

Pre-Application Webinar for:

FY 2012 Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Funding Opportunity HHS-2012-ACF-OCC-TH-0302

Tuesday, June 12, 2012, 2:00 pm EDT

Transcript

SLIDE 1

- Hello, and welcome to the pre-application webinar for funding opportunity number HHS-2012-ACF-OCC-TH-0302: Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program under the Affordable Care Act (ACA)
- My name is Moushumi Beltangady and I work at the Office of the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development within the Administration for Children and Families, or ACF, at the US Department of Health and Human Services. I oversee the Tribal Maternal, Infant, and Early Childhood Home Visiting Program at ACF.
- This webinar is being webcast at 2:00 PM EDT on June 12, 2012 and will be archived at the Tribal Home Visiting page on the Office of Child Care website, listed here on this slide.

SLIDE 2

- This webinar is intended to provide prospective applicants for this funding opportunity with an overview of the funding opportunity announcement that became public on May 15, 2012 and is currently available on www.Grants.gov and the Administration for Children and Families (ACF) Funding Opportunity Announcements webpage at www.acf.hhs.gov/grants.
- To find the announcement, go to www.acf.hhs.gov/grants and click on "Search/Browse Funding Opportunity Announcements." Then click on "Office of Child Care" and find the link for "Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program under the Affordable Care Act (ACA)." The direct link to the announcement is also provided on this slide.
- This webinar will attempt to clarify common applicant questions by highlighting information in the announcement. All prospective applicants are strongly encouraged to read the announcement in its entirety and to refer back to the funding opportunity announcement for more detailed information when preparing their applications.
- Page numbers in the PDF version of the funding opportunity announcement, available at the ACF Grant Opportunities website, at <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2012-ACF-OCC-TH-0302>, have been included on the webinar slides for your reference.

- Applications under this funding opportunity announcement are DUE MONDAY, JULY 16, 2012 at 11:59 PM EDT.

SLIDE 3

- Federal staff will not be responding directly to the questions of listeners during this webinar. All participant lines will be muted. Listening participants will, however, have the opportunity to send written questions to ACF by email during and after the webinar. Potential applicants may submit questions in response to the webinar until 5:00pm EDT on Wednesday, June 13th.
- Questions should be sent to tribal.homevisiting@hhs.gov. Please include the words "Applicant Question 0302" in the subject heading of the email, and please include your name, the name of your organization, and your telephone number in the text of the message.
- All questions received prior to 5:00pm EDT on Wednesday, June 13th will be reviewed by ACF staff. A transcript of the webinar, a summary of the questions submitted by the deadline, and the ACF responses will be posted to <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm> as soon as they become available. Webinar slides will also be posted on this webpage for applicants' future reference.
- Questions applicants may have after 5:00pm EDT on June 13, 2012, should be directed to the program and grants contacts listed in the funding opportunity announcement and shown here on the slide.
- Again, this is the pre-application webinar regarding funding for the grant program "Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program under the Affordable Care Act (ACA)." We will also refer to this as the "Tribal Home Visiting program" during the webinar.
- During the course of this webinar, I will be discussing various aspects of the funding opportunity announcement and the Tribal Home Visiting grant program. As I will discuss, the Tribal Home Visiting grant program is a 5-year cooperative agreement with two phases. Phase 1, or Year 1 of the grant, is a planning phase in which grantees will conduct a needs and readiness assessment, select a home visiting model to meet identified needs, build capacity to implement and evaluate their program, and submit an implementation, benchmark data collection, and evaluation plan that meets federal requirements. In Phase 2, Years 2-5 of the grant, grantees will implement home visiting services, collect and report on benchmark data per a legislative mandate, and conduct rigorous evaluations of their home visiting programs to help build the evidence base around effective home visiting interventions with tribal communities.

SLIDE 4

- The legislative authority for this program comes from Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Patient Protection and Affordable Care Act of 2010, also known as the Affordable Care Act .

- This act authorizes the Secretary of HHS to award grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct an early childhood home visiting program.
- 3 percent of the total Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program appropriation (authorized in Section 511(j)) is set aside for grants to tribal entities
- These tribal grants, to the greatest extent practicable, are to be consistent with the requirements of the Maternal, Infant, and Early Childhood Home Visiting Program grants to States and territories (authorized in Section 511(c)), and include conducting a needs assessment and establishing benchmarks.

