Contractor	City of Hampton					
Contract Amount	\$ 406,486	<u></u>				
Contract Period	October 1, 2018 through September 30, 2019					
Scope of Service	Description	Deliverable				
A. Service Delivery: Evidence-Based Home Visiting (EBHV) Model services	 Provide Parents As Teachers program services to 110 families in the City of Hampton in accordance with Model standards for program implementation a) Local programs are required to meet and maintain 85% to 100% caseload capacity when no exceptions exist. For those programs that have been on improvement plans to meet caseload capacity in FY2018-2019 and are not able to maintain capacity, the Virginia Department of Health (VDH) may withdraw funding from the local agency. The state MIECHV team will work with the program to provide technical assistance in order to meet HRSA caseload requirements. b) If, after implementing an improvement plan, the program cannot maintain 85% caseload capacity, then the local agency may be placed on probation and evaluated for continued funding. c) These are the only allowable reasons a Site may fall below the 85% threshold i) Vacant Home Visitor position(s) ii) Home Visitor on extended leave iii) New Home Visitor with <6 months- 1 year employment iv) Demonstrated high percentage (>75%) of families on caseload requiring and routinely receiving weekly visits Inform VDH/MIECHV of changes in project staffing, significant issues impacting implementation on a monthly basis. Maintain all required standards for Model affiliation. Remain in good standing with the state model office; a) Actively engage in quality assurance and credentialing activities; b) Work cooperatively with technical assistance consultants. Submit copies of program annual reports and/or model accreditation reports to VDH. 	1) The Parents As Teachers program in City of Hampton will use MIECHV funds to serve 110 families, defined as the caseload capacity, or the number of families the program can serve at any given point in time based on the number of full time home visitor employees (FTE).				

B. Data/ Evaluation	Implement the MIECHV approved client consent process for data sharing with Departments of Health and Social Services
	Services. 2) The grantee is expected to work with VDH on an ongoing basis throughout the grant period to meet the federal grant requirements for defined performance measures for each benchmark area to support program accountability and future ongoing quality improvement. a) Collect data required in the format required and document encounters in the RedCap System within 72 hours of the contact. b) Ensure all MIECHV staff receive training in the importance of data collection and reporting.
	c) Monitor data entry on MIECHV data forms and in the RedCap System on at least a monthly basis to assure accuracy and quality.
	3) Submit MIECHV monthly and quarterly reports to the VDH state office and EBHV Model consultants by established deadlines.
	4) Report required benchmark data on quarterly report • unduplicated number of established MOA/MOUs during the reporting period • unduplicated number of local agencies with which the home visiting provider has a clear point of contact
	during the reporting period. 5) Participate in national evaluation activities required for MIECHV funded projects. The MIHOPE project, led by the Administration for Children and Families in collaboration with the Health Resources and Services Administration, is the legislatively mandated national evaluation of the Home Visiting program. This evaluation will provide information about the effectiveness of the
	MIECHV program in improving outcomes for children and families.

C. Continuous Quality Improvement (CQI)	 Participate in MIECHV CQI activities which could include: a) Completing a readiness assessment. b) Training opportunities. c) Other coordinated projects such as a learning collaborative, coaching, and technical assistance. Document CQI activities on the MIECHV PDSA Worksheet monthly. 	
D. Collaboration	 Participate on a local or regional early childhood system coalition such as Smart Beginnings. Establish memorandum of agreement/memorandum of understanding with referral partners and other service providers. Collaborate with other early childhood home visiting programs in your community, if applicable, to assure quality services to families in need. 	
E. Participation in Training and Technical Assistance	 Assure that staff have received appropriate training in order to utilize the MIECHV required tools: a) Maternal Depression Screening (Edinburgh or PHQ-9) b) Intimate Partner Violence Relationship Assessment Tool (RAT) for female caregivers and Hurt-Insult- Threaten-Scream (HITS) for male caregivers. c) Ages and Stages Questionnaire (ASQ-3 and ASQ-SE) d) Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) or Keys to Interactive Parenting Scale (KIPS)	1) Maintain staff training transcripts

