








Tribal Maternal, Infant, and Early Childhood Home Visiting Program Grants

Opportunity number: HHS-2025-ACF-ECD-TH-0106



Contents

Before you begin	3
 Step 1: Review the Opportunity	4
Basic information	5
Eligibility	7
Program description	9
 Step 2: Get Ready to Apply	22
Get registered	23
Find the application package	23
Learn more	24
Join the webinar	24
 Step 3: Prepare Your Application	25
Application contents and format	26
 Step 4: Learn About Review and Award	37
Application review	38
Award notices	43
 Step 5: Submit Your Application	44
Application submission and deadlines	45
Application checklist	48
 Step 6: Learn What Happens After Award	49
Post-award requirements and administration	50
 Contacts and Support	52
Modifications	55
Glossary	56



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 17, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

In this step

Basic information	5
Eligibility	7
Program description	9

Basic information

Administration for Children and Families (ACF)

Office of Early Childhood Development (ECD)

Tribal Early Childhood Division

Supporting evidence-based home visiting programs for American Indian and Alaska Native (AI/AN) families and children.

Summary

The Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grant Program supports evidence-based home visiting programs for American Indian and Alaska Native (AI/AN) families and children.

Funds will support five-year cooperative agreements with federally recognized Indian tribes (or consortia of Indian tribes), tribal organizations, or urban Indian organizations. Recipients will develop, implement, sustain, or expand an evidence-based home visiting program serving AI/AN families who are expecting a new baby or who have young children aged birth to kindergarten entry.

Awards will help recipients do all the following:

- Provide high-quality, culturally grounded, evidence-based home visiting services to AI/AN families and children.
- Use performance measurement and continuous quality improvement systems.
- Develop early childhood systems.
- Participate in research and evaluation to build evidence around home visiting, particularly in tribal communities.

The goals of the Tribal MIECHV program are to:

- Support healthy, happy, successful AI/AN children and families through home visiting services.
- Continue to build the evidence base for home visiting in tribal communities.
- Support coordination among early childhood programs serving AI/AN families and development of early childhood systems.

For more information about terms used throughout this NOFO, see the [glossary](#).



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Tribal Maternal, Infant, and Early Childhood Home Visiting Program Grants

Opportunity number:

HHS-2025-ACF-ECD-TH-0106

Announcement type:

Initial

Federal assistance listing:

93.872

Statutory authority

number: Social Security Act, Title V, section 511(h)(2)(A) (42 U.S.C. 711(h)(2)(A))

Key dates

Application submission

deadline: March 17, 2025

Optional notice of intent

deadline: January 18, 2025

Optional informational

webinar: February 6, 2025

Expected project start

date: July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Funding details

Type: Cooperative agreement

Expected total program funding: \$3,000,000

Total expected awards: 6

Minimum award amount for the first budget period (award floor): \$250,000

Maximum award amount for the first budget period (award ceiling): \$1,000,000

We plan to fund a 63-month project period with one 15-month budget period followed by four 12-month budget periods.

Funds for Years 2 through 5 will be awarded based on submission and approval of non-competing continuation applications, and adequate performance.

Awards made under this funding opportunity are subject to federal funds availability.

Eligibility

Eligible applicants

These types of organizations are eligible for an award:

- Eligible applicants are 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](#).
 - “Indian tribe” means any Indian tribe, band, nation, or other organized group or community that is eligible for the special programs and services provided by the United States to Indians because of their status as Indians. This includes any eligible Alaska Native village, group, or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688).
 - “Tribal organization” can mean the elected governing body of any Indian tribe. It can also mean any legally established organization of Indians that is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies. Alternatively, the board of directors can be elected by the Indian population to be served by the legally established organization. Tribal organizations must include the maximum participation of Indians in all phases of their activities.
 - “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals. Urban Indian organizations must be capable of legally cooperating with other public and private entities to perform the activities described in section 503(a).

Individuals, including sole proprietorships, and foreign entities are not eligible.

Other eligibility criteria

We encourage applicants serving an emerging, unserved, or underserved population or remote geographic area to apply for funding under this NOFO.

Disqualification factors

We will review your application to make sure it meets these responsiveness requirements.

We won't consider an application that:

- Requests funding above the [award ceiling](#).

- Is submitted after the [deadline](#).
- Is from an individual, including a sole proprietorship, or a foreign entity.
- Is received in paper format that didn't have a previously approved exemption from ACF.

Application limits

If you submit an application for the same NOFO more than once, we will only acknowledge the last on-time submission.

Cost sharing

This program has no cost-sharing requirement.

Program description

Statutory authority

Social Security Act, Title V, section 511(h)(2)(A) (42 U.S.C. 711(h)(2)(A))

Background

For more information about terms used throughout this NOFO, see the [glossary](#).

The MIECHV program

The MIECHV program is administered by the Health Resources and Services Administration (HRSA), in collaboration with ACF. The program funds evidence-based home visiting programs to improve health and development outcomes for at-risk children. The MIECHV program promotes collaboration at the federal, state, tribal, and community levels to respond to the diverse needs of children and families in at-risk communities.

Evidence-based home visiting programs are intended to lead to outcomes including:

- Improved health and development for children, infants, parents, and expectant parents.
- Less child abuse and neglect.
- Improved parenting practices related to child development.
- Improved preparation for school.
- Improved family socioeconomic status.
- More coordination of referrals to community resources and supports.
- Fewer injuries, crimes, and incidents of domestic violence.

The overall MIECHV program has three goals:

- Strengthen the programs and activities carried out under [Title V of the Social Security Act, Maternal and Child Health Services Block Grant](#).
- Improve coordination of services for at-risk communities.
- Identify and provide comprehensive services to improve outcomes for eligible families who live in at-risk communities.

Tribal MIECHV

Legislation sets aside 6% of MIECHV funding for tribal recipients. As much as possible, we hold funded Tribal MIECHV projects to the same standards as state and territorial MIECHV projects.

The Tribal MIECHV program has the [same goals as the overall MIECHV program](#). It also has four additional goals:

- Provide home visiting services in AI/AN communities. These services must be high quality, culturally relevant, and evidence based.
- Support the development of happy, healthy, and successful AI/AN children and families through those home visiting programs.
- Expand the evidence base around home visiting programs in AI/AN communities.
- Strengthen coordination among various programs that serve AI/AN children and families, to create more comprehensive early childhood support systems.

Informal home visits have long been a traditional cultural practice to help take care of young families in many AI/AN communities. More recently, tribal communities have begun using more structured home visiting programs to improve child and family outcomes. They provide a variety of home visiting programs using diverse tribal, public, and private funding streams, including Tribal MIECHV.

More information about the Tribal MIECHV Program, current recipients, and the communities they serve can be found at the [ECD tribal home visiting website](#).

Required activities

This program's required activities are intended to support tribal- and locally-driven decision making. Funded projects must be high quality, evidence based, and culturally responsive to their communities.

If you receive a Tribal MIECHV award:

- You will conduct a community needs and readiness assessment (CNRA) of at-risk tribal communities. Your CNRA must engage all relevant community members and interested parties (for example, tribal council, health services, social services, early childhood services, schools, and culture departments).
- You will plan your home visiting program in collaboration with relevant partners to develop its capacity and infrastructure.
- You will carry out high-quality home visiting programs in at-risk tribal communities that are evidence based and culturally responsive.
- Your program must serve parents and families of young children aged birth to kindergarten entry, as well as families who are expecting a baby.
- Your program must comprehensively address families' needs.
- You will engage in activities to support stronger early childhood systems and cross-program collaboration in tribal communities.

