1. DATE ISSUED: 08/21/2019	2. PROGRAM CFDA: 93.870	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 1 X10MC33596-01-00	4b. GRANT NO.: X10MC33596	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 09/30/2019 THROUGH: 09/29/2021		
7. BUDGET PERIOD: FROM: 09/30/2019 THROUGH: 09/29/2021		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).
Reauthorization and appropriation for FY16 provided through Medicare Access and CHIP Reauthorization Act (P.L. 114-10)
Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L.115-123), Title VI, Subtitle A.

8. TITLE OF PROJECT (OR PROGRAM): Maternal, Infant and Early Childhood Homevisiting Grant Program

9. GRANTEE NAME AND ADDRESS:
Health, New Jersey Department of
PO BOX 364
Trenton, NJ 08625-0360
DUNS NUMBER:
806418075

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Lakota Kruse
Health, New Jersey Department of
PO BOX 360
Trenton, NJ 08625-0360

11.APPROVED BUDGET:(Excludes Direct Assistance)
[X] Grant Funds Only
[ ] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	$158,886.00
b . Fringe Benefits :	$77,934.00
c . Total Personnel Costs :	$236,820.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$0.00
g . Travel :	$5,636.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$27,503.00
j . Consortium/Contractual Costs :	$10,528,818.00
k . Trainee Related Expenses :	$0.00
l . Trainee Stipends :	$0.00
m . Trainee Tuition and Fees :	$0.00
n . Trainee Travel :	$0.00
o . TOTAL DIRECT COSTS :	$10,798,777.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$22,244.00
q . TOTAL APPROVED BUDGET :	$10,821,021.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$10,821,021.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$10,821,021.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$10,821,021.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
Estimated Program Income: $0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached **[X]Yes [ ]No**)

Electronically signed by Shonda Gosnell , Grants Management Officer on : 08/21/2019

17. OBJ. CLASS: 41.51	18. CRS-EIN: 1216000928B7	19. FUTURE RECOMMENDED FUNDING: $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
19 - 3895628	93.870	19X10MC33596	$10,821,021.00	$0.00		19MIECHV-F

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

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

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of $25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at www.fsrs.gov by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: http://www.hrsa.gov/grants/ffata.html.
2. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.
   You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://www.dpm.psc.gov/contacts/contacts.aspx.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
4. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
5. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.
6. The Bipartisan Budget Act of 2018 requires MIECHV recipients to review and update a statewide needs assessment by October 1, 2020. HRSA has issued a Supplemental Information Request (SIR) (accessible here for state and nonprofit recipients and here for territory recipients) to provide guidance to recipients on how to update and submit their statewide needs assessments. In FY 2018, HRSA awarded $200,000 of MIECHV grant funds to use towards completing the update to the statewide needs assessment. Recipients may also use nonMIECHV funds to complete the update. Recipients have the option to allocate FY 2019 formula funds to support costs of completing the statewide needs assessment update, but doing so should NOT result in a reduction in home visiting services.
7. MIECHV awardees are required to track and report information demonstrating that the program results in improvements for eligible families in at least 4 of the 6 benchmark areas identified in statute. Information must be submitted not later than 30 days after the end of fiscal year 2020 and every three years thereafter. More information about this requirement will be included in the FY 2020 noncompeting continuation funding announcement.

8. The grant funds requested for equipment in the amount of $4,000 is reflected in the "other" category. The definition of equipment is $5,000 or more per unit.

Program Specific Term(s)

