

# DGIS USER GUIDE

Part 2: Financial Forms, Domain Specific Measures, and Other Data Elements

Version 1.0 – Updated 12/14/2021

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**Note:** The DGIS User Guide is split into four separate documents.

- DGIS User Guide Part 1 contains the User Guide Instructions and DGIS Overview
- DGIS User Guide Part 2 contains the Financial Forms, Domain Specific Measures, and Other Data Elements
- DGIS User Guide Part 3 contains Program Specific Measures
- DGIS User Guide Part 4 contains the DGIS User Guide Key Terms Definitions



## FINANCIAL FORMS

**Financial** forms collect data on the funding profile and the project budget and expenditure details for each reporting period in addition the individuals served and grant project abstract information.

### APPLICABLE REPORT TYPES

**Figure 1: Financial Forms**

Financial Forms			
Applicable Forms	Report Types		
	NCPR	NCC	PPER
Financial Form 1 – Project Budget Details	✓	✓	
Financial Form 2 – Project Funding Profile	✓	✓	✓
Financial Form 3 – Project Budget Details	✓	✓	✓
Financial Form 4 – Project Budget and Expenditure	✓	✓	✓
Financial Form 5 – Number of Individuals Served		✓	✓
Financial Form 6 – Project Abstract	✓	✓	✓
Financial Form 7 – Project Summary Data	✓	✓	✓
Financial Form 8 – Project Summary Data	✓	✓	✓

## FINANCIAL FORM 1 – PROJECT BUDGET DETAILS

### FORM INSTRUCTIONS

#### PROJECT BUDGET DETAILS

The grantee must enter the *Grant Award Amount* awarded by HRSA and *Unobligated Balance* from the previous year.

**NOTE:** This is the only required section of this form, and the grantee must provide the appropriate amounts in both fields.

1. Line 1: Enter the amount of the Federal MCHB grant award for this project. The *Grant Award Amount* is the amount that was awarded for this grant and is also displayed in the header above. (**NOTE:** The Grant Award Amount inputted on Line 1 will vary by report type.)
2. Line 2: Enter the amount of carryover (i.e., unobligated balance) from the previous year’s award, if any. New awards do not enter data in this field since new awards will not have a carryover balance. *Unobligated Balance* refers to the carryover balance amount from the previous year.

Figure 2: Financial Form 1 - Project Budget Details: Lines 1-2 - Project Budget Details

**Form 1 - Project Budget Details**

DG0000 Due In: 130 Days | Status: Complete

Resources [↗](#)

Fields with ★ are required

**Project Budget Details**

You can view all of the awarded grants associated to your project by accessing the link in the resources tab. The awarded grant amount for this budget period can be found in the header above.

★ 1. Grant Award Amount (\$)	5000
★ 2. Unobligated Balance (\$)	10000

### MATCHING FUNDS

In this section, the grantee will provide the amounts for the list of matching funds sources applicable to the grant program.

1. Line 3 (Optional): If matching funds are required for this grant program, list the amounts by source on lines 3A through 3E. Where appropriate, include the dollar value of in-kind

contributions. If there are no matching funds to report, then please skip this section. The grantee must provide all the sources of funds for the below fields:

- a. *Local Funds*: \$
- b. *State Funds*: \$
- c. *Program Income*: \$
- d. *Applicant/Grantee Funds*: \$
- e. *Other Funds*: \$ (NOTE: The Other Funds description can have a maximum of 100 characters.)
- f. *Total Matching Funds*: \$ (NOTE: The text box displays the total sum of the amounts entered in this section.)

**Figure 3: Financial Form 1 - Project Budget Details: Lines 3A-3E - Matching Funds**

Matching Funds (3A-3E)	
<input type="checkbox"/> This section is the source(s) of matching funds applicable to the grant program and is optional. If you have no matching funds to report, then please skip this section.	
3A. Local Funds (\$)	<input type="text"/>
3B. State Funds (\$)	<input type="text"/>
3C. Program Income (\$)	<input type="text"/>
3D. Applicant/Grantee Funds (\$)	<input type="text"/>
3E. Other Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
Total Matching Funds (\$)	<input type="text"/>

### OTHER PROJECT FUNDS


In this section, the grantee will provide the amounts by sources applicable to the grant program.

1. Line 4 (Optional): Enter the amount of other funds received for the project, by source, on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind

contributions. If there are no matching funds to report, then please skip this section. The grantee must provide all the sources of funds for the below fields:

- a. *Local Funds*: \$
- b. *State Funds*: \$
- c. *Program Income*: \$
- d. *Applicant/Grantee Funds*: \$
- e. *Other Funds (including private sector—e.g., Foundations)*: \$ (NOTE: The Other Funds description can have a maximum of 100 characters.)
- f. *Total Other Project Funds*: \$ (NOTE: This field displays the total sum of the amounts entered in this section.)

**Figure 4: Financial Form 1 - Project Budget Details: Lines 4A-4E - Other Project Funds**

Other Project Funds (4A-4E)	
<p> This section is the source(s) of additional project funds applicable to the grant program and is optional. If you have no project funds to report, then please skip this section.</p>	
4A. Local Funds (\$)	<input type="text"/>
4B. State Funds (\$)	<input type="text"/>
4C. Program Income, Clinical or Other (\$)	<input type="text"/>
4D. Applicant/Grantee Funds, Includes in-kind (\$)	<input type="text"/>
4E. Other Funds, including private sector, e.g., Foundations (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
Total Other Project Funds (\$)	<input type="text"/>

## TOTAL PROJECT FUNDS

This is a prepopulated section that displays the total grant amounts entered in the following sections: *Project Budget Details*, *Matching Funds*, and *Other Project Funds*.

1. *Total Project Funds*: Displays the sum of lines 1–4.

**Figure 5: Financial Form 1 – Project Budget Details: Line 5 – Total Project Funds**

Total Project Funds	
5. Total Project Funds (\$) <i>(Sum of Lines 1-4)</i>	15000

## FEDERAL COLLABORATIVE FUNDS

The grantee should only complete this form if they are receiving additional federal funding from the other sources.

1. Line 6: Enter the amount of other federal funds received on the appropriate lines (A.1–C.12) other than the MCHB grant award for the project. Such funds would include those from other departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
2. Line 6C.1: Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on lines 3C or 4C.

Note the following requirements and additional information before completing this section:

- If lines 6A.8-10, 6B.4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds.
- The *Federal Collaborative Funds* section is optional and if there are no additional funds to report, then please skip this section.

## OTHER MCHB FUNDS, LINES 6A.1-12

In this section, for the sources listed, the grantee must provide the amounts received as a form of other federal funds contributing to the project. (**NOTE:** Do not repeat the grant amount entered in line one of the Project Budget Details section. If there are no additional funds to report, then please skip this section.)

Below is the list of optional fields to be reported in this section:

1. *Special Projects of Regional and National Significance (SPRANS):* \$
2. *Community Integrated Service Systems (CISS):* \$
3. *State Systems Development Initiative (SSDI):* \$
4. *Healthy Start:* \$
5. *Emergency Medical Services for Children (EMSC):* \$
6. *Autism Collaboration, Accountability, Research, Education and Support Act:* \$
7. *Patient Protection and Affordable Care Act:* \$
8. *Universal Newborn Hearing Screening:* \$
9. *State Title V Block Grant:* \$
10. *Other MCHB Funds:* \$ (NOTE: The Other MCHB Funds description can have a maximum of 100 characters.)
11. *Other MCHB Funds:* \$ (NOTE: The Other MCHB Funds description can have a maximum of 100 characters.)
12. *Other MCHB Funds:* \$ (NOTE: The Other MCHB Funds description can have a maximum of 100 characters.)
13. *Total Other MCHB Funds:* \$ (NOTE: The text box is prepopulated and displays the sum of all the fields listed above.)

**Figure 6: Financial Form 1 – Project Budget Details: Lines 6A.1-12 – Other MCHB Funds**

Federal Collaborative Funds (6A-6C)	
<b>6A. Other MCHB Funds</b>	
<p>■ This section lists the source(s) of additional federal funds contributing to the project. Do not repeat grant award amount (Line 1) indicated on this form. If you have no additional funds to report, then please skip this section.</p>	
1. Special Projects of Regional and National Significance, SPRANS (\$)	<input type="text"/>
2. Community Integrated Service Systems, CISS (\$)	<input type="text"/>
3. State Systems Development Initiative, SSDI (\$)	<input type="text"/>
4. Healthy Start (\$)	<input type="text"/>
5. Emergency Medical Services for Children, EMSC (\$)	<input type="text"/>

6. Autism Collaboration, Accountability, Research, Education and Support Act (\$)	<input type="text"/>
7. Patient Protection and Affordable Care Act (\$)	<input type="text"/>
8. Universal Newborn Hearing Screening (\$)	<input type="text"/>
9. State Title V Block Grant (\$)	<input type="text"/>
10. Other MCHB Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
11. Other MCHB Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
12. Other MCHB Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
Total Other MCHB Funds (\$)	<input type="text" value="0"/>

### OTHER HRSA FUNDS, LINES 6B.1-6

In this section, for the sources listed, the grantee must provide the amounts received as a form of other federal funds contributing to the project. Below are the optional fields for this section.

1. *HIV/AIDS*: \$
2. *Primary Care*: \$
3. *Health Professions*: \$
4. *Other HRSA Funds*: \$ (NOTE: The Other MCHB Funds description can have a maximum of 100 characters.)
5. *Other HRSA Funds*: \$ (NOTE: The Other Funds description can have a maximum of 100 characters.)
6. *Other HRSA Funds*: \$ (NOTE: The Other Funds description can have a maximum of 100 characters.)
7. *Total Other HRSA Funds*: \$ (NOTE: The text box is prepopulated and displays the sum of all the fields listed above.)

**Figure 7: Financial Form 1 – Project Budget Details: Lines 6B.1-6 – Other HRSA Funds**

6B. Other HRSA Funds	
<p>■ This section is the source(s) of additional Federal funds contributing to the project and is optional. If you have no additional funds to report, then please skip this section.</p>	
1. HIV/AIDS (\$)	<input type="text"/>
2. Primary Care (\$)	<input type="text"/>
3. Health Professions (\$)	<input type="text"/>
4. Other HRSA Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
5. Other HRSA Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
6. Other HRSA Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
Total Other HRSA Funds (\$)	<input type="text" value="0"/>



## OTHER FEDERAL FUNDS, LINES 6C.1-12

In this section, for the sources listed, the grantee must provide the amounts received as a form of other federal funds contributing to the project. Below are the optional fields for this section:

1. *Center for Medicare and Medicaid Services (CMS)*: \$
2. *Supplemental Security Income (SSI)*: \$
3. *Agriculture, WIC/Other*: \$
4. *Administration for Children and Families (ACF)*: \$
5. *Centers for Disease Control and Prevention (CDC)*: \$
6. *Substance Abuse and Mental Health Services Administration (SAMHSA)*: \$
7. *National Institutes of Health (NIH)*: \$
8. *Education*: \$
9. *Bioterrorism*: \$
10. *Other Federal Funds*: \$ (NOTE: The Other Funds description can have a maximum of 100 characters.)
11. *Other Federal Funds*: \$ (NOTE: The Other Federal Funds description can have a maximum of 100 characters.)
12. *Other Federal Funds*: \$ (NOTE: The Other Federal Funds description can have a maximum of 100 characters.)
13. *Total Other Federal Funds*: (\$) (NOTE: The text box is prepopulated and displays the sum of all the fields listed above.)

**Figure 8: Financial Form 1 – Project Budget Details: Lines 6C.1-12 – Other Federal Funds**

6C. Other Federal Funds	
<p><input type="checkbox"/> This section is the source(s) of additional Federal funds contributing to the project and is optional. If you have no additional funds to report, then please skip this section.</p>	
1. Center for Medicare and Medicaid Services, CMS (\$)	<input type="text"/>
2. Supplemental Security Income, SSI (\$)	<input type="text"/>
3. Agriculture, WIC/Other (\$)	<input type="text"/>
4. Administration for Children and Families, ACF (\$)	<input type="text"/>
5. Centers for Disease Control and Prevention, CDC (\$)	<input type="text"/>
6. Substance Abuse and Mental Health Services Administration, SAMHSA (\$)	<input type="text"/>
7. National Institutes of Health, NIH (\$)	<input type="text"/>
8. Education (\$)	<input type="text"/>
9. Bioterrorism (\$)	<input type="text"/>
10. Other Federal Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
11. Other Federal Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
12. Other Federal Funds (\$)	<input type="text"/>
'Other' Funds Description	<input type="text"/>
Total Other Federal Funds (\$)	0

## TOTAL FEDERAL COLLABORATIVE FUNDS

This is a prepopulated section that displays the total sum of all the funding amounts provided under Lines 6A-C.

**Figure 9: Financial Form 1 – Project Budget Details: Line 7 – Total Federal Collaborative Funds**

Total Federal Collaborative Funds	
7. Total Federal Collaborative Funds (\$) (Sum of Lines 6A-6C)	0
<b>COMMENTS</b>	
<div style="border: 1px solid #ccc; padding: 5px;"> <!-- Empty comment box --> </div>	
0/5000 characters	

## FORM-LEVEL RULES AND VALIDATIONS

1. Data checks and validations for all fields with a \$ sign.
  - a. Accepts numeric values only.
  - b. Accepts a maximum of nine digits only.
  - c. Accepts numerical values up to two decimal places only.
  - d. Does not accept any text values.
2. The *Comments* text box will accept both text and numerical values (maximum 5,000 characters).
3. If the grantee has received funding from sources like *Other Funds*, the corresponding description for that field is required. For example, if the grantee reports a \$ value against *Other Funds*, then the grantee must provide details for the *Other Funds Description* field. Other examples are listed below:
  - a. *Other Funds* (including private sector—e.g., Foundations): \$
  - b. Other MCHB Funds: \$
  - c. Other HRSA Funds: \$
  - d. Other Federal Funds: \$
4. Data checks and validations for all the description fields such as *Other Funds Description*:
  - a. Fields accept both numeric and text values.
  - b. Fields accept a maximum of 100 characters.

## FINANCIAL FORM 2 – PROJECT FUNDING PROFILE

### FORM INSTRUCTIONS

The form is intended to provide at-a-glance funding data on the estimated budgeted amounts and actual expended amounts of an MCHB project. For each fiscal year, the data in the columns labeled *Budgeted* on this form are to contain the same figures that appear on the **Application Fact Sheet** (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled *Expended* are to contain the actual amounts expended for each grant year that has been completed.

Note the following requirements and additional information before completing this form:

- Complete all required fields.
- If an actual number is not available, use an estimate.
- Explain all estimates in a note.


### PREVIOUS COMPLETED REPORTING PERIOD

1. *Budgeted*: In Figure 10, row 3/1/2020–2/28/2021–Budgeted, represents the amounts received by the grantee and what they budgeted to spend for that reporting period. The grantee must enter the budgeted amounts in the following fields:
  - a. Grant Award Amount
  - b. Unobligated Balance
  - c. Matching Funds
  - d. Other Project Funds
2. *Expended*: In Figure 10, row 3/1/2020–2/28/2021–Expended, represents the amounts consumed by the grantee in that reporting period. The grantee must enter the expended amounts in the following fields:
  - a. Grant Award Amount
  - b. Unobligated Balance
  - c. Matching Funds
  - d. Other Project Funds
  - e. Total Federal Collaborative Funds

## FUTURE BUDGET PERIOD

1. *Budgeted*: In Figure 10, row 3/1/2021–2/28/2022–Budgeted is prepopulated from the data entered in Form 1 as follows:
  - a. Grant Award Amount (Form 1, Line 1)
  - b. Unobligated Balance (Form 1, Line 2)
  - c. Matching Funds (Form 1, Line 3)
  - d. Other Project Funds (Form 1, Line 4)
  - e. Total Project Funds (Form 1, Line 5)
  - f. Total Federal Collaborative Funds (Form 1, Line 7)

**Figure 10: Financial Form 2 - Project Funding Profile**

 **Form 2 - Project Funding Profile**

▶ DG0000
Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Budget Periods	Grant Award Amount (Line 1, Form 1)	Unobligated Balance (Line 2, Form 1)	Matching Funds (Line 3, Form 1)	Other Project Funds (Line 4, Form 1)	Total Project Funds (Line 5, Form 1)	Total Federal Collaborative Funds (Line 7, Form 1)
3/1/2018-2/28/2019 Budgeted						
3/1/2018-2/28/2019 Expended						
3/1/2019-2/29/2020 Budgeted						
3/1/2019-2/29/2020 Expended						
3/1/2020-2/28/2021 Budgeted	10000	10000	0	0	20000	
3/1/2020-2/28/2021 Expended	10000	10000	0	0	20000	10000
3/1/2021-2/28/2022 Budgeted	5000	10000			15000	0
3/1/2021-2/28/2022 Expended						

**COMMENTS**

12/5000 characters

---

## FORM-LEVEL RULES AND VALIDATIONS

1. **Budgeted Lines:** These lines include field-level data and validation checks.
  - a. The grantee must fill out and complete Form 1, without any errors, before working on Form 2.
  - b. **New Competing Performance Report (NCPR) and Non-Competing Continuation Performance Reports (NCCPR) (Budgeted):** Fields will be prepopulated from Form 1 for the current year and are not editable.
  - c. **Non-Competing Continuation Performance Reports (NCCPR) (Budgeted):** If report type = **NCCPR** then:
    - i. Fields will not be editable for the current year.
    - ii. The grantee will have the ability to edit/modify the fields for the past (1 previous year).
    - iii. Fields will not be editable for previous years (> 1 year)
  - d. **Project Period End Report (PPER) (Budgeted):** If report type = **PPER**, then:
    - i. Fields will be prepopulated from the previously approved report.
    - ii. Fields will be editable for the current year (rare scenario) and/or past year.
    - iii. The grantee will not have the ability to edit/modify the fields for all previous years (> 1 year).
2. **Expended Lines:** These lines include field-level data and validation checks.
  - a. **New Competing Performance Report (NCPR) (Expended):** If report type = **NCPR**, then the fields will not be editable for the current year.
  - b. **Non-Competing Continuation Performance Reports (NCCPR) (Expended):** If report type = **NCCPR** then:
    - i. Fields will not be editable for previous years (> 1 year) and current year.
    - ii. Fields will be editable and required for only the past year.
  - c. **Project Period End Report (PPER) (Expended):** If report type = **PPER**, then:
    - i. Fields will not be editable for previous years (> 1 year).
    - ii. Fields will be editable and required for the current (rare scenario) and/or past years.
3. **Total Federal Collaborative Funds:** These lines include field-level data and validation checks.
  - a. **New Competing Performance Report (NCPR) (Total Federal Collaborative Funds):** For the current year, this field is prepopulated from Form 1, Line 7, and is not editable.
  - b. **Non-Competing Continuation Performance Report (NCCPR) and Project Period End Report (PPER) (Total Federal Collaborative Funds):**
    - i. For current and all previous years (> 1 year), fields are not editable.
    - ii. The text box is automatically calculated and is not editable for all years.
    - iii. The field is a total sum of all columns from lines 6A.1 to 6C.12 (if required).
    - iv. If the grantee updates their budgeted information for the past year, then the system will update the text box based on the newly entered data.
4. **Other Data and Validation Checks:**
  - a. All editable fields are required, and the grantee must at least report a 0 if the amounts are not available; if the grantee does not complete all fields, they will receive an error message.

- b. All editable fields only accept numeric values.
- c. All editable fields only accept a maximum of nine digits.
- d. All editable fields only accept numeric values up to two decimal places.
- e. All editable fields do not accept text values.
- f. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## FINANCIAL FORM 3 – PROJECT BUDGET DETAILS

### FORM INSTRUCTIONS

If the project provides direct services, complete all required fields for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. All ages are to be read from x to y, not including y. For example, infants are those from birth to 1 year, and children and youth are from ages 1 to 25.

Enter the budgeted amounts for the appropriate fiscal year, for each targeted population group.

(NOTE: The *Total* for each budgeted column is to be the same as that appearing in the corresponding budgeted column in Form 2, Line 5.)

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. (NOTE: The *Total* for the expended column is to be the same as that appearing in the corresponding expended column in Form 2, Line 5.)

### PREVIOUS REPORTING PERIOD

1. *Budgeted*: In Figure 20, row 3/1/2020–2/28/2021– Budgeted represents the amounts received by the grantee and what they budgeted to spend for that reporting period. The grantee must enter the budgeted amounts for the following fields:
  - a. Pregnant Women (All Ages)
  - b. Infants (Age 0 to 1)
  - c. Children (Age 1 year to 12 Years)
  - d. Adolescents (Age 12 to 18 years)
  - e. CSHCN Infants (Age 0 to 1 year)
  - f. CSHCN Children (Age 1 to 25)
  - g. Non-pregnant Women (Age 25 and over)
  - h. Other

NOTE: The total value for all the fields listed above will be prepopulated.

2. *Expended*: In Figure 20, row 3/1/2020–2/28/2021– Expended, of the reporting period, the grantee must enter the expended amounts in the following fields:
  - a. Pregnant Women (All Ages)
  - b. Infants (Age 0 to 1)
  - c. Children (Age 1 year to 12 Years)
  - d. Adolescents (Age 12 to 18 years)
  - e. CSHCN Infants (Age 0 to 1 years)
  - f. CSHCN Children (Age 1 to 25)
  - g. Non-pregnant Women (Age 25 and over)
  - h. Other

NOTE: The total value for all the fields listed above will be prepopulated.



## FUTURE BUDGETED PERIOD

1. *Budgeted*: In Figure 20, row 3/1/2021–2/28/2022–Budgeted, the grantee must enter the budgeted amounts in the following fields:
  - a. Pregnant Women (All Ages)
  - b. Infants (Age 0 to 1)
  - c. Children (Age 1 year to 12 Years)
  - d. Adolescents (Age 12 to 18 years)
  - e. CSHCN Infants (Age 0 to 1 years)
  - f. CSHCN Children (Age 1 to 25)
  - g. Non-pregnant Women (Age 25 and over)
  - h. Other

NOTE: The total value for all the above fields will be prepopulated.

**Figure 11: Financial Form 3 - Project Budget Details**

Form 3 - Project Budget Details

Due In: 130 Days | Status: Complete

Resources [↗](#)

For Projects Providing Direct Health Care, Enabling, or Population-based Services.

Budget Periods	Pregnant Women (All Ages)	Infants (Age 0 to 1 year)	Children (Age 1 year to 12 years)	Adolescents (Age 12 to 18 years)	CSHCN Infants (Age 0 to 1 year)	CSHCN Children and Youth (Age 1 to 25 years)	Non-pregnant Women (Age 25 and over)	Other	Total
3/1/2018-2/28/2019 Budgeted									
3/1/2018-2/28/2019 Expended									
3/1/2019-2/29/2020 Budgeted									
3/1/2019-2/29/2020 Expended									
3/1/2020-2/28/2021 Budgeted	1000	1000	1000	1000	1000	2000	2000	599	9599
3/1/2020-2/28/2021 Expended	1000	1000	1000	1000	1000	2000	2000	1000	10000
3/1/2021-2/28/2022 Budgeted	1000	1000	1000	1000	1000	2000	2000	699	9699
3/1/2021-2/28/2022 Expended									

**COMMENTS**

0/5000 characters

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## FORM-LEVEL RULES AND VALIDATIONS

1. *Budget Period Prepopulation (each row)*: Budget periods are populated based on the budget periods within a project period length.
2. *Pregnant Women (All Ages) to Other*: If report type = **NCCPR**, then the fields will be prepopulated from the previously approved report.
3. *Budgeted Lines*: Pregnant Women (All Ages) to Other
  - a. **New Competing Performance Report (NCPR) (Budgeted)**: If report type = **NCPR**, then the fields will be required for the current year.
  - b. **Non-Competing Continuation Performance Report (NCCPR) (Budgeted)**: If report type = **NCCPR**, then:
    - i. The grantee will have the ability to edit/modify the fields for the past and current years.
    - ii. Fields will not be editable for all previous years (> 1 year).
  - c. **Project Period End Report (PPER) (Budgeted)**: If report type = **PPER**, then the fields will be prepopulated from the previously approved report and the grantee will have the ability to edit/modify the fields for the current (rare exception) and/or past year.
4. *Expended Lines*: Pregnant Women (All Ages) to Other:
  - a. **New Competing Performance Report (NCPR) (Expended)**: If report type = **NCPR**, then the fields will not be editable for the current year.
  - b. **Non-Competing Continuation Performance Report (NCCPR) (Expended)**: If report type = **NCCPR (All)**, then the fields will not be editable for previous years (> 1 year) and current year.
  - c. **Project Period End Report (PPER) (Expended)**: If report type = **PPER**, then the fields will be required for the current year (rare scenario) and/or past year.
5. If report type = **NCCPR (All)**, then the fields will be required for only the past year.
6. All editable fields are required, and the grantee must at least report a 0 if the amounts are not available; if the grantee does not complete all required fields, they will receive an error message.
7. All editable fields only accept numeric values.
8. All editable fields only accept a maximum of nine digits.
9. All editable fields only accept numeric values up to two decimal places.
10. All editable fields do not accept text values.

## FINANCIAL FORM 4 – PROJECT BUDGET AND EXPENDITURES

### FORM INSTRUCTIONS

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III, or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to lines I, II, III, and IV at the same percentage as program dollars are allocated to lines I through IV.

**NOTE:** Lines I, II, and III are for projects providing services. If grant funds are used to build the infrastructure for direct-care delivery, enabling, or population-based services, these amounts should be reported in line IV—i.e., building data-collection capacity for newborn hearing screening.

#### LINE I—DIRECT HEALTH CARE SERVICES

Enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic, or emergency room, which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, subspecialty physicians who serve children with special healthcare needs, audiologists, occupational therapists, physical therapists, speech and language therapists, and specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For Children with Special Health Care Needs (CSHCN), these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

#### LINE II—ENABLING SERVICES

Enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management,

coordination with Medicaid, WIC and education. These services are especially required for low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition, and social work.

### LINE III—PUBLIC HEALTH SERVICES AND SYSTEMS

Enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Public Health Services and Systems include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. Other critical aspects of Public Health Services and Systems include all activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health-services systems and resources such as health-services standards/guidelines, training, data, and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems, and systems of care. In the development of systems of care, it should be assured that the systems are family-centered, community-based, and culturally competent.

### LINE IV—TOTAL

Displays the total amounts for each column, budgeted for each year and expended for each year completed.

### PREVIOUS REPORTING PERIOD

1. *Budgeted*: In Figure 12, row 3/1/2020–2/28/2021—Budgeted represents the amounts received by the grantee and what they had budgeted to spend for that reporting period. The grantee must enter the budgeted amounts in the following fields:
  - a. Direct Health Care Services
  - b. Enabling Services
  - c. Public Health Service and Systems

2. *Expended*: In Figure 12, row 3/1/2020–2/28/2021—Expended represents the amounts consumed by the grantee in that reporting period. The grantee must enter the amount expended in the following fields:
  - a. Direct Health Care Services
  - b. Enabling Services
  - c. Public Health Service and Systems

## FUTURE BUDGETED PERIOD

1. *Budgeted*: In Figure 12, row 3/1/2022 – Budgeted represents the amounts received by the grantee and what they have budgeted to spend for the future budgeted reporting period. The grantee must enter the budgeted amount in the following fields:
  - a. Direct Health Care Services
  - b. Enabling Services
  - c. Public Health Service and Systems

**Figure 12: Financial Form 4 - Project Budget and Expenditures**

**Form 4 - Project Budget and Expenditures**

▶ DG00
Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

▶ Form 4 Detail Sheet

■ Refer to the detail sheet above to view additional information relating to these types of services.

Budget Periods	Direct Health Care Services	Enabling Services	Public Health Services and Systems	Total Services
3/1/2018-2/28/2019 Budgeted				
3/1/2018-2/28/2019 Expended				
3/1/2019-2/29/2020 Budgeted				
3/1/2019-2/29/2020 Expended				
3/1/2020-2/28/2021 Budgeted	1000	1000	1000	3000
3/1/2020-2/28/2021 Expended	500	500	500	1500
3/1/2021-2/28/2022 Budgeted	5000	3000	10000	18000
3/1/2021-2/28/2022 Expended				

**COMMENTS**

0/5000 characters

---

## FORM-LEVEL RULES AND VALIDATIONS

1. If report type = **PPER**, then the fields will be prepopulated from the previously approved report.
2. All editable fields are required, and the grantee must at least report a 0 if the amounts are not available; if they are not reported, an error message will be flagged.
3. All editable fields only accept numeric values.
4. All editable fields only accept a maximum of nine digits.
5. All editable fields only accept numeric values up to two decimal places.
6. All editable fields do not accept text values.
7. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## FINANCIAL FORM 5 – NUMBER OF INDIVIDUALS SERVED

### FORM INSTRUCTIONS

Ages are expressed as either  $x$  to  $y$  (i.e., 1 to 25 means from age 1 to age 24 but does not include age 25) or  $x - y$  (i.e., 1 - 4 means age 1 through age 4). In addition, symbols are used to indicate directions. For example,  $<1$  means less than 1, or from birth up to but not including age 1. On the other hand,  $45+$  means age 45 and over.

1. At the top of the form, the Line Reporting Year displays the year for which the data applies.
2. In Column (a), enter the unduplicated count of individuals who received a direct service from the project regardless of the primary source of insurance coverage. These services include those that are done by any non-capacity building services and include individuals served by total dollars reported on Form 3 (line 5).
3. In Column (b), the total number of individuals served is the sum from Column (a).
4. In the remaining columns, report the percentage of those individuals receiving direct health care, enabling, or population-based services and who have one of the following options as their primary source of coverage:
  - a. Column (c): Title XIX (includes Medicaid expansion under Title XXI)
  - b. Column (d): Title XXI
  - c. Column (e): Private or other coverage
  - d. Column (f): None
  - e. Column (g): Unknown

### TABLE 1.1: PREGNANT WOMEN SERVED (ALL AGES)

In this section, the grantee must enter the number of Pregnant Women served (a) for the following age groups:

1. 10–14 years
2. 15–19 years
3. 20–24 years
4. 25–34 years
5. 35–44 years
6. 45+ years

**NOTE:** The grantee must enter a number in the editable fields. If the grantee does not enter a number, an error message will appear.

**Figure 13: Financial Form 5 – Number of Individuals Served: Pregnant Women Served table 1.1**

**Form 5 - Number of Individuals Served**

▶ DG00 Due In: 130 Days | Status: In Progress

▶ Resources [↗](#)

**By Type of Individual and Source of Primary Insurance Coverage**

For Projects Providing Direct Health Care, Enabling, or Population-based Services.

**Table 1.1: Pregnant Woman Served**

Pregnant Woman (All Ages)	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45+ years
Number Served (a)	5	5	5	5	5	5

**TABLE 1.2: PREGNANT WOMEN SERVED**

In this section, the grantee must enter the percentage of *Pregnant Women (All Ages)* served for the following fields:

1. Total Served (b): Text box will be prepopulated as a sum of values from Table 1.1. (NOTE: The sum of fields in Section 1.1 must match with the value in Form 7, Section 5, *Pregnant Women (All Ages)*. If it does not match, an error message will appear.)
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields. (NOTE: The total must always equal 100 percent. If it does not equal 100 percent, an error message will appear.)