- You will support the mental and behavioral health of children, families, and program staff. Your program must include infant and early childhood mental health consultation.
- You will conduct performance measurement activities and develop or update a data system and mechanism to measure, track, and report on progress toward meeting legislatively mandated benchmarks for participants.
- You will complete activities for continuous quality improvement (CQI).
- You will participate in MIECHV-funded research and evaluation opportunities to promote learning and contribute to the [MIECHV Learning Agenda \[PDF\]](#).

ACF and contractors will provide technical assistance (TA) to carry out required activities while respecting tribal sovereignty and self-determination.

Required activities for Year 1

The first 15 months of the cooperative agreement are considered Year 1. Year 1 activities are designed to help you understand your community's needs and plan program activities that will meet those needs and fulfill the program requirements.

In Year 1 of the cooperative agreement, you must do the following:

- Conduct a comprehensive CNRA.
- Develop an implementation plan that describes how you will carry out activities in Years 2 through 5.
- Build organizational and community capacity to carry out activities in Years 2 through 5.

If you already provide home visiting services to children and families, you must maintain those services.

Conducting a comprehensive CNRA

The CNRA helps you assess the quality and capacity of existing services to meet the needs of young children and families in your community. You will submit the CNRA to ACF for review. Once the review is complete and the necessary approvals have been obtained, you will then develop your implementation plan.

The goals of the CNRA are to:

- Identify program and community strengths and needs.
- Prioritize goals and strategies to meet those needs through home visiting programs.

The CNRA also sets the stage for strengthened cooperation among various programs that serve young children and families in tribal communities. Coordination across

programs helps make sure that your home visiting program is part of a comprehensive strategy for improving child and family well-being.

You must conduct the CNRA with full participation from your community, using partnerships, collaborations, culturally grounded strategies, and innovative methodologies, including Indigenous methodologies. The CNRA must use both quantitative and qualitative methods.

The CNRA must do all of the following:

- Identify community strengths and opportunities related to maternal, family, and child health and well-being.
- Identify organizational and program strengths and opportunities that relate to carrying out a home visiting program.
- Assess the quality and capacity of existing community services to support young children and families.
- Help you choose an appropriate home visiting model and make decisions about program design.

The detailed guidance for the CNRA is currently approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA). The CNRA is currently being revised and streamlined and will be submitted under a new OMB number by mid-2025. The latest version will be comparable to the detailed guidance that is currently approved. For more information, you can [read the current guidance for the CNRA in the Implementation Plan Guidance available on ACF's website](#).

Developing an implementation plan

After you complete your CNRA, you will create an implementation plan that describes how you will carry out required activities in Years 2 through 5. You will submit sections of your implementation plan following a process and timeline that we will give you upon award. We have to approve your implementation plan before you can fully provide your home visiting services.

The detailed guidance for the implementation plan is also currently being revised and streamlined, but it will be comparable to the detailed guidance approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) (OMB# 0970-0611, expiration: June 30, 2026). You can [read the current Implementation Plan Guidance \[PDF\]](#) on ACF's website.

Building capacity to carry out activities

During Year 1, as outlined in the Implementation Plan Guidance, you will develop the capacity necessary to begin and sustain your home visiting program. Your capacity-building activities must include the activities described in the following subsections.

Identifying home visiting models

- You must identify at least one evidence-based home visiting model that meets your community's needs. The model you choose may be either:
 - A model that meets the HHS criteria for evidence of effectiveness in AI/AN communities.
 - A promising approach that does not meet these criteria but otherwise meets the requirements for home visiting models.
- The model must be selected in collaboration with tribal, organizational, and community partners, your local advisory committee, model developers, and ACF.
- The model must be research-based and grounded in relevant empirical data.
- The model must focus on outcomes specified in the authorizing legislation.
- The model must be associated with (or developed by or in partnership with) a national organization or institution of higher education.
- The model must have comprehensive home visiting program standards for high-quality service delivery and continuous program quality improvement.

You may also incorporate any adaptations, enhancements, or supplements to the model that are necessary to suit your community's culture and context.

Designing your home visiting program

Responding to your CNRA, you will prioritize the data analyzed to design your home visiting program. When designing your home visiting program, you must:

- Determine the target population for your home visiting services.
- Set program goals and objectives.
- Choose home visiting models, adaptations, enhancements, and supplements that will meet the needs of your community.
- Work with developers of your selected models to establish formal agreements.
- Participate in training needed to use your selected models, adaptations, enhancements, and supplements.
- Develop or refine your program policies and procedures.
- Engage in other activities that will help you use your selected models, adaptations, enhancements, and supplements effectively and faithfully.

Developing a program staff

You will build administrative and management capacity to provide home visiting services. Building on your CNRA and implementation plan, you will hire, train, and develop a qualified staff, including managers.

Your staff must be able to carry out your program according to your implementation plan. This includes collecting data, measuring performance, and carrying out CQI activities.

You will also build infrastructure to make sure you can provide home visiting staff with the following:

- Reflective supervision.
- Administrative supervision.
- Clinical supervision.
- Infant and early childhood mental health consultation.

You must develop policies and procedures to provide reflective supervision program-wide, with fidelity to your home visiting model.

Developing or improving an integrated data management information system

You will consider how data management information systems can help you collect, input, use, and report data.

We expect you to manage data including, but not limited to:

- Participant demographic and service utilization data.
- Program service delivery data.
- Performance measurement data.
- Implementation data to support home visiting model program quality and fidelity, as well as CQI.

You will work with ACF and TA providers to develop and/or improve your data management information systems to meet the implementation and evaluation needs of the program. See the section on [reporting](#) for more information on reporting requirements.

Supporting performance measurement and CQI

You will develop plans and infrastructure to support performance measurement and data-driven CQI activities. These plans will coordinate with your data management plans.

We expect you to do the following:

- Develop individualized performance measurement plans that reflect the Tribal MIECHV performance measurement system. You can learn more about the Tribal MIECHV performance measurement system in our [Tribal Maternal, Infant, and Early Childhood Home Visiting Program Data Reports \[PDF\]](#).
- Build systems, policies, and processes for conducting data-driven CQI activities.

- Build capacity to use rapid-cycle CQI and test improvement strategies using run charts and other tools.

Building collaborations

You will build collaborations to consider how home visiting programs can best meet families' needs. These collaborations will also help you develop an early childhood system of support for families.

We expect you to work with:

- Early childhood program partners.
- Tribal leaders.
- Elders.
- Families.
- Community members.

Continuing to deliver existing home visiting services (if applicable)

If you have already been providing home visiting services before receiving an award under this NOFO, an important activity during Year 1 is to continue delivering home visiting services to eligible families.

If your existing home visiting program has been funded with Tribal MIECHV funds prior to award under this NOFO, you can use funds provided under this NOFO to deliver ongoing services during Year 1. You can also use Tribal MIECHV funds to replace another funding source to provide ongoing services in Year 1.

If you use Tribal MIECHV funds under this NOFO to provide services in Year 1, we will expect you to collect data and [submit relevant reports](#) during Year 1.

If you only expand services under this NOFO and do not use funds awarded under this NOFO to continue providing existing home visiting services, you will not have to report data to us in Year 1. You will only provide data in Years 2 through 5, as outlined in the next section.

