, community socioecological levels for each of the three respective life course stages: preconception, prenatal/postpartum and interconception

General Considerations (cont)

- Use of community health workers is a required strategy
- Performance measures will be developed by COE in Year 1

Preferred Eligibility

- Projects targeting Tier 1 counties and Tier 2a counties
- Demonstration of collaboration, including subcontracts with partner agencies/organizations
- History of serving or representative of diverse target populations
- Strong in-kind support from lead agency and partners
- Applicants may propose to target more than one county.....

Applicant proposes to serve counties in Tier:	Application Requirement
<p>1: <i>counties of Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Queens, Richmond, Suffolk, Westchester</i></p>	<p>Separate application required to serve each of these counties</p>
<p>2: <i>all remaining counties in New York State</i></p>	<p>Single application proposing to serve multiple counties as part of a coordinated regional/multi-county project</p>
<p>1 and 2</p>	<p>Separate applications for each Tier 1 county and a single application for single or multiple Tier 2 county(ies)</p>

Component A Awards

- No more than one award per each county, except no more than two awards per each county will be made in Bronx, Kings, New York and Queens
- Collaboration is expected from multiple community agencies
- Current community grantees for various relevant initiatives are included in Attachments 3 through 9

Requirements of Medicaid Matching Funds

- MICHHC activities primarily target Medicaid-eligible populations
- MICHHC grantees will conduct activities that increase awareness, accessibility and utilization of family planning services among Medicaid-eligible preconception and interconception women: *Offering and Arranging*

Offering and Arranging

- 25% of funds must be used to support the offering and arranging of family planning services
- These activities can be incorporated at the community, organizational and/or individual/family level

Examples of Offering and Arranging

- Outreach and education on Family Planning Benefit Program and Family Planning Extension Program
- CHW assistance with scheduling appointments, follow-up on missed appointments
- Identification of specific barriers to utilization of family planning services

Organizational Capacity and Experience

- Lead applicants should:
 - Work in close collaboration with other community partners through subcontracts, memoranda of agreement or partnership agreements
 - Engage partners in target communities/neighborhoods
 - Have a substantial coordinating and implementation role- not simply a pass through for the funding

Assessment of Community Needs and Strengths

- Preliminary Assessment should incorporate:
 - Specific target populations and geographic communities are identified by ZIP codes
 - Analysis of community level data, needs and strengths
 - Availability of existing maternal, infant and child programs and resources in target communities
- Should build on previous state and local assessments and planning efforts
- Prospective applicants should access the MIECHV Needs Assessment available at the URL on page 18 of the RFA

Performance Standards

- #1 High-need women and infants are enrolled in health insurance
- #2 High-need women and infants are engaged in health care and other supportive services appropriate to their needs