1. Recipients must respond to any additional information that is requested through Request For Information within the allotted time. **Failure to submit an approvable response may result in further actions including draw-down restrictions.**
2. Recipients must give priority in providing services under the MIECHV program to the following:
   · Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A);
   · Low-income eligible families;
   · Eligible families with pregnant women who have not attained age 21;
   · Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
   · Eligible families that have a history of substance abuse or need substance abuse treatment
   · Eligible families that have users of tobacco products in the home;
   · Eligible families that are or have children with low student achievement;
   · Eligible families with children with developmental delays or disabilities; and
   · Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.
3. Recipients must ensure fidelity of implementation of evidence-based home visiting service delivery models approved for use by HRSA and that meet the HHS criteria for evidence of effectiveness. Additionally, any recipient implementing a home visiting service delivery model that qualifies as a promising approach must implement the model with fidelity. Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable.
4. Recipients will ensure the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, establishing appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems.
5. Attendance is required at an annual All Grantee Meeting, for up to five people for 5 days, initiated by HRSA's Division of Home Visiting and Early Childhood Systems (DHVECS), to be held in the Washington, DC area. Meeting attendance is a grant requirement. In order to maximize learning and sharing potential, HRSA strongly encourages multiple key personnel team attend the meeting and must include the MIECHV project director. In addition, when determining attendance of key personnel, recipients are encouraged to consider staff with responsibilities such as: program oversight, fiscal/grants management, data/Continuous Quality Improvement, program evaluation, performance measurement, capacity building and technical assistance, systems integration, professional development, and subrecipient monitoring.
6. No more than 10 percent of the award amount may be spent on costs associated with administering the award. The requirements of the Social Security Act, §504(d) (relating to a limitation on administrative expenditures) apply to this award. Of the amounts paid to a state under §503 from an allotment for a fiscal year under §502(c), not more than 10 percent may be used for administering the funds paid under such section. Per §511 [42 U.S.C 711] (i)(2)(C) of the Social Security Act, MIECHV grants need to be administered "in the same manner" as the MCH Block Grant. The administration of the MCH Block Grant is governed by 45 CFR Part 96 which states that "a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds" (45 CFR 96.30(a)). In consequence, grantees will determine which expenses are "administrative" according to the laws and rules of their states
7. Maintenance of Effort/Non-SupplantationRequirement: Funds provided to aneligible entity receiving a grant shall supplement, and not supplant, fundsfrom other sources for early childhood home visitation program or initiatives.Recipients may demonstrate compliance by maintaining non-federal funding (StateGeneral Funds) for evidence-based home visiting and home visiting initiatives,expended for the activities proposed in the Notice of Funding Opportunity at alevel which is not less than expenditures for such activities as of the mostrecently completed fiscal year. Non-federal funding is defined as state generalfunds expended only by the recipient entity administering the MIECHV grant andnot by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation,home visiting is defined as an evidence-based program implemented in responseto findings from the most current statewide needs assessment that includes homevisiting as a primary service delivery strategy, and is offered on a voluntarybasis to pregnant women or caregivers of children birth to kindergarten entry. Nonprofit recipients must agree to take all steps reasonablyavailable for this purpose and should provide appropriate documentation fromthe state supporting its accomplishment of the maintenance ofeffort/non-supplantaion requirement.
8. Per statute, funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded during Federal fiscal year 2019 (funds awarded on 09/30/2019) that have not been obligated prior to September 29, 2021 will be deobligated. They may not be carried over into a subsequent fiscal year.

9. Program income generated as a result of MIECHV funded activities must be used for approved program-related expenditures. Program income must be accounted for using the addition method, by which the program income is added to the federal award and is used to further eligible program objectives. Post-award requirements for program income can be found at 45 CFR § 75.307.
10. The recipient must continue to implement a Performance Measurement Plan approved by HRSA. This plan outlines the details of each Form2 performance and system outcome measure and related data collection,reporting, and analysis activities. The recipientis expected to work with HRSA on an ongoing basis throughout the grant period to ensure the Performance Measurement Plan is complete for each of the defined performance measures for each benchmark area and the specification of data collection processes in order to support program accountability and future ongoing quality improvement. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. An updated plan may be required to be submitted during the period of performance of the grant.
11. Recipients will be required to submit an annual CQI Plan update by February 28, 2020 HRSA will provide guidance on how to submit final plans to the HRSA Project Officer through a Request for Information in EHB. The annual CQI Plan must provide updates on prior year activities, as well as describe recipient and LIA level activities for the coming year. If the scope of a CQI Plan changes substantially from one year to the next or during an implementation year, recipients must submit an updated CQI plan and rationale for the changes to the Project Officer 90 daysprior to the proposed date to implementation of the changes.
12. No more than 25 percent of total fiscal year MIECHV grant award may be used for service delivery through promising approaches that do not yet qualify as evidence-based models. Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients must submit an evaluation plan in accordance with guidance provided through consultation with HRSA. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after receipt of the notice of award. HRSA will provide further guidance and technical assistance after the award is issued.
13. Recipients that did not propose to implement a home visiting model that qualifies as a promising approach are not required to conduct an evaluation of their home visiting program. In the FY 2019 NCC Update, recipients could propose a new or continuing promising approach evaluation and/or continue an existing state-led evaluation(s), including evaluations proposed under FY 2017or FY 2018 formula awards. No new evaluation projects, excluding evaluation of a promising approach model are funded through this FY 2019 NCC Update. Recipientsthat proposed to conduct or continue a state-led evaluation must ensure that the evaluation answers an important question(s) of interest to the recipient,includes an appropriate evaluation design for the question(s) of interest, and meets expectations of rigor established by HRSA. Evaluations must also meet either of the following criteria (not required for continuing promising approach evaluations): 1)One or more new questions of interest appropriate tothe evaluation design and analysis plan and/or 2) an innovation that will increase study rigor, such as a proposed increase to the study sample size. An evaluation plan describing the technical details of the evaluation is due to HRSA no later than 120 days after receipt of original award. HRSA will provide further guidance and technical assistance after the award is issued.
14. Recipients must assure participation in any national evaluation activities, if selected to participate.
15. Funds awarded to any sub-contractor, sub-recipient or recipient by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (http://www.hhs.gov/ohrp/about/index.html) that the studies comply with the requirements of 45 CFR Part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the awardee.
16. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights (OCR) and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most health-care providers. (http://www.hhs.gov/ocr/hipaa).
17. Recipients must participate in regular monitoring activitieswith their HRSA Project Officers and Grants Management Specialists, asavailable. These monitoring activities will include emails, site visits, andconference calls. The frequency of the conference calls will be at least on aquarterly basis, or more frequently as determined by the Project Officer basedon risk level. Topics covered willinclude administration, program activities, technical assistance, fiscalissues, and evaluation procedures.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.