Required activities for Years 2 through 5

In Years 2 through 5 of the cooperative agreement, you will fully implement the various components of your approved implementation plan. You will work closely with us to make sure you are providing a high-quality, evidence-based home visiting program in your community.

In Years 2 through 5 of the cooperative agreement, you must do the following:

- Implement home visiting services.

- Conduct performance measurement and CQI.
- Build early childhood systems.
- Participate in [MIECHV Learning Agenda](#) activities.

Implementing home visiting services

You must follow your approved [implementation plan](#) to provide home visiting services, including virtual home visits, to eligible families.

Your home visiting services must lead to improved coordination with other community resources to support families' needs. You may coordinate with, and refer to, direct medical, dental, mental health, or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement. You may also fund infant and early childhood mental health consultation to support children, families, and staff. The MIECHV program generally does not fund the delivery or costs of direct medical, dental, mental health, or legal services; however, some limited direct services may be provided (typically by the home visitor) to the extent required to implement the selected home visiting model.

Conducting performance measurement and CQI

You will collect, analyze, use, and report data on program implementation and improvements for program participants in the legislatively mandated benchmark areas, which include:

- Improved health and development for children, infants, parents, and expectant parents.
- Less child abuse and neglect.
- Improved preparation for school.
- Improved family socioeconomic status.
- More coordination of referrals to community resources and supports.
- Fewer injuries, crimes, and incidents of domestic violence.

You will also complete CQI activities, including participating in a structured, facilitated CQI Learning Collaborative with other Tribal MIECHV recipients. The Collaborative will focus on a specific topic relevant to home visiting practice (for example, family engagement). As part of participation in the Collaborative, you will identify strategies for improvement and rapidly test, assess results, and scale change within your own programs. You will connect regularly with your Tribal MIECHV peers to discuss your tests and share lessons learned.

You will receive TA and coaching prior to and throughout the Collaborative. This support will include access to topic-specific materials and tools to help you plan and run rapid cycle tests, collect relevant data to study the results, and make decisions to

improve program practice. You can read more about the [CQI Learning Collaborative](#) on ACF's website.

Building early childhood systems

You will collaborate with tribal, local, and state early childhood partners to support the comprehensive needs of expectant families, parents and caregivers, and children from birth to kindergarten entry who live in at-risk tribal communities. The goal of this collaboration is to develop an early childhood system.

Your program will also support maternal, early childhood, and infant mental and behavioral health. Services you provide must include infant and early childhood mental health consultation. More information about infant and early childhood mental health consultation can be found at the [Center of Excellence for Infant and Early Childhood Mental Health Consultation website](#).

Participating in MIECHV Learning Agenda activities

HHS carries out a continuous program of research and evaluation activities to increase knowledge about the implementation and effectiveness of home visiting programs. The Tribal MIECHV program aims to expand the evidence base on home visiting in AI/AN communities and increase the representation of tribal home visiting programs in broader MIECHV learning. [You can read ACF's snapshot about home visiting research and evaluation.](#)

You will participate in MIECHV-funded evaluation opportunities to promote learning and contribute to the [MIECHV Learning Agenda \[PDF\]](#). This may include:

- Serving as collaborators and subject matter experts for MIECHV evaluation projects.
- Participating in data collection activities.
- Participating in evaluation dissemination activities.

You can learn more about this kind of research through the [Tribal Early Childhood Research Center](#) and the [Home Visiting Applied Research Collaborative](#).

We will share other MIECHV-funded evaluation activities through a recipient listserv.

NOTE: Consistent with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. §§ 3501-3521), ACF will not conduct or sponsor—and a person is not required to respond to—a collection of information covered by such Act, unless it displays a currently valid Office of Management and Budget (OMB) control number. Activities required under this funding opportunity that are subject to PRA have been or will be approved prior to data collection. Approved information collections are referenced within the text or in the [reporting](#) section of this NOFO.

Funding priorities

While this NOFO is open to all [eligible entities](#), ECD intends to prioritize awards to programs and communities addressing an unmet need, including those without prior experience implementing evidence-based early childhood home visiting programs in the proposed communities. Entities without prior experience implementing evidence-based early childhood home visiting programs are eligible to receive additional bonus points, which can be found in the [merit review criteria](#).

Indigenous Knowledge

We recognize Indigenous Knowledge and encourage you to incorporate it into your project.

In November 2022, the White House Office of Science and Technology Policy (OSTP) and the White House Council on Environmental Quality (CEQ) issued guidance to federal agencies on how to incorporate Indigenous Knowledge into federal research, policy, and decision-making. According to this guidance:

“Indigenous Knowledge is a body of observations, oral and written knowledge, innovations, practices, and beliefs developed by Tribes and Indigenous Peoples through interaction and experience with the environment. It is applied to phenomena across biological, physical, social, cultural, and spiritual systems. Indigenous Knowledge can be developed over millennia, continues to develop, and includes understanding based on evidence acquired through direct contact with the environment and long-term experiences, as well as extensive observations, lessons, and skills passed from generation to generation.”

[Read the guidance for more information incorporating Indigenous Knowledge \[PDF\]](#).

Cooperative agreement—Description of ACF’s involvement

A cooperative agreement is a specific method of awarding federal assistance in which substantial federal involvement is anticipated. If you receive an award, we will negotiate a cooperative agreement defining each of our responsibilities. We expect our involvement to lead to programmatic benefits that you would not otherwise have.

Our collaboration through the cooperative agreement will include:

- We will review and approve the CNRA and implementation plan you develop in Year 1.

- If you use subawards, we will help you create policies and procedures that maximize open competition for them. We will also help you carry out rigorous and impartial development, review, and funding of subrecipient activities.
- We will collaborate on key programmatic activities, such as:
 - Strategic planning.
 - Implementation.
 - Information technology enhancements.
 - Training and TA.
 - Publications or products.
 - Evaluation.
- We will closely monitor requirements stated in this NOFO that limit your discretion with respect to scope of services offered, organizational structure, and management processes.
- To make sure that your project matches the intent of this funding opportunity, we will monitor your performance closely. Our monitoring may go beyond the usual federal stewardship responsibilities for discretionary activities.

Upon award, you will work closely with us and with TA providers to develop your implementation plan. This collaboration may take many forms, including:

- Monthly calls.
- Webinars.
- Individual TA.
- Kickoff meeting.
- On-site TA.
- Additional tools and resources.

The overall goal of TA is to build your capacity to carry out cooperative agreement activities. We know that the home visiting model you implement may provide model-specific TA, and we will also tailor TA to meet your needs.

Funding policies and limitations

General policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget period will depend on:
 - Appropriation of funds.

- Satisfactory progress in meeting your project's objectives.
- A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.
- For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).

Program-specific limitations and policies

We do not allow the following costs under this notice of funding opportunity (NOFO):

- Construction.
- Purchase of real property.
- Major renovation.

Indirect costs

Indirect costs are costs you charge across more than one project and cannot be easily separated by project.

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

Method 1—Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Method 2—*De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you **do not** have a current federal negotiated indirect cost rate (including a provisional rate), you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs. This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

- **Exception to Method 2:** 2 CFR 200.414(f) does not apply to HHS training or foreign awards. For those, the *de minimis* cap is 8% (see [45 CFR 75.414\(c\)\(1\)](#)) or, starting October 1, 2025, [2 CFR 300.414](#)).

Subawards

As the prime recipient, you must maintain a substantive role in the project. We define a substantive role as conducting funded activities and providing services that are necessary and integral to completing the project. Monitoring your subrecipient's activities alone as described in [45 CFR 75.352](#) is not a substantive role.