- F	:	1) The second of		,
F.	Financial requirements	 Time and effort of staff (time sheets) must be documented and stored at local agency to support reimbursement for 		
	requirements	salaries and benefits.		
		2) Submit Monthly Invoices for reimbursement. Mileage		
		reimbursement may not exceed the Internal Revenue	ŀ	
		Service rate,	<u> </u>	į.
		3) Submit budget revision requests for any line items expenses		
		projected to exceed 10 percent of approved budget.		
		4) Funds provided to the contracting agency receiving funds		
		from the MIECHV grant shall supplement, and not		
		supplant, funds from other sources for early childhood		
		home visitation program or initiatives.		
		5) All revenue generated through MIECHV funded positions must be reported on quarterly reports and must be used to		
		expand services to families or clearly deducted from		
		monthly invoices for reimbursement.		
		6) Demonstrate efforts towards establishing protocols and		
		program capacity to contract with Managed Care		
		Organizations to develop the process for		
		reimbursement to sustain these services beyond the		
		funding period and request technical assistance on		
		sustainability, if necessary.		
G	Subcontracts	If any component of your MIECHV contract is performed	1)	Copy of the sub-
<u> </u>	040001114010	by a sub-contractor or via an agreement such as an MOU or		contract or MOA
		MOA that involves financial exchange:	2)	(Upon request)
		a) The MIECHV funded agency must submit the sub-	·	Produce time and
		contract or MOU/MOA to VDH for review prior to		effort sheets,
		authorized officials signing the contract.		invoices and
		b) The sub-contractor and/or MOU/MOA partner must:		evidence that the
		i) Adhere to all MIECHV regulations and		sub-contractor
		requirements		was not
		ii) Account for employees' time and effort		supplanting funds.
		iii) Submit invoices iv) Ensure that MIECHV funding is not supplanting		iuilus.
		previously existing sources of funding.		
		previously existing sources of randing.	L	

BUDGET SUMMARY

PROGRAM TITLE: MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV)
Grant Period: October 1, 2018 - September 30, 2019
Healthy Families - City of Hampton
Paula Hanley / Donald Rodil
705BJ632554

CONTRACT AGENCY: CONTACT PERSON: CONTRACT NUMBER:

	BUDGET CATEGORIES	ORIGINAL			VISION		VISION		VISION
	(OBJECT LEVEL)	REQUESTED	APPROVED	REQUESTED	APPROVED	REQUESTED	APPROVED	REQUESTED	APPROVED
	a. Salaries	258,058							
Personnel Services	b. Wages	16,718							
(Major object 11XX)		,.,.							
	c. Fringe Benefits	113,792							
	d. Other	_							
	u. Other								
	a. Travel (Local mileage)	7,832							
2. Contractual & Operating	b. General Training	4,883							
Expenses	c. I.T. Maintenance Svc	1,308	10						
(Major object 12XX)	d. Landline Phone Chgs	1,365							
	e. Cell Phone Chgs	800							
							1		
3. Supplies & Materials	a. Medical & Laboratory	-							
(Major object 13XX)	b. Drugs	_							
(major object for the	D. Drugo								
	c. Office and Admin	1,730			1		7.		
	c. Educational	_							
	o. Eddodional								
	d. Other	-							
	a. Insurance	7-							
 Continuous Charges (Major object 15XX) 	b. Rental Charges	-							
	c. Other	-	74						
5. Fixed Assets	a. Fixed Equipment	-							
(Major object 22XX)	b. Other Equipment	-							
5. In-Kind (not counted in total)	a, In-kind	76,969							
TOTALS	TOTALS	406,486	•		- No.	- 1	B. C. C. C. C.	Harana Hallangara	

Awardee's	Authorized	Signature
	~.	