**Figure 14: Financial Form 5 – Number of Individuals Served: Pregnant Women Served table 1.2**

**Table 1.2: Pregnant Women Served**

Pregnant Women Served	Total Served (b)	Title XIX % (c)	Title XXI % (d)	Private/Other % (e)	None % (f)	Unknown % (g)	Total Percentage %
Pregnant Women (All Ages)	30	20	20	20	20	20	100

**TABLE 2.1: INFANTS, CHILDREN, AND YOUTH SERVED**

In this section, the grantee must enter the number of *Children and Youth 1-25 Years (All Ages) Served* for the following age groups:

1. 12–24 Months
2. 25 Months–4 Years
3. 5–9 Years
4. 15–19 Years
5. 20–24 Years

**Figure 15: Financial Form 5 – Number of Individuals Served: Infants, Children, and Youth Served table 2.1**

Children and Youth 1-25 Years (All Ages)	12-24 months	25 months - 4 years	5-9 years	10-14 years	15-19 years	20-24 years
Number Served (a)	10	10	10	20	20	20

**TABLE 2.2: INFANTS, CHILDREN, AND YOUTH SERVED**

In this section, the grantee must enter the percentage of *Children and Youth 1-25 Years (All Ages)* served for the following fields:

1. Total Served (b): This will be prepopulated as a sum of values from Table 2.1. **(NOTE:** The sum of fields in section 2.1 must match with the value in Form 7, Section 5, Children 1–12 Years, Young Adults 18–25 Years. If they do not match, an error message will appear.
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields and must always equal a 100 percent, else an error message will be flagged.

## INFANTS < 1 YEAR

In this section, the grantee must enter the percentage of infants (*Infants <1 Year*) served for the following fields:

1. Total Served (b): (**NOTE:** The sum of fields in section 2.1 must match the value in Form 7, Section 5, Infants <1 Year. If they do not match, an error message will appear.
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields and must always equal a 100 percent, else an error message will be flagged.

**Figure 16: Financial Form 5 – Number of Individuals Served: Infants, Children and Youth Served table 2.2**

Infants, Children, and Youth Served	Total Served (b)	Title XIX % (c)	Title XXI % (d)	Private/Other % (e)	None % (f)	Unknown % (g)	Total Percentage %
Children and Youth 1-25 Years (All Ages)	90	20	20	20	20	20	100
Infants <1 year	30	20	20	20	20	20	100

**TABLE 3.1: CSHCN INFANTS, CHILDREN, AND YOUTH SERVED**

In this section, the grantee must enter the number of *Children and Youth Served* for the following fields:

1. 12–24 Months
2. 25 Months–4 Years
3. 5–9 Years
4. 10–14 Years
5. 15–19 Years
6. 20–24 Years

**Figure 17: Financial Form 5 – Number of Individuals Served: Infants, Children and Youth Served table 3.1**

CSHCN Children and Youth 1-25 Years (All Ages)	12-24 months	25 months - 4 years	5-9 years	10-14 years	15-19 years	20-24 years
Number Served (a)	5	5	5	5	5	5

**TABLE 3.2: CSHCN INFANTS, CHILDREN, AND YOUTH SERVED**

In this section, the grantee must enter the percentage of *Children and Youth 1–25 Years (All Ages)* served for the following fields:

1. Total Served (b): This will be prepopulated as a sum of the values from Table 3.1. (NOTE: The sum of fields in section 3.1 must match with the value in Form 7, Section 5, CSHCN Children and Youth 1–25 Years. If they do not match, an error message will appear.)
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields. NOTE: The total must always equal a 100 percent. If it does not equal 100 percent, an error message will appear.

### CSHCN INFANTS < 1 YEAR

In this section, the grantee must enter the percentage of infants (*Infants <1 Year*) served for the following fields:

1. Total Served (b): Total number served. (**NOTE:** The sum of fields in section 3.1 must match with the value in Form 7, Section 5, CSHCN Infants <1 Year. If they do not match, an error message will appear.)
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields. (**NOTE:** The total must always equal a 100 percent. If it does not equal 100 percent, an error message will appear.)

**Figure 18: Financial Form 5 – Number of Individuals Served: Infants, Children and Youth Served table 3.2**

CSHCN Infants, Children, and Youth Served	Total Served (b)	Title XIX % (c)	Title XXI % (d)	Private/Other % (e)	None % (f)	Unknown % (g)	Total Percentage %
CSHCN Children and Youth 1-25 Years (All Ages)	30	20	20	20	20	20	100
CSHCN Infants <1 year	30	20	20	20	20	20	100

### TABLE 4.1: WOMEN SERVED

In this section, the grantee must enter the number of *Women Served* for the following fields:

1. 25–29 Years
2. 30–34 Years
3. 35–44 Years
4. 45–54 Years
5. 55–64 Years
6. 65+ Years

**Figure 19: Financial Form 5 – Number of Individuals Served: Women Served table 4.1**

Women 25+ Years	25-29 years	30-34 years	35-44 years	45-54 years	55-64 years	65+ years
Number Served (a)	5	5	5	5	5	5

**TABLE 4.2: WOMEN SERVED**

In this section, the grantee must enter the percentage of *Women Served* for the following fields:

1. Total Served (b): This will be prepopulated as a sum of Table 4.1. (**NOTE:** The sum of fields in section 4.1 must match with the value in Form 7, Section 5, Women 25+ Years. If they do not match, an error message will appear.)
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields and must always equal a 100 percent if it does not equal 100 percent, an error message will appear. (**NOTE:** Enter the data only for the non-pregnant women to avoid a duplicate count with Pregnant Women Served.)

**Figure 20: Financial Form 5 – Number of Individuals Served: Women Served table 4.2**

Women Served	Total Served (b)	Title XIX % (c)	Title XXI % (d)	Private/Other % (e)	None % (f)	Unknown % (g)	Total Percentage %
Women 25+ Years	30	20	20	20	20	20	100

**TABLE 5: OTHER**

In this section, the grantee must enter the number of *Men 25+ Years Served* for the following fields:

1. Total Served (b): The grantee may enter the total number of *Men 25+ Years Served*.
2. Title XIX (c): %
3. Title XXI (d): %
4. Private/Other (e): %
5. None (f): %
6. Unknown (g): %
7. Total Percentage: This will be prepopulated based on the data entered in the above fields and must always equal 100 percent. If it does not equal 100 percent, an error message will appear.

Note the following requirements and additional information before completing this section:

- The sum of fields in section 4.1 must match with the value in Form 7, Section 5, *Men 25+ Years*; if they do not match, an error message will appear.
- The grantee may click on *Add Row* button to add another editable row to report on data for other participants served.

**Figure 21: Financial Form 5 – Number of Individuals Served: Other**

Table 5: Other								
Other	Total Served (b)	Title XIX % (c)	Title XXI % (d)	Private/Other % (e)	None % (f)	Unknown % (g)	Total Percentage %	Action
Men 25+ Years	30	20	20	20	20	20	100	Delete

**TOTAL SERVED**

The text box will be populated with the sum of *Total Served (b)* from Tables 1–5.

**Figure 22: Financial Form 5 – Number of Individuals Served: Total Served**

**Total Served**

Total  
*(Sum of Total Served (b) from Tables 1-5)* 270

**COMMENTS**

0/5000 characters



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## FORM-LEVEL RULES AND VALIDATIONS

1. All Fields – *Numbers Served*:
  - a. All editable fields are required, and the grantee must at least report a 0 if the amounts are not available.
  - b. If nothing is reported, an error message will appear.
  - c. For the fields capturing data for age groups, the following alert message will be displayed on the form: Enter an integer from 0–999,999.
  - d. All editable fields only accept numeric values.
  - e. All editable fields except the comments section will not accept text value.
2. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## FINANCIAL FORM 6 – PROJECT ABSTRACT

### FORM INSTRUCTIONS

#### PROJECT IDENTIFIER INFORMATION – SECTION 1 (REQUIRED)

In this section, the grantee must enter the *Project Title*.

**Figure 23: Financial Form 6 – Project Abstract: Project Identifier Information**

**Form 6 - Project Abstract**

▶ DG0000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required

**Project Identifier Information (Section 1)**

★ Project Title

### BUDGET – SECTION 2

This section will be prepopulated from Form 2 – Project Funding Profile as follows:

1. Grant Award Amount (Form 2, Line 1)
2. Unobligated Balance (Form 2, Line 2)
3. Matching Funds (Form 2, Line 3)
4. Other Project Funds (Form 2, Line 4)
5. Total Project Funds (Form 2, Line 5)

**Figure 24: Financial Form 6 – Project Abstract: Budget**

**Budget (Section 2)**

■ Budget data is pre-populated from Form 2 - Project Funding Profile.

Grant Award Amount <i>(Line 1, Form 2)</i>	\$5000
Unobligated Balance <i>(Line 2, Form 2)</i>	\$10000
Matching Funds (if applicable) <i>(Line 3, Form 2)</i>	
Other Project Funds <i>(Line 4, Form 2)</i>	
Total Project Funds <i>(Line 5, Form 2)</i>	\$15000

### ADDITIONAL PROJECTS INFORMATION (SECTIONS 3-5)

1. *Types of Services*: The grantee must select at least one of the following options:
  - a. Direct Services
  - b. Enabling Services
  - c. Public Health Services and System
2. *Domain Services*: The grantee must select at least one of the following options:
  - a. Maternal/Women’s Health
  - b. Perinatal/Infants Health
  - c. Child Health
  - d. Children with Special Health Care Need
  - e. Adolescent Health
  - f. Life Course/All Population Domains
  - g. Local/State/National Capacity Building

**Figure 25: Financial Form 6 – Project Abstract: Additional Project Information**

**Additional Project Information (Sections 3-5)**

**\* Types of Services**  
(Select all that apply)

- Direct Services
- Enabling Services
- Public Health Services and Systems

**\* Domain Services**  
(Select all that apply)

- Maternal/Women's Health
- Perinatal/Infant Health
- Child Health
- Children with Special Health Care Needs
- Adolescent Health
- Life Course/All Population Domains
- Local/State/National Capacity Building

### PART A – PROJECT DESCRIPTION (REQUIRED)

The grantee must provide the *Problem* statement under this section.

1. *Problem*: The grantee must provide a description here.

**Figure 26: Financial Form 6 – Project Abstract: Project Description**

**Part A - Project Description**

**\* Problem**

This is a Sample Project

25/1000 characters

## AIMS AND RELATED ACTIVITIES

Specify up to 5 major aims and key related activities for the project. Provide at least one activity for each aim planned for the program.

**NOTE:** Aims are prepopulated to match those in the Funding Opportunity Announcement (FOA) and are uneditable. Activities are prepopulated from the prior report and are editable.

**Figure 27: Financial Form 6 – Aims and Related Activities**

The screenshot displays two sections of a form, labeled 'Aim: 1' and 'Aim: 2'. Each section contains an 'Aim' field with prepopulated text and two 'Related Activity' fields. The 'Aim: 1' section has the text 'Increased peer learning among state team members in the Community of Practice.' in the Aim field. The 'Aim: 2' section has the text 'Parents are educated about the importance of having their young children screened.' in the Aim field. Each Related Activity field is empty and has a '0/1000 characters' label below it.

## HEALTHY OBJECTIVES

Specify the primary *Healthy People 2020* objective(s) (minimum of one and maximum of three) that this project addresses. Under this section there are three text boxes with the following labels:

1. *Healthy Objective 1*
2. *Healthy Objective 2*
3. *Healthy Objective 3*

**Figure 28: Financial Form 6 – Project Abstract: Healthy Objectives**

■ Provide at least one activity for each aim(s) planned for the program. These activities should reflect the aims from the Funding Opportunity Announcement (FOA). Also, these will be used for Grant Impact measurement at the end of your grant period.  
Note: If the aims are not defined, reach out to MCHB for assistance.

■ Specify the primary Healthy People 2020 objective(s) (minimum of one and maximum of three) which this project addresses.

Healthy Objective 1  
This is a Sample Project  
25/1000 characters

Healthy Objective 2  
This is a Sample Project  
25/1000 characters

Healthy Objective 3  
This is a Sample Project  
25/1000 characters

**COORDINATION (REQUIRED)**

The grantee must list the state, local health agencies, or other organizations involved in the project and their roles. This is a required field, and the grantee must provide information in the text box as applicable.

**Figure 29: Financial Form 6 – Project Abstract: Coordination**

■ List the State, local health agencies, or other organizations involved in the project and their roles.

\* Coordination  
This is a Sample Project  
25/1000 characters

### EVALUATION (REQUIRED)

Briefly describe the methods which will be used to determine whether process and outcome objectives are met. Be sure to tie to evaluation from the Funding Opportunity Announcement (FOA). This is a required field, and the grantee must provide information in the text box as applicable.

**Figure 30: Financial Form 6 – Project Abstract: Evaluation**

Briefly describe the methods which will be used to determine whether process and outcome objectives are met. Be sure to tie to evaluation from Funding Opportunity Announcement (FOA).

**\* Evaluation**

This is a Sample Project

25/1000 characters

### QUALITY IMPROVEMENT ACTIVITIES (REQUIRED)

Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology proposed or implemented. Lists with numbered items can be used in this section. This is a required field, and the grantee must provide information in the text box as applicable.

**Figure 31: Financial Form 6 – Project Abstract: Quality Improvement Activities**

Describe the programs and activities uses to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or implemented. Lists with numbered items can be used in this section.

**\* Quality Improvement Activities**

This is a Sample Project

25/1000 characters

## PART B – CONTINUING GRANTS ONLY (OPTIONAL)

1. *Experience to Date* (for Continuing Projects ONLY): Provide a brief description of the major activities and accomplishments over the past year (not to exceed 1,000 characters).

Note the following requirements and additional information before completing this section:

- This section is optional for organizations that do not have continuing projects. If this section does not apply to you, then please skip it.
  - This is not a required field, and the grantee may provide information in the text box as applicable.
  - If applicable, provide the number of hits by unique visitors to the website (or section of the website) funded by MCHB for the past year.
2. *Number of Web Hits*: This is not a required field, and the grantee may provide information in the textbox as applicable. The text box will only accept numeric values.
  3. *Number of Unique Visitors*: This is not a required field, and the grantee may provide information in the text box as applicable. The text box will only accept numeric values.

**Figure 32: Financial Form 6 – Project Abstract: Continuing Grants Only**

**Part B - Continuing Grants ONLY**

■ Provide a brief description of the major activities and accomplishments over the past year (not to exceed 1000 characters). This section is optional for organizations that do not have continuing projects. If this section does not apply to you, then please skip this section.

**Experience to Date**  
(For Continuing Projects ONLY)

This is a Sample Project

25/1000 characters

■ If applicable, provide the number of hit by unique visitors to the website (or section of website) funded by MCHB for the past year.

**Number of Web Hits**

**Number of Unique Visitors**

## KEYWORDS AND ANNOTATION (SECTION 6-7) (REQUIRED)

1. *Keywords*: Provide a minimum of three keywords and separate them by commas. A maximum of 10 keywords are allowed. This is a required field, and the grantee must provide information in the text box as applicable.
2. *Annotation*: Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the aims of the project, the related activities which will be used to meet the stated aims, and the materials which will be developed. This is a required field, and the grantee must provide information in the text box as applicable.

**Figure 33: Financial Form 6 – Project Abstract: Keywords and Annotations**

**Keywords and Annotation (Sections 6-7)**

Provide a minimum of three keywords and separate them by commas. A total maximum of ten keywords are allowed.

**\* Keywords**

This is a Sample Project A, Project B, Project C

48/500 characters

Provide a three to five sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the aims of the project, the related activities which will be used to meet the stated aims, and the materials which will be developed.

**\* Annotation**

This is a Sample Project

25/500 characters

**COMMENTS**

## FORM-LEVEL RULES AND VALIDATIONS

1. *Budget* (section 2): This section will be prepopulated from Form 2.
2. All sections except *Budget* section:
  - a. If Report Type = **NCCPR** or **PPER**, then all data will be prepopulated from previously approved reports. The grantee will have the ability to edit/modify the prepopulated data.
3. *Budget* Section: Fields will be prepopulated from Form 2, Lines 1 – 5, and will not be editable.
4. Aims:
  - a. The aims will be prepopulated from the Funding Opportunity Announcement (FOA).
  - b. The number of aims will be dynamically displayed to the grantee depending on the FOA.
5. *Number of Web Hits and Number of Unique Visitors*:
  - a. The text box accepts only text values.
  - b. The text box accepts a maximum of 1,000 characters.
6. All Fields – *Numbers Served*
  - a. All editable fields only accept numeric values.
  - b. All editable fields only accept a maximum of 9 digits.
  - c. All editable fields only accept numeric values up to two decimal places.
  - d. All editable fields do not accept text values.
7. The *Comments* text box will accept both text and numeric values (maximum of 5,000 characters).



## FINANCIAL FORM 7 – PROJECT SUMMARY DATA

### FORM INSTRUCTIONS

#### PROJECT DATA (SECTIONS 1-4) (REQUIRED)

1. *Section 1: Project Service Focus:* In this section, the grantee must select one or more checkboxes on the project’s service focus area. This is a required field.
2. *Section 2: Project Scope:* In this section, the grantee must select one option from the dropdown that defines the scope of the project. This is a required field.
3. *Section 3: Grantee Organization Type:* In this section, the grantee must select one option from the dropdown that defines the organization type of the grantee. This is a required field. (**NOTE:** If the grantee selects *Other*, then the *Other Grantee Organization Description* is required.)
4. *Section 4: Project Infrastructure Focus:* In this section, the grantee may select one or more options from the checkboxes where the focus of the project’s infrastructure is. (**NOTE:** If the grantee has selected the *Other* checkbox, then the *Other Project Infrastructure Description* text box will become required, and the grantee must provide the description.)

**Figure 34: Financial Form 7 – Project Summary Data: Project Data**

The screenshot displays the 'Form 7 - Project Summary Data' interface. At the top, it shows the project ID 'DG000' and a status bar indicating 'Due In: 130 Days | Status: Complete'. Below this is a 'Resources' section with a link icon. A note states 'Fields with ★ are required.' The main section is titled 'Project Data (Sections 1-4)'. It contains three required fields: 'Project Service Focus' with checkboxes for 'Urban/Central City' (checked), 'Suburban', 'Metropolitan Area (city & suburbs)', 'Rural', 'Frontier', and 'Border (US-Mexico)'; 'Project Scope' with a dropdown menu set to 'Local'; and 'Grantee Organization Type' with a dropdown menu set to 'State Agency'. Below these are two optional sections: 'Other Grantee Organization Description' and 'Project Infrastructure Focus (From MCH Pyramid), if applicable', which includes checkboxes for 'Guidelines/Standards Development and Maintenance' (checked), 'Policies and Programs Study and Analysis' (checked), and several other infrastructure focus areas. At the bottom, there is a field for 'Other Project Infrastructure Description'.



**Figure 36: Financial Form 7 – Project Summary Data: Demography – Ethnicity**

Ethnicity				
Participants	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)	10	10	10	30
Infants <1 year	10	10	10	30
Children 1 to 12 years	10	10	10	30
Adolescents 12-18 years	10	10	10	30
Young Adults 18-25 years	10	10	10	30
CSHCN Infants <1 year	10	10	10	30
CSHCN Children and Youth 1 to 25 years	10	10	10	30
Women 25+ years	10	10	10	30
Men 25+ years	10	10	10	30
Totals	90	90	90	270

### ADDITIONAL PROJECT DATA (SECTIONS 6-7)

1. *Clients' Primary Language(s)*: In this section, the grantee selects one or more primary languages that apply as the clients' primary language.
2. *Population Served*: In this section, the grantee may select one or more options that were identified as types of populations served.

**NOTE:** If the grantee selects *Other* from the checkbox, a description for *Other Population Served* is required.

**Figure 37: Financial Form 7 – Project Summary Data: Additional Project Data**

Additional Project Data (Sections 6-7)																													
<p><b>Clients' Primary Languages</b> <i>(Select all that apply)</i></p>	<table><tr><td><input type="checkbox"/> Arabic</td><td><input type="checkbox"/> Cantonese</td></tr><tr><td><input type="checkbox"/> Creole</td><td><input type="checkbox"/> Danish</td></tr><tr><td><input type="checkbox"/> Dari</td><td><input type="checkbox"/> English</td></tr><tr><td><input type="checkbox"/> Estonian</td><td><input type="checkbox"/> French</td></tr><tr><td><input type="checkbox"/> German</td><td><input type="checkbox"/> Hebrew</td></tr><tr><td><input type="checkbox"/> Hindi</td><td><input type="checkbox"/> Mandarin</td></tr><tr><td><input type="checkbox"/> Marshallese</td><td><input type="checkbox"/> Norwegian</td></tr><tr><td><input type="checkbox"/> Palauan</td><td><input type="checkbox"/> Pohnpeian</td></tr><tr><td><input type="checkbox"/> Russian</td><td><input type="checkbox"/> Somaon</td></tr><tr><td><input type="checkbox"/> Sign</td><td><input type="checkbox"/> Spanish</td></tr><tr><td><input type="checkbox"/> Swedish</td><td><input type="checkbox"/> Urdu</td></tr><tr><td><input type="checkbox"/> Yapese</td><td><input type="checkbox"/> Khmer</td></tr><tr><td><input type="checkbox"/> Native American</td><td><input type="checkbox"/> Tagalog</td></tr><tr><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Other</td></tr></table>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Creole	<input type="checkbox"/> Danish	<input type="checkbox"/> Dari	<input type="checkbox"/> English	<input type="checkbox"/> Estonian	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Palauan	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Russian	<input type="checkbox"/> Somaon	<input type="checkbox"/> Sign	<input type="checkbox"/> Spanish	<input type="checkbox"/> Swedish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Yapese	<input type="checkbox"/> Khmer	<input type="checkbox"/> Native American	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other
<input type="checkbox"/> Arabic	<input type="checkbox"/> Cantonese																												
<input type="checkbox"/> Creole	<input type="checkbox"/> Danish																												
<input type="checkbox"/> Dari	<input type="checkbox"/> English																												
<input type="checkbox"/> Estonian	<input type="checkbox"/> French																												
<input type="checkbox"/> German	<input type="checkbox"/> Hebrew																												
<input type="checkbox"/> Hindi	<input type="checkbox"/> Mandarin																												
<input type="checkbox"/> Marshallese	<input type="checkbox"/> Norwegian																												
<input type="checkbox"/> Palauan	<input type="checkbox"/> Pohnpeian																												
<input type="checkbox"/> Russian	<input type="checkbox"/> Somaon																												
<input type="checkbox"/> Sign	<input type="checkbox"/> Spanish																												
<input type="checkbox"/> Swedish	<input type="checkbox"/> Urdu																												
<input type="checkbox"/> Yapese	<input type="checkbox"/> Khmer																												
<input type="checkbox"/> Native American	<input type="checkbox"/> Tagalog																												
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other																												
<p><b>'Other' Primary Languages Description</b> <i>(Required if you selected 'Other')</i></p>	<input type="text"/>																												
<p><b>Population Served</b> <i>(Select all that apply)</i></p>	<table><tr><td><input type="checkbox"/> Homeless</td><td><input type="checkbox"/> Incarcerated</td></tr><tr><td><input type="checkbox"/> Severely Depressed</td><td><input type="checkbox"/> Migrant Worker/Population</td></tr><tr><td><input type="checkbox"/> Uninsured</td><td><input type="checkbox"/> Adolescent Pregnancy</td></tr><tr><td><input type="checkbox"/> Food Stamp Eligible</td><td><input type="checkbox"/> Other</td></tr></table>	<input type="checkbox"/> Homeless	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Severely Depressed	<input type="checkbox"/> Migrant Worker/Population	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Adolescent Pregnancy	<input type="checkbox"/> Food Stamp Eligible	<input type="checkbox"/> Other																				
<input type="checkbox"/> Homeless	<input type="checkbox"/> Incarcerated																												
<input type="checkbox"/> Severely Depressed	<input type="checkbox"/> Migrant Worker/Population																												
<input type="checkbox"/> Uninsured	<input type="checkbox"/> Adolescent Pregnancy																												
<input type="checkbox"/> Food Stamp Eligible	<input type="checkbox"/> Other																												
<p><b>'Other' Population Served Description</b> <i>(Required if you selected 'Other')</i></p>	<input type="text"/>																												

### RESOURCE/TA AND TRAINING CENTERS ONLY (SECTION 8)

In this section, the grantee may select one or more characteristics of the primary intended audience(s) as applicable.

**Figure 38: Financial Form 7 – Project Summary Data: Resource/TA and Training Centers Only**

Resource/TA and Training Centers ONLY (Section 8)	
Characteristics of Primary Intended Audience(s) <i>(Select all that apply)</i>	<input type="checkbox"/> Providers/Professionals <input type="checkbox"/> Title V <input type="checkbox"/> Regional <input type="checkbox"/> International <input type="checkbox"/> Local/Community Partners <input type="checkbox"/> Other State Agencies/Partners <input type="checkbox"/> National
Number of Requests Received	<input type="text"/>
Number of Requests Answered	<input type="text"/>
Number of Continuing Education Credits Provided	<input type="text"/>
Number of Individuals/Participants Reached	<input type="text"/>
Number of Organization Assisted	<input type="text"/>
Major Type of TA or Training Provided <i>(Select all that apply)</i>	<input type="checkbox"/> Continuing Education Courses <input type="checkbox"/> On-site Assistance <input type="checkbox"/> One-on-one Remote Consultation <input type="checkbox"/> Workshops <input type="checkbox"/> Distance Learning Classes <input type="checkbox"/> Other
'Other' Type of TA/Training Description <i>(Required if you selected 'Other')</i>	<input type="text"/>
<b>COMMENTS</b>	
<input type="text"/>	
0/5000 characters	

---

## FORM-LEVEL RULES AND VALIDATIONS

1. All Sections:
  - a. If Report Type = **NCCPR** or **PPER**, then all data will be prepopulated from previously approved reports. The grantee will have the ability to edit/modify the prepopulated data.
2. Demographic Characteristics of Project Participants Section – *Race* and *Ethnicity* Sections:
  - a. The Total values on the *Race* and *Ethnicity* sections should match.
  - b. If the grantee provides data greater than zero in any field for either the *Race* or *Ethnicity* section, the other table total will display a validation message.
  - c. The validation message will disappear once the Total value matches with the *Race* total.
3. All Fields for *Race* and *Ethnicity*:
  - a. Text box accepts only numeric values.
  - b. Text box will not accept text values.
4. The *Comments* text box will accept both text and numeric values (maximum of 5,000 characters).

## FINANCIAL FORM 8 – PROJECT SUMMARY DATA (RESEARCH PROJECTS ONLY)

### FORM INSTRUCTIONS

#### PROJECT IDENTIFIER INFORMATION (SECTION 1) (REQUIRED)

In this section, the grantee must provide the *Project Title and Principal Investigator(s) and Discipline*.

**Figure 39: Financial Form 8: Project Identifier Information**

The screenshot shows the 'Form 8 - Project Summary Data' interface. At the top, there is a yellow bar with 'DG000' on the left and 'Due In: 130 Days | Status: Not Started' on the right. Below this is a 'Resources' section with a link icon. A note states 'Fields with ★ are required'. The 'Project Identifier Information (Section 1)' section contains two required fields: 'Project Title' and 'Principle Investigator(s), Discipline'. Each field has a yellow information icon and the text 'Provide a response for this field.' followed by an empty input box.

#### BUDGET (SECTION 2)

The information in this section will be prepopulated from Form 2: Project Funding Profile.

**Figure 40: Financial Form 8: Budget**

The screenshot shows the 'Budget (Section 2)' section of the form. A message box at the top states 'Budget data is pre-populated from Form 2 - Project Funding Profile.' Below this is a table with the following data:

Grant Award Amount <i>(Line 1, Form 2)</i>	\$5000
Unobligated Balance <i>(Line 2, Form 2)</i>	\$10000
Matching Funds (if applicable) <i>(Line 3, Form 2)</i>	
Other Project Funds <i>(Line 4, Form 2)</i>	
Total Project Funds <i>(Line 5, Form 2)</i>	\$15000

## ADDITIONAL PROJECT INFORMATION (SECTIONS 3–10) (REQUIRED)

1. *Care Emphasis*: Select whether the study is interventional or non-interventional.
2. *Population Focus*: Select what population(s) are the focus of the study.
3. *Study Design*: Select the type of design the study uses.
4. *Time Design*: Select the type of design the study uses.

**Figure 41: Financial Form 8: Additional Project Information**

The screenshot shows a web form titled "Additional Project Information (Sections 3-10)". It contains the following fields:

- Care Emphasis**: A dropdown menu with a warning icon and the text "Provide a response for this field." The dropdown shows "Select One".
- Population Focus**: A dropdown menu with a warning icon and the text "Provide a response for this field." The dropdown shows "Selected (0)".
- 'Other' Population Focus Description**: A text input field with a warning icon and the text "Provide a response for this field." Below the field is the note "(Required if you selected 'Other')".
- Study Design**: A dropdown menu with a warning icon and the text "Provide a response for this field." The dropdown shows "Selected (0)".
- Time Design**: A dropdown menu with a warning icon and the text "Provide a response for this field." The dropdown shows "Select One".

## PRIORITY RESEARCH ISSUES AND QUESTIONS OF FOCUS (REQUIRED)

In this section, the grantee must provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the **Maternal and Child Health Bureau (MCHB) Strategic Research Issues**.

1. *Abstract*: The grantee must provide the abstract about the research issue and questions.
2. *Key Words*: The grantee must provide up to 10 keywords to describe the project, including information about the populations served. A list of keywords used to classify active projects is included from which the grantee may choose keywords to describe the project.
3. *Annotation*: The grantee must provide a description of the project that identifies its purpose and aims, needs and problems that will be addressed, related activities that will be used to meet the stated aims, and materials that will be developed.



Figure 42: Financial Form 8: Priority Research issues and Questions of Focus

**Priority Research Issues and Questions of Focus**

Provide a brief statement of the primary and secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the Maternal and Child Health Bureau (MCHB) Strategic Research Issues: Fiscal Years (FYs) 2004-2009

**\* Primary Area addressed by research** ⓘ Provide a response for this field.

0/1000 characters

**\* Secondary Area addressed by research** ⓘ Provide a response for this field.

0/1000 characters

**\* Abstract** ⓘ Provide a response for this field.

0/1000 characters

Provide at least a minimum of three keywords to describe the project, including populations served. A maximum of ten keywords can be provided.

**\* Keywords** ⓘ You are required to provide a minimum of 3 keywords.

0/500 characters

Provide a three to five sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the aims of the project, the related activities which will be used to meet the stated aims, and the materials which will be developed.

**\* Annotation** ⓘ Provide a response for this field.

0/500 characters

**COMMENTS**

0/5000 characters

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Budget* section will be prepopulated.
2. Priority Research Issues and Questions of Focus:
  - a. Field will accept only text values.
  - b. Field will accept a maximum of 1,000 characters.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CORE FORMS

On **Core** forms, the grantee must provide details on meeting the stated aim(s) of their grant, quality improvement (QI) initiatives, and improving health equity. **Core** forms are assigned to all grantees reporting into DGIS.

### APPLICABLE REPORT TYPES

Figure 43: Core Forms

Core Forms			
Applicable Forms	Report Types		
	NCPR	NCC	PPER
Core 1 – Grant Impact			✓
Core 2 – Quality Improvement	✓	✓	✓
Core 3 – Health Equity	✓	✓	✓

## CORE 1 – GRANT IMPACT


### FORM INSTRUCTIONS

#### CORE 1 DETAIL SHEET


The following information is under the **Core 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Core 1 Grant Impact
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 44: Core 1 – Grant Impact: Detail Sheet**

 **Core 1**

▶ DG000f
Due In: 130 Days | Status: In Progress

▶ Resources 

Fields with ★ are required.

▼ **Core 1 Detail Sheet**

Core 1 - Grant Impact	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle.
Performance Measure	The percent of MCHB funded projects meeting their stated objectives.
Goal	To ensure that planned grant impact was met.
Level	Grantee
Domain	Core
Definition	No further definitions.
Benchmark Data Sources	N/A
Grantee Data Sources	Grantee self-reported
Significance	N/A

## TIER 1 (REQUIRED)

In this section, the grantee must specify if the measure is applicable to them. If the grantee selects *No*, they must justify their selection in the *Comments* section.