SLIDE 5

- Up to 7 cooperative agreements will be awarded under this funding opportunity announcement. A cooperative agreement is a specific method of awarding Federal assistance where substantial Federal involvement is anticipated.
- As described in the grant announcement under Section II “Award Information,” the Federal involvement and collaboration includes:
 - ACF review and approval of the needs assessment and Phase 2 implementation plan before Phase 2 activities may begin;
 - ACF involvement in the establishment of policies and procedures that maximize open competition and rigorous and impartial development, review, and funding of grantee or sub-grantee activities, if applicable;
 - ACF and grantee joint collaboration in the performance of key programmatic activities;
 - Close monitoring by ACF of the requirements stated in this funding opportunity announcement that limit the grantee's discretion with respect to scope of services offered, organizational structure, and management processes; and
 - Close ACF monitoring during performance, which may, in order to ensure compliance with the intent of this funding opportunity announcement, exceed those Federal stewardship responsibilities customary for discretionary grant activities.
- Expectations for grantee collaboration with Federal staff to successfully complete the goals and objectives of these projects are described throughout the funding opportunity announcement.
- To ensure that responsibilities of ACF and grantees are fully understood, a Cooperative Agreement document will be developed incorporating Legislative Authority, Federal regulations and terms and conditions. The document will also identify the duration of the agreement, roles and responsibilities of the grantee and ACF, and reporting requirements. The Cooperative Agreement document must be signed by the Authorized Official of the recipient organization and the ACF Program Official.

SLIDE 6

- As part of the cooperative agreement, in accordance with the statutory requirements in Section 511 of Title V, as added by the ACA, ACF (in consultation with HRSA) anticipates providing training and technical assistance to grantees throughout the 5-year project period.
- The overall goals of the technical assistance are to build the capacity of grantees to complete needs assessments, planning, capacity building, implementation, benchmark data collection, and rigorous evaluation activities, and ensure that programs are implemented effectively and with fidelity to evidence-based models where appropriate. While ACF recognizes that many home visiting models that grantees are likely to implement provide model-specific technical assistance, ACF anticipates providing technical assistance in several areas, including: identifying and accessing data sources for needs assessments; strategic planning; collaboration and partnerships; communication and marketing; fiscal leveraging; implementing and supporting home visiting programs that meet requirements for evidence of effectiveness; selecting home visiting model(s) to meet the target populations' needs; data and information systems; quality assurance; workforce issues; strategies for coordinating and providing technical assistance to programs within the community; training; outreach; sustainability; and evaluation. The above list of topics is not meant to be exhaustive and ACF intends to tailor technical assistance to meet needs identified by the grantees.

SLIDE 7

- The eligible applicants for the Tribal Home Visiting grant program include Federally recognized Indian Tribes (or consortia of Tribes), Tribal Organizations, and Urban Indian Organizations, as defined by Section 4 of the Indian Health Care Improvement Act, Public Law 94-437. A link to this legislation is provided on the slide.

SLIDE 8

- There is \$1.5 million in total funding available under this funding opportunity announcement.
- Eligible applicants may apply for a minimum of \$100,000 and a maximum of \$400,000 per budget period.
- Applicants should provide a budget and budget justification only for the first 12-month budget period. Funds for Years 2-5 will be awarded on the basis of submission and approval of non-competing continuation applications. Given that Phase 2 activities could be more costly to conduct than Phase 1 activities, ACF anticipates that the amount of financial assistance in Years 2-5 could exceed the amount awarded in Year 1.
- There will be up to 7 cooperative agreements made under this funding opportunity.
- The cooperative agreements awarded will be for a project period of 60 months with 5 12-month project periods, subject to the availability of federal funds.
- There is no match requirement for grants under this funding opportunity announcement.

SLIDE 9

- The overall goals of the ACA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program are to strengthen and improve maternal and child health programs; improve service coordination for at-risk communities; and identify and provide comprehensive home visiting services to families who reside in at-risk communities.

SLIDE 10

- The Tribal Home Visiting program has the specific goals of: supporting the development of happy, healthy, and successful American Indian and Alaska Native (AIAN) children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs; implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities; expanding the evidence base around home visiting interventions with Native populations; and supporting and strengthening cooperation and coordination and promoting linkages among various programs that serve pregnant women, expectant fathers, young children, and families, resulting in coordinated, comprehensive early childhood systems in grantee communities.