Signature & date

5/10/2018

ORIGINAL REQUEST: Paula Hanley / Donald Rodil	APPROVED/DENIED:	
1st REVISION:	APPROVED/DENIED:	
2st REVISION:	APPROVED/DENIED:	
3et PEVISION:	APPROVED/DENIED:	

SECTION 1. PERSON	NEL					
			ANNUAL	% OF	BUDGET	BASIS FOR COMPUTATION
	POSITION CLASS	NAME OF INCUMBENT	SALARY	TIME	AMOUNT	OF BUDGET AMOUNT
1a. SALARIES	Fam.Svcs Spec.Sup	Paula Powell Hanley	51,115	100%	\$ 51,115	Supervisor salary based on
					\$ -	roles & resp. of position &
					\$ -	City of Hampton salary
					\$ -	structure
					\$ -	
\$	Fam.Svcs Specialist	Julie Duty	42,168	100%	\$ 42,168	Based on roles and
	Fam.Svcs Specialist	Rebekah Duvall	40,326			responsibilities of position
	Fam.Svcs Specialist	Ebony Kelley	40,326			& City of Hampton salary
	Fam.Svcs Specialist	Casey LaRoche	41,956			structure
	Fam.Svcs Specialist	Crystal Parker	42,168	100%	\$ 42,168	
JUSTIFICATION:	Staff required to run th	e program. This also inclu	des the 2% inc	crease re	ec'd citywide begir	ning 7/1/18 (\$5,060)
Total of Salaries only	\$ 258,058					
			6.		BUDGET	BASIS FOR COMPUTATION
	POSITION CLASS	NAME OF INCUMBENT	HRS/WK	\$/HR	AMOUNT	OF BUDGET AMOUNT
1b. WAGES	Part-Time Data Clerk	OPEN	25	12.86	\$ 16,718.00	\$12.86/hr X 25hrs/wk X 52 wks
					\$ -	
						η,
				1		
						4
					ROLL WITH THE	
PAGE TOTAL					\$ 274,776	
JUSTIFICATION:	Part-time Data Clerk as	s requested to collect and	enter all client	related o	data in the REDCa	p system.

SECTION 1 (CONTINUED): FRINGE BEN	NEFITS	
	BASIS FOR COMPUTATION OF FRINGE BENEFITS	BUDGET TOTAL
1) EMPLOYEE'S RETIREMENT		
CONTRIBUTION	15.91% of \$258,058	41,057
2) FICA	7.65% of \$274,776 (includes PT Data Clerk Wages)	21,020
3) GROUP INSURANCE	1.32% of \$258,058	3,406
4) MEDICAL/HOSPITAL INSURANCE	15.72% of \$258,058	40,567
5) WORKER'S COMPENSATION	3.00% of \$258,058	7,742
6) OTHER		
TOTAL		\$ 113,792

JUSTIFICATION: Rates provided by Finance and Risk Management Departments - Shari Declet, Candy Broughman, & Patricia Parker