We do not fund awards where your role primarily serves as a conduit for passing funds to other organizations unless that arrangement is authorized by statute.

If they do not have one, all subrecipients must obtain a Unique Entity Identifier (UEI) through the System for Award Management (SAM.gov).

Subrecipients must meet the [eligibility requirements](#) of this NOFO.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. You may not use awarded funds to pay a salary at a higher rate than the rate for Executive Level II. For the Executive Level II salary, please see [guidance from the Office of Personnel Management on executive- and senior-level employee pay](#).

The salary limitation reflects a person's base salary (including any portion of the salary that is paid for with indirect costs). It does not include fringe benefits and any income the person is allowed to earn outside of the duties of the applicant organization. This salary limitation also applies to subawards, contracts, and subcontracts under an ACF grant or cooperative agreement.



Step 2:

Get Ready to Apply

In this step

Get registered	23
Find the application package	23
Learn more	24
Join the webinar	24

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for financial assistance specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Need help? See [Contacts and Support](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at [Grants.gov](#) and search for opportunity number HHS-2025-ACF-ECD-TH-0106. Then select the Package tab.

After you select the opportunity, we recommend that you select the Subscribe button to get updates.

If you can't use Grants.gov to download application materials, you may request them from the [grants management contact](#).

If you are also unable to apply through Grants.gov, see the section on [exemptions for paper submissions](#).

Learn more

Visit [Applying for an ACF Grant Award](#) on the ACF Grants page.

Join the webinar

For more information about this opportunity, join the webinar on February 6, 2025, from 3 to 4:30 p.m. ET. You can join at [ACF's Zoom site](#).

If you are not able to join through your computer, you can call in.

- **Phone number:** 669-254-5252
- **Meeting ID:** 160 221 3225
- **Passcode:** 923734

We will record the webinar. If you are not able to join live, you can replay it at the [ECD tribal home visiting website](#).

The goals of this session are to walk interested parties through the funding opportunity. Joining and participating is voluntary and does not affect eligibility, application scoring, or award selection. You can attend anonymously.

If there is a discrepancy between the NOFO and the presentation and/or presentation materials, the NOFO takes precedence.



Step 3:

Prepare Your Application

In this step

Application contents and format

26

Application contents and format

Application components

You will submit two files plus the [standard forms](#) in the application package.

See requirements for [other submissions](#).

Your organization's authorized official must certify your application.

File one

To submit file one, you will use the Project Narrative Attachment form found in the Grants.gov application package for this NOFO.

This file includes:

- Table of contents.
- Project summary, one page.
- Project narrative.
- Line-item budget and budget narrative.

File two

To submit file two, you will use the Other Attachments form found in the Grants.gov application package for this NOFO.

This file includes all [attachments](#).

Standard forms

The Grants.gov application package for this NOFO includes forms beyond those required for file one and file two. Complete all of these forms and submit through Grants.gov.

See the list of [standard forms](#).

Required format

Page limit for file one and file two combined: 125 pages.

File format: Portable Document Format (PDF) is recommended, but not required. ACF supports the following file formats when you attach files to the Project Narrative Attachment form and the Other Attachments form:

Accepted file formats

- Adobe PDF (.pdf)
- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- Microsoft PowerPoint (.ppt)
- Image formats (.JPG, .GIF, .TIFF, or .BMP only)

Document formats

Paper size: 8 ½ inches x 11 inches

Margins: 1 inch all around

Language: English

If possible, include page numbers.

Do not include external links to information you want reviewers to assess because reviewers will score the application solely on information provided in the application.

Fonts

Font: Times New Roman

Color: Black

Size: 12-point font

Footnotes and text in tables and graphics may be 10-point.

Spacing

Table of contents: Must be single-spaced

Project summary: Must be single-spaced

Project narrative: Must be double-spaced

Line-item budget and budget narrative: Can be single-spaced

Attachments: Can be single-spaced

Tables and footnotes throughout: Can be single-spaced

See [disqualification factors](#) to understand what may disqualify your application from consideration.

Table of contents

At the beginning of file one, insert a table of contents that guides a reader through the contents of both files in your application. If possible, include links to the relevant content in file one.

Project summary

Provide a one-page summary of the project description. Do not cross-reference to other parts of your application. The summary must include:

- At the top, the project title, applicant name, address, phone numbers, email addresses, and any website URL.
- A brief description of the project, including the needs and population you will address, your proposed services.

Project narrative

The project narrative is where you address all your proposed activities. It is a critical section of your application, which we evaluate and rank against other applications using the [merit review criteria](#). Remember that substance and measurable outcomes are more important than length. We are particularly interested in project narratives that convey strategies for achieving intended performance. In it, you must:

- Explain how the project will meet the purpose of the NOFO, as described in [the program description section](#).
- Make sure your narrative is clear, concise, and complete.
- Use cross-referencing rather than repetition.
- Be sure to include any required supporting documents noted. You generally provide these in your [attachments](#).
- Use the headings and order of the sections that follow.

Geographic location

Provide the precise physical location of your project and boundaries of the area you will serve. If you will include any subrecipients in your project that will serve the geographic areas include their locations as well.

Need for assistance

Identify the problems you plan to solve. These problems could be physical, economic, social, financial, institutional, etc. To do so:

- Demonstrate the need, including the nature and scope of the problem.

- You may provide supporting documentation, such as testimonials, in an application appendix.
- Include any relevant data based on planning studies or needs assessments. You may refer to them in the endnotes or footnotes.
- Use demographic data and participant or beneficiary information where you can.

Objectives

State your main objectives and any sub-objectives for the first year of the project. Address how the objectives stated relate to the overall purpose of this program and describe how you will achieve the objectives.

Expected outcomes

Identify the outcomes you plan to achieve from the first year of the project. Outcomes should relate to the overall program as described in the [program description section](#). If research is part of the proposed work, outcomes must include hypothesized results and implications of the proposed research.

Understanding of program

Describe your understanding of maternal, infant, and early childhood home visiting programs. Your description should address:

- Fidelity, adaptation, and enhancement of evidence-based strategies concerning home visiting programs in AI/AN communities.
- Early childhood systems and how they contribute to the success of a home visiting program.
- How performance measurement, CQI, and evaluation activities contribute to the success of a home visiting program.

Approach

Outline your action plan. Describe the scope and detail of how you will accomplish your proposed project. Account for all functions or activities you identify in your application.

Explain potential obstacles and challenges to accomplishing your project goals. Explain the strategies you will use to address them.

Required activities for Year 1

Describe your approach to doing the following in Year 1:

- Conducting a comprehensive CNRA.
- Developing an implementation plan.

- Building capacity to carry out activities.
- If applicable, continuing delivery of existing home visiting services.

See the [program description](#) section for more details about the required activities for Year 1.

Your Year 1 approach should include, at a minimum, the following elements:

- Overall plan for conducting the proposed activities in a complete and timely manner.
- Factors that could get in the way of completing these activities and how you would manage these factors.
- Plan for conducting a comprehensive CNRA.
- Plan for developing and submitting an implementation plan.
- Plan for using CNRA findings to select an evidence-based home visiting model and any necessary adaptations, enhancements, and supplements. You should not propose a home visiting model to be implemented, as this determination must be based on the results of the CNRA.
- Plan for building or maintaining capacity to implement an evidence-based home visiting program.
- Plan for making sure that the project will lead to a high-quality, evidence-based home visiting program that is culturally responsive to the target population.
- Plan for developing relationships involving tribal leaders, community members, partner agencies, participants, and other interested parties in your program.
 - Include a preliminary list and description of agencies, individuals, and entities that will be involved during Year 1. Your list should include the planned composition and involvement of the program's local advisory committee.
- The roles, responsibilities, and time commitments of proposed staff, including subrecipients, consultants, contractors, and partners. Explain how these positions are relevant to implementing your proposed project.

