Contractor	City of Hampton						
Contract Amount	\$ 406,486						
Contract Period	September 30, 2019 through September 29, 2020						
Scope of Service	Description	Deliverable					
A. Service Delivery: Evidence-Based Home Visiting (EBHV) Model services	<ol> <li>Provide Parents As Teachers program services to 110 families in the City of Hampton in accordance with Model standards for program implementation         <ul> <li>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 FY2019-2020 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.</li> <li>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.</li> <li>These are the only allowable reasons a Site may fall below the 85% threshold                 <ul></ul></li></ul></li></ol>	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 1	for data sharing with Departments of Health and Social	i.
	Services.	
	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.	v.
	a) Collect data required in the format required and	W <sub>r</sub> a
	document encounters in the RedCap System within 72 hours of the contact.	-1
	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	_ 4a
	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.	
43	Report required benchmark data on quarterly report	
	<ul> <li>unduplicated number of established MOA/MOUs</li> </ul>	
70	during the reporting period	
	unduplicated number of local agencies with which the	0
	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	
<i>(</i>	the Administration for Children and Families in	No.
	collaboration with the Health Resources and Services	
3	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	ii 91.7
	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	<ol> <li>Participate on a local or regional early childhood system coalition such as Smart Beginnings.</li> <li>Establish memorandum of agreement/memorandum of understanding with referral partners and other service providers.</li> <li>Collaborate with other early childhood home visiting programs in your community, if applicable, to assure quality services to families in need.</li> </ol>
E. Participation in Training and Technical Assistance	<ol> <li>Assure that staff have received appropriate training in order to utilize the MIECHV required tools:         <ul> <li>a) Maternal Depression Screening (Edinburgh or PHQ-9)</li> <li>b) Intimate Partner Violence Relationship Assessment Tool (RAT) for female caregivers and Hurt-Insult-Threaten-Scream (HITS) for male caregivers.</li> <li>c) Ages and Stages Questionnaire (ASQ-3 and ASQ-SE)</li> <li>d) Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) or Keys to Interactive Parenting Scale (KIPS)</li> <li>e) MIECHV RedCap System data collection forms f) RedCap System data entry</li> </ul> </li> <li>Core trainings through the Home Visiting Model Office</li> <li>Core trainings through the Early Impact Virginia (EIV) (<a href="http://www.homevisitingva.com">http://www.homevisitingva.com</a>),</li> <li>Participate in technical assistance meetings at the local and state level.</li> <li>Work with the Parents as Teachers Virginia State Office to request technical assistance to maintain fidelity to the evidence-based home visiting model including establishment of referral systems, staff retention, and family recruitment, enrollment and engagement.</li> </ol>

F. Financial requirements	<ol> <li>Time and effort of staff (time sheets) must be documented and stored at local agency to support reimbursement for salaries and benefits.</li> </ol>	
	<ol> <li>Submit Monthly Invoices for reimbursement. Mileage reimbursement may not exceed the Internal Revenue Service rate.</li> </ol>	
	3) Submit budget revision requests for any line items expenses	,
9	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.	
	<ol> <li>All revenue generated through MIECHV funded positions must be reported on quarterly reports and must be used to</li> </ol>	
	expand services to families or clearly deducted from	
	monthly invoices for reimbursement.	
	<ul> <li>Demonstrate efforts towards establishing protocols and program capacity to contract with Managed Care</li> </ul>	
	Organizations to develop the process for	
	reimbursement to sustain these services beyond the	
	funding period and request technical assistance on	γ =
	sustainability, if necessary.	
G. Subcontracts	1) If any component of your MIECHV contract is performed	1) Copy of the sub-
	by a sub-contractor or via an agreement such as an MOU or MOA that involves financial exchange:	contract or MOA  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 sub-contractor
9	<ul> <li>i) Adhere to all MIECHV regulations and requirements</li> </ul>	was not
	ii) Account for employees' time and effort	supplanting
	iii) Submit invoices	funds.
	iv) Ensure that MIECHV funding is not supplanting	
	previously existing sources of funding.	