Performance Standards

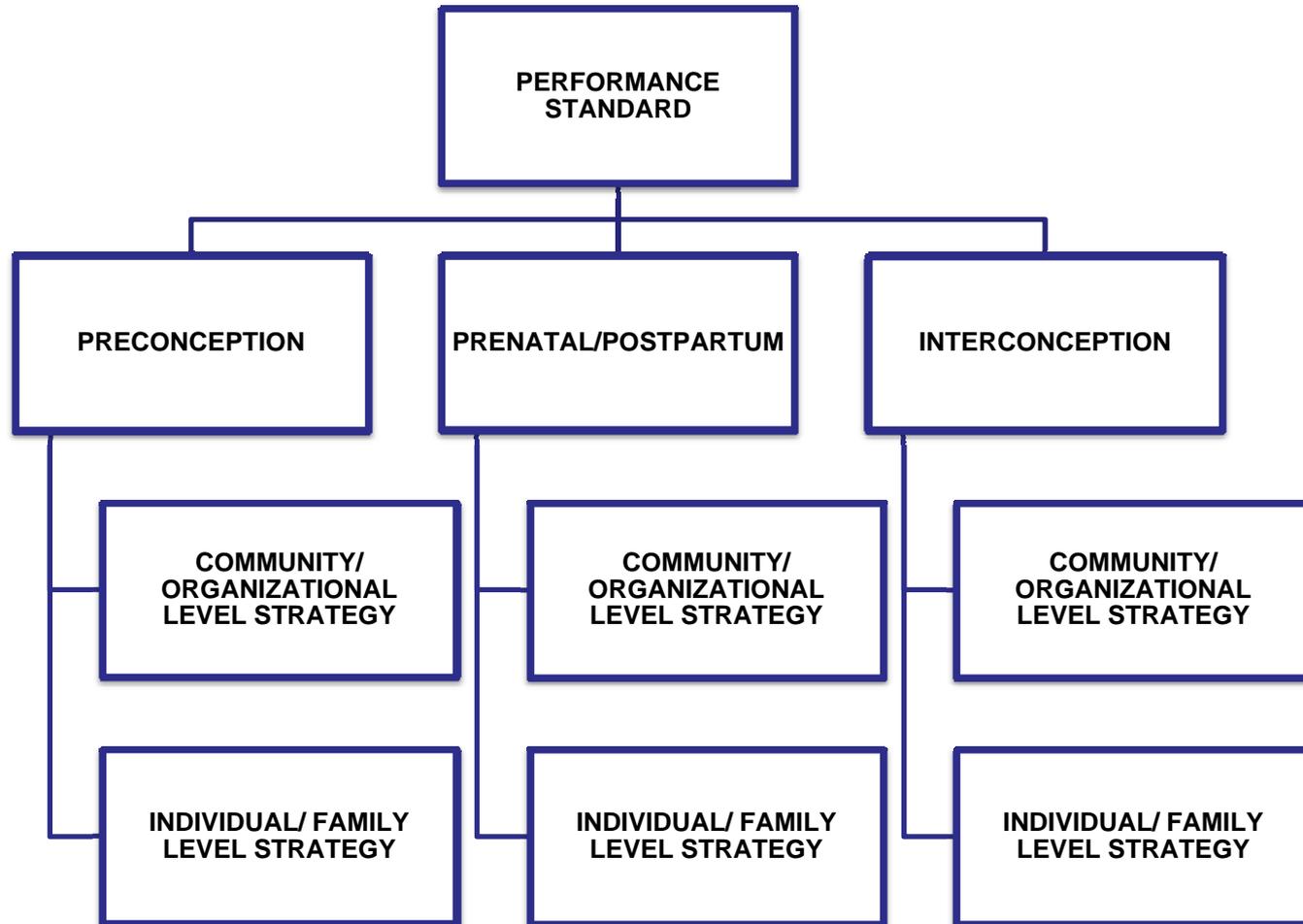
- #3 The medical, behavioral and psychosocial risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral and follow-up
- #4 Within the community there are supports and opportunities in place that help high-need women to be engaged in and maintain healthy behaviors and reduce or eliminate risky behaviors

MICHC Improvement Strategies

- Propose specific strategies to address identified needs
- Strategies should be designed to address factors at multiple ecological levels
- *For **each** of the 4 performance standards, and within **each** of the 3 life course stages: **at least one** specific strategy to address factors at the community and/or organizational level and **at least one** specific strategy to address factors at the individual/family level*

MICHHC Improvement Strategies

For Each Performance Standard....



Strategies: Community Level Change

- May impact health directly or indirectly
- May include:
 - aspects of the physical environment
 - availability and accessibility of resources and services
 - social norms
 - community capacity to identify or address community problems

Strategies: Organizational Level Change

- Identification of organizations that may be targeted for change
 - What specifically do we want to see change within a targeted organization?
 - What can we do to help make this change happen?

Strategies: Individual/Family Level Change

- Propose strategies to find, engage and provide social support to high-need individuals and families within the target communities
- ***Core individual/family level strategy required for this initiative is the use of community health workers***
 - under direction/supervision of a public health nurse or licensed social worker

Performance Measurement

- Performance management is the practice of actively using performance data to improve the public's health
- Each performance standard will have one or more associated performance measure
- Specific performance measures will be developed in consultation with NYSDOH and the new MIH Center of Excellence

Component A: RFA Funding

- Funding Period: 10/1/13 - 9/30/18
- Award Range: \$200,000 to \$1,200,000 per project
- A minimum of 25% of each grantee's award amount should be used to support the Offering and Arranging of family planning services for Medicaid-eligible preconception and interconception women

Component A: RFA Funding

- Funds may not be used to support direct clinical/medical/laboratory services and supplies, case management, mental health counseling, crisis intervention, transportation, educational preparation (GED), job placement, child care or services
- Funds may not be used to supplant existing funds