Figure 45: Core 1 – Grant Impact: Tier 1

The screenshot shows the 'Tier 1' section of a web form. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question asks 'Is this measure applicable to you?' with radio buttons for 'Yes' (selected) and 'No'. A 'Comments' text area is provided, with a placeholder '(If 'No', then please enter explanation here)'. A character count '(0/1000 characters)' is visible at the bottom of the text area. A 'Continue to the Next Tier' button is located at the bottom right. A 'Tier 2' dropdown is partially visible at the bottom left.

## TIER 2:

In this section, the grantee indicates if they met the planned objective. If they select *No*, they must provide a justification in the *Comments* section. (NOTE: The objectives in this section are prepopulated.)

Figure 46: Core 1 – Grant Impact: Tier 2

The screenshot shows the 'Tier 2' section of a web form. It begins with a note: 'Provide a response to each of the planned objectives stated below. Note: If the objectives are not defined, reach out to IACHB for assistance.' Below this, 'Objective: 1' is listed with the text 'Increased peer learning among state team members in the Community of Practice.' A question 'Did you meet objective?' is followed by a dropdown menu currently set to 'Select One'. A 'Comments' text area is provided, with a placeholder '(If 'No', then please enter explanation here)'. A character count '(0/500 characters)' is visible at the bottom of the text area.

## FORM-LEVEL RULES AND VALIDATIONS

1. Core 1 is only applicable for **Project Period End Reports (PPERs)**, and the grantee is required to address Tier 1.
2. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CORE 2 – QUALITY IMPROVEMENT


### FORM INSTRUCTIONS

#### CORE 2 DETAIL SHEET


The following information is under the **Core 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Core 2 Quality Improvement
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 47: Core 2 – Quality Improvement: Detail Sheet**

 **Core 2**

▶ DG0000
Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ Core 2 Detail Sheet

Core 2 - Quality Improvement	The percent of programs engaging in quality improvement and through what means, and related outcomes.
Performance Measure	The percent of MCHB funded projects implementing quality improvement initiatives.
Goal	To measure quality improvement initiatives.
Level	Grantee
Domain	Core
Definition	No further definitions.
Benchmark Data Sources	N/A

Grantee Data Sources	Grantee self-reported.
----------------------	------------------------

Significance	N/A
--------------	-----

## TIER 1 (REQUIRED)

In this section, the grantee must state if they are implementing QI initiatives by selecting *Yes* or *No*. This is a required field, and if the grantee selects *No*, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- Tier 1 is applicable to **New Competing Performance Reports (NCPRs)** only.
- The next tier will be unlocked only after the grantee has answered all the required questions.

**Figure 48: Core 2 - Quality Improvement: Tier 1**

The screenshot shows a web form titled "Tier 1". The main question is "Are you implementing quality improvement (QI) initiatives in your program?". To the right of this question is a prompt "Provide a response for this field." with radio buttons for "Yes" and "No". Below the question is a "Comments" section with a text area and a "10000 characters" limit. A "Continue to the Next Tier" button is located at the bottom right of the form.

## TIER 2 (REQUIRED)

In this section, the grantee must select the types of QI structures and aims applicable to their QI initiative.

1. *What type of QI structure do you have?*
2. *What types of aims are included in your QI Initiative?*

NOTE: The next tier will be unlocked after the grantee has answered all the required questions.

**Figure 49: Core 2 - Quality Improvement: Tier 2**

The screenshot shows a web form titled "Tier 2". It contains two main sections. The first section is "What type of QI structure do you have?" with the instruction "(Select all that apply)". It includes three checkboxes: "Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc." (checked), "Team within and across an organization focused on organizational improvement.", and "Cross sectorial collaborative across multiple organizations". The second section is "What types of aims are included in your QI initiative?" with the instruction "(Select all that apply)". It includes six checkboxes: "Population Health" (checked), "Improve client satisfaction/ outcomes", "Policy improvement", "Improve service delivery (process or programs)", "Improve work flow", and "Reducing variation or errors".

### TIER 3

In this section, the grantee must provide responses to the following questions:

1. *Are QI goals directly aligned with organization's strategic goals?* The grantee must select either Yes or No.
2. *Has the QI team received training in QI?* The grantee must select either Yes or No.
3. *Do you have metrics to track improvement?* The grantee must select either Yes or No.
4. *Which methodology are you utilizing for quality improvement?*

Note the following requirements and additional information before completing the section:

- All the fields are required.
- Select all that apply.
- If the grantee selects *Other*, they must provide the *Other Methodology Description* for it.
- The next tier will be unlocked only after the grantee has answered all the required questions.

Figure 50: Core 2 – Quality Improvement: Tier 3

The screenshot shows a survey form titled "Tier 3" with the following questions and options:

- ★ Are QI goals directly aligned with organization's strategic goals?  Yes  No
- ★ Has the QI team received training in QI?  Yes  No
- ★ Do you have metrics to track improvement?  Yes  No
- ★ Which methodology are you utilizing for quality improvement? (Select all that apply)
  - Plan, Do, Study, Act Cycles
  - Lean
  - Six Sigma
  - Other

Below the methodology question is a text field labeled "Other Methodology Description (Required if you selected 'Other')" containing the text "test".

### TIER 4 (OPTIONAL)

In this section, the grantee must provide responses to the following questions.

1. *Is there data to support improvement in population health as a result of the QI activities?* The grantee may select either Yes or No.
2. *Is there data to support organizational improvement as a result of QI activities?* The grantee may select either Yes or No.
3. *Is there data to support improvement in cross-sectorial collaboration as a result of QI activities?* The grantee may select either Yes or No.



Figure 51: Core 2 – Quality Improvement: Tier 4

▼ Tier 4 (Optional)

Is there data to support improvement in population health as a result of the QI activities?  Yes  No

Is there data to support organizational improvement as a result of QI activities?  Yes  No

Is there data to support improvement in cross sectorial collaboration as a result of QI activities?  Yes  No

## FORM-LEVEL RULES AND VALIDATIONS

1. For the **New Competing Performance Reports (NCPRs)**, the grantee is required to provide a response for only Tier 1. Regardless of the grantee's response in Tier 1, all subsequent tiers will be disabled.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selected *Yes* in Tier 1, then Tiers 2–4 will be enabled, and they will be required to provide responses in Tiers 2–3. If the grantee selected *No* in Tier 1, then all tiers are disabled.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CORE 3 – HEALTH EQUITY

### FORM INSTRUCTIONS

#### CORE 3 DETAIL SHEET

The following information is under the **Core 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Core 3 Health Equity
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 52: Core 3 – Health Equity: Detail Sheet**

The screenshot shows a web-based form for 'Core 3'. At the top, it displays 'Core 3' with a folder icon, 'DG000', and 'Due In: 130 Days | Status: In Progress'. Below this is a 'Resources' section with an external link icon. A note states 'Fields with ★ are required.' The main section is titled 'Core 3 Detail Sheet' and contains a table of fields and their descriptions:

Core 3 - Health Equity	The percent of programs promoting and/ or facilitating improving health equity.
Performance Measure	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
Goal	To ensure MCHB grantees have established specific aims related to improving health equity.
Level	Grantee
Domain	Core
Definition	No further definitions.
Benchmark Data Sources	N/A
Grantee Data Sources	Grantee self-reported.
Significance	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is "disadvantaged from ... <a href="#">Show more</a>

### TIER 1

In this section, the grantee must state if they are promoting and/or facilitating health equity by selecting *Yes* or *No*. This is a required field, and if the grantee selects *No*, then they must provide a justification for their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- The next tier will be unlocked only after the grantee has answered all the required questions.
- Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is “disadvantaged from achieving this potential because of social position or socially determined consequences.”
- Achieving health equity is a top priority in the United States.
- Tier 1 is applicable to **New Competing Performance Reports (NCPRs)** only.

Figure 53: Core 3 – Health Equity: Tier 1

▼ Tier 1

★ Are you promoting and/or facilitating health equity in your program?  Yes  No

Comments

(If 'No', then please enter explanation here)

0/5000 characters

### TIER 2 (REQUIRED)

In this section, the grantee must provide responses to the following questions:

1. Please select within which of the following domains your program addresses health equity. Select all that apply.

**NOTE:** The next tier will be unlocked after the grantee answers all the required questions.

Figure 54: Core 3 – Health Equity: Tier 2

▼ Tier 2

★ Please select within which of the following domains your program addresses health equity  
(Select all that apply)

<input checked="" type="checkbox"/> Income	<input type="checkbox"/> Race
<input checked="" type="checkbox"/> Ethnicity	<input type="checkbox"/> Language
<input checked="" type="checkbox"/> Socioeconomic Status	<input type="checkbox"/> Health Status
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sex	<input type="checkbox"/> Age
<input type="checkbox"/> Geography - Rural/ Urban	<input type="checkbox"/> Other

Other Health Equity Domain Description  
(Required if you selected 'Other')

### TIER 3 (REQUIRED)

In this section, the grantee must indicate if the program has set stated goals/objectives for health equity by selecting *Yes* or *No*. If the grantee selects *Yes*, they must justify their selection in the *Comments* section.

**NOTE:** The next tier will be unlocked after the grantee answers all the required questions.

Figure 55: Core 3 – Health Equity: Tier 3

▼ Tier 3

\* Has your program set stated goal/ objectives for health equity?  Yes  No

If yes, what are those goals/ objectives?

Since you have selected the measure to be applicable, provide an explanation of up to 1,000 characters.

0/1000 characters

## TIER 4

This section is optional, and the grantee may provide the following details:

1. *Numerator*: The number of programs that met stated specific aims around health equity. Enter an integer from 0–999,999.
2. *Denominator*: The number of programs that set specific aims around health equity. Enter an integer from 0–999,999.
3. *Outcome (%)*: The text box will be prepopulated using the values provided above.

Figure 56: Core 3 – Health Equity: Tier 4 (Optional)

▼ Tier 4 (Optional)

Numerator  
(# of programs that met stated specific goals/ objectives around health equity)

Denominator  
(# of programs that set stated specific goals/ objectives around health equity)

Outcome (%)

## FORM-LEVEL RULES AND VALIDATIONS

1. For **New Competing Performance Reports (NCPRs)**, the grantee is required to provide a response for Tier 1 only. Regardless of the grantee’s response in Tier 1, all subsequent tiers will be disabled.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selected *Yes* in Tier 1, then Tiers 2–4 will be enabled, and they will be required to provide responses in Tiers 2–3. If the grantee selected *No* in Tier 1, then all tiers are disabled.
3. Tier 3: If *Yes*, what are those goals/objectives? (NOTE: This field will accept both text values and numerical values. This field will accept a maximum of 1,000 characters.)
4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CAPACITY BUILDING FORMS

On the **Capacity Building Forms**, the grantee must provide details on programs promoting state's capacity for advancing the health of the MCH population, technical assistance on MCH priority topics, and collecting and analyzing data on the impact of grants on the field. In addition, these forms also collect data on funded initiatives working to promote sustainability, programs supporting the production of scientific publications, and the development of informational products.

### APPLICABLE REPORT TYPES

**Figure 57: Capacity Building Forms**

Capacity Building Forms			
Applicable Forms	Report Types		
	NCPR	NCC	PPER
CB 1 - Capacity Building	✓	✓	✓
CB 2 - Capacity Building	✓	✓	✓
CB 3 - Capacity Building	✓	✓	✓
CB 4 - Capacity Building	✓	✓	✓
CB 5 - Capacity Building	✓	✓	✓
CB 6 - Capacity Building	✓	✓	✓

## CAPACITY BUILDING FORM 1


### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 1 DETAIL SHEET


The following information is under the **CB 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 1) — State capacity for advancing the health of MCH populations (for national programs).
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources

**Figure 58: Capacity Building 1: Detail Sheet**

 **Capacity Building (CB 1)**

▶ DG00004
Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ CB 1 Detail Sheet

Capacity Building (CB 1) - State capacity for advancing the health of MCH populations (for National programs)	The percent of programs promoting and facilitating state capacity for advancing the health of MCH populations.
Performance Measure	The percent of MCHB-funded projects of a national scale promoting and facilitating state capacity for advancing the health of MCH populations; and ... <a href="#" style="font-size: x-small; color: #0070c0;">Show more</a>
Goal	To ensure adequate and increasing state capacity for advancing the health of MCH populations.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.

Benchmark Data Sources	N/A
Grantee Data Sources	Grantee Self-Reported

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Are you promoting and/or facilitating the state’s capacity for advancing the health of MCH populations for your grant’s priority topic?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- Tier 1 is applicable to **New Competing Performance Reports (NCPRs)** only.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 59: Capacity Building 1: Tier 1**

The screenshot shows a web interface for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '\* Are you promoting and facilitating state capacity for advancing the health of MCH populations for your grant's priority topic?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section with a text area. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

### TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Through what activities are you promoting and/or facilitating state capacity for advancing the health of MCH populations?*

Note the following requirements before completing this section:

- The grantee must select at least one activity from the multiple select checkbox options.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 60: Capacity Building 1: Tier 2**

▼ Tier 2

\* Through what activities are you promoting and facilitating state capacity for advancing the health of MCH populations?

- Delivery of training on program priority topic
- Support state strategic planning activities
- Serve as expert and champion on the priority topic
- Facilitate state level partnerships to advance priority topics
- Maintain consistent state-level staffing support for priority topic (State-level programs only)
- Collect data to track changes in prevalence of program priority issues
- Utilize available data to track changes in prevalence of program priority issue on national/ regional level
- Issue model standards of practice for use in the clinical setting
- Conduct participant surveys

**TIER 3 (REQUIRED)**

In this section, the grantee must respond to the following questions:

1. *Number of professionals trained on program priority topic.*
2. *How frequently are data collected and analyzed to monitor status and refine strategies?*
3. *Number of MOUs between state agencies addressing priority area.*
4. *State agencies/departments participating on priority area. This includes the following key state agencies. Select all that apply.*
5. *Other Key State Agency/Department Description (NOTE: This is required if the grantee selected Other.)*
6. *Have model standards of practice been established to increase integration of MCH priority issue into clinical setting?*
7. *Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic?*
8. *Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic?*

NOTE: The grantee may proceed to the next tier only after providing a response to this question.



Figure 61: Capacity Building 1: Tier 3

▼ Tier 3

\* Number of professionals trained on program priority topic:

\* How frequently are data collected and analyzed to monitor status and refine strategies?:

\* Number of MOUs between State agencies addressing priority area:

State agencies/departments participating on priority area. This includes the following key state agencies (Select all that apply)

<input checked="" type="checkbox"/> Commissions/ Task Forces	<input type="checkbox"/> MCH/ CSHCN
<input type="checkbox"/> Genetics	<input type="checkbox"/> Newborn Screening
<input checked="" type="checkbox"/> Early Hearing and Detection	<input type="checkbox"/> EMSC
<input checked="" type="checkbox"/> Oral Health	<input type="checkbox"/> Developmental Disabilities
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Mental and Behavioral Health
<input type="checkbox"/> Housing	<input type="checkbox"/> Early Intervention/ Head Start
<input type="checkbox"/> Education	<input type="checkbox"/> Child Care
<input type="checkbox"/> Juvenile Justice/ Judicial System	<input type="checkbox"/> Foster Care/ Adoption Agency
<input type="checkbox"/> Transportation	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Children's Cabinet
<input type="checkbox"/> Other	

'Other' Key State Agency/Department Description (Required if you selected 'Other')

\* Have model standards of practice been established to increase integration of MCH priority issue into clinical setting?  Yes  No

\* Development or identification of reimbursable services codes to cover delivery of clinical services on MCH priority topic?  Yes  No

\* Inclusion of specific language in Medicaid managed care contracts to assure coverage of payment for clinical services on MCH priority topic?  Yes  No

## TIER 4 (OPTIONAL)

In this section, the grantee may answer the following question(s):

1. *Outcome 1*: Percent of states/jurisdictions that have a strategic plan on a program priority topic
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of states/jurisdictions receiving training on this program topic.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
3. *Outcome 3*: Percent of states/jurisdictions that have state FTEs designed for this MCH topic.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
4. *Outcome 4*: Percent of MCH programs have an identified state lead designed on this topic.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
5. *Outcome 5*: Percent of states/jurisdictions utilizing reimbursable services codes to cover the delivery of clinical services on MCH priority topic.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
6. *Outcome 6*: Percent of states/jurisdictions that report progress on strategic plan goals and objectives
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

Figure 62: Capacity Building 1: Tier 4 (Optional)

▼ Tier 4 (Optional)

■ Please report outcomes where your grant impact these state activities.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of state/ jurisdictions have a strategic plan on program priority topic**

Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	

**Outcome 2 - Percent of states/ jurisdictions receiving training on this program topic**

Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	

**Outcome 3 - Percent of states/ jurisdictions which have state FTEs designated for this MCH topic**

Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	

Outcome 4 - Percent of MCH programs have an identified state lead designated on this topic		
Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	
Outcome 5 - Percent of states/ jurisdictions utilizing reimbursable services codes to cover delivery of clinical services on MCH priority topic		
Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	
Outcome 6 - Percent of states/jurisdictions which report progress on strategic plan goals and objectives		
Numerator	<input type="text"/>	
Denominator	<input type="text"/>	
Outcome (%)	<input type="text"/>	

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CAPACITY BUILDING FORM 2


### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 2 DETAIL SHEET


The following information is displayed in the **CB 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:


1. Capacity Building (CB 2) — Technical Assistance
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 63: Capacity Building 2: Detail Sheet**

 **Capacity Building (CB 2)**

▶ DG0000
Due In: 130 Days | Status: Complete

▶ Resources 

 **Error:** Your form has (1) error(s) and cannot be submitted.

Fields with ★ are required.

▼ **CB 2 Detail Sheet**

Capacity Building (CB 2) - Technical Assistance	The percent of programs providing technical assistance on MCH priority topics.
Performance Measure	The percent of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.
Goal	To ensure supportive programming for technical assistance.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.

▼ **Benchmark Data Sources**

Benchmark Data Sources	N/A
------------------------	-----

▼ **Grantee Data Sources**

Grantee Data Sources	Grantee Self-Reported
----------------------	-----------------------

▼ **Significance**

Significance	National Resource Centers, Policy Centers, leadership training institutes and many other MCHB discretionary grantees provide technical assistance and ... <a href="#" style="color: #0070C0; text-decoration: none; font-size: small;">Show more</a>
--------------	--

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Are you providing technical assistance (TA) through your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- Tier 1 is applicable to **New Competing Performance Reports (NCPRs)** only.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 64: Capacity Building 2: Tier 1**

The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you providing technical assistance (TA) through your program?' with two radio buttons: 'Yes' (which is selected) and 'No'. Underneath the question is a text area labeled 'Comments' with a placeholder text '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Data Collection for CB 2:* The form below will be prepopulated by TA selected in domain-specific measures (i.e., WMH, PIH, CH, AH, CSHCN, LC)—all measures for which the grantee reported that they provide TA will be triggered in this table.

Note the following requirements and additional information before completing this section:

- Prepopulated data is not editable in CB2.
- Several additional fields in CB2 are editable to add additional TA activities for specified topics.
- Report the number of TA recipients for each participant type.
- Only report a participant under one participant type. Select the best category for the participant.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after **Project Period End Reports (PPERs)**, providing responses to each required question.

**Figure 65: Capacity Building 2: Tier 2 and 3**

Tier 2 & 3					
Data Collection For CB 2					
<p>The form below will be pre-populated by TA selected in domain-specific measures. All measures for which a grantee reported that they provide TA will be triggered in this table.</p>					
Technical Assistance Area	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total (A)
Prenatal Care	5	5	5	5	20
Perinatal/ Postpartum Care	5	5	5	5	20
Maternal and Women's Depression Screening	5	5	5	5	20
Safe Sleep	6	6	6	6	24
Breastfeeding	5	5	5	5	20
Newborn Screening	5	5	5	5	20
Quality of Well Child Visit	5	5	5	5	20
Developmental Screening	5	5	5	5	20
Well Visit	15	15	15	15	60
CSHCN Family Engagement	5	5	5	5	20
CSHCN Medical Home	5	5	5	5	20
CSHCN Transition	5	5	5	5	20
Adolescent Major Depressive Disorder Screening	5	5	5	5	20
Adequate Health Insurance Coverage	15				15
Tobacco and eCigarette Use	10				10
Oral Health	15				15
Injury Prevention					15
CSHCN/ Developmental Disabilities	5	5	5	5	20



Autism	5	5	5	5	20
Genetics	5	5	5	5	20
Health Equity	5	5	5	5	20
Nutrition	5	5	5	5	20
Data Research and Evaluation	10	5	5	5	25

### OTHER TECHNICAL ASSISTANCE

If the grantee wants to provide information about the *Other Technical Assistance Area* and enter data in the *Other Description*, the fields below will become mandatory.

1. *Participants/Public*: Enter an integer from 0–999,999.
2. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
3. *Community/Local Partners*: Enter an integer from 0–999,999.
4. *State or National Partners*: Enter an integer from 0–999,999.
5. *Total*: By default, the total will show the sum of the above fields.

**Figure 66: Capacity Building 2: Other Technical Assistance**

Other Technical Assistance Area					
Other Description	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total (B)
Test <small>5/100 characters</small>	10	1	1	1	13

### TOTAL SUMMARY OF TECHNICAL ASSISTANCE AREA

This section will be automatically populated by the sum of *Data Collection for CB 2* and *Other Technical Assistance Area*.

**Figure 67: Capacity Building 2: Total Summary of Technical Assistance Area**

Total Summary Of Technical Assistance Area					
Technical Assistance Area	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total (A + B)
Total	161	107	107	107	497



## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following questions:

1. *Number of TA Recipients*: Enter an integer from 0–999,999.
2. *Number of Technical Assistance Activities*: Enter an integer from 0–999,999.
3. *Number of Technical Assistance Activities by Target Audience* (Local, Title V, Other State Agencies/Partners, Regional, National, International): Enter an integer from 0–999,999.

**Figure 68: Capacity Building 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

Please report outcomes where your grant impact these state activities.

Number of TA Recipients	25
Number of Technical Assistance Activities	25
Number of TA activities by target audience (Local, Title V, Other state agencies/ partners, Regional, National, International)	25

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. *Data Collection* or *CB2*, Tier 2/3: Only the data entered by the grantee in the domain specific forms will be prepopulated and shown here. The rest of the fields will remain editable by the grantee.
4. The *Comments* text box will accept both text and numerical values (maximum 5,000 characters only).

## CAPACITY BUILDING FORM 3

### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 3 DETAIL SHEET

The following information is under the **CB 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 3) – Impact Measurement
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Grantee Data Sources
8. Significance

Figure 69: Capacity Building 3: Detail Sheet

**Capacity Building (CB 3)**

DG000 Due In: 130 Days | Status: In Progress

Resources [↗](#)

Fields with ★ are required.

**CB 3 Detail Sheet**

Capacity Building (CB 3) - Impact Measurement	The percent of grantees that collect and analyze data on the impact of their grants on the field.
Performance Measure	The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data.
Goal	To ensure supportive programming for impact measurement.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.

Grantee Data Sources: Grantee Self-Reported

Significance: Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental ... [Show more](#)

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question:

1. *Are you collecting and analyzing data related to impact measurement in your program?* The grantee must select either *Yes* or *No*. If the grantee selects *No*, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 70: Capacity Building 3: Tier 1**

The screenshot shows a form section titled "Tier 1". It contains a question: "Are you collecting and analyzing data related to impact measurement in your program?" with radio buttons for "Yes" (selected) and "No". Below the question is a "Comments" field with a placeholder text "(If 'No', then please enter explanation here)" and a character count of "0/5000 characters".

### TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *How are you measuring the impact?* Select all that apply. If the grantee selects *Other*, then a description must be provided.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

**Figure 71: Capacity Building 3: Tier 2**

The screenshot shows a form section titled "Tier 2". It contains a question: "How are you measuring impact?" with the instruction "(Select all that apply)". There are five checkboxes, all of which are checked: "Collect client level data", "Case reports", "Conduct participant surveys", "Qualitative assessments", and "Other". Below the checkboxes is an "Other" Impact Description field with the instruction "(Required if you selected 'Other')". The text "test" is entered in this field.

### TIER 3

In this section, the grantee must respond to the following question(s):

1. *List the tools used*: The grantee must respond in the text box.
2. *Outcomes*: Report the number.
  - a. *Number of clients whose client level data was collected*: Enter an integer from 0–999,999.
  - b. *Number of case reports*: Enter an integer from 0–999,999.
  - c. *Number of participant surveys*: Enter an integer from 0–999,999.
  - d. *Number of qualitative assessments*: Enter an integer from 0–999,999.
  - e. *Number of 'Other'*: Enter an integer from 0–999,999.

**NOTE:** The grantee may proceed to the next tier only after responding to the required questions.

**Figure 72: Capacity Building 3: Tier 3**

The screenshot shows a web form interface for 'Tier 3'. At the top, there is a dropdown menu labeled 'Tier 3'. Below it, there is a section titled '\* List of tools used' with a text input field containing the word 'Test'. A mouse cursor is visible over the text box. Below this is a section titled 'Outcomes' which contains five rows of data entry fields. Each row has a label on the left and a numeric input field on the right. The labels and their corresponding values are:

Label	Value
* Number of clients whose client level data was collected	5
* Number of case reports	5
* Number of participant surveys	5
* Number of qualitative assessments	5
* Number of 'Other'	5

### TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of grantees that collect data on the impact of their grants on the field (and method used to collect the data):
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* Text box will be automatically populated using the values provided above.
  - d. *How this data is collected:* This field will accept both numerical and text values.
2. **Outcome 2:** Percent of grantees that collect data on the impact of their grants on the field (and methods used to analyze data):
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* Text box will be automatically populated using the values provided above.
  - d. *How this data is collected:* This field will accept both numerical and text values.

**Figure 73: Capacity Building 3: Tier 4 (Optional)**

**Tier 4 (Optional)**

Please report outcomes where your grant impact these state activities.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of grantees that collect data on the impact of their grants on the field (and methods used to collect data)**

Numerator <i>(Number of grantees that collect data on the impact of their grants on the field)</i>	<input type="text"/>
Denominator <i>(Number of grantees)</i>	<input type="text"/>
Outcome (%)	<input type="text"/>
How is data collected	<input type="text"/>

**Outcome 2 - Percent of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)**

Numerator <i>(Number of grantees that analyze data on the impact of their grants on the field)</i>	<input type="text"/>
Denominator <i>(Number of grantees)</i>	<input type="text"/>
Outcome (%)	<input type="text"/>
How is data analyzed	<input type="text"/>

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CAPACITY BUILDING FORM 4

### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 4 DETAIL SHEET

The following information is under the **CB 4 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 4) – Sustainability
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 74: Capacity Building 4: Detail Sheet**

**Capacity Building (CB 4)**

▶ DG000 Due In: 130 Days | Status: In Progress

▶ Resources [↗](#)

Fields with ★ are required.

▼ **CB 4 Detail Sheet**

Capacity Building (CB 4) - Sustainability	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
Performance Measure	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and ... <a href="#">Show more</a>
Goal	To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.

Benchmark Data Sources	N/A
Grantee Data Sources	Grantee Self-Reported
Significance	In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing sustainability in your program?* The grantee must select either Yes or No. If the grantee selects No, then they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 75: Capacity Building 4: Tier 1**



The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it is a question: '★ Are you addressing sustainability in your program?' with two radio buttons: 'Yes' (which is selected) and 'No'. Underneath the question is a 'Comments' section. It contains a text area with the placeholder text '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

## TIER 2

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanisms are you addressing sustainability?* Select all that apply. If the grantee selects Other, then the text box below will become active, and the grantee will be required to justify their selection in the comments field. This is a required field.
2. *Other Processes/Mechanisms Description:* This is required if the grantee selects Other.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.



**Figure 76: Capacity Building 4: Tier 2**

▼ Tier 2

★ Through what processes/ mechanisms are you addressing sustainability?  
*(Select all that apply)*

- A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress.
- Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and sustainability planning and implementation processes.
- There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
- There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
- The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies.
- The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative.
- Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
- The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
- The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.
- Other

'Other' Processes/ Mechanisms Description  
*(Required if you selected 'Other')*

ⓘ Provide a description for 'Other'.

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects **Yes** for Tier 1, then they must complete Tier 2. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CAPACITY BUILDING FORM 5

### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 5 DETAIL SHEET

The following information is under the **CB 5 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 5) – Peer-reviewed Publications
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 77: Capacity Building 5: – Detail Sheet**

**Capacity Building (CB 5)**

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ **CB 5 Detail Sheet**

Capacity Building (CB 5) - Peer-reviewed Publications	The percent of programs supporting the production of peer-reviewed publications and through what means, and related outcomes.
Performance Measure	The percent of MCHB funded projects programs supporting the production of peer-reviewed publications.
Goal	To ensure supportive programming for the production of peer-reviewed publications.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.

Benchmark Data Sources	N/A
Grantee Data Sources	Grantee Self-Reported
Significance	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and ... <a href="#">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you supporting the production of peer-reviewed publications in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 78: Capacity Building 5: Tier 1**

The screenshot shows a web form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, the question is: 'Are you supporting the production of peer-reviewed publications in your program?' with radio buttons for 'Yes' (selected) and 'No'. To the left of the question is a 'Comments' section. To the right of the question is a text input field with the placeholder text '(If 'No', then please enter explanation here)'. At the bottom right of the input field, it says '0/5000 characters'.

### TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate the categories of peer-reviewed publications that have been produced with grant support (either fully or partially) during the reporting period.* Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing a response to this question.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

**NOTE:** The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 79: Capacity Building 5: Tier 2**

The screenshot shows a web form for Tier 2. At the top, there is a dropdown menu labeled 'Tier 2'. Below it, the question is: 'How many are reached through those activities?'. Below the question is a list of categories: 'Submitted' (checked), 'Published' (checked), and 'In Press' (unchecked). The text '(Select all that apply)' is at the bottom left of the form.

### TIER 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Number of Peer-reviewed Publications*: Enter an integer from 0–999,999.

**NOTE:** The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 80: Capacity Building 5: Tier 3**

The screenshot shows a form section titled "Tier 3". Below the title is a question: "\* Number of peer-reviewed publications". To the right of the question is a text input field containing the number "123".

### TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *How, if at all, have these publications been disseminated?* Select all that apply.

**Figure 81: Capacity Building 5: Tier 4 (Optional)**

The screenshot shows a form section titled "Tier 4 (Optional)". Below the title is a message: "This section is applicable to research program only. If this section does not apply to you, then skip it and save the form below." Below this message is the question: "How, if at all, have these publications been disseminated (Select all that apply)". To the right of the question is a list of checkboxes with the following options: "TV/ Radio interview(s)", "Online publication interview(s)", "Social networking sites", "Presentation at conference (poster, abstract, presentation)", "Newspaper interview(s)", "Press release", "Listservs", and "Websites". The checkboxes for "TV/ Radio interview(s)" and "Online publication interview(s)" are checked.

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CAPACITY BUILDING FORM 6


### FORM INSTRUCTIONS

#### CAPACITY BUILDING FORM 6 DETAIL SHEET


The following information is under the **CB 6 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Capacity Building (CB 6) – Products
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 82: Capacity Building 6: Detail Sheet**

 **Capacity Building (CB 6)**

▶ DG000
Due In: 130 Days | Status: In Progress

▶ Resources 

Fields with ★ are required.