Project timeline and milestones

Provide a timeline for your project that includes milestones. To do so:

- Organize the information by task and subtask, showing related milestones.
- Provide monthly or quarterly quantitative projections for what you plan to accomplish and by when. For example, provide the number of people you plan to serve or the number of a certain activity you plan to complete.
- If you can't quantify some of your accomplishments, provide their target dates.
- Cover Year 1 in your timeline.

Organizational capacity

Provide the following information for your full project team, including the applicant organization and any cooperating partners, contractors, and subrecipients:

- Provide evidence that your team has the relevant experience and expertise needed to carry out your project.
- Describe your team's experience (including any partnering organizations) with administering, developing, implementing, managing, and evaluating similar projects.
- Provide evidence that your team, including partnering organizations, has the organizational capability to fulfill their roles and functions effectively.
- You must disclose your plan to enter into subaward agreements. If planning subawards, describe the work each subrecipient will complete.
- Clearly identify the lead entity responsible for conducting activities under this NOFO.
- Describe your organizational capacity to conduct performance measurement and CQI activities.
- You will provide some supporting information in the [attachments](#) section.

Plan for oversight of federal award funds and activities

You must ensure proper award oversight. The regulation that governs this oversight is [45 CFR Part 75 Subpart D](#). It includes standards for:

- Financial and program management.
- Property management.
- Procurement.
- Performance and financial monitoring and reporting.
- Subrecipient monitoring and management.
- Record retention and access.
- Remedies for noncompliance.
- Prior written approval.

Describe your framework to ensure proper oversight of federal funds and activities.

Include:

- A description of the governance, policies and procedures, and systems you use for record keeping and financial management.
- A description of the procedures to identify and mitigate risks and issues. These might include audit findings, continuous performance assessment findings, and monitoring.

- The key staff who will be responsible for maintaining oversight of program activities staff and any partners or subrecipients.

Protection of sensitive or confidential information

Describe how you will collect and safeguard protected personally identifiable information and other information that is considered sensitive. Make sure your approach is consistent with applicable federal, state, local, and tribal laws regarding privacy and obligations of confidentiality. Provide:

- The methods and systems you will use to ensure that you properly handle confidential and sensitive information including any subrecipients and/or contractors.
- A plan for the disposition of such information at the end of the period of performance.

See [45 CFR 75.303\(e\)](#) for more information.

Line-item budget and budget narrative

The line-item budget and budget justification support the information you provide in the Budget Information Standard Form SF-424A.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

Justify the costs you ask for and provide detail, including calculations for the “object class categories” in the Budget Information Standard Form. You will provide this information for the initial budget period only. See information on [funding periods](#).

As you develop your budget, consider:

- If the costs are necessary, reasonable, allocable, and consistent with your project's purpose and activities.
- How you calculate your costs in ways that are clear and repeatable.
- The restrictions on spending funds. See the [funding policies and limitations](#).

You must commit a reasonable and adequate amount of federal funds to comply with the requirements for CNRA and building capacity for performance measurement CQI.

The recipient's Project Director and at least one other key staff must attend the following meetings to be held in Washington, DC, or another location. Overall, recipients must attend up to 10 meetings over the life of the cooperative agreement. Mandatory meetings include:

- **Kickoff meeting, within 90 days of the start of the award.** This will last two to three days. (Year 1 only)
- **Annual all-Tribal MIECHV recipient meeting.** Each meeting will last two to three days. (Every year)
- **Annual regional meeting.** Each meeting will last two to three days. (Years 2 through 5 only)

Please also review the Standard Form instructions.

To create your line-item budget and justification, see [detailed budget instructions on our website](#).

In general, you must:

- Indicate the method you will use for your indirect cost rate. See the [indirect costs](#) section for further information.
- Include estimation methods, quantities, unit costs, and other similar quantitative detail necessary for the calculation to be duplicated.
- For any cost sharing, include a detailed listing of any funding sources identified in Block 18 of the SF-424 Application for Federal Assistance.
- For applicants planning to use subawards, if your subaward budget is more than 50% of total direct costs, justify why you are sub awarding that portion of the project. Explain:
 - How you plan to maintain a substantive role in the project.
 - Why you cannot achieve your goals without the subrecipients' participation.

You must provide a budget for the first budget year of the five-year award. You should consider the unique costs in the first 15 months (Year 1) of completing the CNRA and developing the implementation plan.

Proprietary or personally identifiable information

In your application, you may identify salary or other proprietary information or personally identifiable information. We will remove this information from applications before they go to reviewers.

If you have an [exemption for a paper submission](#), you can protect salary information and any proprietary information by placing that information only in the original application. You can remove the information from the copies, keeping summary information.

Attachments

You will upload attachments in Grants.gov using the Other Attachments form. These attachments are included in the overall application page limit, unless it says otherwise in this section.

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

See the [indirect costs](#) section for more information.

Legal proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A reference to your listing in the IRS's most recent list of tax-exempt organizations.
- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another appropriate state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation or similar document. This document must show that your group is a nonprofit.
- Any of these for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

Additional eligibility documentation

If your organization is a tribal government, an organization representing a consortium of tribes, or a tribally authorized component or division of the tribal government, you must submit tribal resolution documentation.

Include a fully executed tribal resolution from the governing body of each tribe agreeing to participate in the project and receive services. Each resolution must include:

- Resolution number.
- Voting information.
- Authorized signatures.

[Tribal organizations](#) or [urban Indian organizations](#) that are not planning to serve any specific tribe do not need to submit tribal resolution documentation.

Organizational capacity supporting information

You must attach the following information to support the information in your [organizational capacity](#) section:

- Organizational charts, including all partners.
- Resumes.
- Job descriptions for each vacant key position.
- List of your board of directors.
- Copy or description of the applicant organization's fiscal control and accountability procedures.
- Information on compliance with federal, state, and local government standards.

If applicable, documentation may include tribal resolution emphasizing the lack of prior home visiting services delivered by the applicant or letters of support from partners highlighting the absence of previous home visiting services provided by the applicant.

Third-party agreements

You must submit agreements with all third parties involved in the project. Third parties include subrecipients, contractors, and other cooperating entities. Third-party agreements include letters of commitment, memoranda of understanding, and memoranda of agreement. We do not consider general letters of support to be third-party agreements.

Any such agreement must:

- Describe the roles and responsibilities for project activities.
- Describe the support and resources that the third-party is committing to the proposed project.
- Be signed by the person in the third-party organization with the authority to make such commitments.
- Detail work schedules and estimated compensation with an understanding that the parties will negotiate a final agreement after award.
- Identify the primary applicant and all collaborators responsible for project activities if for a collaboration or consortia application.

Letters of support

Attach statements from community, public, or commercial leaders that support your project. At minimum, each letter of support must identify the person writing the letter, the organization they represent, the date, and their reasons for supporting the project.

Protection of human subjects certification

Not included in the page limit.

You must attach a Protection of Human Subjects: Assurance Identification / Certification / Declaration of Exemption form. You can find this form at the [Office of Human Research Protections Forms](#) website.