Funding by Tier

- Tier 1- range in annual awards from \$500,000 to \$1.2 million based on burden
- Allows for second project in Bronx, Kings, New York and Queens to accommodate complexity of health care delivery in the boroughs
- Actual award amounts will be calculated based on # of MA births in target ZIPs relative to total # in the county
- Awards for each tier include a base award and a variance award based on size of target population

Funding by Tier (cont)

- Tier 2a- annual awards up to \$400,000
- Tier 2B- annual awards up to \$200,000
- Single award per county or multi-county project to top scoring applicant

Award Methodology

- Minimum passing score of 65
- One award per county or multi-county project, except for Bronx, Kings, New York, Queens counties
- For those 4 NYC counties- will fund second project proposing to serve distinct separate target areas within the county
- Preference give to Tier 1 counties, then Tier 2a counties, and finally to Tier 2b counties

Application Requirements

- Applicants may propose to serve more than one county
- A separate application must be submitted for each Tier 1 county
- A single application may be submitted to serve multiple Tier 2 counties
- If an organization proposes to target both Tier 1 and Tier 2 counties, separate applications must be submitted for Tier 1 and Tier 2

Application Template

- Applications for funding must be submitted in the Application Template in Attachment 11
- Application should not exceed 48 single-spaced typed pages (not including the cover page, attestation of eligibility, budget and attachments)
- Applications should clearly follow the instructions included throughout the template

Application (cont)

- Application Cover Sheet
- Attestation of Eligibility
- Executive Summary
- Organizational Experience and Capacity
- Assessment of Community Needs and Strengths
- Improvement Plan
- Performance Measurement, Monitoring and Reporting
- Budget and Staffing Plan Narrative
- Letters of Support
- Vendor Responsibility Questionnaire and/or Attestation
- Organizational Chart

Application Template

Brief summary of improvement strategy:

[insert brief summary description of proposed strategy here]

Specific Activities

Target Audience

Responsible Parties

Timeframe

1. *[list activity 1]*
2. *[list activity 2]*
3. *Etc...*

Briefly describe the specific factor(s) based on your community assessment this strategy is designed to address:

Briefly describe the rationale for this strategy - i.e., why you believe this approach will be effective in addressing the selected factors to improve performance in this area, including reference to any relevant evidence base, empirical or theoretical framework:

Briefly describe how you will build on existing organizational and/or community strengths and resources to implement this strategy and any actions that will be taken to build necessary capacity to support effective implementation (e.g., staff training)

Maternal and Infant Health Initiative
Component A: Maternal Infant Community Health Collaborative
BUDGET INSTRUCTIONS

- Prepare an annualized budget for **each** 12-month period starting October 1, 2013 and ending September 30, 2018 (i.e., **a total of five one-year budgets.**)

- Label year one budget tables “Appendix **B-1**”, year two budget “Appendix **B-2**”, and so on. Remember to change the dates on budget pages to reflect actual budget year.

- Administrative/indirect costs in budget line item detail may not exceed ten percent (10%) of your budget due to federally imposed administrative caps on contract funds. Indirect costs applied as a percentage may not be charged to NYS funds.

Maternal and Infant Health Initiative
Component A: Maternal Infant Community Health Collaborative
BUDGET INSTRUCTIONS

- The budget should reflect all costs and funding for the MICHC program from all sources, including in-kind contributions and other grants. If funding is used to expand existing activities, the budget forms should identify Other Sources of Funds on Budget Tables A, A1 and A-2 which support those activities.

- Subcontracts/Consultants/Per Diems/Contractual Services - Provide a justification of why each service listed is needed. RFA applicants do not have to submit a separate sub contractor budget and justification if a subcontract has not been established yet.