SLIDE 11-12

- Funds under the Tribal Home Visiting Program support:
 1. Conducting a needs and readiness assessment of the tribal community (or communities) that considers community characteristics and the quality and capacity of existing home visiting programs and other supportive services, examines community readiness to implement a quality home visiting program, is coordinated with other relevant needs assessments, and involves community stakeholders as appropriate;
 2. Collaborative planning efforts to address identified needs by developing capacity and infrastructure to fully plan for, adopt, implement, and sustain high-quality home visiting programs that have strong fidelity to evidence-based models;
 3. Providing high-quality, evidence-based home visiting services to pregnant women, expectant fathers, and parents and primary caregivers of young children aged birth to kindergarten entry;
 4. Developing a data system and mechanism to measure, track, and report on progress toward meeting legislatively mandated benchmarks for participating children and families with reliability and validity; and
 5. Conducting rigorous local program evaluation activities that may include examining effectiveness of home visiting models in serving tribal populations, adaptations of home visiting models for tribal communities, or questions regarding implementation or infrastructure necessary to support implementation of home visiting programs in tribal communities.

SLIDE 13

- The population of focus for this funding opportunity announcement includes American Indians and Alaska Natives in tribal communities, including Indian Tribes or Urban Indian Centers, as defined by Section 4 of the Indian Health Care Improvement Act, Public Law 94-437.
- Eligible families in at-risk AIAN communities include pregnant women, expectant fathers, parents, and primary caregivers of children aged birth through kindergarten entry, including grandparents or other relatives of the child, foster parents who are serving as the child's primary caregiver, and non-custodial parents who have an ongoing relationship with, and at times provide physical care for, the child.
- The authorizing legislation for the Maternal, Infant, and Early Childhood Home Visiting program also requires that grantees give priority to serving high-risk groups including: eligible families who reside in communities in need of such services, as identified in the needs assessment; low-income eligible families; eligible families who are pregnant women who have not needs assessment; low-income eligible families; eligible families who are 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 who, or 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.

SLIDE 14

- Grants under this funding opportunity announcement will be awarded for an initial planning phase (Phase 1). Pending successful Phase 1, or Year 1, activities and submission of a non-competing continuation application that includes a needs assessment and approvable plan for responding to identified needs through an evidence-based home visiting program, funds will be provided for Phase 2 (Implementation Phase, Years 2-5).
- In Phase 1 of the cooperative agreement, grantees must: (1) conduct a comprehensive community needs and readiness assessment; and (2) develop a plan and begin to build capacity to respond to identified needs through an evidence-based home visiting program, including a plan for measuring and reporting on program participants' progress toward meeting legislatively mandated benchmarks and a plan for rigorous evaluation of the home visiting program.
- In Phase 2 of the grant, Years 2-5, grantees will implement the various components of their approved implementation plan (submitted at the end of Phase 1) and work closely

with ACF and HRSA to ensure implementation and evaluation of high-quality, evidence-based home visiting programs in their community.

- Awards under this announcement are subject to the availability of Federal funds.

SLIDE 15

- Now I will discuss in more detail the required grant activities under this funding opportunity announcement.
- In Phase 1 of the cooperative agreement, grantees must: (1) conduct a comprehensive community needs and readiness assessment; and (2) develop a plan and begin to build capacity to respond to identified needs through an evidence-based home visiting program.
- At the start of Phase 1, ACF will provide grantees with detailed OMB-approved guidance (OMB Control Number 0970-0389, Expiration Date 06/30/2014) for submitting both the community needs and readiness assessment and plan for responding to identified needs, including a plan for measuring and reporting on program participants' progress toward meeting legislatively mandated benchmarks and a plan for rigorous evaluation of the home visiting program.
- This OMB-approved guidance can be found at the Office of Child Care's Tribal Home Visiting page, shown on this slide.
- Grantees will be expected to submit the needs assessment and plan to ACF, in accordance with the OMB-approved guidance, within 10 months of the Year 1 award date.