For more on this topic see [the Office of Human Research Protections](#) website. If you have questions, you can email them at OHRP@HHS.gov or call them at 240-453-6900.

Standard forms

You will need to complete some other required standard forms. Upload the following forms at [Grants.gov](#). You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With the application.
Budget Information for Non-Construction Programs (SF-424A)	With the application.
Assurances for Non-Construction Programs (SF-424B)	With the application.
Key Contacts	With the application.
Grants.gov Lobbying Form	With the application or before award.
Disclosure of Lobbying Activities (SF-LLL)	If applicable based on instructions, with the application or before award.
Project/Performance Site Location(s) (SF-P/PSL)	With the application. Cite your primary location and up to 29 additional performance sites.



Step 4:

Learn About Review and Award

In this step

Application review	<u>38</u>
Award notices	<u>43</u>

Application review

Initial review

We will review your application to make sure that it meets the responsiveness requirements listed in the [disqualification factors section](#). If your application does not meet these criteria, we will disqualify it and we will not move it to the merit review phase.

We will let you know if your application is disqualified within 30 days of the application deadline. You won't receive any notice from ACF if your application failed Grants.gov validation checks.

If you submit more than two files in addition to your forms, we will remove the extra files. We will let you know if this happens.

We will also remove blurred or illegible pages and any file formats that are not supported.

We will not review any pages that exceed the page limit.

If your application fails to adhere to ACF's NOFO formatting, font, and page limitation requirements, we will adjust your application by removing page(s) from the application. We will remove the pages before the merit review and will not send them to reviewers.

If we do so, we will send you a letter after we make awards to notify you that we amended your application.

Merit review

A panel reviews all applications that pass the initial review. The panel members use the criteria in this section.

Our reviewers typically are not federal employees. See the section on [proprietary and personally identifiable information](#).

Criteria

Criterion	Total number of points = 100, plus 5 bonus points
1. Need for assistance	15 points
2. Objectives, expected outcomes, and understanding of program	20 points
3. Approach	30 points
4. Organizational capacity	25 points
5. Line-item budget and budget narrative	10 points
6. Bonus points	5 points

1. Need for assistance

Maximum points: 15

The reviewer will assess how well you:

- 1.1. Demonstrate that the proposed project will fill an unmet need.
- 1.2. Identify and justify the target population and proposed service area for the proposed project.
- 1.3. Demonstrate a thorough understanding of the characteristics of the proposed tribal community and their service needs.
- 1.4. Demonstrate that you have involved the community in developing your proposed project, including evidence that the community wants and is invested in the project.

2. Objectives, expected outcomes, and understanding of program

Maximum points: 20

The reviewer will assess how well you:

- 2.1. Demonstrate that you understand the goals and objectives of this NOFO and that your proposed project will contribute to achieving them.
- 2.2. Present a clear description of your proposed project, including a clear statement of its expected outcomes (that is, the intended end products of an effective project) and objectives (that is, measurable steps for reaching these goals).

- 2.3. Demonstrate that you understand maternal, infant, and early childhood home visiting programs.
- 2.4. Demonstrate that you understand the concepts of fidelity, adaptation, and enhancement in relation to evidence-based home visiting programs in AI/AN communities.
- 2.5. Demonstrate that you understand early childhood systems and how they contribute to the success of a home visiting program.
- 2.6. Demonstrate that you understand performance measurement, CQI, and evaluation activities and how they contribute to the success of a home visiting program.

3. Approach

Maximum points: 30

The reviewer will assess how well you:

- 3.1. Provide a clear and reasonable process and timeline for conducting the proposed activities, including major milestones and target dates.
- 3.2. Describe the factors that could get in the way of completing activities and explain how you would manage these factors.
- 3.3. Explain how you will conduct a comprehensive community needs and readiness assessment (CNRA).
- 3.4. Explain how you will develop and submit an implementation plan during Year 1.
- 3.5. Explain how you will use the CNRA to develop an evidence-based home visiting program that will meet your population and community needs. Discuss how you will select an evidence-based home visiting model and add any necessary cultural and contextual adaptations, enhancements, and supplements.
- 3.6. Explain how you will build or maintain capacity to implement an evidence-based home visiting program.
- 3.7. Demonstrate that your proposed approach is likely to result in a high-quality, evidence-based home visiting program that is culturally responsive to the target population.
- 3.8. Demonstrate that your tribal leaders, community members, partner agencies, and program participants will be involved in and kept informed of project implementation and outcomes.
- 3.9. Explain how you will compose and involve a local advisory committee.
- 3.10. Describe the role, responsibilities, and time commitments for each proposed project staff position, including subrecipients, consultants, contractors and

subcontractors, and partners. Demonstrate that each position is relevant to implementing your proposed project.

4. Organizational capacity

Maximum points: 25

The reviewer will assess how well you:

- 4.1. Identify the lead entity that will be responsible for conducting activities under this NOFO.
- 4.2. Demonstrate relevant expertise and experience among AI/AN populations.
- 4.3. Demonstrate expertise, experience, and organizational capacity that will support your ability to implement high-quality, culturally grounded, evidence-based home visiting services that meet the requirements of this NOFO.
- 4.4. Demonstrate expertise, experience, and organizational capacity to administer the proposed project and manage a program of this size, scope, and complexity.
- 4.5. Demonstrate organizational capacity that will support your ability to engage in performance measurement and CQI activities that meet the requirements of this NOFO.
- 4.6. Demonstrate that your proposed Project Director and key project staff have sufficient relevant knowledge, experience, and capabilities (as demonstrated by their resumes) to implement and manage the project effectively.
- 4.7. Demonstrate the organizational capacity of each participating organization (including partners, subrecipients, and contractors) to fulfill its assigned roles and functions effectively.
- 4.8. Describe a sound oversight and management plan for achieving the objectives of the proposed project on time and within budget. Include management and coordination of activities by any partners, subrecipients, contractors and subcontractors, and consultants.
- 4.9. Demonstrate that your fiscal controls and accounting procedures are likely to ensure prudent use, proper and timely disbursement, and accurate accounting of federal funds received under this NOFO.

5. Line-item budget and budget narrative

Maximum points: 10

The reviewer will assess how well you:

- 5.1. Provide a detailed budget for the project's first year and include a narrative justifying the budget and explaining how funds will be spent.

- 5.2. Demonstrate that your Year 1 costs are reasonable, thoroughly justified, and appropriate for the activities to be conducted and the expected results and benefits.
- 5.3. Demonstrate that you have committed a reasonable amount of the Year 1 project budget to planning and conducting a needs and readiness assessment, through either personnel or contractual investment.
- 5.4. Demonstrate that you have committed a reasonable amount of the Year 1 project budget to planning and building capacity to conduct performance measurement and CQI activities, through either personnel or contractual investment.

6. Bonus points

Maximum points: 5 (awarded as either 0 or 5)

The reviewer will assess how well you:

- 6.1. Demonstrate that you do not have current or prior experience implementing evidence-based early childhood home visiting programs.

We do not consider voluntary cost sharing during merit review.

Risk review

Before making an award, we review the risk that you will mismanage federal funds or fail to complete the project objectives. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use [SAM.gov Responsibility/Qualification](#) to check this history for all awards likely to be over \$250,000.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- Organizations serving emerging, unserved, or underserved populations.
- The larger portfolio of agency-funded projects by considering geographic distribution.
- The past performance of the applicant.