Component A: Maternal Infant Community Health Collaborative

TABLE A-1

DETAILED PERSONAL SERVICE BUDGET REQUEST

Personal Service Items / Incumbent Name	Annual Salary Rate	# Mos.	% FTE	Activities Related to Offering & Arranging For Family Planning Services				Activities Not Related to O&A for FP Services	Total Expense	Other Sources of Funds	Amount Requested from NYS
				Comm. Ed & Outreach	Promotion of FPBP & FPEP	FP Info & Ref	Other O&A Activities				
1	2	3	4	5	6	7	8	9	10	11	12
Example: Outreach Worker/ Mary Smith	\$35,000	12	50%	\$1750	\$875	\$1750	\$0	\$13,125	\$17,500	\$4,000	\$13,500
Subtotal Personal Service				\$1750	\$875	\$1750	\$0	\$13,125	\$17,500	\$4,000	\$13,500
Fringe Benefits Rate: <u>25</u> %				\$438	\$219	\$437	\$0	\$3,281	\$4,375	\$1,000	\$3,375
Total Personal Service				\$2188	\$1094	\$2187	0.00	\$16,406	\$21,875	\$5,000	\$16,875

Important Information

- Applications are due on **3/15/13**
- Applications must be submitted on the Application Template in Attachment 11
- Final questions are due on **2/1/13**
- Contracts are anticipated to start **10/1/13**
- All applicants must utilize community health workers as a strategy for Individual/Family level change
- www.health.ny.gov/funding/

Questions and Answers

Component A

Bidders Conference for the Maternal and Infant Health RFA

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Component B

Maternal, Infant, and Early
Childhood Home Visiting Program

Purpose

- To improve key maternal and infant health outcomes:
 - Preterm birth
 - Low birth weight
 - Infant mortality
 - Maternal mortality
- To reduce disparities in these outcomes
- To focus on MA-eligible low income women residing in high-need communities.....

Purpose (cont)

Through the implementation of evidence-based and/or best practice strategies across the life course

Background

- High-need women include:
 - Low income or uninsured
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 - Women with multiple social or economic stressors
 - Underserved immigrants
 - Victims of domestic abuse women with unintended or unwanted pregnancies
 - Women with disabilities

Guiding Models, Principles and Approaches

- Performance Management Approach
- Life Course Model
- Social Ecological Model

RFA Structure

- Component A- supports community partnerships, replacing:
 - Comprehensive Prenatal/Perinatal Services networks
 - Community Health Worker Program
 - Healthy Mom, Healthy Baby
- Component B- implements NYS' federal Maternal, Infant and Early Childhood Home Visiting state plan:
 - Nurse Family Partnership
 - Healthy Families New York

RFA Structure (cont)

- Component A and Component B applications must be submitted separately
- Once funded, all grantees serving common target areas will actively collaborate to achieve shared goals:
 - Coordination and integration of planning strategies
 - Development of improvement strategies
 - Ongoing coordination of outreach, screening and referral, service delivery, system building strategies

RFA Structure (cont)

- Community assessment of needs and strengths
 - Improvement strategies will be designed to address these needs and strengths
 - “Ongoing”, integrate community assessment activities into their initiatives to monitor persistent and emerging needs, barriers, resources and opportunities
 - Updated needs assessment will be an annual grant deliverable

RFA Structure (cont)

- Focus on Medicaid-eligible individuals and populations residing in the highest need communities statewide
- Targeting methodology was developed for the NYS Maternal, Infant & Early Childhood Home Visiting Needs Assessment and Updated State Plan

Tier Assignments

- Counties are assigned to tiers based on the MIECHV Needs Assessment
- Tier 1- Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Queens, Richmond, Suffolk, Westchester
- Tier 2a- Broome, Chautauqua, Chemung, Dutchess, Niagara, Oswego, Rockland, St. Lawrence, Ulster (over 500 annual MA births)
- Tier 2b- All remaining counties

RFA Approach

- Supports establishment, expansion and/or enhancement of:
 - Nurse-Family Partnership
 - Healthy Families New York
- Implements HRSA-approved MIECHV State Plan
- Component B priorities include:
 - Implementation of evidence-based home visiting services with fidelity to the chosen model
 - Integration of home visiting services within a comprehensive, coordinated system of MCH services

Minimum Eligibility to Apply

- Applications will be accepted from:
 - Article 28 facilities
 - Article 36 facilities
 - Community-based not-for-profit organizations
 - Local government agencies
- Organizations may apply for Components A and B by submitting separate applications
- Applicants must propose a target area that includes 100 or more Medicaid births annually
- Applicants must include a letter of agreement from national home visiting model developer
 - Continued funding is contingent on final model developer approval
 - Applicants must meet additional eligibility requirements as specified by each model

Preferred Eligibility

- Projects targeting Tier 1 counties
- Demonstration of collaboration with partner agencies/organizations, including Component A applicants and other home visiting service providers
- Have history of serving or are representative of diverse target populations
- Strong in-kind support from lead agency and partners, including public-private partnerships
- Applicants may propose to target more than one county.....