2a. CONTRACT SERVICES; LIST CONTRACTORS:	RS: DESCRIBE SERVICE AND SUMMARIZE COSTS						DGET OUNT
					White the state of		
2b. TRAVEL							
1) OUT OF STATE,		T	1			-	
CONFERENCE/CONVENTION; DESCRIBE:	CONFERENCE NAME	LOCATION	POS. CLASS/ ATTENDEES		AME	AMO	DGET DUNT
	Early Impact Home Visiting	TBA	1 Fam. Svcs Supervisor	Paula Hanley		\$	4,883.00
			5 Fam. Svcs Specialists	July Duty, Rebekah Duva			
ENERGY PROPERTY OF THE PROPERTY OF				Casey LaRoche, & Crysta	l Parker	NEW STATES	
			the second				PARENTA.
		DEIMBURGEMENT				DII	DOFT
2) LOCAL TRAVEL, DESCRIBE:	ESTIMATED MILEAGE	REIMBURSEMENT RATE				AMO	DGET DUNT
	200mi. X 12mos X 6 staff X	\$.545				\$	7,832.00
	\$.545 = \$7,832						
) TRANSPORATION COSTS /							
PROJECT OWNED VEHICLES						BU	DGET
ONLY; DESCRIBE:	FUEL COSTS	MAINTENANCE COSTS	INSURANCE COSTS				TNUC
			Sevience Mark 5 50	Variation of the	A SECTION OF		
		President and the report					
	图以图示区2至,表现实法 图表为196						
2c. UTILITIES				TELEPHONE			
10T DDG 150T 01TH 1	EL EGEDIOITY	040/011	14/4TED/05/4/4 OF	DOUTINE	NEW MOTA		DGET
LIST PROJECT SITES below	ELECTRICITY	GAS/OIL	WATER/SEWAGE	ROUTINE	NEW INSTAL	AMO	TNUC
				Landline \$18.95/mo x		\$	205.00
				12mos x 6 staff		φ	1,365.00
				Cell Phn \$66.14/mo x 12		\$	800.00
				Con Thir Got Time X 12			000,00
			NAMES OF BUILDING		OF THE PARTY		27168
							DGET
2d. OTHER SERVICES / LIST:							TNUC
T. PC Maintenance Fees	\$218/yr x 6 PCs					\$	1,308.00
						laye is	
PAGE TOTAL						\$ 16	5,188.00
USTIFICATION:						1.	
Required operational costs to run the	program				Charles and the		
redained about the tall the	Fredient					10110.73	C. Mayo
				Train Entire In Design		64E3E-8	Co Rea
	A THE RESERVE OF THE PARTY OF T						

SECTION 3. SUPPLIES & MATERIALS	DESCRIPTION	BUDG	ET AMOUNT
3a. MEDICAL & LABORATORY			į.
3b. DRUGS			
3c. OFFICE & ADMINISTRATIVE	General office supplies	\$	1,730.00
3d. EDUCATIONAL			
3e. OTHERS			
TOTAL		\$	1,730.00

JUSTIFICATION	
Projected office supplies of \$293/yr per staff of 6	

SECTION 4. CONTINUOUS CHARGES	UNIT	NAME OF UNIT	COST PER UNIT	BUDGET AMOUNT
4a. INSURANCE				
4b. RENTAL CHARGES				
4c. OTHER				
		INSTALLATION		BUDGET
SECTION 5. FIXED ASSETS	PURCHASE PRICE	COSTS		AMOUNT
5a. FIXED EQUIPMENT				\$ -
5b. OTHER EQUIPMENT				
TOTAL				\$ -
JUSTIFICATION	*			

SECTION 6. IN-KIND SUPPORT		
DESCRIBE SOURCES OF IN-KIND SUPPORT	BUDGET AMOUNT	
Leadership, Administrative, Data Base Management, &		
Building Space Support (see next tab for details)	\$ 76,968.85	
TOTAL	\$ 76,968.85	

NOTE: THIS TOTAL IS NOT INCLUDED IN THE OVERALL

BUDGET AMOUNT

Maternal, Infant and Early Childhood Home Visiting Project In-Kind Contribution Project Period 10/1/17 - 9/30/18

Line Item	Total Annual Cost (Salary + benefits of 43.76%)	Total # of Employees this Position/Resource Supports	Cost per Employee (Full- time)	# of MIECHV Grant Employees	In-Kind Contribution by Line Item
Departmental Support					
Department Administrator	89,931	58	1,550.53	6	9,303.20
Business Operations Mgr	114,736	58	1,978.21	6	11,869.28
Administrative Assistant	51,837	58	893.74	6	5,362.42
Direct Services Support	· · · · · · · · · · · · · · · · · · ·				
Family Services Prom Mgr	117,430	50	2,348.61	6	14,091.64
Support Services Coordinator	47,642	50	952.84	6	5,717.06
Office Assistant	40,073	50	801.46	6	4,808.76
Data Base Administrator	54,070	50	1,081.39	6	6,488.36
Office Specialist (Data)	40,375	50	807.49	6	4,844.95
Building Lease (Utilities included)	140,004	58	2,413.86	6	14,483.17
Total In-Kind Support					\$ 76,968.85