We reserve the right to prioritize awards to entities without prior experience implementing evidence-based home visiting services.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Decide not to fund a project with high start-up costs or unreasonably high operating costs.
- Choose not to fund applicants with management or financial problems.
- Designate your application as “approved but unfunded” if it was successful but there was not sufficient funding to make an award. You may receive funding if additional funds become available within the fiscal year.
- Choose to fund no applications under this NOFO.

We will not fund:

- A [disqualified application](#).

Award notices

How we make awards

If you are successful, we will email or transmit through our grant systems a Notice of Award (NoA) to your authorized official. We will email you if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you have not received an award. Project costs that you incur before you receive a NoA are at your risk.

By drawing down funds, you accept the terms and conditions of the award, including the [ACF Standard Terms and Conditions](#). The award incorporates the requirements of the program and funding authorities, the grant regulations, the GPS, and the NOFO.

If you want to know more about NoA contents, go to [Notice of Award at ACF's website](#).



Step 5:

Submit Your Application

In this step

Application submission and deadlines	45
Application checklist	48

Application submission and deadlines

Deadlines

Optional notice of intent

Due on January 18, 2025, at 11:59 p.m. ET.

See information on [notices of intent](#).

Application

Due on March 17, 2025.

- For electronic submissions, the due time is 11:59 p.m. ET.
- If you receive an exemption from electronic submission, the due time is 4:30 p.m. ET. See the section on [exemptions for paper submissions](#).

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept only the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov unless we give you an exemption for a paper submission. See information on [getting registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files. We encourage you to leave yourself plenty of time to upload documents.

See [Contacts and Support](#) if you need help.

Issues with federal systems

If you experience a systems issue with Grants.gov or SAM.gov, please refer to [ACF's Policy for Applicants Experiencing Federal Systems Issues \[PDF\]](#).

Exemptions for paper submissions

We need to give you an exemption before you can apply on paper. See the [ACF Policy for Requesting an Exemption from Required Electronic Application Submission \[PDF\]](#).

Once we have approved your exemption, download your forms package under the Package tab in Grants.gov.

To submit your application, mail it to:

Jesse LaSarte

HHS-2023-ACF-ECD-TH-0106

Administration for Children and Families

330 C. Street, SW, Room 4203

Washington DC 20201

Follow these requirements when you submit your paper application:

- Print your application and all copies one-sided.
- Submit one original and two copies of the complete application, including all required forms.
- Submit both the original and additional copies in a single package. If you plan to submit more than one application under this NOFO or others, you must submit them separately. Clearly label each package with the NOFO title and funding opportunity number. Your authorized organization official must sign the application. The original application must include an original signature.

Other submissions

Intergovernmental review

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

Optional notice of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of expert reviewers we will need to evaluate applications. You do not have to submit a notice of intent to apply.

Please email your notice to TribalHV@acf.hhs.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

See the [deadline for notices of intent](#).

Application checklist

Make sure that you have everything you need to apply.

Component	Grants.gov form	Included in page limit?
<p>File one: Narratives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Table of contents <input type="checkbox"/> Project summary <input type="checkbox"/> Project narrative <input type="checkbox"/> Line-item budget and budget narrative 	Use the Project Narrative Attachment form.	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>File two: Attachments</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indirect cost agreement <input type="checkbox"/> Legal proof of nonprofit status <input type="checkbox"/> Additional eligibility documentation <input type="checkbox"/> Organizational capacity supporting information <input type="checkbox"/> Third-party agreements <input type="checkbox"/> Letters of support <input type="checkbox"/> Protection of human subjects certification 	Insert each in the Other Attachments form.	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p>
<p>Standard forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Federal Assistance (SF-424) <input type="checkbox"/> (SF-424A) Budget Information for Non-Construction Programs <input type="checkbox"/> (SF-424B) Assurances for Non-Construction Programs <input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) <input type="checkbox"/> Key Contacts <input type="checkbox"/> Grants.gov Lobbying Form <input type="checkbox"/> Project/Performance Site Location(s) (SF-P/PSL) 	Upload using each required form.	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [50](#)

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award, including the [ACF Standard Terms and Conditions](#). We incorporate this NOFO by reference.
- The rules listed in [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations.
 - Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supplies.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
 - Effective October 1, 2025, HHS will adopt the remaining [2 CFR Part 200](#) provisions and the HHS-specific modifications relocated from 45 CFR Part 75 to [2 CFR Part 300](#).
- The HHS [Grants Policy Statement \[PDF\]](#) (GPS). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the [HHS Administrative and National Policy Requirements \[PDF\]](#). See also [ACF Administrative and National Policy Requirements](#).

Reporting

As a recipient, you will have to submit performance and financial reports. To learn more about reporting, see [Reporting at the ACF website](#).

- Financial report form: SF-425 FFR
 - Financial report frequency: Semiannually and annually
- Performance measurement data (implementation and legislatively mandated benchmarks data) (Performance Measurement Data Report, OMB #0970-0614, expiration: August 31, 2026)
 - Report frequency: Annually
- Demographic and service utilization data (Demographic and Service Utilization Data Report, OMB #0970-0614, expiration: August 31, 2026)
 - Report frequency: Annually
- Service capacity, family engagement, and staffing data (Quarterly Performance Data Report, OMB #0970-0614, expiration: August 31, 2026)
 - Report frequency: Quarterly
- Report to the Secretary (OMB #0970-0409, expiration: September 30, 2024)
 - Report frequency: Annually
- If you will maintain existing home visiting services using Tribal MIECHV funds in Year 1, you will be expected to report data in Year 1. The frequency and format of reporting will be outlined in your cooperative agreement with ACF. The current forms have OMB approval, and ACF will seek approval for any new forms to be developed.

Nondiscrimination and assurance

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



Contacts and Support

In this step

Agency contacts	53
Grants.gov	53
SAM.gov	53
Reference websites	53
Paperwork Reduction Act disclaimer	54

Agency contacts

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Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 1-866-606-8220 or live chat with the [Federal Service Desk](#).

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Administration for Children and Families \(ACF\)](#)
- [Grants.gov](#)
- [Applying for an ACF Grant Award](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)
- [ACF Property Guidance](#)

Paperwork Reduction Act disclaimer

As required by the Paperwork Reduction Act, 44 U.S.C. 3501-3521, the public reporting burden for the project description (project narrative, line-item budget, and justification) is estimated to average 60 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection information. The project description information collection is approved under OMB control number 0970-0139, which expires March 31, 2026. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Modifications

Modification Description	Updated Date

Glossary

Most definitions are for the purposes of the NOFO unless specifically noted individually.