▼ **CB 6 Detail Sheet**

Capacity Building (CB 6) - Products	The percent of programs supporting the development of informational products and through what means, and related outcomes.
Performance Measure	The percent of MCHB funded projects supporting the development of informational products, and through what processes.
Goal	To ensure supportive programming for the development of informational products.
Level	Grantee
Domain	Capacity Building
Definition	No further definitions.
Benchmark Data Sources	N/A
Grantee Data Sources	Grantee Self-Reported
Significance	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and ... <a href="#" style="font-size: small; color: #0070C0;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you creating products as part of your MCHB-supported program?* The grantee must select either Yes or No. If the grantee chooses No, they must justify their selection in the *Comments* section.

Note the following requirements before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 83: Capacity Building 6: Tier 1**

The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you creating products as part of your MCHB-supported program?' with two radio button options: 'Yes' (which is selected) and 'No'. Underneath the question is a text area labeled 'Comments'. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, there is a character count: '0/5000 characters'.

## TIER 2 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate the categories of products that have been produced with grant support (either entirely or partially) during the reporting period.* If the grantee selects Other, then the text box below will become active, and the grantee must provide a description in the *Comments* field.
2. *Other Process/Mechanisms Description:* This is required if the grantee selected Other.

Note the following requirements before completing this section:

- The grantee may proceed to the next tier only after responding to the required questions.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.

**Figure 84: Capacity Building 6: Tier 2**

▼ Tier 2

\* Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period  
(Select all that apply)

'Other' Product Category Description  
(Required if you selected 'Other')

- Books
- Book chapters
- Reports and monographs (including policy briefs, best practice reports, white papers)
- Conference presentations and posters presented
- Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites)
- Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)
- Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)
- Newsletters (electronic or print)
- Pamphlets, brochures, or fact sheets
- Academic course development
- Distance learning modules
- Doctoral dissertations/ Master's theses
- Other

### TIER 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Number of products created in all categories:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Count the original completed products, rather than the number of times it was disseminated or presented.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 85: Capacity Building 6: Tier 3**

▼ Tier 3

\* Number of products created in all categories

### FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## WOMEN'S/MATERNAL HEALTH FORMS

On the **Women's/Maternal Health** forms, the grantee must provide details on programs promoting timely prenatal and postpartum care, in addition to programs promoting and/or facilitating well woman visits and depression screening.

### APPLICABLE REPORT TYPES

**Figure 86: Women's/Maternal Health Forms**

<b>Women/Maternal Health Forms</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCC</b>	<b>PPER</b>
<b>WMH 1 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 2 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 3 – Women's/Maternal Health</b>	✓	✓	✓
<b>WMH 4 – Women's/Maternal Health</b>	✓	✓	✓



# WOMEN'S/MATERNAL HEALTH FORM 1

## FORM INSTRUCTIONS

### WMH DETAIL SHEET

The following information is under the **Women's/Maternal Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Women's/Maternal Health 1 (WMH1) — Prenatal Care
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 87: Women's/Maternal Health Form 1: Detail Sheet**

**Womens/Maternal Health (WMH 1)**

▶ DG0001
Due In: 130 Days | Status: Complete

▶ Resources

Fields with ★ are required.

▼ WMH 1 Detail Sheet

Women's/ Maternal Health 1 (WMH1) - Prenatal Care	The percent of programs promoting and/ or facilitating timely prenatal care.
Performance Measure	The percent of MCHB funded projects addressing prenatal care. The percent of pregnant women participants who receive prenatal care beginning in the ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Goal	To ensure supportive programming of prenatal care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	No further definitions.

Benchmark Data Sources	Related to MICH Objective #10: Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester (Baseline: 70.8% ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Grantee Data Sources	Title V Ntnl Outcome Measure #1, Healthy People 2020 MICH-10
Significance	Entry of prenatal care during the first trimester is important to ensuring a healthy pregnancy. Women who receive delayed prenatal care (entry after ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing prenatal care in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 88: Women’s/Maternal Health 1: Tier 1**

The screenshot shows a web form titled "Tier 1". The main question is "Are you addressing prenatal care in your program?". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". Below the question is a text area labeled "Comments" with a placeholder text "(If 'No', then please enter explanation here)". At the bottom right of the text area, it says "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Indicate through what processes/mechanisms are you addressing prenatal care?* Select all that apply.

Note the following requirements and additional information completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. **Activity Data Collection Form:** How many are reached through those activities?
  - a. *Participants/Public:* Enter an integer from 0–999,999.
  - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
  - c. *Community/Local Partners:* Enter an integer from 0–999,999.
  - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information completing this section:

- Report the number of reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

3. **Comments:** The grantee may add comments.

Note the following requirements and additional information completing this section:

- All fields (except for *Comments*) are required.
- The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 89: Women’s/Maternal Health 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you addressing prenatal care? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of pregnant women who received prenatal care beginning in the first trimester.
  - a. *Numerator*: Enter an integer from 0 – 999,999.
  - b. *Denominator*: Enter an integer from 0 – 999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

**Figure 90: Women’s/Maternal Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select "Save and Continue" at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester.**

Numerator	5	📘 Pregnant program participants who began prenatal care in the first trimester of pregnancy
Denominator	10	📘 Pregnant program participants who were enrolled prenatally, prior to their second trimester of pregnancy
Outcome (%)	50	

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WOMEN'S/MATERNAL HEALTH FORM 2

### FORM INSTRUCTIONS

#### WMH 2 DETAIL SHEET

The following information is under the **WMH 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Women's/Maternal Health 2 (WMH2) –Postpartum Care
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 91: Women's/Maternal Health 2: Detail Sheet**

**Womens/Maternal Health (WMH 2)**

▶ DG0001 Due In: 130 Days | Status: Complete

▶ Resources

Fields with ★ are required.

▼ **WMH 2 Detail Sheet**

Women's/ Maternal Health 2 (WMH2) - Perinatal/ Postpartum Care	The percent of programs promoting and/ or facilitating timely postpartum care.
Performance Measure	The percent of MCHB funded projects addressing perinatal and postpartum care. The percent of pregnant women with a postpartum visit within 4-8 weeks ... <a href="#">Show more</a>
Goal	To ensure supportive programming for postpartum care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	ACOG recommends that the postpartum visit occur between 4-8 weeks after delivery. ACOG suggests a 7-14 day postpartum visit for high-risk women. A ... <a href="#">Show more</a>

Benchmark Data Sources	Related to Healthy People 2020 MICH- 19: Increase the proportion of women giving birth who attend a postpartum care visit with a health worker ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data System; Pregnancy Risk Assessment Monitoring System
Significance	Since the period immediately following birth is a time of many physical and emotional adjustments, the postpartum visit is important for educating ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating timely postpartum care in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after responding to the required questions.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

**Figure 92: Women's/Maternal Health 2: Tier 1**

The screenshot shows a web-based survey form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: 'Are you promoting and/or facilitating timely postpartum care in your program?' with two radio button options: 'Yes' (which is selected) and 'No'. Underneath the question is a 'Comments' section with a large text input area. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating prenatal and postpartum care?* Select all that apply.

Note the following requirements and additional information before completing this section:

- For all checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
  - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type, selecting the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 93: Women’s/Maternal Health 2: Tier 2 and 3**

▼ Tier 2 & 3

Through what processes/ mechanisms are you promoting and/ or facilitating prenatal and postpartum care?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20

**COMMENTS**

0/5000 characters



## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of pregnant women with postpartum visit between 4 to 6 weeks after delivery.
  - a. *Numerator:* Enter an integer from 0 – 999,999.
  - b. *Denominator:* Enter an integer from 0 – 999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 94: Women’s/Maternal Health 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women with a postpartum visit between 4 to 6 weeks after delivery.**

Numerator	<input style="width: 90%;" type="text"/> <small>📘 Women program participants who enrolled prenatally or within 30 days after delivery and received a postpartum visit between 4-6 weeks after delivery.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>📘 Women program participants who enrolled prenatally or within 30 days after delivery during the reporting period.</small>
Outcome (%)	<input style="width: 90%;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms**.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## WOMEN'S/MATERNAL HEALTH FORM 3

### FORM INSTRUCTIONS

#### WMH 3 DETAIL SHEET

The following information is under the **WMH 3 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Women's/Maternal Health 3 (WMH3) – Well-Women Visit/Preventative Health
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 95: Women's/Maternal Health 3: Detail Sheet**

**Womens/Maternal Health (WMH 3)**

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required

▼ **WMH 3 Detail Sheet**

Women's/ Maternal Health 3 (WMH3) - Well Woman Visit/ Preventive Health	The percent of programs promoting and/ or facilitating well woman visits/ preventive health care.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating well woman visits/ preventive health care and through what processes.
Goal	To ensure supportive programming for well woman visits/ preventive health care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	A participant is considered to have a well-woman or preventive visit and included in the numerator if she has a documented health assessment visit ... <a href="#">Show more</a>

Benchmark Data Sources	BRFSS (Women 18-44 with a past-year preventive visit: 65.2%, 2013); Vital Statistics (any prenatal care: 98.4%, 2014); PRAMS (postpartum visit: 91% ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	A number of illnesses that affect women can be prevented when proper well-woman care is a priority and even illnesses that can't be prevented have a ... <a href="#">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?* The grantee must select either Yes or No. If the grantee chooses No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

**Figure 96: Women’s/Maternal Health 3: Tier 1**

The screenshot shows a web form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section with a text area. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, there is a character count: '0/5000 characters'.

### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating well woman visits/preventive health care?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. **Activity Data Collection Form:** How many are reached through those activities?
  - a. *Participants/Public:* Enter an integer from 0–999,999.
  - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
  - c. *Community/Local Partners:* Enter an integer from 0–999,999.
  - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type (select the best category for the participant).
- The grantee may proceed to the next tier only after responding to this question.
- *Comments:* The grantee may add comments. (**NOTE:** This is not required.)

**Figure 97: Women’s/Maternal Health 3: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating well woman visits/ preventive health care? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Training	5	5	5	5	20

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of pregnant women with a well woman/ preventative visit in the past year.
  - a. **Numerator:** Enter an integer from 0–999,999.
  - b. **Denominator:** Enter an integer from 0–999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 98: Women’s/Maternal Health 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women with a well woman/ preventative visit in the past year**

Numerator

ⓘ Women program participants who received a well-woman or preventive (including prenatal or postpartum) visit in the 12 months prior to last assessment within the reporting period

Denominator

ⓘ Women program participants during the reporting period.

Outcome (%)

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WOMEN’S/MATERNAL HEALTH FORM 4

### FORM INSTRUCTIONS

#### WMH 4 DETAIL SHEET

The following information is under the **WMH 4 Detail Sheet**. The grantee may expand the accordion menu to view the details:

1. Women’s/Maternal Health 4 (WMH4) – Depression Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 99: Women’s/Maternal Health 4: Detail Sheet**

**Womens/Maternal Health (WMH 4)**

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ **WMH 4 Detail Sheet**

Women's/ Maternal Health 4 (WMH4) - Depression Screening	The percent of programs promoting and/ or facilitating depression screening.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating depression screening and through what processes.
Goal	To ensure supportive programming for depression screening.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	A participant is considered to have been screened and included in the numerator if a standardized screening tool which is appropriately validated for ... <a href="#">Show more</a>

Benchmark Data Sources	Related to Healthy People 2020 MICH #34 Objective: (Developmental) Decrease the proportion of women delivering a live birth who experience postpartum ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	Perinatal depression is one of the most common medical complications during pregnancy and may include major and minor depressive episodes. It is ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating depression screening in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the Comments section.*

**Figure 100: Women's/Maternal Health 4: Tier 1**

The screenshot shows a web-based survey form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you promoting and/or facilitating depression screening in your program?'. The 'Yes' radio button is selected, and the 'No' radio button is unselected. Below the question is a text input field labeled 'Comments' with a placeholder text: '(If "No", then please enter explanation here)'. At the bottom of the text field, there is a character count: '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating depression screening? Select all that apply.*

Note the following requirements before completing this section:

- The grantee may proceed to the next tier only after providing responses to each required question.
  - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public: Enter an integer from 0–999,999.*
    - b. *Providers/Health Care Professionals: Enter an integer from 0–999,999.*
    - c. *Community/Local Partners: Enter an integer from 0–999,999.*
    - d. *State or National Partners: Enter an integer from 0–999,999.*
  3. *Comments: The grantee may add comments. This is not a required field.*

Note the following requirements before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing responses to each required question.

**Figure 101: Women’s/Maternal Health 4: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating depression screening? (Select all that apply)

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/>
Training	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/> <small>Enter an integer: 0 - 999,999</small>	<input type="text"/>

**COMMENTS**

0/5000 characters

#### TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. *Outcome 1*: Percent of pregnant women screened for depression using a validated tool.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for *H49 Healthy Start* grantees.

2. *Outcome 2*: Percent of women who screened positive for depression who received a referral for services.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.



**Figure 102: Women’s/Maternal Health 4: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of women screened for depression using a validated tool**

Numerator	<input style="width: 90%;" type="text"/> <small>① Number of women program participants who were screened for depression with a validated tool during the reporting period.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>① Number of women program participants in the reporting period.</small>
Outcome (%)	<input style="width: 90%;" type="text"/>

**Outcome 2 - Percent of women who screened positive for depression who received a referral for services**

Numerator	<input style="width: 90%;" type="text"/> <small>① Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>① Number of HS women participants who screened positive for depression during the reporting period.</small>
Outcome (%)	<input style="width: 90%;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PERINATAL INFANT HEALTH FORMS

On the **Perinatal Infant Health** forms, grantees provide details on programs promoting safe sleep practices, programs promoting and/or facilitating breastfeeding, and programs promoting screenings and follow-ups for newborns.

### APPLICABLE REPORT TYPES

**Figure 103: Perinatal Infant Health Forms**

<b>Perinatal Infant Health Forms</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCC</b>	<b>PPER</b>
<b>PIH 1 - Perinatal Infant Health</b>	✓	✓	✓
<b>PIH 2 - Perinatal Infant Health</b>	✓	✓	✓
<b>PIH 3 - Perinatal Infant Health</b>	✓	✓	✓

# PERINATAL INFANT HEALTH FORM 1


## FORM INSTRUCTIONS

### PIH 1 DETAIL SHEET


The following information is under the **Perinatal Infant Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 1) – Safe Sleep
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 104: Perinatal Infant Health 1: Detail Sheet**

 **Perinatal Infant Health (PIH 1)**

▶ DG000
Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ PIH 1 Detail Sheet

Perinatal Infant Health (PIH 1) - Safe Sleep	The percent of Healthy Start participants who engage in safe sleep practices.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.
Goal	To ensure supportive programming for safe sleep practices.
Level	Grantee
Domain	Perinatal Infant Health
Definition	No further definitions.
Benchmark Data Sources	Related to MICH Objective #20: Increase the proportion of infants placed to sleep on their backs (Baseline: 69.0%, Target: 75.9%), Pregnancy Risk ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	Sleep-related infant deaths, called Sudden Unexpected Infant Deaths (SUIDS), are the leading cause of infant death after the first month of life ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating safe sleep in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing a response to this question.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

**Figure 105: Perinatal Infant Health 1: Tier 1**

The screenshot shows a web-based form for Tier 1. At the top, there is a header bar with a dropdown menu labeled "Tier 1". Below this, the question is displayed: "★ Are you promoting and/ or facilitating safe sleep in your program?". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". Below the question is a "Comments" section, which is a large text area. A placeholder text "(If 'No', then please enter explanation here)" is visible in the text area. At the bottom right of the text area, there is a character count: "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you promoting and/or facilitating safe sleep in your program?*  
Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to the required questions.
  - Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
    - e. *Comments:* The grantee may add comments. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- This is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)** only.
- For the **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 106: Perinatal Infant Health 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting and/ or facilitating safe sleep?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	6	6	6	6	24
Product Development	7	7	7	7	28
Research/ Peer-Reviewed Publications	8	8	8	8	32

**COMMENTS**

0/5000 characters

**TIER 4 (OPTIONAL)**

In this section, the grantee responds to the following question(s):

1. *Outcome 1*: Percent of infants placed to sleep following safe sleep practices.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 107: Perinatal Infant Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of infants placed to sleep following safe sleep practices**

<p>Numerator</p>	<input style="width: 90%; height: 25px;" type="text"/> <p><small>① Number of child program participants (aged &lt;12 months) whose parent/ caregiver reports that they are placed to sleep following all three AAP recommended safe sleep practices.</small></p>
<p>Denominator</p>	<input style="width: 90%; height: 25px;" type="text"/> <p><small>② Total number of child program participants aged &lt;12 months.</small></p>
<p>Outcome (%)</p>	<input style="width: 90%; height: 25px;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PERINATAL INFANT HEALTH FORM 2

### FORM INSTRUCTIONS

#### PIH 2 DETAIL SHEET

The following information is under the **Perinatal Infant Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 2) – Breastfeeding
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 108: Perinatal Infant Health 2: Detail Sheet**

**Perinatal Infant Health (PIH 2)**

▶ DG00f Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ **PIH 2 Detail Sheet**

Perinatal Infant Health (PIH 2) - Breastfeeding	The percent of programs promoting and/ or facilitating breastfeeding.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating breastfeeding.
Goal	To ensure supportive programming for breastfeeding.
Level	Grantee
Domain	Perinatal Infant Health
Definition	A participant is considered to have ever breastfed and included in the numerator if the child received breast milk direct from the breast or ... <a href="#">show more</a>

Benchmark Data Sources	Ever breastfed: Pregnancy Risk Assessment Monitoring System (83.9%, 2011); Vital Statistics (81%, 2014); National Immunization Survey (80%, 2012) ... <a href="#">show more</a>
Grantee Data Sources	Grantee Data Sources
Significance	The American Academy of Pediatrics recommends breastfeeding for the first six months because scientific studies have shown that breastfeeding is good ... <a href="#">show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating breastfeeding in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section

- The grantee may proceed to the next tier only after responding to the required questions.
- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.

**Figure 109: Perinatal Infant Health 2: Tier 1**

The screenshot shows a web form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it is a question: '★ Are you promoting and/or facilitating breastfeeding in your program?' with radio buttons for 'Yes' (selected) and 'No'. Below the question is a 'Comments' section with a text area containing the placeholder '(If 'No', then please enter explanation here)'. At the bottom of the text area, it says '0/5000 characters'.

## TIER 2 AND 3

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you promoting and/or facilitating breastfeeding?* Select all that apply.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.)
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. *Comments:* The grantee may add comments here. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant. (NOTE: The grantee may proceed to the next tier only after responding to the required questions.)

**Figure 110: Perinatal Infant Health 2: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting and/ or facilitating breastfeeding?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percentage of child program participants ever breastfed.
  - a. **Numerator:** Enter an integer from 0 – 999,999.
  - b. **Denominator:** Enter an integer from 0 – 999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.
2. **Outcome 2:** Percentage of child program participants breastfed at 6 months.
  - a. **Numerator:** Enter an integer from 0–999,999.
  - b. **Denominator:** Enter an integer from 0–999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 111: Perinatal Infant Health 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of child program participants ever breastfed**

Numerator	<input style="width: 90%;" type="text"/> <small>1 Total number of HS child participants aged &lt;12 months whose parent was enrolled prenatally or at the time of delivery who were ever breastfed or fed pumped breast milk to their infant.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>1 Total number of HS child participants aged &lt;12 months whose parent was enrolled prenatally or at the time of delivery.</small>
Outcome (%)	<input style="width: 90%;" type="text"/>

**Outcome 2 - Percent of child program participants breastfed at 6 months**

Numerator	<input style="width: 90%;" type="text"/> <small>1 Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery that were breastfed or were fed pumped breast milk in any amount at 6 months of age.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>1 Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery.</small>
Outcome (%)	<input style="width: 90%;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3.

This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.

3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PERINATAL INFANT HEALTH FORM 3


### FORM INSTRUCTIONS

#### PIH 3 DETAIL SHEET

The following information is under the **Perinatal Infant Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 3) – Newborn Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 112: Perinatal Infant Health 3: Detail Sheet**

 **Perinatal Infant Health (PIH 3)**

▶ DG0001 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ **PIH 3 Detail Sheet**

Perinatal Infant Health (PIH 3) - Newborn Screening	Percent of programs promoting newborn screenings and follow-up.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating newborn screening and follow-up.
Goal	To ensure supportive programming for newborn screenings.
Level	Grantee
Domain	Perinatal Infant Health
Definition	No further definitions.

Benchmark Data Sources	Objective # MICH-32: Increase appropriate newborn-blood spot screening and follow-up testing (Baseline: 98.3% in 2006, Target: 100%).
Grantee Data Sources	Title V National Outcome Measure #12
Significance	Newborn screening detects thousands of babies each year with potentially devastating, but treatable disorders. The benefits of newborn screening ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating newborn screening and follow-up in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 113: Perinatal Infant Health 3: Tier 1**

The screenshot shows a web-based survey form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: 'Are you promoting and/or facilitating newborn screening and follow-up in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section with a text area. Inside the text area, there is a note: '(If 'No', then please enter explanation here)'. At the bottom of the text area, there is a character count: '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating newborn screening or follow-up?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form:* How many are reached through those activities?
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. *Comments:* The grantee may add comments. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

**Figure 114: Perinatal Infant Health 3: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you promoting or facilitating newborn screening and follow-up?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20

**COMMENTS**

0/5000 Characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of eligible newborns screened with timely notification for out-of-range screens.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
2. **Outcome 2:** Percent of eligible newborns screened with timely notification for out-of-range screens which are followed up in a timely manner.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**Figure 115: Perinatal Infant Health 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of eligible newborns screened with timely notification for out of range screens**

Numerator		<p>📘 Number of eligible newborns screened with out of range results whose caregivers receive timely notification.</p>
Denominator		<p>📘 Number of eligible newborns screened with out of range results.</p>
Outcome (%)		

**Outcome 2 - Percent of eligible newborns screened with timely notification for out of range screens who are followed up in a timely manner**

Numerator		<p>📘 Number of eligible newborns screened with out of range results whose caregivers receive timely notification and receive timely follow up.</p>
Denominator		<p>📘 Number of eligible newborns screened with out of range results whose caregivers receive timely notification.</p>
Outcome (%)		

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2 and Tier 3.



This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.

3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILD HEALTH FORMS

On the **Child Health** form, the grantee provides details on programs promoting and/or facilitating well-child visits, the quality of well-child visits, developmental screenings, and injury prevention among children.

### APPLICABLE REPORT TYPES

**Figure 116: Child Health Forms**

Child Health Forms			
Applicable Forms	Report Types		
	NCPR	NCC	PPER
Child Health - CH 1	✓	✓	✓
Child Health - CH 2	✓	✓	✓
Child Health - CH 3	✓	✓	✓
Child Health - CH 4	✓	✓	✓

# CHILD HEALTH FORM 1


## FORM INSTRUCTIONS

### CH 1 DETAIL SHEET


The following information is under the **Child Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 1) – Well-Child Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 117: Child Health 1: Detail Sheet**

 **Child Health (CH 1)**

▶ DG000i Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ **CH 1 Detail Sheet**

Child Health (CH 1) - Well-Child Visit	The percent of programs promoting and/ or faciitating well-child visits.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating well-child visits.
Goal	To ensure supportive programming for well-child visits.
Level	Grantee
Domain	Child Health
Definition	A participant is considered to have received the last recommended a well child visit based on the AAP schedule when they have been seen by a ... <a href="#" style="font-size: small; color: #0070C0;">Show more</a>

Benchmark Data Sources	National Survey of Children's Health K4Q20
Grantee Data Sources	Title V National Performance Measure #10
Significance	As childhood is a time of growth and development, it is important that children are seeing their pediatrician on a regular basis.

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating well-child visits in your program?* The grantee may select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 118: Child Health 1: Tier 1**

The screenshot shows a web form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: 'Are you promoting and/or facilitating well-child visits in your program?' with two radio buttons: 'Yes' (which is selected) and 'No'. Underneath the question is a 'Comments' section with a large text input area. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom left of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you promoting and/or facilitating well-child visits?* Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after responding to the required questions.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- The grantee may proceed to the next tier only after responding to the required questions.

2. **Activity Data Collection Form:** How many are reached through those activities?
  - a. *Participants/Public:* Enter an integer from 0–999,999.
  - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
  - c. *Community/Local Partners:* Enter an integer from 0–999,999.
  - d. *State or National Partners:* Enter an integer from 0–999,999.
3. **Comments:** The grantee may add comments. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 119: Child Health 1: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you promoting and/ or facilitating well-child visits?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Research/ Peer-Reviewed Publications	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

COMMENTS

0/5000 characters

#### TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percentage of children who received recommended well-child visits.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percentage of children enrolled in Medicaid/CHIP with at least one well-care visit in the past year.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

**NOTE**: This field is optional, except for *H49 Healthy Start* grantees.

**Figure 120: Child Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of children who received recommended well child visits**

<p>Numerator</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>1 Number of child program participants whose parent/ caregiver reports that they received the last recommended well child visit based on the AAP schedule well child visit as of the last assessment within the reporting period.</p>
<p>Denominator</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>1 Total number of child program participants in the reporting period.</p>
<p>Outcome (%)</p> <input style="width: 90%; height: 20px;" type="text"/>	

**Outcome 2 - Percent of children enrolled in Medicaid/ CHIP with at least one well care visit in the past year**

<p>Numerator</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>1 Medicaid/ CHIP-enrolled child program participants who received a well-child visit in the reporting year.</p>
<p>Denominator</p> <input style="width: 90%; height: 20px;" type="text"/>	<p>1 Medicaid/ CHIP-enrolled child program participants in the reporting year.</p>
<p>Outcome (%)</p> <input style="width: 90%; height: 20px;" type="text"/>	

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILD HEALTH FORM 2


### FORM INSTRUCTIONS

#### CH 2 DETAIL SHEET


The following information is under the **Child Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 2) – Quality of Well-child Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 121: Child Health 2: Detail Sheet**

 **Child Health (CH 2)**

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ **CH 2 Detail Sheet**

Child Health (CH 2) - Well-Child Visit	The percent of programs promoting and/ or facilitating quality of well-child visits.
Performance Measure	The percent of MCHB funded projects promoting or facilitating quality of well child visits.
Goal	To ensure supportive programming for quality of well child visits.
Level	Grantee
Domain	Child Health
Definition	No further definitions.

Benchmark Data Sources	N/A
Grantee Data Sources	Grantee self-reported
Significance	Children grow and develop very rapidly so it is important they see a pediatrician on a regular basis. Each visit should include a complete physical ... <a href="#" style="font-size: small; color: #0070C0; text-decoration: none;">Show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing the quality of well-child visits in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 122: Child Health 2: Tier 1**

The screenshot shows a web form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, the question is: '\* Are you addressing the quality of well child visits in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a text area labeled 'Comments'. Inside the text area, there is a placeholder text: '(If "No", then please enter explanation here)'. At the bottom right of the text area, it says '(0/5000 characters)'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you addressing quality of well child visits?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. *Comments (optional):* The grantee may add comments here. (**NOTE:** This is not a required field.)

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 123: Child Health 2: Tier 2 and 3**

▼ Tier 2 & 3

Through what activities are you addressing quality of well child visits?

- Technical Assistance
- Training
- Product Development
- Guideline Setting
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20
Guideline Setting	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	20

---

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of providers trained in conducting a quality well-child visit.
  - a. **Numerator:** Enter an integer from 0–999,999.
  - b. **Denominator:** Enter an integer from 0–999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.

**Figure 124: Child Health 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent providers trained in conducting a quality well-child visit**

Numerator

ⓘ Number of providers trained

Denominator

ⓘ Number of providers targeted through the program

Outcome (%)

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILD HEALTH FORM 3

### FORM INSTRUCTIONS

#### CH 3 DETAIL SHEET

The following information is under the **Child Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 3) – Developmental Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 125: Child Health 3: Detail Sheet**

**Child Health (CH 3)**

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

**CH 3 Detail Sheet**

Child Health (CH 3) - Developmental Screening	Percent of programs promoting developmental screenings and follow-up for children.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
Goal	To ensure supportive programming for developmental screenings.
Level	Grantee
Domain	Child Health
Definition	No further definitions.

Benchmark Data Sources	National Survey of Children's Health Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years (2011/2012)
Grantee Data Sources	Title V National Performance Measure #6, Title V National Outcome Measure #12
Significance	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the ... <a href="#">Show more</a>

## TIER 1

In this section, the grantee responds to the following question(s):

1. *Are you promoting and/or facilitating developmental screening and follow-up in your program?*  
The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 126: Child Health 3: Tier 1**

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you promoting and/or facilitating developmental screening and follow-up?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.
- *Comments:* The grantee may add comments. (NOTE: This is not a required field.)

**Figure 127: Child Health 3: Tier 2 and 3**

▼ Tier 2 & 3

Through what processes/ mechanisms are you promoting or facilitating developmental screening and follow-up?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Research/ Peer-Reviewed Publications	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

---

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of children 9–71 months receiving a developmental screening using a parental-completed tool.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**Figure 128: Child Health 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of children 9 through 71 months receiving a developmental screening using a parental-completed tool**

Numerator

Children of program participants aged 9 to 71 months who have received a developmental screening using a parent/ caretaker-completed tool.

Denominator

Children, aged 9 to 71 months, of program participants.

Outcome (%)

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILD HEALTH FORM 4

### FORM INSTRUCTIONS

#### CH 4 DETAIL SHEET

The following information is under the **Child Health Form 4 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Child Health (CH 4) – Injury Prevention
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 129: Child Health 4: Detail Sheet**

Child Health (CH 4)

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources

Fields with ★ are required.

▼ CH 4 Detail Sheet

Child Health (CH 4) - Injury Prevention	The percent of programs promoting and/ or facilitating injury prevention among children.
Performance Measure	The percent of MCHB funded projects addressing injury prevention and through what processes.
Goal	To ensure supportive programming for injury prevention among children.
Level	Grantee
Domain	Child Health
Definition	No further definitions.

Benchmark Data Sources	Related to Healthy People 2020 Injury and Violence Prevention objectives 1 through 39.
Grantee Data Sources	Title V National Performance Measure #7 Child Injury, AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient ... <a href="#" style="font-size: 0.8em; color: #0070c0;">show more</a>
Significance	Two dozen children die every day in the United States from an unintentional or intentional injury. In addition, millions of children survive their ... <a href="#" style="font-size: 0.8em; color: #0070c0;">show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating injury prevention among children in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.*

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- Only after responding to the required questions, the grantee may proceed to the next tier.

**Figure 130: Child Health 4: Tier 1**

The screenshot shows a web-based form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below this, a question is displayed: '★ Are you promoting and/ or facilitating injury prevention among children in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section, which is a large text area. Inside this text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, there is a character count: '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanism are you addressing injury prevention?* Select all that apply. Please check which child safety domains which program activities were designed to impact. Select all that apply.

Note the following requirements and additional information before completing this section:

- All the above fields are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type (select the best category for the participant).
- The total for the following fields will be automatically populated from the sum of above section.
  - Technical Assistance
  - Research/ Dissemination
  - Training
  - Peer-Reviewed Publications
  - *Comments*: The grantee may add comments. (NOTE: This is not a required field.)

NOTE: The grantee may proceed to the next tier only after responding to the required questions.