<p align="center">Applicant proposes to serve counties in Tier:</p>	<p align="center">Application Requirement</p>
<p><i>1: Counties of Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Oneida, Onondaga, Orange, Queens, Richmond, Suffolk, and Westchester</i></p>	<p>Separate application required to serve each of these counties</p>
<p><i>2: All remaining counties in New York State</i></p>	<p>Single application proposing to serve multiple counties as part of a coordinated regional/multi-county project</p>
<p>1 and 2</p>	<p>Single application to serve one or multiple Tier 2 county(ies), alone or in combination with up to one Tier 1 county.</p>

Award Methodology

- Minimum passing score of 65
- Priority is to fund highest scoring proposal in each Tier 1 county, then additional projects can be funded in any county
- *'Approved but not funded'* list will be established in anticipation of potential additional federal MIECHV funding

General Considerations

- Initial funding has already been awarded to:
 - NFP in Bronx and Monroe Counties
 - HFNY in Bronx and Erie Counties
- NFP
 - Home visits conducted by nurses
 - Pregnant women enroll by the 28th week of gestation
 - Services end when the child reaches two years of age
- HFNY
 - Home visits conducted by paraprofessionals
 - Families enroll prenatally or before the child reaches 3 months
 - Services end when child enters kindergarten or Head Start

General Considerations, cont.

- In NYS, HFNY is part of Healthy Families America and is administered by the Office of Children and Family Services (OCFS)
- Ten percent of HFNY awards will go to OCFS for administration, training, and TA
- A MOU has been executed to transfer funds to OCFS, and will require amendment to transfer additional funds
- OCFS is collaborating in RFA process:
 - Has reviewed and commented on Component B drafts
 - OCFS is named as HFNY contact
 - OCFS will develop and review RFA Q&As on HFNY
 - OCFS will participate on Component B review teams (with DOH and the Council for Children and Families [CCF])

General Considerations, cont.

- Grantees must include a preliminary community assessment with their application
- Community assessments will be an ongoing activity
- Component B grantees will be expected to contribute to and build upon annual updated community assessments and improvement plans with Component A grantees serving the same target communities

Assessment of Community Needs and Strengths

- Preliminary Assessment should incorporate:
 - Specific target populations and geographic communities for home visiting services identified by ZIP codes
 - Analysis of community level data, needs and strengths, related to the six federally mandated benchmarks
 - Availability and capacity of existing home visiting programs in target communities and key gaps in services
- Should build on previous state and local assessments and planning efforts
- Prospective applicants should access the MIECHV Needs Assessment available at the URL on page 18 of the RFA

Performance Standards

1. Home visitors are recruited, trained, and deployed consistent with model-specific requirements
2. High-need families are identified, screened for eligibility, and enrolled in evidence-based home visiting program services
3. Home visiting services are provided to enrolled clients with fidelity to the evidence-based program model selected
 - Models have specific critical elements that must be achieved
(See **Attachments 27 and 28** for NFP and HFA, respectively)

Performance Standards

4. Measurable improvements across key benchmark areas will be achieved for families participating in home visiting services
5. Home visiting programs will be coordinated and integrated with larger community maternal, infant, and early childhood service systems

Performance Measurement

- Performance management is the practice of actively using performance data to improve the public's health
- Each performance standard will have one or more associated performance measure
- Specific performance measures will be developed in consultation with NYSDOH and the new MIH-COE
- Grantees must participate in HRSA and NYSDOH required data collection, reporting, and evaluation
 - New MIH-COE will provide additional training and TA, and support data reporting and evaluation

Benchmarks

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community resources and supports

(The performance measures for constructs within each benchmark are provided as **Attachment 21** of the RFA)

Component B: RFA Funding

- Funding Period: 10/1/13-9/29/16
- Funding: \$1,186,195
- Number of Awards: expect 2-6
- Award Range: \$200,000 to \$750,000 per project based on number of clients
- MIECHV grant funds may not supplant funds for currently existing staff or activities
- Applicants currently operating NFP or HFNY programs need to demonstrate capacity to serve additional clients with funding awarded through this RFA