3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."
   Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
   In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at https://pms.psc.gov/.

7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).

8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free https://harvester.census.gov/facweb/default.aspx/.

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at HHS Limited English Proficiency (LEP).

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to:

https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.

11. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/civil-rights/for-individuals/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

12. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit https://www.sam.gov.
It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (System for Award Management User Guide), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

13. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

14. **§75.113 Mandatory disclosures.**
Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:
Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879
AND
U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance,

including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than $500,000 over the period of performance, Appendix XII to CFR Part 200 is applicable to this award.

Reporting Requirement(s)

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

   Program specific forms for the reporting year are due within 120 days of the period of performance start date via HRSA's Electronic Handbooks. Specific forms required to be completed by MIECHV awardees include Administrative Forms 1, 2, 4, 6, and Products, Publications, and Submissions and Performance Measures Core 1, Core 2, Core 3, and Capacity Building CB4. More information is available at:

   https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_5.HTML.

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

   Program specific forms for the project period are due within 90 days of the period of performance end date via HRSA's Electronic Handbooks. Specific forms required to be completed by MIECHV awardees include Administrative Forms 1, 2, 4, 6, and Products, Publications, and Submissions and Performance Measures Core 1, Core 2, Core 3, and Capacity Building CB4. More information is available at:

   https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/X10_5.HTML.

3. **Due Date: 10/31/2019**

   Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Section 1 of that report includes demographic, service utilization, and select clinical indicators including: an unduplicated count of enrollees and households; participant race and ethnicity; socioeconomic data; other demographics; numbers of households from priority populations; service utilization across all models; health insurance coverage; among other measures.

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

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

4. **Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.**

   Recipients must submit Quarterly Performance Reports that include: the number of new and continuing households served; maximum service capacity; identification of Local Implementing Agency (LIA) names and addresses; identification of counties and zip codes where households are served by each LIA; idenfication of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention; and staff recruitment and retention. These reports are submitted through the HVIS system, accessed through EHBs. Reports are due no later than 30 days after the end of each reporting period. The content and deadline for Quarterly Performance Reports are subject to change, pending Office of Management and Budget approval. Receipients will receive notice from HRSA of any such changes. Quarterly reporting periods are defined as follows:

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

5. **Due Date: Within 90 Days of Project End Date**

   Recipients must submit **a draft final evaluation report within 90 days of the end of grant support for each grant period in which state-led evaluation activities were conducted**. Recipients that propose to implement a home visiting model that qualifies as a promising approach are required to conduct a rigorous evaluation of that approach. Recipients that do not propose to implement a home visiting model that qualifies as a promising approach are not required to conduct an evaluation of their home visiting program. The final evaluation report must include an evaluation summary, a description of evaluation design and results, successes and challenges, limitations, conclusions or implications, and a plan for dissemination of evaluation findings. Recipients should expect significant review and revisions to draft final evaluation reports and should be prepared to make requested edits to the evaluation reports for up to six months after the end of grant support. Initial drafts of the evaluation report should be submitted via email and the final evaluation report must be submitted through EHBs.

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

Recipients must submit **a final progress report within 90 days of the end of grant support**. The final report will collect program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted through EHBs (https://grants.hrsa.gov/webexternal/home.asp). Failure to submit timely and accurate final reports may affect future funding to the organization or awards with the same program director. Recipients will receive notification regarding final reporting through EHBs 3-5 months prior to the due date.

7. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**
   The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

   - Budget Period ends August – October: FFR due January 30
   - Budget Period ends November – January: FFR due April 30
   - Budget Period ends February – April: FFR due July 30
   - Budget Period ends May – July: FFR due October 30

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

Contacts

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