Grant Period: October 1, 2019 - September 30, 2020 Healthy Families - City of Hampton CONTRACT AGENCY: CONTACT PERSON: Paula Hanley / Donald Rodil CONTRACT NUMBER: 705BJ632554 1st REVISION REQUESTED APPROVED 2st REVISION REQUESTED APPROVED 3st REVISION REQUESTED APPROVED ORIGINAL BUDGET **BUDGET CATEGORIES** REQUESTED APPROVED (OBJECT LEVEL) a. Salaries 263,904 1. Personnel Services 16,718 b. Wages (Major object 11XX) 109,811 c. Fringe Benefits d. Other 8,352 a. Travel (Local mileage) 3,538 Contractual & Operating b. General Training c. I.T. Maintenance Svc d. Landline Phone Chgs Expenses 1,308 1,365 (Major object 12XX) e. Cell Phone Chgs 800 a. Medical & Laboratory 3. Supplies & Materials (Major object 13XX) b. Drugs c. Office and Admin 690 c. Educational d. Other a. Insurance Continuous Charges
 (Major object 15XX) b. Rental Charges c. Other 5. Fixed Assets a. Fixed Equipment (Major object 22XX) b. Other Equipment 6. In-Kind (not counted in total) a. In-kind 78.843

PROGRAM TITLE: MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV)

TOTALS

Awardee's Authorized Signature

TOTALS

BUDGET SUMMARY

Signature & date

4/30/19

406,486

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

SECTION 1. PERSON	INEI						
SECTION 1. PERSON	INCL				_		
			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	52,648	100%	\$	52,648	Supervisor salary based on
1					\$		roles & resp. of position &
					\$		City of Hampton salary
					\$		structure
		- (-			\$	85 C 1 1 1 1 2 1 1 1	
	Fam.Svcs Specialist	Open	41,536	100%	\$	41,536	Based on roles and
4	Fam.Svcs Specialist	Rebekah Duvall	41,536	100%		41,536	responsibilities of position
	Fam.Svcs Specialist	Ebony Kelley	41,536	100%	\$		& City of Hampton salary
	Fam.Svcs Specialist	Casey LaRoche	43,215	100%			structure
	F 0 0 1 11 1	Crustal Darker	43,433	100%	\$	43,433	
	Fam.Svcs Specialist	Crystal Parker	45,455	10070	Ψ	10,100	
JUSTIFICATION:		e program. This also incl					nning 7/1/19 (\$5,846)
							nning 7/1/19 (\$5,846)
	Staff required to run th						nning 7/1/19 (\$5,846)
	Staff required to run th				rec'd		
	Staff required to run th				rec'd BU	l citywide begi	
Total of Salaries only	Staff required to run th \$ 263,904	e program. This also incl	udes the 3% in	crease r	BU AM	I citywide begi IDGET IOUNT	BASIS FOR COMPUTATION
Total of Salaries only	Staff required to run th \$ 263,904 POSITION CLASS	e program. This also incl	udes the 3% in	crease r	BU AM	I citywide begi IDGET IOUNT	BASIS FOR COMPUTATION OF BUDGET AMOUNT
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JUSTIFICATION: Total of Salaries only  1b. WAGES	Staff required to run th \$ 263,904 POSITION CLASS	e program. This also incl	udes the 3% in	crease r	BU AM	I citywide begi IDGET IOUNT	BASIS FOR COMPUTATION OF BUDGET AMOUNT

SECTION 1 (CONTINUED): FRINGE BEI	NEFITS	
2	BASIS FOR COMPUTATION OF FRINGE BENEFITS	BUDGET TOTAL
A) EMPLOYEES DETIREMENT		
1) EMPLOYEE'S RETIREMENT CONTRIBUTION	15.91% of \$263,904	41,987
2) FICA	7.65% of \$280,622 (includes PT Data Clerk Wages)	21,468
3) GROUP INSURANCE	1.32% of \$263,904	3,484
4) MEDICAL/HOSPITAL INSURANCE	15.72% of \$222,368 (\$263,904 - \$41,536 R. Duvall has insurance plan outside the City's plan)	34,956
5) WORKER'S COMPENSATION	3.00% of \$263,904	7,917
6) OTHER		
TOTAL		\$ 109,811

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JUG		$\cup_{A}$	II.	IV.