**Figure 131: Child Health 4: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you addressing injury-prevention?

- Technical Assistance
- Training
- Research/ Dissemination
- Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Referral/ Care Coordination
- Quality Improvement Initiatives
- Use of Fatality Review Data

★ Please check which child safety domains which program activities were designed to impact:

- Motor Vehicle Traffic
- Suicide/ Self-Harm
- Falls
- Bullying
- Child Maltreatment
- Unintentional Poisoning
- Prescription Drug Overdose
- Traumatic Brain Injury
- Drowning
- Other

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Motor Vehicle Traffic	Suicide/ Self-Harm	Falls
Technical Assistance	5	5	5
Research/ Dissemination	5	5	5
Training	5	5	5

Processes/ Mechanisms	Total
Technical Assistance	15
Research/ Dissemination	15
Training	15

**COMMENTS**

0/5000 CHARACTERS

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of injury-related hospitalization of children ages 1–9.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
  - d. *Target Population*: Enter text up to 500 characters.
2. *Outcome 2*: Percent of children ages 6–11 missing 5 or more days of school because of illness or injury.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
  - d. *Reporting Form*: Enter text up to 500 characters.

**Figure 132: Child Health 4: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of injury-related hospitalization to children ages 1-9**

Numerator	<input style="width: 90%;" type="text" value="5"/>	<p>📘 Number of Injury-related hospitalizations to children ages 1-9.</p>
Denominator	<input style="width: 90%;" type="text" value="10"/>	<p>📘 Number of children ages 1-9 in the target population.</p>
Outcome (%)	<input style="width: 90%;" type="text" value="50"/>	
Target Population	<input style="width: 95%; height: 30px;" type="text" value="This is a test"/>	

14/500 characters

**Outcome 2 - Percent of children ages 6-11 missing 5 or more days of school because of illness or injury**

Numerator	<input style="width: 90%;" type="text" value="5"/>	<p>📘 Number of children ages 6-11 missing 5 or more days of school.</p>
Denominator	<input style="width: 90%;" type="text" value="10"/>	<p>📘 Total number of children ages 6-11 represented in National Survey of Children's Health results Dataset.</p>
Outcome (%)	<input style="width: 90%;" type="text" value="50"/>	
Reporting From	<input style="width: 95%; height: 30px;" type="text" value="asdasd"/>	

6/500 characters

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FORMS

On the **Children and Youth with Special Health Care Needs** forms, the grantee provides details on programs promoting family engagement among children and youth with special health care needs, medical home access and use, and transition to adult health care for youth with special health care needs.

### APPLICABLE REPORT TYPES

**Figure 133: Children and Youth with Special Health Care Needs Forms**

<b>Children and Youth with Special Health Care Needs Forms</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCC</b>	<b>PPER</b>
<b>Children and Youth with Special Health Care Needs - Form 1</b>	✓	✓	✓
<b>Children and Youth with Special Health Care Needs - Form 2</b>	✓	✓	✓
<b>Children and Youth with Special Health Care Needs - Form 3</b>	✓	✓	✓

# CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FORM 1


## FORM INSTRUCTIONS

### CSHCN 1 DETAIL SHEET


The following information is displayed under the **Children and Youth with Special Health Care Needs Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Children and Youth with Special Health Care Needs (CSHCN 1) – Family Engagement
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 134: Children and Youth with Special Health Care Needs 1: Detail Sheet**

 **Children and Youth with Special Health Care Needs (CSHCN 1)**

▶ DG000
Due In: 130 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ CSHCN 1 Detail Sheet

Children and Youth with Special Health Care Needs (CSHCN 1) - Family Engagement	The percent of programs promoting and/ or facilitating family engagement among children and youth with special health care needs.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating family engagement among children and youth with special health care needs.
Goal	To ensure supportive programming for family engagement among children and youth with special health care needs.
Level	Grantee
Domain	CSHCN

Definition	Family Engagement is defined as "patients, families, their representatives, and health professionals working in active partnership at various levels ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Benchmark Data Sources	Related to Healthy People 2020 Family Planning Objectives
Grantee Data Sources	Title V National Performance Measure #2
Significance	In recent years, policy makers and program administrators have emphasized the central role of family engagement in policy-making activities. In ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating family engagement among children and youth with special health care needs in your program?* The grantee must select either Yes or No. If the grantee selects No, they must provide justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 135: Children and Youth with Special Health Care Needs 1: Tier 1**

The screenshot shows a web-based survey interface for Tier 1. At the top, there is a dropdown menu labeled "Tier 1". Below this, a question is displayed: "★ Are you promoting and/ or facilitating family engagement among children and youth with special health care needs in your program?". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". Below the question is a "Comments" section, which is a large text area. A placeholder text "(If 'No', then please enter explanation here)" is visible in the top right corner of the text area. At the bottom left of the text area, it says "0/5000 characters".



### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/mechanisms are you promoting and/or facilitating family engagement?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form:* How many are reached through those activities?
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/ Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
  - Report the number reached by each activity for each participant type.
  - Only report a participant under one participant type.
  - Select the best category for the participant.
  - The grantee may proceed to the next tier only after responding to the required questions.
3. *Comments* (optional): The grantee may add comments.

**Figure 136: Children and Youth with Special Health Care Needs 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you promoting and/ or facilitating family engagement?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

**Activity Data Collection Form**

How many are reached through those activities?

Processes Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Training	5	5	5	5	20
Research/ Peer-Reviewed Publications	5	5	5	5	20
Outreach/ Information Dissemination/ Education	5	5	5	5	20

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of the target population with family and CSHCN leaders with meaningful roles on community/ state/ regional level teams focused on CSHCN Systems.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
2. **Outcome 2:** Percent of racial and ethnic family and CSHCN leaders who are trained and serving on community/ state/ regional or national-level teams focused on CSHCN system.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
3. **Outcome 3:** Percent of the target population with family of CSHCN participating in information exchange forums.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
4. **Outcome 4:** Percent of family and CSHCN leaders trained who report increased knowledge, skill, ability, and self-efficacy to serve as leaders on systems-level teams.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**Figure 137: Children and Youth with Special Health Care Needs 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of target population with family and CSHCN leaders with meaningful roles on community/ state/ regional/ national level teams focused on CSHCN systems**

Numerator	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="5"/> <p style="font-size: 8px; margin-top: 5px;"> <span style="color: #000080;">❗</span> Number of Family and CSHCN leaders with meaningful roles on community/ state/ regional/ national level teams focused on CSHCN systems.                 </p>
Denominator	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="5"/> <p style="font-size: 8px; margin-top: 5px;"> <span style="color: #000080;">❗</span> Number of CSHCN in catchment area.                 </p>
Outcome (%)	<input style="width: 95%; border: 1px solid #ccc;" type="text" value="100"/>

Outcome 2 - Percent of racial and ethnic family and CSCHN leaders who are trained and serving on community/ state/ regional/ national level teams focused on CSCHN systems	
Numerator	<input type="text"/> ① Number of racial and ethnic family and CSCHN leaders trained and serving on community/ state/ regional/ national level teams focused on CSCHN systems.
Denominator	<input type="text"/> ① Number of CSCHN in catchment area.
Outcome (%)	<input type="text"/>

Outcome 3 - Percent of target population with family of CSCHN participating in information exchange forums	
Numerator	<input type="text"/> ① Number of participating in information exchange forums.
Denominator	<input type="text"/> ① Number of CSCHN in catchment area.
Outcome (%)	<input type="text"/>

Outcome 4 - Percent of family and CSCHN leaders trained who report increased knowledge, skill, ability and self-efficacy to serve as leaders on systems-level teams	
Numerator	<input type="text"/> ① Number of family and CSCHN leaders trained who report increased knowledge, skill, ability and self-efficacy to serve as leaders on systems-level teams.
Denominator	<input type="text"/> ① Number of CSCHN in catchment area.
Outcome (%)	<input type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee may only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child**

**Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.

3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FORM 2

### FORM INSTRUCTIONS

#### CSHCN 2 DETAIL SHEET

The following information is under the **Children and Youth with Special Health Care Needs Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Children and Youth with Special Health Care Needs (CSHCN 2) – Access to and use of Medical Home
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 138: Children and Youth with Special Health Care Needs 2: Detail Sheet**

Children and Youth with Special Health Care Needs (CSHCN 2)

▶ DG000 Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ CSHCN 2 Detail Sheet

Children and Youth with Special Health Care Needs (CSHCN 2) - Access to and Use of Medical Home	The percent of programs promoting and/ or facilitating medical home access and use among children and youth with special health care needs.
Performance Measure	The percent of MCHB-funded projects promoting and/ or facilitating medical home access and use among children and youth with special health care ... <a href="#">Show more</a>
Goal	To ensure supportive programming medical home access and use among children and youth with special health care needs.
Level	Grantee
Domain	CSHCN
Definition	Medical Home: The pediatric medical home can be defined by the AAP as having the following characteristics: the medical care of infants, children ... <a href="#">Show more</a>
Benchmark Data Sources	Objective # MICH-30.2: Increase the proportion of children with special health care needs who have access to a medical home (Baseline: 47.1% in ... <a href="#">Show more</a>
Grantee Data Sources	NSCH Indicator 4.8, NSCH Indicator 4.9d, Title V National Performance Measure #3
Significance	Medical homes are a cultivated partnership between patients, family, and primary care providers in coordination with support from the community ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating medical home access and use among children and youth with special health care needs?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 139: Children and Youth with Special Health Care Needs 2: Tier 1**

The screenshot shows a web form for Tier 1. At the top, it says 'Tier 1'. Below that is a question: 'Are you promoting and/or facilitating medical home access and use among children and youth with special health care needs?'. There are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a text area labeled 'Comments' with a placeholder text '(If 'No', then please enter explanation here)'. At the bottom right of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you addressing medical home access and use?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. *Comments:* The grantee may add comments here. This field is not required.



Note the following requirements and additional information before completing this section:

- All fields (except for *Comments*) are required.
- The grantee may proceed to the next tier only after responding to the required questions.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

**Figure 140: Children and Youth with Special Health Care Needs 2: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you addressing medical home access and use?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Research/ Peer-Reviewed Publications	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Outreach/ Information Dissemination/ Education	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

---

**COMMENTS**

0/5000 characters



## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percent of target population that demonstrates a direct linkage to a coordinated medical home community as a direct result of activities conducted by project.
  - a. **Numerator:** Enter an integer from 0–999,999.
  - b. **Denominator:** Enter an integer from 0–999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.

**Figure 141: Children and Youth with Special Health Care Needs 2: Tier 4 (Optional)**

**Tier 4 (Optional)**

Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of target population that demonstrate a direct linkage to a coordinated medical home community as a direct result of activities conducted by project**

Numerator	<input style="width: 95%;" type="text"/> <small>Target population with a demonstrated direct linkage to a coordinated medical home.</small>
Denominator	<input style="width: 95%;" type="text"/> <small>Target population (as identified in grantee application).</small>
Outcome (%)	<input style="width: 95%; background-color: #f0f0f0;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS FORM 3

### FORM INSTRUCTIONS

#### CSHCN 3 DETAIL SHEET

The following information is under the **Children and Youth with Special Health Care Needs Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Children and Youth with Special Health Care Needs (CSHCN 3) – Transition
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 142: Children and Youth with Special Health Care Needs 3: Detail Sheet**

Children and Youth with Special Health Care Needs (CSHCN 3)
Due In: 130 Days | Status: Complete

▶ DG000

▶ Resources

Fields with ★ are required.

▼ CSHCN 3 Detail Sheet

Children and Youth with Special Health Care Needs (CSHCN 3) - Transition	The percent of programs promoting and/ or facilitating transition to adult health care for youth with special health care needs.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating transition to adult health care for youth with special health care needs.
Goal	To ensure supportive programming for transition to adult health care for youth with special health care needs.
Level	Grantee
Domain	CSHCN

Definition	The terms "assessed for readiness" and "deemed ready" used here refer to language utilized by gottransition.org. Health care transition: is the ... <a href="#" style="font-size: 0.8em; color: #4F81BD;">Show more</a>
Benchmark Data Sources	NA
Grantee Data Sources	Title V National Performance Measure #6 and #12, NS-CSHCN Survey Outcome #62
Significance	Transitioning of children to adolescent services to adult services is important to ensure that growth and development is adequately and accurately ... <a href="#" style="font-size: 0.8em; color: #4F81BD;">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing the transitional needs to adult health care for youth with special health care needs in your program?* The grantee must select either Yes or No. If the grantee selects No, then they must justify in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing the response to the required questions.

**Figure 143: Children and Youth with Special Health Care Needs 3: Tier 1**

The screenshot shows a web form interface for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '\* Are you addressing the transitional needs to adult health care for youth with special health care needs in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section with a text input area. Inside the text area, there is a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom right of the text area, there is a character count: '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you promoting or facilitating the transition to adult health care for youth with special health care needs?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form:* How many are reached through those activities?
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. *Comments:* The grantee may add comments. This field is not required.

**Figure 144: Children and Youth with Special Health Care Needs 3: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting or facilitating the transition to adult health care for youth with special health care needs?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Research/ Peer-Reviewed Publications	5	5	5	5	20
Training	5	5	5	5	20

**COMMENTS**

0/5000 CHARACTERS

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of grantees promoting an evidence-informed framework and clinical recommendations for transition from pediatric to adult health.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of grantees involving both pediatric and adult providers/ systems in transition efforts.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
3. *Outcome 3*: Percent of grantees initiating or encouraging transition planning early in adolescence.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
4. *Outcome 4*: Percent of grantees linking transition efforts with medical home initiatives.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
5. *Outcome 5*: Percent of grantees linking transition efforts with adolescent preventive care efforts.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.

**Figure 145: Children and Youth with Special Health Care Needs 3: Tier 4 (Optional)**

**▼ Tier 4 (Optional)**

Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of grantees promoting an evidence-informed framework and clinical recommendations for transition from pediatric to adult health care**

Numerator	<input type="text"/>	<b>1</b> Number of Grantees promoting an evidence informed framework.
Denominator	<input type="text"/>	<b>1</b> Total Number of grantees reporting transition performance measure.
Outcome (%)	<input type="text"/>	

**Outcome 2 - Percent of grantees involving both pediatric and adult providers/ systems in transition efforts**

Numerator	<input type="text"/>	<b>1</b> Number of pediatric and adult providers involved in grantee transition efforts.
Denominator	<input type="text"/>	<b>1</b> Total number of transition practices sponsored by grantee.
Outcome (%)	<input type="text"/>	

**Outcome 3 - Percent of grantees initiating or encouraging transition planning early in adolescence**

Numerator	<input type="text"/>	<b>1</b> Number of Grantees promoting transition planning early in adolescence.
Denominator	<input type="text"/>	<b>1</b> Total number of grantees reporting transition performance measure.
Outcome (%)	<input type="text"/>	

Outcome 4 - Percent of grantees linking transition efforts with medical home initiatives	
Numerator	<input type="text"/> ⓘ Number of Grantees promoting transition as part of routine medical home care.
Denominator	<input type="text"/> ⓘ Total number of grantees reporting transition performance measure.
Outcome (%)	<input type="text"/>

Outcome 5 - Percent of grantees linking transition efforts with adolescent preventive care efforts	
Numerator	<input type="text"/> ⓘ Number of grantees promoting transition as part of routine adolescent preventive care.
Denominator	<input type="text"/> ⓘ Total number of grantees reporting transition performance measure.
Outcome (%)	<input type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects **Yes** for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## ADOLESCENT HEALTH FORMS

On **Adolescent Health** forms, the grantee provides details on any projects promoting and/or facilitating adolescent well visits, injury prevention, and screening for major depressive disorder.

### APPLICABLE REPORT TYPES

**Figure 146: Adolescent Health Forms**

<b>Adolescent Health Forms</b>			
	<b>Report Types</b>		
<b>Applicable Forms</b>	<b>NCPR</b>	<b>NCC</b>	<b>PPER</b>
<b>Adolescent Health - Form 1</b>	✓	✓	✓
<b>Adolescent Health - Form 2</b>	✓	✓	✓
<b>Adolescent Health - Form 3</b>	✓	✓	✓

## ADOLESCENT HEALTH FORM 1

### FORM INSTRUCTIONS

#### ADOLESCENT HEALTH FORM 1 DETAIL SHEET

The following information is under the **Adolescent Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 1) – Adolescent Well Visit
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 147: Adolescent Health 1: Detail Sheet**

**Adolescent Health (AH 1)**

▶ DG0000
Due In: 120 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

▼ AH 1 Detail Sheet

Adolescent Health (AH 1) - Adolescent Well Visit	The percent of programs promoting and/ or facilitating adolescent well visits.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating adolescent well visits.
Goal	To ensure supportive programming for adolescent well visits.
Level	Grantee
Domain	Adolescent Health

Definition	No further definitions.
Benchmark Data Sources	Related to Adolescent Health Objective 1: Increase the proportion of adolescent who have had a wellness checkup in the past 12 months Baseline: ... <a href="#">Show more</a>
Grantee Data Sources	Title V National Performance Measure 10, Adolescent Health (AH), National Vital Statistics System (NVSS) Birth File, Home Visiting
Significance	Adolescence is an important period of development physically, psychologically, and socially. As adolescents move from childhood to adulthood, they ... <a href="#">Show more</a>

## TIER 1(REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating adolescent well visits in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 148: Adolescent Health 1: Tier 1**

The screenshot shows a web-based survey form for 'Tier 1'. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you promoting and/or facilitating adolescent well visits in your program?' with two radio button options: 'Yes' (which is selected) and 'No'. Underneath the question is a text area labeled 'Comments' with a placeholder text: '(If 'No', then please enter explanation here)'. At the bottom of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/mechanisms are you promoting and/or facilitating adolescent well visits?* Select all that apply.

Note the following requirements before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form: How many are reached through those activities?*
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
    - e. *Total:* This column will show the total for all processes/mechanisms.
  3. *Comments:* The grantee may add comments here. This field is not required.

Note the following requirements before completing this section:

- All the above fields (except *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing a response to the required questions.

**Figure 149: Adolescent Health 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you promoting and/ or facilitating adolescent well visits?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
Product Development	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
Training	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	

Research/ Peer-Reviewed Publications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
Outreach/ Information Dissemination/ Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	Enter an integer: 0 - 999,999.	
<b>COMMENTS</b>					
<input type="text"/>					

### TIER 4 (OPTIONAL)

In this section, the grantee may respond to the questions listed below.

1. *Outcome 1*: Percent of adolescents with adolescents well visit in the past year:
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of adolescents enrolled in Medicaid/CHIP with at least one adolescent well visit in the past year:
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
  - d. *Age of Adolescents Served*: Enter feedback in the *Comments* section. This is optional.

**Figure 150: Adolescent Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of adolescents with an adolescent well visit in the past year**

Numerator		<p>ⓘ Adolescents reached by the program in reporting year who had an adolescent well visit during the reporting period.</p>
Denominator		<p>ⓘ Adolescents reached by the program in reporting year</p>
Outcome (%)		

**Outcome 2 - Percent of adolescents enrolled in Medicaid/ CHIP with at least one adolescent well visit in the past year**

Numerator		<p>ⓘ Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year with at least one adolescent well visit in the reporting year</p>
Denominator		<p>ⓘ Adolescents enrolled in Medicaid/ CHIP reached by the program in reporting year</p>
Outcome (%)		

**Age range of adolescents served**

Age range		<p>0/500 characters</p>
-----------	--	-------------------------

Go to Previous Page
Save Save and Continue

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## ADOLESCENT HEALTH FORM 2

### FORM INSTRUCTIONS

#### ADOLESCENT HEALTH FORM 2 DETAIL SHEET

The following information is under the **Adolescent Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 2) – Injury Prevention
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 151: Adolescent Health Form 2: Detail Sheet**

Adolescent Health (AH 2)

Due In: 119 Days | Status: Complete

▶ Resources

Fields with ★ are required.

▼ AH 2 Detail Sheet

Adolescent Health (AH 2) - Adolescent Well Visit	The percent of programs promoting and/ or facilitating adolescent injury prevention.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating injury prevention and through what processes.
Goal	To ensure supportive programming for adolescent injury prevention.
Level	Grantee
Domain	Adolescent Health

Definition	No further definitions.
Benchmark Data Sources	Related to Healthy People Injury and Violence Prevention objectives 1 through 39.
Grantee Data Sources	AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient Database, National Survey of Children's Health, 6-11 ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Significance	Two dozen children die every day in the United States from an unintentional or intentional injury. In addition, millions of children survive their ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>



### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating injury prevention in your program?* The grantee must select either Yes or No. If the grantee selects No, then they must explain their selection in the *Comments* section.

Note the following requirements an additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 152: Adolescent Health Form 2: Tier 1**

The screenshot displays a web form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is presented: '★ Are you promoting and/or facilitating injury prevention in your program?'. To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section, which is a large text area. The text 'Test' is entered into this field. At the bottom right of the text area, there is a character count: '5/5000 characters'.

### TIER 2 AND 3 (REQUIRED):

In this section, the grantee must respond to the following question(s):

1. *Activity Data Collection Form: How many are reached through those activities?*
  - a. *Participants/Public:* Enter an integer from 0–999,999.
  - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
  - c. *Community/Local Partners:* Enter an integer from 0–999,999.
  - d. *State or National Partners:* Enter an integer from 0–999,999.
  - e. *Comments:* The grantee may add comments. This is not a required field.



Note the following requirements before completing this section:

- All the above fields (except *Comments*) are required.
- Please select at least one process/mechanism. This is a required field.
- Please select at least one child safe domain activity. This is a required field.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to complete Tier 1.
- The grantee may proceed to the next tier only after responding to this question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- The grantee may proceed to the next tier only after responding to the required questions.

**Figure 153: Adolescent Health Form 2: Tier 2 and 3**

**Tier 2 & 3**

\* Through what processes/ mechanisms are you promoting and/ or facilitating injury-prevention?

- Technical Assistance
- Training
- Research/ dissemination
- Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Referral/ care coordination
- Quality improvement initiatives
- Use of fatality review data

\* Please check which child safety domains which program activities were designed to impact:

- Motor Vehicle Traffic
- Suicide/ Self-Harm
- Falls
- Bullying
- Youth Violence (other than bullying)
- Child Maltreatment
- Unintentional Poisoning
- Prescription drug overdose
- Traumatic Brain Injury
- Drowning
- Other

---

Activity Data Collection Form

How many are reached through those activities?

Processes/ Mechanisms	Motor Vehicle Traffic	Suicide/ Self-Harm	Falls
Technical Assistance	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)
Research/ dissemination	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)
Training	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)	Enter an integer (0 - 999,999)

---

Processes/ Mechanisms	Total
Technical Assistance	0
Research/ dissemination	0
Training	0

---

COMMENTS

Continued to the next Tier

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1:** Percentage of injury-related hospitalization to children ages 10 -19.
  - a. **Numerator:** Enter an integer from 0 – 999,999.
  - b. **Denominator:** Enter an integer from 0 – 999,999.
  - c. **Outcome (%):** Text box will be auto populated using the values provided above.
  - d. **Target Population:** Enter text up to 500 characters.
2. **Outcome 2:** Percentage of children ages 12 – 17 missing 11 or more days of school because of illness or injury.
  - a. **Numerator:** Enter an integer from 0 – 999,999.
  - b. **Denominator:** Enter an integer from 0 – 999,999.
  - c. **Outcome (%):** Text box will be auto populated using the values provided above.
  - d. **Dataset Used:** Enter text up to 500 characters.

**Figure 154: Adolescent Health Form 2: Tier 4 (Optional)**

**Tier 4 (Optional)**

Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

---

**Outcome 1 - Percent of injury-related hospitalization to children ages 10-19**

Numerator	<input style="width: 90%;" type="text"/>
Number of injury-related hospitalizations to children ages 10-19.	
Denominator	<input style="width: 90%;" type="text"/>
Number of children ages 10-19 in the target population.	
Outcome (%)	<input style="width: 90%;" type="text"/>
Target Population	<input style="width: 90%;" type="text"/>

---

**Outcome 2 - Percent of children ages 12-17 missing 11 or more days of school because of illness or injury**

Numerator	<input style="width: 90%;" type="text"/>
Number of children ages 12-17 missing 11 or more days of school.	
Denominator	<input style="width: 90%;" type="text"/>
Total number of children ages 12-17 represented in National Survey of Children's Health result.	
Outcome (%)	<input style="width: 90%;" type="text"/>
Dataset Used	<input style="width: 90%;" type="text"/>

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## ADOLESCENT HEALTH FORM 3


### FORM INSTRUCTIONS

#### ADOLESCENT HEALTH FORM 3 DETAIL SHEET


The following information is under the **Adolescent Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Adolescent Health (AH 3) – Screen for Major Depressive Disorder
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 155: Adolescent Health Form 3: Detail Sheet**

 **Adolescent Health (AH 3)**

▶ DG000
Due In: 119 Days | Status: Complete

▶ Resources 

Fields with ★ are required.

▼ AH3 Detail Sheet

Adolescent Health (AH 3) - Screening for Major Depressive	The percent of programs promoting and/ or facilitating screening for major depressive disorder.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating screening for major depressive disorder for adolescents and through what processes.
Goal	To ensure supportive programming for screening for major depressive disorder.
Level	Grantee
Domain	Adolescent Health

Definition	No further definitions.
Benchmark Data Sources	Healthy People 2020, MHMD 11.2 – Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for ... <a href="#" style="font-size: 0.8em; color: #0070C0; text-decoration: none;">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	Major depression is becoming more and more common in the United States. Major depression entails interference with the ability to work, sleep, study ... <a href="#" style="font-size: 0.8em; color: #0070C0; text-decoration: none;">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating screening major depressive disorder for adolescents in your program?* The grantee must select either Yes or No. If the grantee selects No, they must provide justification in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to the required questions.

**Figure 156: Adolescent Health Form 3: Tier 1**

▼ Tier 1

★ Are you promoting and/or facilitating screening major depressive disorder for adolescents in your program?  Yes  No

Comments

(If 'No', then please enter explanation here)

0/5000 characters

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what process/mechanisms are you addressing major depressive disorder?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
  - The grantee may proceed to the next tier only after responding to this question.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form* – How many are reached through those activities?
    - a. *Participants/Public*: Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
    - c. *Community/Local Partners*: Enter an integer from 0–999,999.
    - d. *State or National Partners*: Enter an integer from 0–999,999.
    - e. *Total*: This column will show the total for all processes/mechanisms.
    - f. *Comments*: The grantee may add comments here. This is not a required field.

Note the following requirements and additional information before completing this section:

- All the above fields (except *Comments* field) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.

**Figure 157: Adolescent Health Form 3: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you addressing major depressive disorder?

⊕ Please select at least one processes/mechanism.

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/>
Product Development	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/>
Training	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/> Enter an integer: 0 - 999,999.	<input type="text"/>

**COMMENTS**

0/5000 CHARACTERS

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of 12- to 17-year old children screened for MDD in the past year in community-level or school health setting.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2*: Percent of adolescent well-care visits that include screening for MDD.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
3. *Outcome 3*: Percent of adolescent identified with an MDD that receive treatment.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
4. *Outcome 4*: Percent of adolescent with an MDD.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
5. Age Range of Adolescents Served:
  - a. *Age Range*: Enter *Comments* in the text box.



**Figure 158: Adolescent Health Form 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of 12-17 year olds screened for MDD in the past year in community level or school health settings**

Numerator	<input type="text"/>	① Adolescents involved with your program in the reporting year who were screened for MDD in a community-level or school health setting.
Denominator	<input type="text"/>	① Adolescents involved with your program in the reporting year.
Outcome (%)	<input type="text"/>	

**Outcome 2 - Percent of adolescent well care visits that include screening for MDD**

Numerator	<input type="text"/>	① Adolescents involved with your program in the reporting year that had a well-child that included a screening for MDD, in the reporting year.
Denominator	<input type="text"/>	① Adolescents involved with your program in the reporting year that had a well-child visit in the reporting year.
Outcome (%)	<input type="text"/>	

**Outcome 3 - Percent of adolescents identified with a MDD that receive treatment**

Numerator	<input type="text"/>	① Adolescents involved with your program identified as having an MDD that received treatment during the reporting year.
Denominator	<input type="text"/>	① Adolescents involved with your program during the reporting year identified as having an MDD.
Outcome (%)	<input type="text"/>	

Outcome 4 - Percent of adolescents with a MDD	
Numerator	<input type="text"/> <small>Adolescents involved with your program during the reporting year identified as having an MDD.</small>
Denominator	<input type="text"/> <small>Adolescents involved with your program in the reporting year.</small>
Outcome (%)	<input type="text"/>
Age range of adolescents served	
Age range	<input type="text"/> <small>0/500 characters</small>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## LIFE COURSE FORMS

On the **Life Course** forms, the grantee provides details on programs promoting adequate health insurance coverage, tobacco and eCigarette cessation, and oral health.

### APPLICABLE REPORT TYPES

Figure 159: Life Course Forms

Life Course Forms			
Applicable Forms	Report Types		
	N CPR	N CC	PP ER
Life Course – Form 1	✓	✓	✓
Life Course – Form 2	✓	✓	✓
Life Course – Form 3	✓	✓	✓

## LIFE COURSE FORM 1

### FORM INSTRUCTIONS

**Life Course Form 1 Detail Sheet:** The following information is under the **Life Course Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Life Course (LC 1) – Adequate Health Insurance Coverage
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 160: Life Course 1: Detail Sheet**

Life Course (LC 1)

Due In: 8 Days | Status: Not Started

▶ Resources

Fields with ★ are required.

▼ LC 1 Detail Sheet

Life Course (LC 1) - Adequate Health Insurance Coverage	The percent of programs promoting and/ or facilitating adequate health insurance coverage.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.
Goal	To ensure supportive programming for adequate health insurance coverage.
Level	Grantee
Domain	Life Course/ Cross Cutting

Definition	Participants are identified as not insured if they report not having any of the following: private health insurance, Medicare, Medicaid, Children's ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Benchmark Data Sources	Related to HP2020 Access to Health Services Objective 1: Increase the proportion of persons with health insurance. (Baseline: 83.2% persons had ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Grantee Data Sources	Grantee data systems
Significance	Individuals who acquire health insurance are more likely to have access to a usual source of care, receive well child care and immunizations, to have ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating adequate health insurance coverage in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 161: Life Course 1: Tier 1**

The screenshot shows a survey question titled "Tier 1" with a red asterisk. The question is: "Are you promoting and/or facilitating adequate health insurance coverage in your program?". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". Below the question is a "Comments" section with a text input field. Inside the input field, there is a placeholder text: "(If 'No', then please enter explanation here)". At the bottom right of the input field is a green circular icon with a white 'G'. At the bottom left of the input field, there is a character count: "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what processes/mechanisms are you promoting and/or facilitating adolescent well visits?* Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next field only after responding to the required questions.
- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
- For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
- The grantee may proceed to the next tier only after responding to this question.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.

2. **Activity Data Collection Form:** How many are reached through those activities?
    - a. *Participants/Public:* Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals:* Enter an integer from 0–999,999.
    - c. *Community/Local Partners:* Enter an integer from 0–999,999.
    - d. *State or National Partners:* Enter an integer from 0–999,999.
  3. **Process/Mechanism Table:** This will show the total for each by default from the previous tables, which include Technical Assistance, Product Development, and Training.
  4. **Comments (optional):** The grantee may add comments here.
- NOTE:** The grantee may proceed to the next tier only after responding to the required questions.

**Figure 162: Life Course 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting and/ or facilitating adequate health insurance coverage?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral to insurance enrollment
- Quality improvement initiatives

★ Please check all population domains that you engage in each activity listed in Tier 2 related to Health Insurance Coverage. For those activities or population domains that do not pertain to you, please leave them blank:

- Pregnant/ Perinatal Women
- Infants
- Children
- CSHCN
- Adolescents
- Non-pregnant Adults
- Providers/ Health Care Professionals
- Community/ Local Partners
- State or National Partners
- Other

---

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Pregnant/ Perinatal Women (Col 1)	Infants (Col 2)	Children (Col 3)
Technical Assistance	5	5	-
			⊖ Enter an integer: 0 - 999,999
Product Development	5	5	-
			⊖ Enter an integer: 0 - 999,999
Training	5	5	-
			⊖ Enter an integer: 0 - 999,999

Processes/ Mechanisms	Total
Technical Assistance	10
Product Development	10
Training	10

COMMENTS

---

0/5000 CHARACTERS

#### TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. *Outcome 1 (optional):* Percent with health insurance.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
2. *Outcome 2 (optional):* Percent with adequate health insurance in the reporting year.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.