Application Template

- Applications for funding must be submitted in the Application Template in **Attachment 22**
- Application should not exceed 40 single-spaced typed pages (not including the cover page, attestation of eligibility, budget tables and forms, and attachments) using a normal 12-point font
- Applications should clearly follow the instructions included throughout the template

Component B Template (Attachment 22)

Improvement Strategy Section

Performance Standard 1: Home-visitors are recruited, trained and deployed consistent with model-specific requirements

1-1: Describe strategies and activities to recruit and hire staff that meet minimum qualifications for program management, supervision and home visiting positions as required by the model developer of the home visiting model selected. Identify the number of home visitors that will staff the program. Qualifications of staff should be consistent with model developer requirements, and the number of staff should be adequate to carry out the intent of the initiative.

Specific Strategies and Activities	Responsible Parties	Timeframe
Anticipated Challenges and Barriers		

A complete application consists of the following:

- **Application Cover Sheet**
- **Attestation of Eligibility**
- **Executive Summary**
- **Organizational Experience and Capacity**
- **Assessment of Community Needs and Strengths**
- **Improvement Plan**
- **Performance Measurement, Monitoring and Reporting**
- **Budget and Staffing Plan Narrative**
- **Budget Tables and Forms**
- **Letters of Support (Letter from Developer)**
- **Vendor Responsibility Questionnaire and/or Attestation**
- **Organizational Chart**

Maternal and Infant Health Initiative

Component B: Maternal Infant and Early Childhood Home Visiting Program BUDGET INSTRUCTIONS

- Prepare an annualized budget for **each** 12-month period starting October 1, 2013 and ending September 29, 2016.
- Label year one budget tables “Appendix **B-1**”, year two budget “Appendix **B-2**”, and so on. Remember to change the dates on budget pages to reflect actual budget year.
- Administrative/indirect costs in budget line item detail may not exceed ten percent (10%) of your budget due to federally imposed administrative caps on contract funds. Indirect costs applied as a percentage may not be charged to NYS funds
- The budget should reflect all costs and funding for the MIECHV program from all sources, including in-kind contributions and other grants. If funding is used to expand existing activities, the budget forms should identify Other Sources of Funds on Budget Tables A, A1 and A-2 which support those activities.
- **For Subcontracts/Consultants/Per Diems/Contractual Services - Provide a justification of why each service listed is needed. RFA applicants do not have to submit a separate sub contractor budget and justification if a subcontract has not been established yet.**

Maternal and Infant Health Initiative

Component B: Maternal Infant and Early Childhood Home Visiting Program

BUDGET INSTRUCTIONS

Table A-1 Personal Services

Title	Annual Salary	% FTE	# of Mos.	Total Expense	Amount Requested	Other Source	Specify other source
(List Personnel Budgeted)							
Sub-Total Personnel Services							
Fringe Benefits* _____ %							
Total Personal Services							

Component B: Maternal Infant and Early Childhood Home Visiting Program
BUDGET INSTRUCTIONS
Table A-2 Non Personal Services

	Total Expense	Amount Requested	Other Source	Specify Other Source
(List Budgeted Expenses) A. Contractual				
B. Equipment				
C. Staff Development				
D. Supplies				
E. Other				
Total NPS Services				

Appendix B-__

**NYSDOH -Component B: Maternal Infant and Early
Childhood Home Visiting Program**

**Compressed Sub Contractor
Budget**

Applicant: _____

Attachment: ____

SubContractor: _____

<u>Personal Services</u>	<u>Annual Salary Rate</u>	<u># Mos</u>	<u>% Time</u>	<u>Total Expense</u>	<u>Other Sources of Funds</u>	<u>Amount Requested from NYS</u>
Subtotal(PS)				0.00	0.00	0.00
FRINGE				0.00		
Total Personal Service				0.00	0.00	0.00
<u>Nonpersonal Services (NPS)</u>						
Subtotal, NPS				0.00	0.00	0.00
<u>Grand Total</u>				0.00	0.00	0.00



Important Information

- Applications are due on **3/15/13**
- Applications must be submitted on the Application Template in **Attachment 22**
- Final questions are due on **2/1/13**
- Contracts are anticipated to start **10/1/13**
- www.health.ny.gov/funding/

End of Component B
Presentation