SLIDE 16

- During Phase 1, grantees will conduct a needs and readiness assessment. This assessment must, to the greatest extent possible: identify at-risk community(ies) in the grantee's target area by collecting data on the health and well-being of individuals and families in these communities; identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the target community(ies); assess the community(ies)'s capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services; and assess the community(ies) capacity to implement and integrate home visiting services into an early childhood system through the completion of a community readiness assessment
- This needs and readiness assessment must be coordinated with and take into account, to the greatest extent possible and as appropriate for the community(ies), other needs assessments conducted by Federal, State, tribal, local, and private entities within the community such as those related to maternal and child health (such as the State MIECHV needs assessment and the Title V Maternal and Child Health block grant needs assessment); public health; mental health and substance abuse; child abuse and neglect; domestic violence, crime, and poverty; and those conducted by Head Start/Early Head Start and other early education and care programs in the community. The assessment must also involve and engage community stakeholders and partners.

- Through the needs and readiness assessment, grantees will set the stage for strengthened cooperation and coordination and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families in tribal communities. The assessment will give grantees the opportunity to consider community conditions, assess the quality and capacity of existing services to meet the needs of young children and families in the community, assess community readiness for implementation of a home visiting program, and identify and develop linkages with a comprehensive array of services at the community level, particularly across federal funding streams, such as the State MIECHV program, AIAN Head Start, tribal child care, Indian child welfare, and the Indian Health Service. Coordination across programs would ensure that high-quality, evidence-based home visiting programs are part of a comprehensive, aligned strategy for improving child and family well-being in tribal communities.

SLIDE 17

- For the purposes of this program, in order to reflect the diverse circumstances of tribal populations, ACF and HRSA take a broad and inclusive view of the definition of "at-risk community." Grantees may define an at-risk community as either an entire Tribe within a discrete geographic region (for example, on a reservation); subgroups of a Tribe within a discrete geographic region (for example, on a reservation); or members of a Tribe(s) that live scattered throughout a larger, non-tribal geographic area interspersed with non-tribal members (for example, American Indians and Alaska Natives living in an urban environment).

SLIDE 18

- During Phase 1, grantees will engage in planning and capacity-building activities that will prepare them to: respond to identified needs through an evidence-based home visiting program; track and report on program participants' progress toward meeting legislatively mandated benchmarks; and rigorously evaluate their home visiting program.
- Planning and capacity-building activities during Phase 1 could include: identifying the populations to be served on the basis of the needs and readiness assessment; beginning to build administrative and management capacity for the program (for example, hiring key staff and locating space); building relationships and developing formal agreements with potential partners and stakeholders; selecting evidence-based home visiting models for implementation; collaborating with the developers of selected home visiting model(s) to culturally adapt or modify model(s), if needed, and establish formal agreements; identifying and establishing benchmark measures and indicators that could demonstrate whether families served by the program show improvements in key child and family outcome areas; developing a database and mechanism to track progress and report on program participants progress in meeting benchmarks in key child and family

outcome areas; and locating and securing partners (such as independent evaluators) to plan for and conduct ongoing program evaluation activities.

SLIDE 19

- Among the activities grantees will engage in during Phase 1 is selection of an evidence-based home visiting model for implementation. ACF conducted a review of home visiting models (Home Visiting Evidence of Effectiveness or HomVEE) for the State MIECHV program; models that meet criteria for the State MIECHV program are listed at <http://homvee.acf.hhs.gov>.
- ACF conducted a separate review of home visiting interventions with Native communities, Tribal HomVEE, available at the HomVEE website. As noted in this review, titled "Assessing the Evidence of Effectiveness of Home Visiting Models Implemented in Tribal Communities", no home visiting models previously implemented in tribal communities meet the criteria for evidence of effectiveness established for the State MIECHV Program, as initially proposed in a Federal Register Notice, dated July 23, 2010, and finalized in the Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program, dated February 8, 2011.
- Tribal Home Visiting Program grantees may therefore choose an evidence-based home visiting model that is a "promising approach." The model that grantees select should be grounded in relevant empirical work (that is, evidence from research, theory, practice, culture, and/or context) and have an articulated theory of change; must have been developed by (or in partnership with) or identified with a national organization or institution of higher education; and must be evaluated through a well-designed and rigorous process, described later in the funding opportunity announcement.