**Figure 163: Life Course 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent with health insurance**

Numerator	<input style="width: 95%;" type="text"/>	<p>ⓘ Program participants with health insurance as of the last assessment during the reporting period.</p>
Denominator	<input style="width: 95%;" type="text"/>	<p>ⓘ Program participants during the reporting period.</p>
Outcome (%)	<input style="width: 95%;" type="text"/>	

**Outcome 2 - Percent with adequate health insurance in the reporting year**

Numerator	<input style="width: 95%;" type="text"/>	<p>ⓘ Program participants who reported having adequate insurance coverage during the reporting period.</p>
Denominator	<input style="width: 95%;" type="text"/>	<p>ⓘ Program participants during the reporting period.</p>
Outcome (%)	<input style="width: 95%;" type="text"/>	

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## LIFE COURSE FORM 2

### FORM INSTRUCTIONS

#### LIFE COURSE FORM 2 DETAIL SHEET

The following information is under the **Life Course Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Life Course (LC 2) – Tobacco and eCigarette Use
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 164: Life Course 2: Detail Sheet**

Life Course 2 (LC 2)

Due In: 119 Days | Status: Complete

▶ Resources
🔗

Fields with ★ are required.

▼ LC 2 Detail Sheet

Life Course (LC 2) - Tobacco and eCigarette Use	The percent of programs promoting and/ or facilitating tobacco and eCigarette cessation.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating tobacco and eCigarette cessation, and through what processes.
Goal	To ensure supportive programming promoting and/ or facilitating tobacco and eCigarette cessation.
Level	Grantee

Domain	Life Course/ Cross Cutting
Definition	Smoking includes all tobacco products and e-cigarettes.
Benchmark Data Sources	Healthy People 2020 (Baseline 89.6%, 2007), Pregnancy Risk Assessment Monitoring System (PRAMS) (89.8%, 2011); Vital Statistics (94.4%, 2014)
Grantee Data Sources	Grantee data systems
Significance	Research shows that smoking in pregnancy is directly linked to problems including premature birth, certain birth defects, sudden infant death ... <a href="#">Show more</a>

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you addressing tobacco and eCigarette cessation in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 165: Life Course 2: Tier 1**

▼ Tier 1

★ Are you addressing tobacco and eCigarette cessation in your program?

---

Comments

Yes
  No

(If 'No', then please enter explanation here)

0/5000 characters

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee responds to the following question(s):

1. *Through what processes/mechanisms are you promoting and/or facilitating tobacco and eCigarette cessation?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3. The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Please check all population domains that you engage in each activity listed in Tier 2 related to tobacco cessation. For those activities or population domains that do not pertain to you, please leave them blank:* Select all that apply.
  3. *Activity Data Collection Form:* How many are reached through those activities?
    - a. *Pregnant/Perinatal Women:* Enter an integer from 0–999,999.
    - b. *CSHCN:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
  - Only report a participant under one participant type.
  - Select the best category for the participant.
4. *Process/Mechanism Table:* This will show the total for each by default from the previous table: Technical Assistance, Product Development, and Training.
  5. *Comments:* The grantee may add comments here. (NOTE: This is not a required field.)  
NOTE: The grantee may proceed to the next tier only after responding to the required questions.

**Figure 166: Life Course 2: Tier 2 and 3**

▼ Tier 2 & 3

**\* Through what activities are you promoting and/ or facilitating tobacco and eCigarette cessation?**

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality improvement initiatives

**\* Please check all population domains that you engage in each activity listed in Tier 2 related to tobacco cessation. For those activities or population domains that do not pertain to you, please leave them blank:**

- Pregnant/ Perinatal Women
- Infants
- Children
- CSHCN
- Adolescents
- Non-pregnant Adults
- Providers/ Health Care Professionals
- Community/ Local Partners
- State or National Partners
- Other

**Figure 167: Life Course 2: Tier 2 and 3 (Activity Data Collection)**

**Activity Data Collection Form**

---

How many are reached through those activities?

Processes/ Mechanisms	Pregnant/ Perinatal Women (Col 1)	CSHCN (Col 4)
Technical Assistance	5	5
Product Development	5	5

**Figure 168: Life Course 2: Tier 2 and 3 (Process and Mechanism)**

Processes/ Mechanisms	Total
Technical Assistance	10
Product Development	10

**COMMENTS**

0/5000 CHARACTERS

**TIER 4 (OPTIONAL)**

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of program participants who abstain from smoking.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
  
2. *Outcome 2*: Percent of prenatal program participants that abstain from smoking cigarettes in their third trimester.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 169: Life Course 2: Tier 4 (Optional) - Outcome 1**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of program participants who abstain from smoking**

Numerator	<input style="width: 90%; height: 25px;" type="text"/> <small> ⓘ Number of program participants who do not smoke cigarettes as of their last contact in the reporting year.</small>
Denominator	<input style="width: 90%; height: 25px;" type="text"/> <small> ⓘ Number of program participants.</small>
Outcome (%)	<input style="width: 90%; height: 25px; background-color: #D9E1F2;" type="text"/>

**Figure 170: Life Course 2: Tier 4 (Optional) - Outcome 2**

**Outcome 2 - Percent of prenatal program participants that abstain from smoking cigarettes in their third trimester**

Numerator	<input style="width: 90%; height: 25px;" type="text"/> <small> ⓘ Number of Healthy Start prenatal women participants who abstained from using any tobacco products during the last 3 months of pregnancy.</small>
Denominator	<input style="width: 90%; height: 25px;" type="text"/> <small> ⓘ Total number of Healthy Start prenatal women participants who were enrolled at least 90 days before delivery.</small>
Outcome (%)	<input style="width: 90%; height: 25px; background-color: #D9E1F2;" type="text"/>

**FORM-LEVEL RULES AND VALIDATIONS**

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects Yes for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child**

**Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.

3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## LIFE COURSE FORM 3

### FORM INSTRUCTIONS

**Life Course Form 3 Detail Sheet:** The following information is under the **Life Course Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Life Course (LC 3) – Oral Health
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 171: Life Course 3: Detail Sheet**

Life Course 3 (LC 3)

Due In: 118 Days | Status: Complete

▶ Resources

Fields with ★ are required.

▼ LC 3 Detail Sheet

Life Course (LC 3) - Oral Health	The percent of programs promoting and/ or facilitating oral health.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating oral health, and through what activities.
Goal	To ensure supportive programming for oral health.
Level	Grantee
Domain	Life Course/ Cross Cutting

Definition	No Further Definitions.
Benchmark Data Sources	Related to Oral Health Objective 7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>
Grantee Data Sources	Title V National Performance Measure #13
Significance	Oral health is a vital component of overall health. Access to oral health care, good oral hygiene and adequate nutrition are essential components of ... <a href="#" style="font-size: x-small; color: #0070C0;">Show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating oral health in your program?* The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after responding to this question.

**Figure 172: Life Course 3: Tier 1**

The screenshot shows a web interface for a survey question. At the top, there is a blue header bar with a dropdown arrow and the text "Tier 1". Below this, the question is displayed: "★ Are you promoting and/ or facilitating oral health in your program?". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". Below the question is a "Comments" section, which is a large text input area. Inside this area, there is a placeholder text: "(If 'No', then please enter explanation here)". At the bottom right of the text input area, there is a character count: "0/5000 characters".

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Through what activities are you promoting and/or facilitating oral health?* Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**.
  - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
  - The grantee must use the form below to identify which services are provided to each population. For populations receiving the services, the grantee must give the number of services provided (e.g., the number of children receiving referrals).
  - Grantees that do not provide services may leave this blank.
  - Select all that apply.
2. *Activity Data Collection Form:* How many from each population are reached through each of the activities?
    - a. *Pregnant/Perinatal Women:* Enter an integer from 0–999,999.
    - b. *Infants:* Enter an integer from 0–999,999.
    - c. *Children:* Enter an integer from 0–999,999.

Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
  - Only report a participant under one participant type.
  - Select the best category for the participant.
3. *Process/Mechanism Table:* This will show the total for each by default from the previous table: Technical Assistance, Product Development, and Training.
  4. *Comments:* The grantee may add comments here. This is not a required field.

NOTE: The grantee may proceed to the next tier only after providing responses to the required section.

**Figure 173: Life Course 3: Tier 2 and 3**

▼ Tier 2 & 3

**★** Through what activities are you promoting and/ or facilitating oral health?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral
- Direct Service
- Quality improvement initiatives

**★** Please use the form below to identify what services you provide to each population. For those that you provide the service to, please provide the number of services provided (i.e. number of children receiving referrals), for those that you do not, please leave blank:

- Pregnant/ Perinatal Women
- Infants
- Children
- CSHCN
- Adolescents
- Non-pregnant Adults
- Providers/ Health Care Professionals
- Community/ Local Partners
- State or National Partners
- Other

**Figure 174: Life Course 3: Tier 2 and 3 (Activity Data Collection Form)**

**Activity Data Collection Form**

---

How many from each population are reached through each of the activities?

Processes/ Mechanisms	Pregnant/ Perinatal Women (Col 1)	Infants (Col 2)	Children (Col 3)
Technical Assistance	5	5	5
Product Development	10	5	5
Training	5	5	5

Processes/ Mechanisms	Total
Technical Assistance	15
Product Development	20
Training	15

COMMENTS

0/5000 CHARACTERS

#### TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. *Outcome 1*: Percent of program participants receiving an oral health risk assessment.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: The text box will be automatically populated using the values provided above.
2. *Outcome 2 (optional)*: Percent of women in program population who had a dental visit during pregnancy.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.
3. *Outcome 3 (optional)*: Percent of those ages 1–17 who had a preventative oral health visit during the last year.
  - a. *Numerator*: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999.
  - c. *Outcome (%)*: Text box will be automatically populated using the values provided above.

**Figure 175: Life Course 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of program participants receiving an oral health risk assessment**

Numerator	<input type="text"/>	Number of program participants who received an oral health risk assessment in the reporting year.
Denominator	<input type="text"/>	All program participants.
Outcome (%)	<input type="text"/>	

**Outcome 2 - Percent of women in program population who had a dental visit during pregnancy**

Numerator	<input type="text"/>	Program participants who were pregnant during the reporting year who had a dental visit.
Denominator	<input type="text"/>	Program participants who were pregnant during the reporting year.
Outcome (%)	<input type="text"/>	

Outcome 3 - Percent of those aged 1 through 17 who had preventative oral health visit during the last year	
Numerator	<input type="text"/> <b>i</b> Infants and children involved with the program who received a preventative oral health visit in the reporting year.
Denominator	<input type="text"/> <b>i</b> Infants and children involved with the program during the reporting year.
Outcome (%)	<input type="text"/>

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For **Non-Competing Continuation Performance Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for **Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course** forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## WORKFORCE FORMS

Under **Workforce Forms**, the grantee provides information on the personnel contributing to the training projects and participants and beneficiaries of the short-term, medium-term, and long-term training grants.

1. **Short-Term Trainees:** The grantee provides details on short-term trainees with less than 40 contact hours in the current reporting year.
2. **Medium-Term Trainees:** The grantee provides details on medium-term trainees with 40–299 contact hours in the current reporting year.
3. **Long-Term Trainees:** The grantee provides details on long-term trainees with 300 or more contact hours in the current reporting year.
4. **Technical Assistance/Collaboration:** The grantee identifies the total number of technical assistance and collaboration activities, participants, and the target audience.
5. **Faculty and Staff:** The grantee provides details on the faculty, staff, and other personnel contributing to the training project.
6. **Continuing Education:** The grantee provides details on continuing education participants in the reporting year.
7. **Healthy Start Site:** The grantee provides information on their Healthy Start sites.
8. **Publications, Conferences, and Web-based Products (Excel Upload):** The grantee provides information about the publications and web-based products created during the reporting year by uploading an Excel template.
9. **Products and Submission Data (manual entry):** The grantee provides details on the products, publications, and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period.

## APPLICABLE REPORT TYPES

Figure 176: Work Force Forms

<b>Work Force Development</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCC</b>	<b>PPER</b>
<b>Short-Term Trainees</b>	✓	✓	✓
<b>Medium-Term Trainees</b>		✓	✓
<b>Long-Term Trainees</b>		✓	✓
<b>Technical Assistance/Collaboration</b>		✓	✓
<b>Faculty and Staff</b>		✓	✓
<b>Continuing Education</b>		✓	✓
<b>Healthy Start Site</b>	✓	✓	✓
<b>Former Trainees</b>		✓	✓
<b>Products and Publications 1 and 2</b>		✓	✓



## SHORT-TERM TRAINEES

### FORM INSTRUCTIONS

#### SHORT-TERM TRAINEES DETAIL SHEET

The following information is under the **Short-Term Trainee Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Definition

**Figure 177: Short - Term Trainees: Detail Sheet**

The screenshot shows a web interface for 'Short Term Trainees'. At the top, there is a header 'Short Term Trainees' with a folder icon. Below it, there are two expandable sections: 'DG000' and 'Resources' with an external link icon. A note states 'Fields with ★ are required.' Below this, the 'Short Term Trainees Detail Sheet' section is expanded, showing a 'Definition' field with the text: 'Short-term trainees are trainees with less than 40 contact hours in the current reporting year. (Continuing Education participants are not counted in this category)'.

#### SHORT-TERM TRAINEES DURING THE PAST 12-MONTH GRANT PERIOD

In this section, the grantee must respond to the following questions:

1. *Total Number*: The total number of trainees during the past 12-month grant period. This is a required field Enter an integer.
2. *Disciplines*: The grantee must select at least one discipline. Select all that apply
3. *Other Disciplines Description* (required if you select *Other*): The grantee may provide a description here.
4. *Comments*: The grantee may provide additional comments here.

**Figure 178: Short-Term Trainees During the Past 12-Month Grant Period**

**Short Term Trainees during the past 12 month grant period**

**★ Total number**

**Disciplines**  
*(Select all that apply)*

100

<input type="checkbox"/> Audiology	<input type="checkbox"/> Dentistry - Other
<input type="checkbox"/> Dentistry - Pediatric	<input type="checkbox"/> Education/Special Education
<input type="checkbox"/> Family Member/Community Member	<input type="checkbox"/> Genetics/Genetic Counseling
<input type="checkbox"/> Health Administration	<input type="checkbox"/> Medicine - General
<input type="checkbox"/> Medicine - Adolescent Medicine	<input type="checkbox"/> Medicine - Developmental - Behavioral Pediatrics
<input type="checkbox"/> Medicine - Neurodevelopmental Disabilities	<input type="checkbox"/> Medicine - Other
<input type="checkbox"/> Medicine - Pediatrics	<input type="checkbox"/> Medicine - Pediatric Pulmonology
<input type="checkbox"/> Nursing - General	<input type="checkbox"/> Nursing - Family/Pediatric Nurse Practitioner
<input type="checkbox"/> Nursing - Midwife	<input type="checkbox"/> Nursing - Other

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Person with a disability or special health care need	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Public Health	<input type="checkbox"/> Respiratory Therapy
<input checked="" type="checkbox"/> Social Work	<input type="checkbox"/> Speech - Language Pathology
<input checked="" type="checkbox"/> Other	

**'Other' Disciplines Description**  
*(Required if you selected 'Other')*

✖ Provide a description for 'Other'.

**COMMENTS**

0/5000 characters

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## MEDIUM-TERM TRAINEES

### FORM INSTRUCTIONS

#### MEDIUM-TERM TRAINEES DETAIL SHEET

The following information is under the *Medium-Term Trainees Detail Sheet*. The grantee may expand the accordion menu to view the following details:

1. Definition

**Figure 179: Medium Term Trainees: Detail Sheet**

The screenshot shows a web form titled "Medium Term Trainees". It features a navigation menu with items like "DG000", "Resources", and "Medium Term Trainees Detail Sheet". Below the menu, there is a definition for "Medium term trainees" which states they are trainees with 40 - 299 contact hours in the current reporting year.

The grantee may see two clickable tabs:

#### 40–149 CONTACT HOURS

The grantee may click on this tab and see its content.

#### TRAINEES WITH 40 – 299 CONTACTS HOURS

In this section, the grantee must respond to the following question(s):

1. *Total Number of Medium-Term Trainees* (i.e., cumulative total of trainees from 40-149 and 150-299 Contact Hours.): This section will be automatically populated from the Total Number of Trainees with 40-149 Contact Hours and Total Number of Trainees with 150 – 299 Contact Hours.

**Figure 180: Medium Term Trainees: 40 - 149 Contact Hours**

The screenshot shows a form titled "Medium Term Trainees Detail Sheet" with two tabs: "40 - 149 Contact Hours" and "150 - 299 Contact Hours". The "40 - 149 Contact Hours" tab is selected. Below the tabs, there is a section titled "Trainees With 40 - 299 Contact Hours" containing a question: "Cumulative total of Medium Term Trainees from 40-149 and 150-299 contact hours." Below this question, there is a text input field and a label "Total Number of Medium Term Trainees (Cumulative total of trainees from 40-149 and 150-299 contact hours.)" with a value of "0" displayed.

### TRAINEES WITH 40–149 CONTACT HOURS DURING THE PAST 12-MONTH GRANT PERIOD

In this section, the grantee must respond to the following questions:

1. **Total Number:** Enter an integer from 0–999,999. This is a required field. The grantee must enter an integer, and this will automatically populate the above section.
2. **Disciplines:** Select all that apply.
3. **Other Disciplines Description** (required if you select *Other*): The grantee may provide a description.
4. **Comments:** The grantee may provide additional comments here.

**Figure 181: Medium Term Trainees with 40 - 149 Contact Hours During the Past 12 Month Grant Period**

**Trainees With 40 - 149 Contact Hours During The Past 12 Month Grant Period**

★ **Total Number**

**Disciplines**  
(Select all that apply)

<input type="checkbox"/> Audiology	<input type="checkbox"/> Dentistry - Other
<input type="checkbox"/> Dentistry - Pediatric	<input type="checkbox"/> Education/Special Education
<input type="checkbox"/> Family Member/Community Member	<input type="checkbox"/> Genetics/Genetic Counseling
<input type="checkbox"/> Health Administration	<input type="checkbox"/> Medicine - General
<input type="checkbox"/> Medicine - Adolescent Medicine	<input type="checkbox"/> Medicine - Developmental - Behavioral Pediatrics
<input type="checkbox"/> Medicine - Neurodevelopmental Disabilities	<input type="checkbox"/> Medicine - Other
<input type="checkbox"/> Medicine - Pediatrics	<input type="checkbox"/> Medicine - Pediatric Pulmonology
<input type="checkbox"/> Nursing - General	<input type="checkbox"/> Nursing - Family/Pediatric Nurse Practitioner
<input type="checkbox"/> Nursing - Midwife	<input type="checkbox"/> Nursing - Other
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Person with a disability or special health care need	<input type="checkbox"/> Physical Therapy

<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Public Health	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Social Work	<input type="checkbox"/> Speech - Language Pathology
<input type="checkbox"/> Other	

'Other' Disciplines Description  
(Required if you selected 'Other')

COMMENTS

This includes keystone residents

32/5000 characters

### 150–299 CONTACT HOURS

The grantee may click on this tab and see its content.

Figure 182: Medium Term Trainees: 150 - 299 Contact Hours

<input checked="" type="checkbox"/> 40 - 149 Contact Hours	<input checked="" type="checkbox"/> 150 - 299 Contact Hours
Trainees With 40 - 299 Contact Hours	
■ Cumulative total of Medium Term Trainees from 40-149 and 150-299 contact hours.	
Total Number of Medium Term Trainees (Cumulative total of trainees from 40-149 and 150-299 contact hours.)	150

### TRAINEES WITH 40–299 CONTACT HOURS

In this section, the grantee must respond to the following question:

1. *Total Number of Medium-Term Trainees* (cumulative total of trainees from 40–149 and 150–299 contact hours.): This section will be automatically populated from the Total Number of Trainees with 40–149 Contact Hours and Total Number of Trainees with and 150–299 Contact Hours.

**Figure 183: Medium Term Trainees: Trainees With 40 - 299 Contact Hours**

Trainees With 40 - 299 Contact Hours	
<input type="checkbox"/> Cumulative total of Medium Term Trainees from 40-149 and 150-299 contact hours.	
Total Number of Medium Term Trainees <i>(Cumulative total of trainees from 40-149 and 150-299 contact hours.)</i>	150

### TRAINEES WITH 150–299 CONTACT HOURS DURING THE PAST 12-MONTH GRANT PERIOD

In this section, the grantee must respond to the following question(s):

1. **Total Number:** The total number of trainees during the past 12-month grant period. This is a required field. The grantee must enter an integer, and this will automatically populate the above section.

**Figure 184: Medium - Term Trainees: Trainee With 150 - 299 Contact Hours During the Past 12-Month Grant Period**

Trainees With 150 - 299 Contact Hours During The Past 12 Month Grant Period	
<input type="checkbox"/> The totals for sex, ethnicity, race and discipline must equal the total number of medium term trainees with 150-299 contact hours	
* Total Number	150

### SEX (NUMBER – NOT PERCENT)

1. *Male*: Enter an integer from 0–999,999.
2. *Female*: Enter an integer from 0–999,999.
3. *Total*: This section will be automatically populated as a sum of Male and Female numbers, and this value must match the total number of trainees with 150–299 contact hours.

**NOTE:** For the *Total* section, the total number of the *Trainees* will be provided in parentheses.

**Figure 185: Medium - Term Trainees: Sex (Number - Not Percent)**

The screenshot shows a web form with the following structure:

Sex (number not percent)	
* Male	<input type="text" value="100"/>
* Female	<input type="text" value="Enter an integer: 0 - 999,999"/>
Total	<input type="text" value="100 (150)"/>

The 'Total' field contains the value '100' followed by '(150)' in parentheses, which is highlighted with a red box. The 'Female' field has a red error icon and the text 'Enter an integer: 0 - 999,999'.

### ETHNICITY (NUMBER—NOT PERCENT)

1. *Hispanic or Latino*: Enter an integer from 0–999,999.
2. *Not Hispanic or Latino*: Enter an integer from 0–999,999.
3. *Unrecorded*: Enter an integer from 0–999,999.
4. *Total*: This section will be automatically populated as a sum of Male and Female numbers and this value must match the total number of trainees with 150–299 contact hours.

**NOTE:** For *the Total* section, the total number of the *Trainees* will be provided in parentheses.

**Figure 186: Medium Term Trainees: Ethnicity (Number—Not Percent)**

The screenshot shows a form titled "Ethnicity (number not percent)". It has four rows of input fields. The first three rows are for "Hispanic or Latino", "Not Hispanic or Latino", and "Unrecorded". Each of these rows has a hint icon and the text "Enter an integer: 0 - 999,999". The fourth row is for "Total" and has a hint icon and the text "This value should match the total number of trainees with 150-299 contact hours". The number "150" is entered in the input field for the "Total" row and is highlighted with a red box.

### RACE (NUMBER – NOT PERCENT)

1. *American Indian or Alaska Native*: Enter an integer from 0–999,999.
2. *Asian*: Enter an integer from 0–999,999.
3. *Black or African American*: Enter an integer from 0–999,999.
4. *Native Hawaiian or Pacific Islander*: Enter an integer from 0–999,999.
5. *Unrecorded*: Enter an integer from 0–999,999
6. *Total*: This section will be automatically populated, and this value should match the total number of trainees with 150–299 contact hours (100)

**NOTE:** For the total section the total number of the Trainees will be provided in the parentheses.



**Figure 187: Medium Term Trainees: Race (number not percent)**

Race (number not percent)	
* American Indian or Alaska Native	Enter an integer: 0 - 999,999 <input type="text"/>
* Asian	Enter an integer: 0 - 999,999 <input type="text"/>
* Black or African American	Enter an integer: 0 - 999,999 <input type="text"/>
* Native Hawaiian or Other Pacific Islander	Enter an integer: 0 - 999,999 <input type="text"/>
* White	Enter an integer: 0 - 999,999 <input type="text"/>
* More than One Race	Enter an integer: 0 - 999,999 <input type="text"/>
* Unrecorded	Enter an integer: 0 - 999,999 <input type="text"/>
Total	This value should match the total number of trainees with 150-299 contact hours (150) <input type="text"/>

**DISCIPLINES (NUMBER—NOT PERCENT)**

The grantee may see a table with the following information:

1. *S. No* (Serial Number): This value shows the position of discipline in the series.
2. *Discipline*: The grantee must select a response from the drop-down.
3. *Other Discipline Description* (required if you selected *Other*): This section will be required if the grantee has selected *Other* from the *Discipline* dropdown.
4. *Number*: This value must match the total number of trainees with 150-299 contact hours.
5. *Action*: The grantee may click the *X Delete* link to delete the entry.
6. *+ Add Row Button*: The grantee may click on this button to add another row to provide information.

**Figure 188: Medium Term Trainees: Disciplines (Number Not Percent)**

Disciplines (Number Not Percent)				
S. No.	Discipline	'Other' Discipline Description (Required if you selected Other)	Number	Action
1	Select one		99	Delete
Provide a response for this field.				
Total			99	This value should match the total number of trainees with 150-299 contact hours (150)
+ Add Row				

### Comments

The grantee may provide additional comments.

**Figure 189: Medium Term Trainees: Comments**

COMMENTS
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
0/5000 characters

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## LONG-TERM TRAINEES

### FORM INSTRUCTIONS

#### LONG-TERM TRAINEES DETAIL SHEET

The following information is under the **Long-Term Trainees Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Long-Term Trainees Definition

**Figure 190: Long-Term Trainees: Detail Sheet**

The screenshot shows a web interface for 'Long Term Trainees'. At the top, there is a header 'Long Term Trainees' with a folder icon. Below it, there are two expandable sections: 'DG000' and 'Resources' with an external link icon. A note states 'Fields with ★ are required'. The 'Long Term Trainees Detail Sheet' section is expanded, showing a table with two columns: 'Long Term Trainees Definition' and its corresponding definition: 'It is defined as trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (including those who received MCH funds and those who did not)'.

#### LONG-TERM TRAINEES TRAINING PROGRAM INFORMATION

In this section, the grantee responds to the following questions:

1. *Total Number of Long-Term Trainees*: The total of this will be automatically populated as the grantee enters the information in the table below, which has the following column names:
  - a. Name
  - b. Sex
  - c. Ethnicity
  - d. Race
  - e. Status
  - f. Action: The grantee may click on the *X Delete* link to delete the entire row or the *Edit* link to edit previously added information.
2. *Add New button*: The grantee can click on this button, and it will open a new form with header **Long Term Trainees Training Program Information**.

Figure 191: Long-Term Trainees: Long-Term Trainees Training Program Information

### Long Term Trainees Training Program Information

All long-term trainees participating in the program, whether receiving MCH stipend support or not. The status indicator represents the completion of all required fields within a long term trainee record.

Total Number Of Long Term Trainees: 1

Name	Sex	Ethnicity	Race	Status	Action
test	Male	Hispanic or Latino	Asian	Complete	Edit Delete

[+ Add New](#)

## LONG-TERM TRAINEES

1. *Trainee Demographics*: The grantee may enter the following information:
  - a. *Name*: This is a required field, and the grantee must provide a response.
  - b. *Sex*: This is a required field, and the grantee must select a response from the dropdown menu.
  - c. *Ethnicity*: This is a required field, and the grantee must select a response from the dropdown.
  - d. *Race*: This is a required field, and the grantee must select a response from the dropdown.
  - e. *Country*: The grantee may select a response from the dropdown menu.
  - f. *State*: The grantee may select a response from the dropdown menu.
  - g. *Other International Address Description* (required if you selected *International Address*): The grantee may provide a response in the textbox.
  - h. *City*: The grantee may provide a response in the textbox.
  - i. *Discipline*: This is a required field, and the grantee must select a response from the dropdown menu.
  - j. *Other Discipline Description* (required if you selected *Other*): The grantee may provide a response in the textbox.
  - k. *Degree*: This is a required field, and the grantee must select a response from the dropdown menu.
  - l. *Other Degree Description* (required if you selected *Other*): The grantee may provide a response in the text box.
  - m. *Degree Program in Which Enrolled*: The grantee may provide a response in the text box.
  - n. *Received Financial MCH Support*: This is a required field, and the grantee must select a response from the dropdown menu.
  - o. *If Yes, Indicate Amount*: The grantee may provide a response in the textbox.
  - p. *If Yes, Indicate Type*: The grantee must select a response from the dropdown menu.
  - q. *Other Type Description* (required if you selected *Other*): The grantee may provide a response in the text box.
  - r. *Student Status*: The grantee must select a response from the dropdown menu.
  - s. *Length of Time Receiving Support* (required for Epidemiology Training Grants only)
  - t. *Research Topic or Title* (required for Epidemiology Training Grants only)

Figure 192: Long-Term Trainees: Trainee Demographics

Long Term Trainee	
<b>Trainee Demographics</b>	
<b>Name</b>	<i>Provide a response for this field</i> <input type="text"/>
<b>Sex</b>	<i>Provide a response for this field</i> Select one <input type="button" value="v"/>
<b>Ethnicity</b>	<i>Provide a response for this field</i> Select one <input type="button" value="v"/>
<b>Race</b>	<i>Provide a response for this field</i> Select one <input type="button" value="v"/>
<b>Country</b>	Select one <input type="button" value="v"/>
<b>State</b>	Select one <input type="button" value="v"/>
<b>Other International Address Description</b> <i>(Required if you selected 'International Address')</i>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>Discipline</b>	<i>Provide a response for this field</i> Select one <input type="button" value="v"/>
<b>Other Discipline Description</b> <i>(Required if you selected 'Other')</i>	<input type="text"/>
<b>Degree</b>	<i>Provide a response for this field</i> Select one <input type="button" value="v"/>
<b>Other Degree Description</b> <i>(Required if you selected 'Other')</i>	<input type="text"/>

<b>★ Degree Program in which enrolled</b>	<b>!</b> Provide a response for this field
<input type="text"/>	
<b>★ Received Financial MCH Support?</b>	<b>!</b> Provide a response for this field
	Select one <input type="button" value="v"/>
<b>If yes, indicate amount</b>	<input type="text"/>
<b>If yes, indicate type</b>	Select one <input type="button" value="v"/>
<b>Other Type Description</b> <i>(Required if you selected 'Other')</i>	<input type="text"/>
<b>★ Student Type</b>	<b>!</b> Provide a response for this field
	Select one <input type="button" value="v"/>
<b>Other Student Type Description</b> <i>(Required if you selected 'Other')</i>	<input type="text"/>

<b>★ Student Status</b>	<b>!</b> Provide a response for this field
	Select one <input type="button" value="v"/>
<b>Length of time receiving support</b> <i>(Required for Epidemiology Training Grants ONLY)</i>	<input type="text"/>
<b>Research Topic or Title</b> <i>(Required for Epidemiology Training Grants ONLY)</i>	<input type="text"/>

Cancel Save and Close

## COMMENTS

The grantee may provide additional comments here.

**Figure 193: Long-Term Trainees: Comments**

<b>COMMENTS</b>
<input type="text"/>
0/5000 characters

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).



## TECHNICAL ASSISTANCE/COLLABORATION

### FORM INSTRUCTIONS

#### TECHNICAL ASSISTANCE/COLLABORATION DETAIL SHEET

The following information is under the **Technical Assistance/Collaboration Detail Sheet**. The grantee may expand the accordion menu to view the *Definition*, as shown in figure 194.