- **Adaptation:** An adaptation of an evidence-based model or promising approach includes changes to the model that:
 - Have not been tested with rigorous impact research and are determined by the model developer to alter core components related to program impacts.
 - Are aligned with Tribal MIECHV program requirements.
 - Are agreed to by the model developer and ACF in partnership with the recipient.
- **Administrative supervision:** Administrative supervision is the oversight of employees' adherence to tribal, federal, state, and agency regulations and policies (including the rules and policies of the Tribal MIECHV program; program policies and procedures; quality assurance; and safety). Administrative supervision is aimed at monitoring an employee's productivity and performance.
- **At-risk tribal community:** An at-risk tribal community can be defined in the following ways, reflecting diverse circumstances of tribal populations:
 - A tribe or tribes within a discrete geographic region (e.g., on a reservation, Tribal Jurisdictional Service Area, or Alaska Native village) could be considered an at-risk tribal community.
 - Subgroups or communities of a tribe or tribes within a discrete geographic region could be considered an at-risk tribal community.
 - Members of a tribe could live scattered throughout a larger, nontribal geographic area interspersed with nontribal members (e.g., AI/AN living in an urban environment) and be considered an at-risk tribal community.
- **Clinical supervision:** Clinical supervision is case-focused and supports a practitioner in reviewing, discussing, and evaluating cases, including treatment planning, implementation of intervention strategies, and progress of clients. Clinical supervision may or may not be reflective.
- **Community needs and readiness assessment (CNRA):** A needs and readiness assessment has the following two major components:
 - An assessment of community needs.
 - An analysis of community readiness and capacity of organizations and programs to meet these needs.
- **Continuous Quality Improvement (CQI):** CQI supports the ongoing use of performance and implementation data to:

- Optimize program outcomes.
- Facilitate cultural and contextual adaptations of evidence-based models to meet community and program needs.
- Identify and disseminate best practices.
- Test new approaches in home visiting that can increase efficiency and enhance effectiveness of programs.
- **Early childhood system:** An early childhood system brings together health, early care and education, and family support program partners, as well as tribal and community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to:
 - Reach all children and families as early as possible with needed services and supports.
 - Reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families.
 - Ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry
 - Genuinely include and effectively accommodate children with special needs.
 - Support continuity of services.
 - Eliminate duplicative services.
 - Ease transitions in order to improve the overall service experience for families and children.
 - Value parents and community members as decision makers and leaders.
 - Catalyze and maximize investment and foster innovation.
- **Eligible family:** The MIECHV legislation (section 511(1)(2) of the Social Security Act) states that an eligible family in MIECHV means a woman who is pregnant, and the father of the child if the father is available; or a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents who are serving as the child's primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child. Section 511(d)(4) of the Act further requires that MIECHV recipients give priority to serving high-risk groups including:
 - Eligible families who reside in at-risk tribal communities in need of such services, as identified in the needs assessment.
 - Low-income eligible families.
 - Eligible families who are pregnant women who are younger than 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.
- 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.
- **Enhancement:** An enhancement of an evidence-based model or promising approach includes changes or additions to the model that:
 - Have not been tested with rigorous impact research but are determined by the model developer not to alter the core components related to program impacts.
 - Are aligned with Tribal MIECHV program requirements.
 - Are agreed to by the model developer and ACF in partnership with the recipient.
- **Evidence-based home visiting model:** An evidence-based home visiting model is used to describe both models that meet the HHS criteria for evidence of effectiveness in tribal communities and models that are considered promising approaches. HHS uses HomVEE to conduct a thorough and transparent review of the home visiting research literature and assess the evidence of effectiveness for home visiting models that target families with pregnant people and children from birth to kindergarten entry. Read the [HomVEE website](#) for more information about home visiting evidence of effectiveness. This also includes a tribal-specific review (Tribal HomVEE).
 - There is currently one model that meets the HHS criteria for evidence of effectiveness in AI/AN communities.
 - All other home visiting models, including those that have been designated by HHS as meeting criteria for evidence of effectiveness for the general population through the HomVEE review, are currently considered promising approaches for use with AI/AN populations.
- **Fidelity:** Fidelity constitutes a program's adherence to model developer requirements for high-quality implementation as well as any affiliation, certification, or accreditation required by the model developer, if applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:
 - Recruiting and retaining clients.

- Providing initial and ongoing training, supervision, and professional development for staff.
- Establishing a management information system to track data related to service delivery and model fidelity.
- Developing an integrated resource and referral network to support client needs.
- **Note:** Changes to a model that alter the core components related to program outcomes (otherwise known as drift) could impair fidelity and undermine the program's effectiveness.
- **Home visiting program:**
 - Includes home visiting as the primary service delivery strategy (excluding programs with infrequent or supplemental home visiting).
 - Is offered on a voluntary basis to eligible families in at-risk tribal communities.
 - Targets outcomes specified in the MIECHV legislation, including:
 - Improved maternal and child health.
 - Prevention of child injuries, child abuse, or maltreatment.
 - Reduction of emergency department visits.
 - Improvement in school readiness and achievement.
 - Reduction in crime or domestic violence.
 - Improvements in family economic self-sufficiency.
 - Improvements in the coordination and referrals for other community resources and supports.
- **Indigenous methodologies:** As an extension of Indigenous studies, Indigenous methodologies of inquiry seek to regenerate Indigenous ways of knowing and research, and craft educational spaces for Indigenous peoples, by Indigenous peoples (Smith, 2012, as cited in Smith et al., 2019).
- **Infant and early childhood mental health consultation:** Infant and early childhood mental health consultation is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home.
 - The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children, early and before intervention is needed.

- In contrast to direct therapeutic services, infant and early childhood mental health consultation offers an indirect approach to promoting positive social and emotional development among children and families.
- Mental health consultation can be an important support to home visiting programs by enhancing their capacities to address children’s and families’ mental health needs.
- **Local advisory committee:** A local advisory committee is comprised of community members (including families) from the program’s service area and provides input on a variety of program and evaluation activities. Local advisory committees are created to ensure that the program is in touch with the community’s needs and incorporates the community’s perspective in program operations and evaluation activities. Local advisory committees should meet on a regular basis and perform a number of valuable functions, including:
 - Providing input on needs and readiness assessment, performance measurement, CQI, evaluation, and dissemination activities.
 - Defining program vision, goals, objectives, and design.
 - Helping shape many core functions and activities of the program.
- **MIECHV caseload slot:** A MIECHV caseload slot is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV caseload slot at enrollment. All members of one family or household represent a single MIECHV caseload slot. Families are designated as MIECHV caseload slots at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV caseload slots that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. Once designated as a MIECHV caseload slot, the family is tracked for the purposes of data collection through the tenure of service in the program. The count of MIECHV caseload slots should be distinguished from the cumulative number of enrolled families during the reporting period.
- **MIECHV Learning Agenda:** From its inception, the MIECHV program has incorporated a learning agenda approach. A learning agenda aims to “continually improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery.” [Read the OMB memorandum for more information about learning agenda policy \[PDF\]](#). MIECHV’s learning agenda involves a combination of continuous quality improvement, performance measurement, rigorous evaluation at the national and local levels, and support for research infrastructure in the field. The evidence generated by each of these

activities contributes unique perspectives to HRSA and ACF's understanding of the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting. Read [the MIECHV learning agenda overview \[PDF\]](#) for more information about learning agenda activities.

- **Qualitative data:** Descriptive and conceptual data, often rich in meaning and detail, and analyzed to discover underlying meanings and patterns of relationships.
- **Quantitative data:** Numerical data that can be aggregated and analyzed using mathematical and statistical methodologies.
- **Reflective supervision:** Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice that acknowledges that infants and toddlers have unique developmental and relational needs and that all early learning occurs in the context of relationships.
 - Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process. That is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler.
 - Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on their own without interruption from the supervisor.
- **Supplement:** A supplement to an evidence-based model or promising approach is the addition of a supportive or complementary curriculum to an evidence-based home visiting model. The supplement may or may not have been tested with rigorous impact research, but must be determined by the model developer not to alter the core components related to program impacts, aligned with Tribal MIECHV program requirements, and agreed to by the model developer and ACF in partnership with the recipient.
- **Virtual home visiting:** Home visiting conducted solely by use of electronic information and telecommunications technologies.