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

SECTION 2: CONTRACTUAL AND O	OPERATING EXPENSES						
2a. CONTRACT SERVICES; LIST				T	BUDGET		
CONTRACTORS:	DESCRIBE SERVICE AND S	UMMARIZE COSTS				$\perp$	AMOUNT
			Harris In the suns				
						4	
CATCHED AND SAME DESCRIPTION OF THE PARTY OF							
OL TOWNEL							
2b. TRAVEL						+-	
1) OUT OF STATE,			DOG 01 4001				DUDOFF
CONFERENCE/CONVENTION; DESCRIBE:	CONFERENCE NAME	LOCATION	POS. CLASS/ ATTENDEES	1			BUDGET
DESCRIBE.					AME	_	AMOUNT
	P.A.T.Training/Access *	TBA	1 Fam. Svcs Supervisor	Paula Hanley	II EL (6 II	\$	3,538.00
	CQI Training **		5 Fam. Svcs Specialists	July Duty, Rebekah Duva		+	
				Casey LaRoche, & Crysta	al Parker	-	
						-	
	DESCRIPTION OF THE PROPERTY AND THE	REIMBURSEMENT				-	BUDGET
2) LOCAL TRAVEL, DESCRIBE:	ESTIMATED MILEAGE	RATE				1	
2) LOCAL TRAVEL, DESCRIBE.			Name and the same			_	AMOUNT
	200mi. X 12mos X 6 staff X	\$.58				\$	8,352.00
	\$.58 = \$8,352					-	
						-	BASE COLORS
						-	
3) TRANSPORATION COSTS /							
PROJECT OWNED VEHICLES		*		1			DUDOET
ONLY; DESCRIBE:	FUEL COSTS	MAINTENANCE COSTS	INCURANCE COSTS				BUDGET
UNLY; DESCRIBE:	FUEL COSTS	MAINTENANCE COSTS	INSURANCE COSTS			_	AMOUNT
						-	
						100	
a trupped						-	
2c. UTILITIES				TELEPHONE		+	BUDGET
LIGHT DESCRIPTION LABOR.	EL ECTRICITY	2.5/011				1	BUDGET
LIST PROJECT SITES below	ELECTRICITY	GAS/OIL	WATER/SEWAGE	ROUTINE	NEW INSTAL	-	AMOUNT
				Landline \$18.95/mo x		1 3.0	
				12mos x 6 staff		\$	1,365.00
				Cell Phn \$66.14/mo x 12		\$	800.00
						-	
						-	BUBBET
04 071150 050/4050 41107							BUDGET
2d. OTHER SERVICES / LIST:						_	AMOUNT
I.T. PC Maintenance Fees	\$218/yr x 6 PCs					\$	1,308.00
DAGE TOTAL					Charles St. June	+	45,000,00
PAGE TOTAL						\$	15,363.00
JUSTIFICATION:							
Required operational costs to run the p	program						
* PAT Curric. Annual Access and Ren			\$225.00 * 5 Stf mem. = \$1,1	25, Trng for the New Hire (1	rav Exp) - \$509.60	)	
** CQI Learning Session attendance:	\$164.60/ yr X 2 staff members =	= \$329.20					

SECTION 3. SUPPLIES & MATERIALS	DESCRIPTION	BUDGE	T AMOUNT
a MEDICAL ALABORATORY			
3a. MEDICAL & LABORATORY			
3b. DRUGS			
3c. OFFICE & ADMINISTRATIVE	General office supplies	\$	690.00
3d. EDUCATIONAL			
3e. OTHERS			
TOTAL		\$	690.00

JUSTIFICATION
Projected office supplies of \$115/yr per staff of 6

SECTION 4. CONTINUOUS CHARGES 4a. INSURANCE	UNIT	NAME OF UNIT	COST PER UNIT	AMOUN
4b. RENTAL CHARGES 4c. OTHER				
SECTION 5. FIXED ASSETS 5a. FIXED EQUIPMENT	PURCHASE PRICE	INSTALLATION COSTS		BUDGETAMOUNT
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)	\$	78,843.42
TOTAL	\$	78,843.42

NOTE: THIS TOTAL IS NOT INCLUDED IN THE OVERALL BUDGET AMOUNT

Maternal, Infant and Early Childhood Home Visiting Project
In-Kind Contribution
Project Period 10/1/19 - 9/30/20
Includes proposed increase of 3% pending Council Approval (this is as of 4/30/19)

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	92,629	58	1,597.05	6	9,582.30
Business Operations Mgr	118,178	58	2,037.56	6	12,225.36
Administrative Assistant	53,392	58	920.55	6	5,523.29
Direct Services Support					
Family Services Prgm Mgr	120,953	50	2,419.06	6	14,514.39
Support Services Coordinator	49,071	50	981.43	6	5,888.57
Office Assistant	41,275	50	825.50	6	4,953.02
Data Base Administrator	55,692	50	1,113.84	6	6,683.02
Office Specialist (Data)	41,586	50	831.72	6	4,990.30
Building Lease (Utilities included)	140,004	58	2,413.86	6	14,483.17
Total In-Kind Support					\$ 78,843.42