**Figure 194: Technical Assistance/Collaboration: Detail Sheet**

The screenshot shows a web interface for 'Technical Assistance/ Collaboration'. At the top, there is a header with a folder icon and the text 'Technical Assistance/ Collaboration'. Below this is a yellow bar containing 'DG000' on the left and 'Due In: 2 Days | Status: Not Started' on the right. Underneath is a grey bar with 'Resources' and an external link icon. A note states 'Fields with ★ are required.' Below that is a blue bar with a dropdown arrow and the text 'Technical Assistance/Collaboration Detail Sheet'. The main content area is divided into two columns: 'Definition' on the left and a text box on the right containing the following text: 'Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.'

There are three tabs collecting information on the *TA/Collaboration Activities, Details, and Emerging Issues*. Further details about these tabs will be provided in the following sections.

### PART A – TA/COLLABORATION ACTIVITIES (REQUIRED)

The grantee may click on this tab and see several field options, which are described in more detail in the outline below. Provide the following summary information on all TA provided.

1. *Total Number of Technical Assistance/Collaboration Activities*: Enter an integer from 0 – 999,999. This is a required field.
2. *Total Number of Technical Assistance Participants*: Enter an integer from 0 – 999,999.
3. *TA Activities by Type of Recipient*: Select all that apply.
4. *Other TA Activities by Type of Recipient*: This is only required if you selected Other.

**Figure 195: Technical Assistance/Collaboration: Part A – TA/Collaboration Activities**

<span style="background-color: #004a99; color: white; padding: 2px;">✖ Part A - TA/Collaboration Activities</span> <span style="background-color: #f0f0f0; padding: 2px;">✖ Part B - TA/Collaboration Activity Detail</span> <span style="background-color: #e0e0e0; padding: 2px;">✔ Part C - TA Emerging Issues</span>				
Provide The Following Summary Information On ALL TA Provided				
* Total Number of Technical Assistance/Collaboration Activities	<input style="width: 100px;" type="text" value="10"/>			
* Total Number of Technical Assistance Participants	<input style="width: 100px;" type="text" value="12"/>			
TA Activities by Type of Recipient <i>(Select all that apply)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Other Divisions/Departments in a University  <input checked="" type="checkbox"/> Education  <input checked="" type="checkbox"/> Health Insurance/Organization  <input checked="" type="checkbox"/> Social Service Agency  <input checked="" type="checkbox"/> State Adolescent Health  <input checked="" type="checkbox"/> Developmental Disability Agency  <input checked="" type="checkbox"/> Other Government Agencies                             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Title V (MCH Programs)  <input type="checkbox"/> State Health Department  <input type="checkbox"/> Medicaid Agency  <input type="checkbox"/> Mental Health Agency  <input type="checkbox"/> Juvenile Justice or other Legal Entity  <input type="checkbox"/> Early Intervention  <input type="checkbox"/> Family and/or Consumer Group  <input type="checkbox"/> Professional                             </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Mixed Agencies  <input checked="" type="checkbox"/> Foundations  <input type="checkbox"/> Other                             </td> </tr> </table>	<input checked="" type="checkbox"/> Other Divisions/Departments in a University <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Health Insurance/Organization <input checked="" type="checkbox"/> Social Service Agency <input checked="" type="checkbox"/> State Adolescent Health <input checked="" type="checkbox"/> Developmental Disability Agency <input checked="" type="checkbox"/> Other Government Agencies	<input type="checkbox"/> Title V (MCH Programs) <input type="checkbox"/> State Health Department <input type="checkbox"/> Medicaid Agency <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Juvenile Justice or other Legal Entity <input type="checkbox"/> Early Intervention <input type="checkbox"/> Family and/or Consumer Group <input type="checkbox"/> Professional	<input checked="" type="checkbox"/> Mixed Agencies <input checked="" type="checkbox"/> Foundations <input type="checkbox"/> Other
<input checked="" type="checkbox"/> Other Divisions/Departments in a University <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Health Insurance/Organization <input checked="" type="checkbox"/> Social Service Agency <input checked="" type="checkbox"/> State Adolescent Health <input checked="" type="checkbox"/> Developmental Disability Agency <input checked="" type="checkbox"/> Other Government Agencies	<input type="checkbox"/> Title V (MCH Programs) <input type="checkbox"/> State Health Department <input type="checkbox"/> Medicaid Agency <input type="checkbox"/> Mental Health Agency <input type="checkbox"/> Juvenile Justice or other Legal Entity <input type="checkbox"/> Early Intervention <input type="checkbox"/> Family and/or Consumer Group <input type="checkbox"/> Professional	<input checked="" type="checkbox"/> Mixed Agencies <input checked="" type="checkbox"/> Foundations <input type="checkbox"/> Other		
'Other' TA Activities by Type of Recipient <i>(Required if you selected 'Other')</i>	<input type="checkbox"/> Organizations/Associations <input type="checkbox"/> Clinical Programs/Hospitals			

**NUMBER OF PRIMARY TARGET AUDIENCE (REQUIRED)**

The grantee will see a table with the following columns: *Target Audience*, *Number of TA Activities*, and *Percentage of TA Activities*. The grantee must provide the below information under the *Number of TA Activities* column:

1. *Local*: Enter an integer from 0–999,999.
2. *Title V*: Enter an integer from 0–999,999.
3. *Within State*: Enter an integer from 0–999,999.
4. *Another State*: Enter an integer from 0–999,999.
5. *Regional*: Enter an integer from 0–999,999.
6. *National*: Enter an integer from 0–999,999.
7. *International*: Enter an integer from 0–999,999.
8. *Total*: This will be automatically populated. (**NOTE**: The Total should match the value in section A, TA/Collaboration Activities.)

**NOTE**: The grantee will enter the *Number of TA Activities* by target audience, and percentages will be automatically calculated.

**Figure 196: Technical Assistance/Collaboration: Number of Primary Target Audience**

Number Of Primary Target Audience		
Target Audience	Number of TA Activities	Percent of TA Activities
Local	1	9.09
Title V	2	18.18
Within State	3	27.27
Another State	4	36.36
Regional	1	9.09
National	0	0
International	0	0
<b>Total</b>	11	100

✖ This value should match the value in Section A, TA/Collaboration Activities (10)

**COMMENTS**

The grantee may provide additional comments here.

**Figure 197: Technical Assistance/Collaboration: Comments**

COMMENTS

0/5000 characters

## PART B – TA/COLLABORATION ACTIVITY DETAIL (REQUIRED)

The grantee may click on this tab and see a *Technical Assistance/Collaborative Activities* table with the following information:

1. *Title*: The grantee must provide a response.
2. *List A Topics*: The grantee must select a response from the dropdown menu. Select all that apply.
3. *List B Topics*: The grantee must select a response from the dropdown menu.
4. *Other*: A response is required if *Other* has been selected from the previous dropdown menu.
5. *Recipient of TA/Collaborator*: The grantee must select a response from the dropdown menu. Select all that apply.
6. *Other Recipient Description*: A response is required if *Other* has been selected from the previous dropdown menu.
7. *Intensity of TA*: The grantee must select a response from the dropdown menu.
8. *Primary Target Audience*: The grantee must select a response from the dropdown menu.
9. *Action*: The grantee may click on the *X Delete* link to delete the entire row.
10. *+ Add Row* button: The grantee may click on this button to add a new row to add the information.

**Figure 198: Technical Assistance/Collaboration: TA/Collaboration Activity Detail**

Technical Assistance/Collaborative Activities

Provide information below on the 5-10 most significant technical assistance/collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

Total Number Of Activities: 1

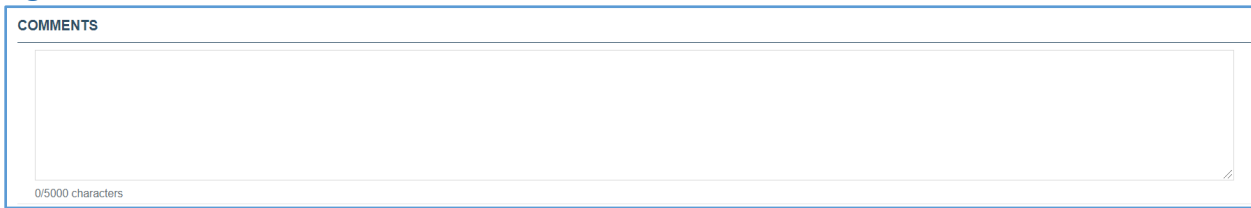
Title	List A Topics	List B Topics (select all that apply)	Other	Recipient of TA/Collaborator (select all that apply)	Other Recipient Description (Required if you selected Other)	Intensity of TA	Primary Target Audience	Action
<input type="text" value=""/>	Select One ▾	Selected (0) ▾		Selected (0) ▾		Select One ▾	Select One ▾	<a href="#">X Delete</a>
<small>0/500 characters.</small> Provide a response for this field.	<small>Provide a response for this field.</small>	<small>You are required to select at least one topic.</small>		<small>You are required to select at least one recipient.</small>		<small>Provide a response for this field.</small>	<small>Provide a response for this field.</small>	

[+ Add Row](#)

## COMMENTS

The grantee may provide additional comments here.

**Figure 199: Technical Assistance/Collaboration: Comments**



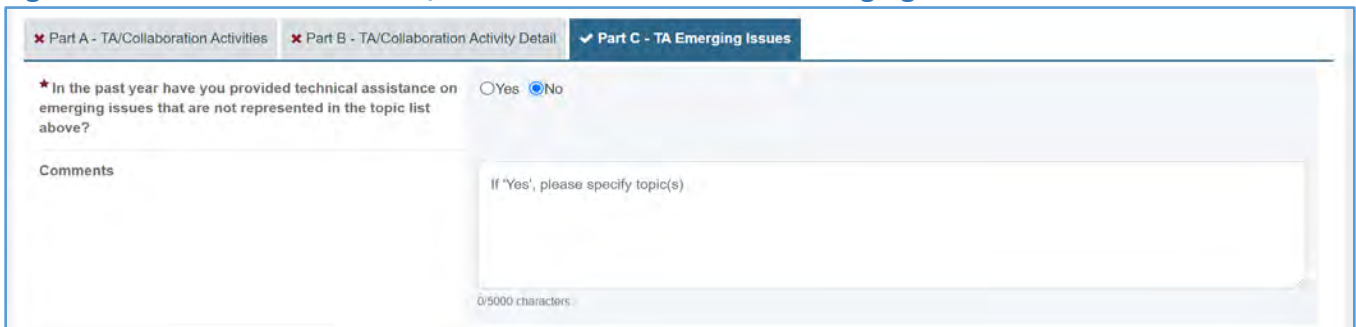
A screenshot of a web form showing a large, empty text box for entering comments. The text box is titled "COMMENTS" in the top left corner. At the bottom left of the text box, there is a character count: "0/5000 characters".

### PART C – TA EMERGENCY ISSUES

The grantee may click on this tab and see the following information:

1. *In the past year, have you provided technical assistance on emerging issues that are not presented in the topic list above?* The grantee may select either Yes or No. (NOTE: If the grantee selects Yes, then the *Comments* field becomes required.)

**Figure 200: Technical Assistance/Collaboration: Part C – TA Emerging Issues**



A screenshot of a web form showing the "Part C - TA Emerging Issues" tab. The tab is selected and highlighted in blue. Below the tab, there is a question: "★ In the past year have you provided technical assistance on emerging issues that are not represented in the topic list above?". To the right of the question are two radio buttons: "Yes" and "No". The "No" radio button is selected. Below the question is a "Comments" text box. To the right of the text box is a label: "If 'Yes', please specify topic(s)". At the bottom left of the text box, there is a character count: "0/5000 characters".

### FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## FACULTY AND STAFF

### FORM INSTRUCTIONS

There are three tabs collecting information on **Faculty, Staff, and Other**. Further details about these tabs will be provided in the following sections.

#### FACULTY

The grantee may click on this tab to view its contents and see a table with the following columns:

1. *Name* (required): The grantee must enter a response.
2. *Sex* (required): The grantee must select a response from the dropdown menu.
3. *Ethnicity* (required): The grantee must select a response from the dropdown menu.
4. *Race* (required): The grantee must select a response from the dropdown menu.
5. *Discipline* (required): The grantee must select a response from the dropdown menu.
6. *Other Discipline Description* (This is required only if you selected *Other*): The grantee may provide a response in the textbox.
7. *Year Hired in MCH Leadership Training Program* (required): The grantee must enter a response.
8. *Former MCHB Trainee* (required): The grantee must select a response from the dropdown menu.
9. *Action*: The grantee may click on the X Delete link to delete the entire row.
10. *+ Add Row*: The grantee may click on this button to add a new row to the table.

Figure 201: Faculty and Staff: Faculty

**Faculty & Staff**

DG0000 Due In: 2 Days | Status: Not Started

Resources [↗](#)

Faculty (0)
  Staff (0)
  Other (0)

List all personnel (faculty, staff, and others) contributing<sup>1</sup> to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

**Faculty Information**

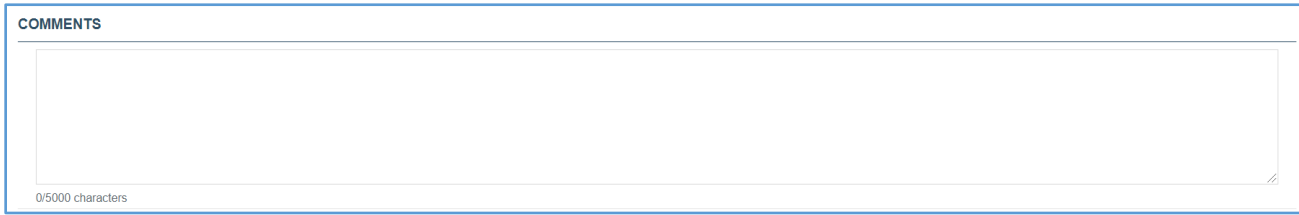
You are required to provide information for at least one Faculty, Staff, or Other personnel type.

Name	Sex	Ethnicity	Race	Discipline	Other Discipline Description (Required if you selected Other)	Year Hired in MCH Leadership Training Program	Former MCHB Trainee?	Action
+ Add Row								

#### COMMENTS

The grantee may provide additional comments here.

**Figure 202: Faculty and Staff: Comments**



The image shows a screenshot of a web form. At the top left of the form area, the word "COMMENTS" is written in a small, blue, sans-serif font. Below this is a large, empty rectangular text input field. In the bottom-left corner of this input field, the text "0/5000 characters" is displayed in a small, grey font. The entire form area is enclosed in a thin blue border.

## STAFF

The grantee may click on this tab and see a table with the following columns:

1. *Name* (required): The grantee must enter a response.
2. *Sex* (required): The grantee must select a response from the dropdown menu.
3. *Ethnicity* (required): The grantee must select a response from the dropdown menu.
4. *Race* (required): This is a required field, and the grantee must select a response from the dropdown menu.
5. *Discipline* (required): The grantee must select a response from the dropdown menu.
6. *Other Discipline Description*: This is required only if you selected *Other*.
7. *Year Hired in MCH Leadership Training Program* (required): The grantee must enter a response.
8. *Former MCHB Trainee* (required): The grantee must select a response from the dropdown menu.
9. *Action*: The grantee may click on the *X Delete* link to delete the entire row.
10. *+ Add Row*: The grantee may click on this button to add a new row to the table.
11. *Comments*: The grantee may provide comments here.

**Figure 203: Faculty and Staff: Staff**

✕ Faculty (1)
✕ Staff (1)
✕ Other (1)

■ List all personnel (faculty, staff, and others) contributing<sup>1</sup> to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

**Staff Information**

Name	Sex	Ethnicity	Race	Discipline	Other Discipline Description (Required if you selected Other)	Year Hired in MCH Leadership Training Program	Former MCHB Trainee?	Action
	Select One ▾	Select One ▾	Select One ▾	Select One ▾		YYYY	Select One ▾	✕ Delete
0/50 characters ⓘ Provide a response for this field.	ⓘ Provide a response for this field.	ⓘ Provide a response for this field.	ⓘ Provide a response for this field.	ⓘ Provide a response for this field.		ⓘ Provide an appropriate four digit year.	ⓘ Provide a response for this field.	

+ Add Row

**COMMENTS**

0/5000 characters

## OTHER

The grantee may click on this tab to see a table with the following columns:

1. **Name (required):** The grantee must enter a response.
2. **Sex (required):** The grantee must select a response from the dropdown menu.
3. **Ethnicity (required):** The grantee must select a response from the dropdown menu.
4. **Race (required):** This is a required field, and the grantee must select a response from the dropdown menu.
5. **Discipline (required):** The grantee must select a response from the dropdown menu.
6. **Other Discipline Description:** This is required only if you selected *Other*.
7. **Year Hired in MCH Leadership Training Program (required):** The grantee must enter a response.
8. **Former MCHB Trainee (required):** The grantee must select a response from the dropdown menu.
9. **Action:** The grantee may click on the *X Delete* link to delete the entire row.
10. **+ Add Row:** The grantee may click on this button to add a new row to the table.
11. **Comments:** The grantee may provide comments here.



Figure 204: Faculty and Staff: Other

Faculty (1)
Staff (1)
Other (1)

List all personnel (faculty, staff, and others) contributing<sup>1</sup> to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

**Other Information**

Name	Sex	Ethnicity	Race	Discipline	Other Discipline Description (Required if you selected Other)	Year Hired in MCH Leadership Training Program	Former MCHB Trainee?	Action
	Select One	Select One	Select One	Select One		YYYY	Select One	Delete
0/50 characters Provide a response for this field	Provide a response for this field	Provide a response for this field	Provide a response for this field	Provide a response for this field		Provide an appropriate four digit year	Provide a response for this field	

+ Add Row

**COMMENTS**

0/5000 characters

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## FORMER TRAINEES

### FORM INSTRUCTIONS

#### FORMER TRAINEES DETAIL SHEET

The following information is under the **Former Trainee Detail Sheet**.

1. Definition
2. Underserved Population Definition
3. Vulnerable Groups Definition

**Figure 205: Former Trainees: Detail Sheet**

**Former Trainees**

DG000 Due In: 3 Days | Status: Not Started

Resources [↗](#)

Fields with ★ are required.

**Former Trainees Detail Sheet**

Definition	A former trainee is defined as a trainee who completed a long-term (greater than or equal to 300 contact hours) MCH Training Program 2 years or 5 years ago, including those who received MCH funds and those who did not.
Underserved Population Definition	The term 'underserved' refers to Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. <a href="#">View full</a>
Vulnerable Groups Definition	Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc) Source: Center for Vulnerable Populations Research. UCLA. <a href="http://www.nursing.ucla.edu/research/centers-of-excellence/cvpr-2/vulnerable-populations/">http://www.nursing.ucla.edu/research/centers-of-excellence/cvpr-2/vulnerable-populations/</a>

### TRAINING PROGRAM OPTIONS

In this section, the grantee will respond to the following question:

1. *Indicate if your MCHB-Funded Training Program has former trainees that completed the program 2 years and 5 years before the current reporting year. Select all that apply.*

**Figure 206: Former Trainees: Training Program Options**

**Training Program Options**

Provide one entry for each long-term trainee that completed their MCH Training Program 2 years ago and 5 years ago. If you indicate you have former trainee data from 5 years ago, you must also enter former trainee data from 2 years prior to the current reporting period. If you have received MCHB funding for less than two years, you are not required to provide former trainee information on this form.

Indicate if your MCHB-funded Training Program has former trainees that completed the program two years and five years prior to the current reporting year (check all that apply).

2 years prior to current reporting year

5 years prior to current reporting year

## FORMER TRAINEES TRAINING PROGRAM INFORMATION

In this section, the grantee will see a table with the following column headers:

1. Name
2. Training Program
3. Year Graduated
4. Degree(s) Earned with MCH Support (if applicable)
5. Other Degree Description (required if you selected *Other*)
6. Was university able to contact the trainee?
7. Status
8. Action

**Figure 207: Former Trainees: Former Trainees Training Program Information**

Former Trainees Training Program Information								
<p>■ The status indicator represents the completion of all required fields within a former trainee record.</p>								
								Total Number of Activities: 0
	Name	Training Program	Year Graduated	Degree(s) Earned with MCH Support (If applicable)	Other Degree Description (Required if you selected 'Other')	Was University able to contact the trainee?	Status	Action
<p>+ Add New</p>								

## FORMER TRAINEE

The grantee may click on the *+ Add New* button to open a new form with header, *Former Trainee*, which includes the following fields for the grantee to complete:

1. *Name* (required): The grantee must provide a response.
2. *When did the trainee complete their MCHB Training Program?* (required): The grantee must select a checkbox.
3. *Year Graduated* (required): The grantee must provide four-digit year.
4. *Degree(s) Earned with MCH Support* (required, if applicable): The grantee must select an option from the dropdown menu.
5. *Other Degree Description*: This is required only if you selected *Other*.
6. *Was university able to contact the trainee?* (required): The grantee must select an option from the dropdown menu.
7. *Country of Residence*: Select an option from the dropdown menu.
8. *State of Residence*: Select an option from the dropdown menu.
9. *Other International Addresses Description*: This is required only if you selected International Address.
10. *City of Residence*: The grantee may provide the city of residence.
11. *Current Employment Setting*: Select an option from the dropdown menu.
12. *Other Employment Description*: This is required only if you selected *Other*.
13. *Work in Public Health Organization or Agency (including Title V)*: Select an option from the dropdown menu.
14. *Working in the MCH*: Select an option from the dropdown menu.
15. *Working with Underserved Populations or Vulnerable Groups* (refer to the Detail Sheet for definitions): Select an option from the dropdown menu.
16. *Met Criteria for Leadership in Performance Measure Training 10*: Select an option from the dropdown menu.
17. *Met Criteria for Interdisciplinary Practice in Performance Measure Training 12*: Select an option from the dropdown menu.

Figure 208: Former Trainees: Trainee Demographics

Former Trainee ✕

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**Trainee Demographics**

★ **Name** ⓘ Provide a response for this field  
ⓘ Provide a response for this field

★ **When did the trainee complete their MCHB Training Program?**  2 years  5 years

★ **Year Graduated** ⓘ Provide an appropriate four digit year.

★ **Degree(s) Earned with MCH Support** ⓘ Provide a response for this field  
*(If applicable)*

---

**Working in Public Health Organization or Agency(including Title V)?**

**Working in MCH?**

**Working with Underserved Populations or Vulnerable Groups?**   
*(Refer to Detail Sheet for Definitions)*

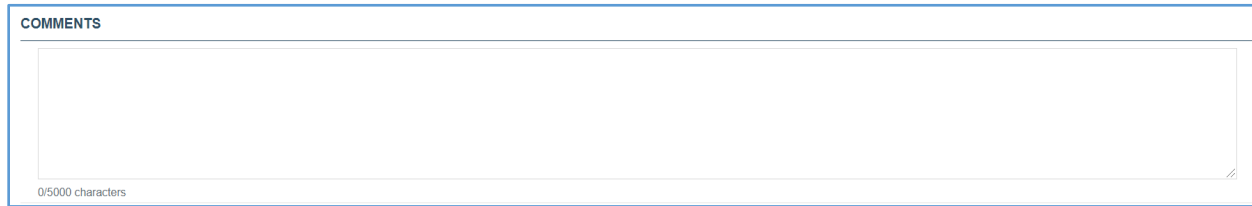
**Met Criteria for Leadership in Performance Measure Training 10?**

**Met Criteria for Interdisciplinary Practice in Performance Measure Training 12?**

## COMMENTS

The grantee may provide additional comments here.

**Figure 209: Former Trainees: Comments**



The image shows a screenshot of a form titled "COMMENTS". The form has a large, empty text input area. In the bottom-left corner of the input area, there is a character count "0/5000 characters". The form is enclosed in a blue border.

---

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PUBLICATIONS, CONFERENCES, AND WEB-BASED PRODUCTS (EXCEL UPLOAD OPTIONS)

### FORM INSTRUCTIONS

#### DOWNLOAD/UPLOAD FILE(S)

The grantee may click on the *Download/Upload File(s)* icon, and it will open a new form to download/upload files.

**Figure 210: Publications, Conferences, and Web-Based Products (Excel upload option): Download/Upload Files**

Publications, Conference and Web-Based Products (Excel upload option)

DG0000 Due In: 2 Days | Status: Not Started

Resources

Error: Your form has (1) error(s) and cannot be submitted.

Download/Upload File(s)

Fields with ★ are required.

**NOTE:** The grantee may either fill the manual input form or use the Excel file option to upload the data for this form.

1. Step 1: In the Download Template section, click *Download* to download the Excel file.
2. Step 2: In the Upload File section, click *Upload* to upload the file.

**NOTE:** This *Products and Publications Excel Template* provides a mechanism for grantees to upload report information related to *Publications, Conferences, and Web-Based Products* directly into HRSA's Discretionary Grants Information System (DGIS) in the **Electronic Handbooks (EHBs)**.

**Figure 211: Publications, Conferences and Web-Based Products: Download/Upload File(s)**

Download/Upload File(s)

Step 1: Download Template

Download

Step 2: Upload File

Choose File No file chosen

Process File

Close

## PUBLICATIONS AND WEB-BASED PRODUCTS

In this section, the grantee must respond to the following questions or add at least one entry on the table(s). The grantee must either indicate that they have no data to report or add at least one entry on the table(s).

1. *No Products, Publications, or Web-based Products to report on this page*: The grantee may select this option.

**Figure 212: Publications, Conferences, and Web-based Products (Excel Upload Option): Publications and Web-based Products**

Publications and Web-based Products	
<input checked="" type="checkbox"/> You must either indicate that you have no data to report or add at least one entry on the table(s)	
<input type="checkbox"/> No Products, Publications, or web-based products to report on this page	
Publications (Primary + Contributing Author) Total: 0	

## PRIMARY AUTHOR IN PEER-REVIEWED PUBLICATIONS IN SCHOLARLY JOURNALS – PUBLISHED

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Publication
4. Volume
5. Number
6. Supplement
7. Status
8. Actions



**Figure 213: Publications, Conferences and Web-Based Products: Primary Author in Peer-Reviewed Publications in Scholarly Journals – Published**

**Primary Author In Peer-Reviewed Publications In Scholarly Journals – Published**

■ Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.

	Title	Author(s)	Publication	Volume	Number	Supplement	Status	Action
▶							✖ Not Complete	<a href="#">✎ Edit</a> <a href="#">✖ Delete</a>

+ Add New

**+ ADD NEW**

The grantee may click on this button to open a new form with header, *Primary Author in Peer-reviewed Publications in Scholarly Journals – Published*, and see the following information:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)* (required): The grantee must enter a response.
3. *Publication* (required): The grantee must enter a response.
4. *Volume* (required): The grantee must enter an integer.
5. *Number* (required): The grantee must enter an integer.
6. *Supplement* (required): The grantee must enter an integer.
7. *Year* (required): The grantee must enter a four-digit year.
8. *Page(s)* (required): This is a required field, and the grantee must enter a response (e.g., 4-9, 11, 15).
9. *Target Audience* (required): The grantee must select a response from the dropdown menu.
10. *To Obtain Copies (URL)* (required): The grantee must enter a response.
11. *Dissemination Vehicles* (optional): This is not a required field, but the grantee may select a response from the dropdown menu.
12. *Keyword* (optional): This is not a required field, but the grantee may enter a response.

**Figure 214: Publications, Conferences and Web-Based Products: Primary Author in Peer-reviewed Publications in Scholarly Journals – Published**

Primary author in peer-reviewed publications in scholarly journals – published ✕

★ **Title** ! Provide a response for this field  
  
0/500 characters

★ **Author(s)** ! Provide a response for this field  
  
0/500 characters

★ **Publication** ! Provide a response for this field  
  
0/500 characters

★ **Volume** ! Enter an integer: 0 - 999,999

★ **Number** ! Enter an integer: 0 - 999,999

★ **Supplement** ! Enter an integer: 0 - 999,999

★ **Year** ! Provide an appropriate four digit year.

The form contains the following fields and instructions:

- ★ Page(s)**  
(e.g. 4-9,11,15)  
Provide an appropriate format for page(s).
- ★ Target Audience**  
Provide a response for this field  
Selected (0) ▾
- ★ To Obtain Copies (URL)**  
Provide a response for this field  
0/500 characters
- Dissemination Vehicles**  
Selected (0) ▾
- Keywords**  
(No more than 5 comma separated keywords)  
0/500 characters
- Notes**  
0/500 characters

Buttons: Cancel, Save and Close

## CONTRIBUTING AUTHOR IN PEER-REVIEWED PUBLICATIONS IN SCHOLARLY JOURNALS – PUBLISHED

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Publication
4. Volume
5. Number
6. Supplement
7. Status
8. Actions

**Figure 215: Publications, Conferences, and Web-Based Products: Contributing Author in Peer-reviewed Publications in Scholarly Journals – Published**

Contributing Author in Peer-Reviewed Publications in Scholarly Journals – Published								
	Title	Author(s)	Publication	Volume	Number	Supplement	Status	Action
<input type="button" value="+ Add New"/>								

### + ADD NEW

The grantee may click on this button to open a new form with the header, *Peer-reviewed Publications in Scholarly Journals – Published*, and see the following information:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)* (required): The grantee must enter a response.
3. *Publication* (required): The grantee must enter a response.
4. *Volume* (required): Provide an appropriate four-digit year.
5. *Number* (required): Enter an integer.
6. *Supplement* (required): Enter an integer.
7. *Year* (required): Provide an appropriate four-digit year.
8. *Page(s)* (required): Provide an appropriate format for pages (e.g., 4-9, 11,15).
9. *Target Audience* (required): The grantee must select a response from the dropdown menu.
10. *To Obtain Copies (URL)* (required): The grantee must enter a response.
11. *Dissemination Vehicles*: This is not a required field, but the grantee may select a response from the dropdown menu.
12. *Keyword* (optional): This is not a required field, but the grantee may enter a response.
13. *Notes* (optional): This is not a required field, but the grantee may enter a response.

Figure 216: Publications, Conferences and Web-based Products: Contributing Author in Peer-reviewed Publications in Scholarly Journals – Published

Contributing author in peer-reviewed publications in scholarly journals – published

★ Title Provide a response for this field  
  
0/500 characters

★ Author(s) Provide a response for this field  
  
0/500 characters

★ Publication Provide a response for this field  
  
0/500 characters

★ Volume Enter an integer: 0 - 999,999

★ Number Enter an integer: 0 - 999,999

★ Supplement Enter an integer: 0 - 999,999

★ Year Provide an appropriate four digit year.

★ Page(s) Provide an appropriate format for page(s).  
(e.g. 4-9,11,15)

★ Target Audience Provide a response for this field  
Selected (0) ▾

★ To Obtain Copies (URL) Provide a response for this field  
  
0/500 characters

**Dissemination Vehicles**

Selected (0) ▾

---

**Keywords**  
*(No more than 5 comma separated keywords)*

0/500 characters

---

**Notes**

0/500 characters

Cancel

Save and Close

## PEER-REVIEWED PUBLICATIONS IN SCHOLARLY JOURNALS – SUBMITTED, NOT YET PUBLISHED

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Publication
4. Volume
5. Number
6. Supplement
7. Status
8. Actions

**Figure 217: Publications, Conferences and Web-based Products: Peer-reviewed Publications in Scholarly Journals – Submitted, Not Yet Published**

Peer-Reviewed Publications In Scholarly Journals – Submitted, Not Yet Published								Submissions Total: 1
	Title	Author(s)	Publication	Year Submitted	Target Audience	Keywords	Status	Action
▶							<span style="color: red;">✘</span> Not Complete	<span style="color: blue;">✎</span> Edit <span style="color: blue;">✘</span> Delete
<span style="background-color: #e6f2ff; padding: 2px 5px; border: 1px solid #ccc;">+ Add New</span>								

**+ ADD NEW**

The grantee may click on this button to open a new form with the header, *Peer-reviewed Publications in Scholarly Journals – Submitted, Not Yet Published*, and see the following information:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)* (required): The grantee must enter a response.
3. *Publication* (required): The grantee must enter a response.
4. *Year Submitted* (required): The grantee must respond.
5. *Target Audience* (required): The grantee must select a response from the dropdown menu.
6. *Keyword* (optional): This is not a required field, but the grantee may enter a response.
7. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 218: Publications, Conferences, and Web-based Products: Peer-reviewed Publications in Scholarly Journals – Submitted, Not Yet Published**

The screenshot shows a web form with a grey header bar containing the text "Peer-reviewed publications in scholarly journals – submitted, not yet published" and a close button (X). The form has a light blue background and contains three required text input fields, each with a red star icon and a yellow warning icon. The fields are labeled "Title", "Author(s)", and "Publication". Each field has a placeholder text "Provide a response for this field" and a character count "0/500 characters" below it. The "Title" field contains the letter "I".