SLIDE 20

- Tribal Home Visiting Grantees may therefore select a model for which there is currently little to no evidence of effectiveness, for example:
 - One of the models studied by the Tribal HomVEE review but found not to meet criteria for evidence of effectiveness;
 - One of the models studied by the larger HomVEE review but found not to meet criteria for evidence of effectiveness, adapted to meet the needs of the tribal community;
 - A model that was not studied by either the tribal or the larger HomVEE review, adapted to meet the needs of the tribal community;
 - A model developed by the grantee to meet community needs, in partnership with a national organization or institution of higher education, for the purposes of the Tribal Home Visiting program; or
 - An adapted or modified version of an approved model for the State MIECHV Program that includes significant alterations to core components;

- Or, grantees may select any of the models found to meet evidence-based criteria through the larger HomVEE review for the State program, adapted to meet the needs of the tribal community.

SLIDE 21

- Grantees may engage in needs and readiness assessment, planning, and capacity-building activities during Phase 1 (Year 1), but will not fully implement their plan and/or begin serving children and families through high-quality, evidence-based home visiting programs. Pending successful Phase 1 activities and submission (within 10 months of the Year 1 award date) of an approvable non-competing continuation application that includes a needs assessment and approvable plan for responding to identified needs (including a plan for measuring and reporting on program participants' progress toward meeting legislatively mandated benchmarks and a plan for rigorous evaluation of the home visiting program), funds will be provided for Phase 2 (Implementation Phase Years 2-5).
- In Phase 2, grantees will implement the various components of their approved plan to respond to identified needs (submitted at the end of Phase 1) and work closely with ACF and HRSA to ensure implementation and evaluation of high-quality, evidence-based home visiting programs in their community. Phase 2 activities include: building infrastructure to implement evidence-based home visiting programs in the community; providing high-quality, evidence-based home visiting services to children and families in the community; measuring and reporting on program participants' progress toward meeting benchmarks in key child and family outcome areas; and conducting ongoing rigorous program evaluation activities that will result in building the knowledge base around home visiting services to tribal populations.

SLIDE 22

- Infrastructure building activities in Phase 2 cover a range of different activities that include the following components. These include: foundation infrastructure such as planning and collaboration; implementation infrastructure such as operations and workforce development; and sustaining infrastructure such as communications, building support, and evaluation.

SLIDE 23

- During Phase 2, grantees must meet the benchmark reporting requirements specified in the ACA legislation, including developing a data system and mechanism to measure, track, and report on (at the 3rd and 5th years of the grant) outcomes of participating children and families with reliability and validity. The relevant benchmark areas for participating children and families include: improved maternal, newborn, and child health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; improvements in school readiness and child academic

achievement; reductions in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

- More details on the 37 specific constructs, or performance measures, that grantees will need to track and report on under each benchmark area can be found in Section 5 and Appendix E of the OMB-approved guidance, available on the OCC website's Tribal Home Visiting page.

SLIDE 24

- Also during Phase 2, grantees must conduct ongoing rigorous program evaluation activities that will result in building the knowledge base around successful strategies for implementing, adopting, providing, and sustaining high-quality, evidence-based home visiting services to AIAN populations.
- Program evaluation is the use of good quality research methods to systematically study, appraise, and help improve social programs, including their conceptualization and design, their implementation and administration, their outcomes, their effectiveness, and their efficiency. The most appropriate research methods to use for evaluation depend on the question being addressed (for example, how well is home visiting working in our community? What type of cultural adaptation to an existing home visiting model is suitable for our community? What do we want and expect to change for children and families participating in home visiting? How will we know when things have changed, what has changed, for whom it has changed, and how it has changed?).
- Rigorous program evaluation activities under the Tribal Home Visiting grant program could include, for example, examining effectiveness of promising approaches and/or components of home visiting; adaptations or enhancements of evidence-based home visiting models and/or components to AIAN populations; or questions regarding implementation or infrastructure necessary to support evidence-based home visiting models among AIAN populations.

SLIDE 25

- Rigorous evaluations conducted as part of Phase 2 must include a comparison (for example, the receipt of home visiting to not receiving home visiting, or the provision of intensive coaching for implementation compared to implementation without coaching). This comparison must be studied through rigorous methods such as a quasi-experimental design like a matched comparison, wait-list control, or multiple-baseline design (e.g., single-case design), or a randomized control design.

SLIDE 26

- Applications competing for financial assistance under this funding opportunity announcement will be reviewed and evaluated using the criteria described in *Section V.1* of the FOA, starting on page 40 of the funding opportunity announcement. The

corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed.

- Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review.
- Applications will be reviewed and evaluated by objective review panels using the criteria described in *Section V.1*. Each panel is composed of experts with knowledge and experience in the area under review. Generally, review panels include three reviewers and one chairperson.
- Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding. They are one element in the decision-making process.
- ACF may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested.
- ACF reserves the right to consider preferences to fund organizations serving emerging, unserved, or under-served populations, including those populations located in pockets of poverty. ACF will also consider the geographic distribution of Federal funds in its award decisions.
- ACF may refuse funding for projects with what it regards as unreasonably high start-up costs for facilities or equipment, or for projects with unreasonably high operating costs.
- In addition, Federal staff will conduct an administrative review of the applications after the results of the competitive review and will make recommendations for funding to the Director of the Office of Child Care.
- With the results of the competitive review and information from the administrative review by Federal staff, the Director of Child Care, in consultation with the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development, will make the final funding decisions.

SLIDE 27

- ACF requires electronic submission of applications at www.Grants.gov. Applications in response to this program announcement are due by 11:59 pm Eastern Time on July 16, 2012. Electronic applications submitted to www.Grants.gov after 11:59 p.m., Eastern Time, on the due date, as indicated by a dated and time-stamped email from www.Grants.gov, will be disqualified from competitive review and from funding under this announcement.
- Applicants that do not have an Internet connection or sufficient computing capacity to upload large documents or files to the Internet may contact ACF for an exemption that will allow these applicants to submit an application in paper format. The deadline for receipt of paper applications is 4:30 p.m., Eastern Time, on the due date. Paper

applications received after 4:30 p.m., Eastern Time, on the due date will be disqualified from competitive review and from funding under this announcement.

- Paper applications received from applicants that have not requested an exemption from required electronic submission will be disqualified from competitive review and from funding under this announcement.

SLIDE 28

- The page limitations under this application are as follows: for required Standard Forms and/or OMB-approved Forms, there are no page limitations. For required Certifications and Assurances, there are no page limitations. The Project Summary or Abstract is limited to one single-spaced page in 12-point font. The Project Description is limited to 100 double spaced pages with one inch margins. The Budget Justification is limited to 10 single-spaced pages and will not count against other page limitations. Proof of Legal Status/Proof of Non-Profit Status has no page limitations. Finally, Appendices are limited to 30 pages.

SLIDE 29

- We would also like to provide you with a couple of additional reminders regarding the submission of applications.
- First, applicants are responsible for ensuring that applications are submitted in advance of the application due date and time.
- Second, electronic submission is required unless an exemption is granted by ACF, as described earlier.
- Third, all applicants and subrecipients must have a DUNS number at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, www.Grants.gov.
- Fourth, all applicants for Federal grants and cooperative agreements, including those that apply in paper format, are required to have Central Contractor Registration (CCR). CCR registration is also required for organizations that will receive subawards under Federal grants and cooperative agreements.
- Finally, applicants experiencing difficulty with an electronic submission should contact the Grants.gov Help Desk at 1-800-518-4726 or support@grants.gov.

SLIDE 30

- As a reminder, potential applicants may submit questions in response to the webinar until 5:00pm EDT on Wednesday, June 13th.
- Questions should be sent to: tribal.homevisiting@hhs.gov. Please include the words "Applicant Question 0302" in the subject heading of the email, and please include your name, the name of your organization, and your telephone number in the text of the message.

- All questions received prior to 5:00pm EDT on Wednesday, June 13th will be reviewed by ACF staff. A transcript of the webinar and a summary of the questions submitted by the deadline and the ACF responses will be posted on the posted to <http://www.acf.hhs.gov/programs/ccb/initiatives/hvgp/index.htm> as soon as they become available. Webinar slides will also be posted on this webpage for applicants' future reference.
- Questions applicants may have after 5:00pm EDT on June 13, 2012, should be directed to the program and grants contacts in the funding opportunity announcement, listed here on the slide.

SLIDE 31

- Finally, ACF strongly encourages a full and open competition. All the applications that are submitted within the deadline and do not request more than the maximum award will be reviewed by an outside group of peer reviewers with expertise in this area. We take pride in our objective peer review process and the integrity of our review. We wish all prospective applicants well and good luck! Thank you.