★ **Year Submitted** ⓘ Provide an appropriate four digit year.

★ **Target Audience** ⓘ Provide a response for this field  
Selected (0) ▾

**Keywords**  
(No more than 5 comma separated keywords)  
0/500 characters

**Notes**  
0/500 characters

Cancel Save and Close

## WEB-BASED PRODUCTS

The grantee will see a table with the following columns:

1. Title
2. Author(s)
3. Publication
4. Volume
5. Number
6. Supplement
7. Status
8. Actions

**Figure 219: Publications, Conferences, and Web-based Products: Web-based Products**

Web-Based Products									
									Web-Based Products Total: 0
Product	Year	Type	Other Type	Target Audience	To Obtain Copies (URL or Email)	Keywords	Status	Action	
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>+ Add New</span> </div>									



### + ADD NEW

The grantee may click on this button to open a new form with the header *Web-based Products* and see the following information:

1. *Product* (required): The grantee must enter a response.
2. *Year* (required): The grantee must enter a four-digit year.
3. *Type* (required): The grantee must select a response from the dropdown menu.
4. *Other Type Description*: This is required if you selected *Other*.
5. *Target Audience* (required): The grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)* (required): The grantee must enter a response.
7. *Keyword*: This is not a required field, but the grantee may enter a response.
8. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 220: Publications, Conferences, and Web-Based Products: Web-based Products**

The screenshot shows a web form titled "Web-based products" with a close button (X) in the top right corner. The form contains the following fields:

- Product** (required): A text input field with a red star icon. A yellow information icon and the text "Provide a response for this field" are above the field. Below the field is a character count "0/500 characters".
- Year** (required): A text input field with a red star icon. A yellow information icon and the text "Provide an appropriate four digit year." are above the field.
- Type** (required): A dropdown menu with a red star icon. A yellow information icon and the text "Provide a response for this field" are above the dropdown. The selected option is "Selected (0)".
- Other Type Description**: A text input field. The text "(Required if you selected 'Other')" is displayed below the field label.

**★ Target Audience**

! Provide a response for this field

Selected (0) ▾

**★ To Obtain Copies (URL or Email)**

0/500 characters

**Keywords**  
*(No more than 5 comma separated keywords)*

0/500 characters

**Notes**

0/500 characters

Cancel

Save and Close

## CONFERENCE PRESENTATION AND POSTERS PRESENTED

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Publication
4. Volume
5. Number
6. Supplement
7. Status
8. Action

**Figure 221: Publications, Conferences, and Web-based Products: Conference Presentations and Posters Presented**

Conference Presentations And Posters Presented								
								Conference Presentations And Posters Presented Total: 0
	Title	Author(s)/Organization(s)	Meeting/Conference Name	Year	Type	Target Audience	Status	Action
<span style="font-size: small; color: green;">+</span> Add New								

### + ADD NEW

The grantee may click on this button to open a new form with header, *Conference Presentation and Posters Presented*, and see the following information:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)/Organization(s)* (required): The grantee must enter a response.
3. *Meeting/Conference Name* (required): The grantee must enter a response.
4. *Year Presented* (required): The grantee must enter a four-digit year.
5. *Type* (required): The grantee must select a response from the dropdown menu.
6. *Target Audience* (required): The grantee must select a response from the dropdown menu.
7. *To Obtain Copies (URL or Email)* (required): The grantee must enter a response.
8. *Keywords* (optional): This is not a required field, but the grantee may enter a response.
9. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 222: Publications, Conferences, and Web-based Products: Conference Presentations and Posters Presented**

The screenshot shows a web form titled "Conference presentations and posters presented" with a close button (X) in the top right corner. The form contains two required fields, each marked with a red star icon. The first field is labeled "Title" and has a text input area with a character count of "0/500 characters" below it. The second field is labeled "Author(s)/Organization(s)" and also has a text input area with a character count of "0/500 characters" below it. Both input areas have a yellow warning icon and the text "Provide a response for this field" above them.

★ <b>Year Presented</b>	ⓘ Provide an appropriate four digit year. <input type="text"/>
★ <b>Type</b>	ⓘ Provide a response for this field. Select one ▾
★ <b>Target Audience</b>	ⓘ Provide a response for this field Selected (0) ▾
★ <b>To Obtain Copies (URL or Email)</b>	ⓘ Provide a response for this field <input type="text"/> 0/500 characters
<b>Keywords</b> <i>(No more than 5 comma seprated keywords)</i>	<input type="text"/> 0/500 characters
<b>Notes</b>	<input type="text"/> 0/500 characters

Cancel Save and Close

## COMMENTS

The grantee may provide comments here.

**Figure 223: Publications, Conferences, and Web-based Products: Comments**

COMMENTS

0/5000 characters

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PRODUCTS AND SUBMISSIONS DATA (MANUAL ENTRY)

### FORM INSTRUCTIONS

In this section, the grantee will see 11 clickable tabs, which are listed below:

1. Books and Reports
2. Books
3. Book Chapters
4. Reports and Monographs
5. Products and Communications
6. Press Communications
7. Newsletters and Pamphlets
8. Pamphlets, Brochures, or Fact Sheets
9. Academics and Other
10. Distance Learning Modules
11. Other

Further details and instructions for each of these tabs will be provided in the sections that follow.

### BOOKS AND REPORTS

The grantee may click on this tab and see the following content:

1. *No Books and Reports to Add*: The grantee may select this checkbox to indicate that they have no data to report or add at least one entry on the table(s).

**Figure 224: Products and Submission Data: Books and Reports**

**Products and Submissions Data (Manual entry)**

DG000 Due In: 2 Days | Status: Not Started

Resources [↗](#)

**Error:** Your form has (1) error(s) and cannot be submitted.

Fields with ★ are required.

**Books and Reports** **Products and Communications** **Newsletters and Pamphlets** **Academics and Other**

**You must either indicate that you have no data to report or add at least one entry on the table(s)**

No Books and Reports to add

## BOOKS

The grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Publisher
4. Year Published
5. Target Audience
6. Keywords
7. Status
8. Action

**Figure 225: Products and Submission Data: Books**

Books							
Title	Author(s)	Publisher	Year Published	Target Audience	Keywords	Status	Action
Books Total: 0							
+ Add New							

### + ADD NEW

The grantee may click on this button to open a new form with header, *Books*, and the following fields:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)* (required): The grantee must enter a response.
3. *Publisher* (required): The grantee must enter a response.
4. *Year Published* (required): The grantee must enter a four-digit year.
5. *Target Audience* (required): The grantee must select a response from the dropdown menu.
6. *Keywords* (optional): This is not a required field, but the grantee may enter a response.
7. *Notes* (optional): This is not a required field, but the grantee may enter a response.

Figure 226: Products and Submission Data: Books fields

**Books** ✕

★ **Title** ⓘ Provide a response for this field

★ **Author(s)** ⓘ Provide a response for this field

★ **Publisher** ⓘ Provide a response for this field

★ **Year Published** ⓘ Provide an appropriate four digit year.

★ **Target Audience** ⓘ Provide a response for this field  
Selected (0) ▾

**Keywords**  
*(No more than 5 comma seprated keywords)*  
  
0/500 characters

**Notes**  
  
0/500 characters

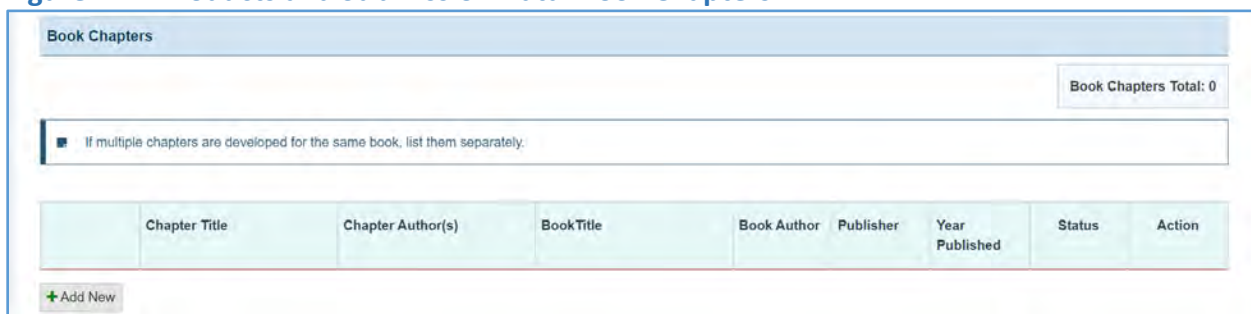


## BOOK CHAPTERS

The grantee will see a table with the following column labels:

1. Chapter Title
2. Chapter Author(s)
3. Book Title
4. Book Author
5. Publisher
6. Year Published
7. Status
8. Action

**Figure 227: Products and Submission Data: Book Chapters**



Chapter Title	Chapter Author(s)	Book Title	Book Author	Publisher	Year Published	Status	Action
Book Chapters Total: 0							
<p><input type="checkbox"/> If multiple chapters are developed for the same book, list them separately.</p>							
<p><a href="#">+ Add New</a></p>							

### + ADD NEW

The grantee may click on this button to open a new form with the header, *Book Chapters*, which contains the following fields:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)* (required): The grantee must enter a response.
3. *Publisher* (required): The grantee must enter a response.
4. *Year Published* (required): The grantee must enter a four digit-year.
5. *Target Audience* (required): The grantee must select a response from the dropdown menu.
6. *Keywords* (optional): This is not a required field, but the grantee may enter a response.
7. *Notes* (optional): This is not a required field, but the grantee may enter a response.

Figure 228: Products and Submission Data: Book Chapters fields

**Book Chapters** ✕

★ **Chapter Title** ⓘ Provide a response for this field

★ **Chapter Author(s)** ⓘ Provide a response for this field

★ **Book Title** ⓘ Provide a response for this field

★ **Book Author(s)** ⓘ Provide a response for this field

★ **Publisher** ⓘ Provide a response for this field

★ **Year Published** ⓘ Provide an appropriate four digit year.

★ **Target Audience** ⓘ Provide a response for this field  
Selected (0) ▾

**Keywords**  
*(No more than 5 comma separated keywords)*  
  
0/500 characters

**Notes**  
  
0/500 characters

## REPORTS AND MONOGRAPHS

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)
3. Year Published
4. Target Audience
5. To Obtain (URL)
6. Keywords
7. Status
8. Action

**Figure 229: Products and Submission Data: Reports and Monographs**

Reports And Monographs							
							Reports And Monographs Total: 0
Title	Author(s)	Year Published	Target Audience	To obtain copies (URL)	Keywords	Status	Action
<a href="#">+ Add New</a>							

**+ ADD NEW**

The grantee may click on this button to open a new form with the header, *Reports and Monographs*, which contains the following fields:

1. *Title* (required): The grantee must enter a response.
2. *Author(s)/Organization(s)* (required): The grantee must enter a response.
3. *Publisher* (required): The grantee must enter a response.
4. *Year Published* (required): The grantee must enter a four-digit year.
5. *Target Audience* (required): The grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)*: The grantee must enter a response.
7. *Keyword(s)* (optional): This is not a required field, but the grantee may enter a response.
8. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 230: Products and Submission Data: Reports and Monographs fields**

The screenshot shows a web form titled "Reports and Monographs" with a close button (X) in the top right corner. The form contains four required fields, each marked with a red star icon and a yellow information icon. The fields are:

- Title**: A text input field with the instruction "Provide a response for this field".
- Author(s)/Organization(s)**: A text input field with the instruction "Provide a response for this field".
- Year Published**: A text input field with the instruction "Provide an appropriate four digit year.".
- Target Audience**: A dropdown menu with the instruction "Provide a response for this field" and the current selection "Selected (0)".

The screenshot shows a form with a light blue header. On the left, there are three sections: 'To obtain copies (URL or email)' with a red star icon, 'Keywords' with the instruction '(No more than 5 comma separated keywords)', and 'Notes'. On the right, there is a yellow warning icon with the text 'Provide a response for this field' above a text input field. Below that is a larger text area for 'Keywords' with a '0/500 characters' indicator. At the bottom of the form are 'Cancel' and 'Save and Close' buttons.

## COMMENTS

The grantee may provide additional comments.

**Figure 231: Products and Submission Data: Comments**

The screenshot shows a rectangular text area with the title 'COMMENTS' in the top left corner. The area is mostly empty, with a '0/5000 characters' indicator at the bottom left corner.



**+ ADD NEW**

The grantee may click on this button to open a new form with the header, *Electronic Products*, which includes the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Type*: This is a required field, and the grantee must select a response from the dropdown menu.
5. *Other Type Description* (required if you selected *Other*): The grantee may enter a response.
6. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
7. *To Obtain Copies (URL or email)*: This is a required field, and the grantee must enter a response.
8. *Keyword(s)*: This is not a required field, but the grantee may enter a response.
9. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 234: Products and Submission Data (Manual Entry): Electronic Products fields**

The screenshot shows a web form titled "Electronic Products" with a close button (X) in the top right corner. The form contains four required fields, each marked with a red star icon and a yellow information icon. The fields are:

- Title**: A text input field with the instruction "Provide a response for this field".
- Author(s)/Organization(s)**: A text input field with the instruction "Provide a response for this field".
- Year**: A text input field with the instruction "Provide an appropriate four digit year.".
- Type**: A dropdown menu with the instruction "Provide a response for this field" and the current selection "Selected (0)".

The screenshot shows a form with the following sections:

- Other Type Description**  
(Required if you selected 'Other')
- Target Audience**  
Provide a response for this field  
Selected (0) ▼
- To Obtain Copies (URL or Email)**  
Provide a response for this field
- Keywords**  
(No more than 5 comma separated keywords)  
0/500 characters
- Notes**  
0/500 characters

Buttons: Cancel, Save and Close

## PRESS COMMUNICATIONS

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)/Organization(s)
3. Year
4. Type
5. Other Type(s)
6. Target Audience
7. To Obtain Copies (URL or Email)
8. Status
9. Action



Figure 235: Products and Submission Data: Press Communications

Press Communications									
									Press Communications Total: 0
	Title	Author(s)/Organization(s)	Year	Type	Other Type(s)	Target Audience	To Obtain Copies (URL or Email)	Status	Action
<input type="button" value="+ Add New"/>									

### + ADD NEW

The grantee may click on this button to open a new form with the header, *Press Communications*, which contains the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Type*: This is a required field, and the grantee must select a response from the dropdown menu.
5. *Other Type Description* (required if you selected *Other*): The grantee may enter a response.
6. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
7. *To obtain copies (URL or email)*: This is a required field, and the grantee must enter a response.
8. *Keyword(s)*: This is not a required field, but the grantee may enter a response.
9. *Notes* (optional): This is not a required field, but the grantee may enter a response.

Figure 236: Products and Submission Data: Press Communications fields

**Press Communications** ✕

---

★ **Title** 📘 Provide a response for this field

---

★ **Author(s)/Organization(s)** 📘 Provide a response for this field

---

★ **Year** 📘 Provide an appropriate four digit year.

---

★ **Type** 📘 Provide a response for this field

---

**Other Type Description**  
*(Required if you selected 'Other')*

---

★ **Target Audience** 📘 Provide a response for this field

---

★ **To Obtain Copies (URL or Email)** 📘 Provide a response for this field

---

**Keywords**  
*(No more than 5 comma separated keywords)*  
  
0/500 characters

---

**Notes**  
  
0/500 characters

---

## NEWSLETTERS AND PAMPHLETS

In this section, the grantee may click on this tab to see its contents.

1. *No Newsletters and Pamphlets to Add*: The grantee may select this checkbox to indicate that they have no data to report or add at least one entry on the table(s).

**Figure 237: Products and Submission Data: Newsletters and Pamphlets**

## NEWSLETTERS

In this section, the grantee may see a table with the following column labels:

1. Title
2. Author(s)/Organization(s)
3. Year
4. Type
5. Target Audience
6. To Obtain Copies (URL or Email)
7. Status
8. Action

**Figure 238: Products and Submission Data: Newsletters**

Title	Author(s)/Organization(s)	Year	Type	Target Audience	To Obtain Copies (URL or Email)	Status	Action
Newsletters Total: 0							

+ Add New

## + ADD NEW

The grantee may click on this button to open a new form with header, *Newsletters*, which contains the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter the response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Type*: This is a required field, and the grantee must enter a response.
5. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)*: This is a required field, and the grantee must enter a response.
7. *Frequency of Distribution*: This is a required field, and the grantee must select a response from the dropdown menu.
8. *Other Distribution Description* (required if you selected *Other*): This is not a required field, but the grantee may enter a response from the dropdown menu.
9. *Number of Subscribers*: This is a required field, and the grantee may enter an integer.
10. *Keywords* (no more than five comma-separated keywords): This is not a required field, but the grantee may enter a response.

**Figure 239: Products and Submission Data: Newsletters fields**

The screenshot shows a web form titled "Newsletters" with a close button (x) in the top right corner. The form contains four visible fields, each with a red star icon indicating it is required:

- Title**: A text input field with a yellow information icon and the message "Provide a response for this field".
- Author(s)/Organization(s)**: A text input field with a red asterisk icon and the message "Provide a response for this field".
- Year**: A text input field with a yellow information icon and the message "Provide an appropriate four digit year.".
- Type**: A dropdown menu with a yellow information icon and the message "Provide a response for this field". The current selection is "Selected (0)".

★ <b>Target Audience</b>	ⓘ Provide a response for this field
	Selected (0) ▾
★ <b>To Obtain Copies (URL or Email)</b>	ⓘ Provide a response for this field
	<input type="text"/>
★ <b>Frequency of distribution</b>	ⓘ Provide a response for this field
	Selected (0) ▾
<b>Other Distribution Description</b> <i>(Required if you selected 'Other')</i>	<input type="text"/>
★ <b>Number of Subscribers</b>	ⓘ Enter an integer: 0 - 999,999
	<input type="text"/>
<b>Keywords</b> <i>(No more than 5 comma separated keywords)</i>	<input type="text"/>
	0/500 characters
<b>Notes</b>	<input type="text"/>
	0/500 characters
Cancel	Save and Close

## PAMPHLET, BROCHURE, OR FACT SHEET

In this section, the grantee will see a table with the following column labels:

1. Title
2. Author(s)/Organization(s)
3. Year
4. Type
5. Target Audience
6. To Obtain Copies (URL or Email)
7. Status
8. Action

**Figure 240: Products and Submission Data: Pamphlets, Brochures, or Fact Sheets**

Pamphlets, Brochures Or Fact Sheets							
Title	Author(s)/Organization(s)	Year	Type	Target Audience	To Obtain Copies (URL or Email)	Status	Action
Pamphlets Total: 0							
+ Add New							

### + ADD NEW

The grantee may click on this button to open a new form with the header, *Pamphlets, Brochures, or Fact Sheets*, which contains the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Type*: This is a required field, and the grantee must enter a response.
5. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)*: This is a required field, and the grantee must enter a response.
7. *Keywords* (no more than five comma-separated keywords): This is not a required field, but the grantee may enter a response.

Figure 241: Products and Submission Data: Pamphlets, Brochures, or Fact Sheets fields

Pamphlets, brochures or fact sheets ✕

★ **Title** ! Provide a response for this field

★ **Author(s)/Organization(s)** ! Provide a response for this field

★ **Year** ! Provide an appropriate four digit year.

★ **Type** ! Provide a response for this field

Selected (0) ▾

★ **Target Audience** ! Provide a response for this field

Selected (0) ▾

★ **To Obtain Copies (URL or Email)** ! Provide a response for this field

**Keywords**  
*(No more than 5 comma separated keywords)*

0/500 characters

**Notes**

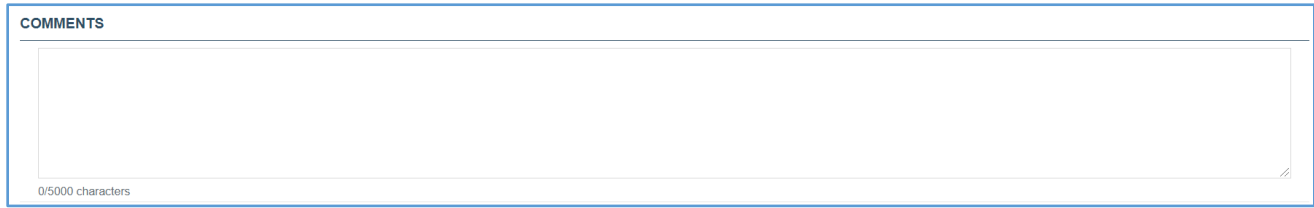
0/500 characters

Cancel Save and Close

COMMENTS

The grantee may provide additional comments.

**Figure 242: Products and Submission Data: Comments**



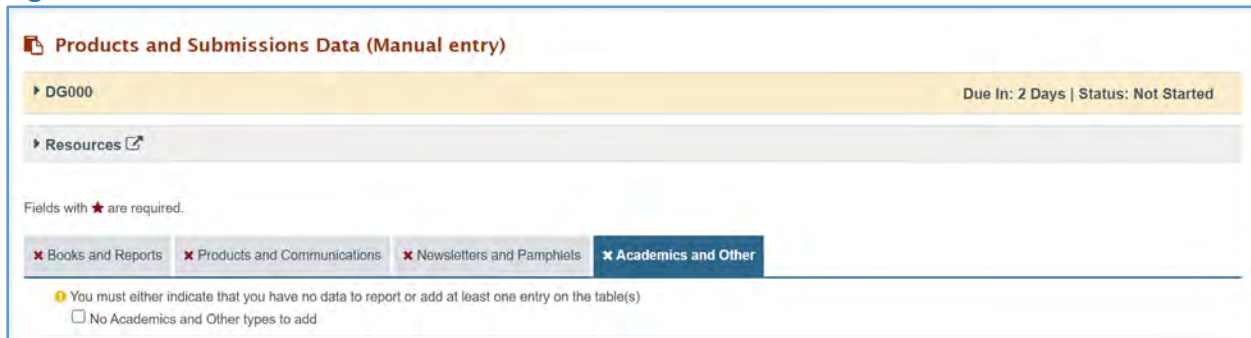
A screenshot of a web form showing a large, empty text area for comments. The text area is bounded by a thin blue border. In the top-left corner of the text area, the word "COMMENTS" is written in a small, blue, sans-serif font. In the bottom-left corner of the text area, the text "0/5000 characters" is displayed in a small, grey font. A small cursor icon is visible in the bottom-right corner of the text area.

## ACADEMICS AND OTHER

The grantee may click on this tab to see its content.

1. *No Academics and Other Types to Add*: The grantee may select this checkbox to indicate that they have no data to report or add at least one entry on the table(s).

**Figure 243: Products and Submission Data: Academics and Other**



A screenshot of a web form titled "Products and Submissions Data (Manual entry)". The form has a yellow header bar with the text "DG000" on the left and "Due In: 2 Days | Status: Not Started" on the right. Below the header bar is a grey bar with the text "Resources" and a small icon. Below the grey bar is a section with the text "Fields with ★ are required." and a row of four tabs: "Books and Reports", "Products and Communications", "Newsletters and Pamphlets", and "Academics and Other". The "Academics and Other" tab is selected and highlighted in blue. Below the tabs is a yellow warning icon and the text "You must either indicate that you have no data to report or add at least one entry on the table(s)". Below the warning is a checkbox labeled "No Academics and Other types to add".

## ACADEMICS COURSE DEVELOPMENT

The grantee will see a table with the following columns.

1. Title
2. Author(s)/Organization(s)
3. Year
4. Target Audience
5. To Obtain Copies (URL or Email)
6. Keywords
7. Status
8. Action



**Figure 244: Products and Submission Data: Academic Course Development**

Academic Course Development								
								Academic Course Development Total: 0
	Title	Author(s)/Organization(s)	Year	Target Audience	To Obtain Copies (URL or Email)	Keywords	Status	Action
<a href="#">+ Add New</a>								

**+ ADD NEW**

The grantee may click on this button to open a new form with header, *Academic Course Development*, and the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
5. *Keywords (no more than five comma-separated keywords)*: This is not a required field, but the grantee may enter a response.
6. *Notes (optional)*: This is not a required field, but the grantee may enter a response.

**Figure 245: Products and Submission Data: Academic Course Development fields**

**Academic Course Development** ×

★ **Title** ⓘ Provide a response for this field

★ **Author(s)/Organization(s)** ⓘ Provide a response for this field

★ **Year** ⓘ Provide an appropriate four digit year.

★ **Target Audience** ⓘ Provide a response for this field

Selected (0) ▾

★ **To Obtain Copies (URL or Email)** ! Provide a response for this field

**Keywords**  
(No more than 5 comma separated keywords)

**Notes**

0/500 characters

0/500 characters

Cancel Save and Close

### DISTANCE LEARNING MODULES

The grantee may see a table with the following columns:

1. Title
2. Author(s)/Organization(s)
3. Year Published
4. Media Type
5. Other Media Type
6. Target Audience
7. Status
8. Action

**Figure 246: Products and Submission Data: Distance Learning Modules**

Distance Learning Modules								
								Distance Learning Modules Total: 0
Title	Author(s)/Organization(s)	Year Published	Media Type	Other Media Type	Target Audience	Status	Action	
<span style="border: 1px solid gray; padding: 2px;">+ Add New</span>								

### + ADD NEW

The grantee may click on this button to open a new form with the header, *Distance Learning Modules*, which contains the following fields.

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization(s)*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Media Type*: This is a required field, and the grantee must select a response from the dropdown menu.
5. *Other Media Description* (required if you selected *Other*): The grantee may enter a response.
6. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
7. *To Obtain Copies (URL or Email)*: This is a required field, and the grantee must enter a response.
8. *Keywords* (no more than five comma-separated keywords): This is not a required field, but the grantee may enter a response.
9. *Notes* (optional): This is not a required field, but the grantee may enter a response.

**Figure 247: Products and Submission Data: Distance Learning Modules fields**

The screenshot shows a web form titled "Distance Learning Modules" with a close button (X) in the top right corner. The form contains four required fields, each marked with a red star icon and a yellow information icon. The fields are:

- Title**: A text input field with a message "Provide a response for this field".
- Author(s)/Organization(s)**: A text input field with a message "Provide a response for this field".
- Year**: A text input field with a message "Provide an appropriate four digit year.".
- Media Type**: A dropdown menu with a message "Provide a response for this field" and a selected value of "Selected (0)".

**Other Media Description**  
*(Required if you selected 'Other')*

**★ Target Audience** ⓘ Provide a response for this field  
Selected (0) ▾

**★ To Obtain Copies (URL or Email)** ⓘ Provide a response for this field

**Keywords**  
*(No more than 5 comma separated keywords)*  
0/500 characters

**Notes**  
0/500 characters

Cancel Save and Close

## DOCTORAL DISSERTATIONS/MASTERS' THESES

The grantee will see a table with the following column labels.

1. Title
2. Author(s)/Organization(s)
3. Year Completed:
4. Type
5. Target Audience:
6. To Obtain Copies (URL or Email)
7. Status
8. Action

**Figure 248: Products and Submission Data: Doctoral Dissertations/Master’s Theses**

Doctoral Dissertations/Master’s Theses								
								Doctoral Dissertations Total: 0
Title	Author(s)/Organization(s)	Year Completed	Type	Target Audience	To Obtain Copies (URL or Email)	Status	Action	
+ Add New								

**+ ADD NEW**

The grantee may click on this button to open a new form with the header, *Doctoral Dissertations/Master’s Theses* which contains the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author*: This is a required field, and the grantee must enter a response.
3. *Year Completed*: This is a required field, and the grantee must enter a four-digit year.
4. *Type*: This is a required field, and the grantee must select a response from the dropdown menu.
5. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)*: This is a required field, and the grantee must enter a response.
7. *Keywords (no more than five comma-separated keywords)*: This is not a required field, but the grantee may enter a response.

**Figure 249: Products and Submission Data: Doctoral Dissertations/Master’s Theses fields**

Doctoral dissertations/Master’s theses ✕

★ **Title** ! Provide a response for this field

★ **Author** ! Provide a response for this field

★ **Year Completed** ! Provide an appropriate four digit year.

★ **Type** ! Provide a response for this field

Selected (0) ▾

**★ Target Audience**

**!** Provide a response for this field

Selected (0) ▾

---

**★ To Obtain Copies (URL or Email)**

**!** Provide a response for this field

---

**Keywords**  
*(No more than 5 comma separated keywords)*

0/500 characters

---

**Notes**

0/500 characters

Cancel

Save and Close

## OTHER

The grantee will see a table with the following column labels:

1. Title
2. Author(s)/Organization(s)
3. Year Published
4. Describe Product, Publication, or Submission
5. Target Audience
6. To Obtain Copies (URL or Email)
7. Status
8. Action

**Figure 250: Products and Submission Data: Other**

Other								
								Other Total: 0
<span style="font-size: x-small;">■ A maximum of up to 3 other types may be entered.</span>								
Title	Author(s)/Organization(s)	Year Published	Describe product, publication or submission	Target Audience	To Obtain Copies (URL or Email)	Status	Action	
<span style="font-size: x-small;">+ Add New</span>								

The grantee may click on this button to open a new form with the header, *Other*, which contains the following fields:

1. *Title*: This is a required field, and the grantee must enter a response.
2. *Author(s)/Organization*: This is a required field, and the grantee must enter a response.
3. *Year*: This is a required field, and the grantee must enter a four-digit year.
4. *Describe Product, Publication, or Submission*: This is a required field, and the grantee must enter a response.
5. *Target Audience*: This is a required field, and the grantee must select a response from the dropdown menu.
6. *To Obtain Copies (URL or Email)*: This is a required field, and the grantee must enter a response.
7. *Keywords (no more than five comma-separated keywords)*: This is not a required field, but the grantee may enter a response.

**Figure 251: Products and Submission Data: Other fields**

The screenshot shows a form window titled "Other" with a close button in the top right corner. The form contains five required fields, each marked with a red star icon and a yellow information icon. The fields are:

- Title**: A text input field with the instruction "Provide a response for this field".
- Author(s)/Organization(s)**: A text input field with the instruction "Provide a response for this field".
- Year**: A text input field with the instruction "Provide an appropriate four digit year.".
- Describe product, publication or submission**: A text input field with the instruction "Provide a response for this field".
- Target Audience**: A dropdown menu with the instruction "Provide a response for this field" and the current selection "Selected (0)".

★ To Obtain Copies (URL or Email) ⓘ Provide a response for this field

**Keywords**  
(No more than 5 comma separated keywords)

**Notes**

0/500 characters

0/500 characters

## COMMENTS

The grantee may provide additional comments.

**Figure 252: Products and Submission Data: Comments**

COMMENTS

0/5000 characters

## FORM-LEVEL RULES AND VALIDATIONS

1. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).