

DGIS USER GUIDE FINANCIAL FORMS

Version 3.0 – Updated 09/29/2023

CONTENTS

Financial Forms	2
Applicable Report Types	2
Financial Form 1 – Project Budget Details.....	3
Form Instructions	3
Form-Level Rules and Validations	6
Financial Form 3 – BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED	7
Form Instructions	7
Form-Level Rules and Validations	8
Financial Form 5 – Number of Individuals Served (UNDUPLICATED).....	10
Form Instructions	10
Form-Level Rules and Validations	12
Financial Form 6 – Project Abstract.....	13
Form Instructions	13
Form-Level Rules and Validations	20
Financial Form 7 – Project Summary Data	22
Form Instructions	22
Form-Level Rules and Validations	26
Financial Form 8 – Project Summary Data (Research Projects Only).....	27
Form Instructions	27
Form-Level Rules and Validations	30

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

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Report (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Financial Forms

Financial Forms			
Applicable Forms	Report Types		
	NCPR	NCCPR	PPER
Financial Form 1 - MCHB Project Budget Details for FY	✓	✓	
Financial Form 3 - Budget Details by Types of Individuals Served	✓	✓	✓
Financial Form 5 - Number of Individual Served (unduplicated)		✓	✓
Financial Form 6 - Maternal & Child Health Discretionary Grant	✓	✓	✓
Financial Form 7 - Discretionary Grant Project	✓	✓	✓
Financial Form 8 - MCH Discretionary Grant Project Abstract for FY (For Research Projects ONLY)	✓	✓	✓

FINANCIAL FORM 1 – PROJECT BUDGET DETAILS

FORM INSTRUCTIONS

PROJECT BUDGET DETAILS

The grantee must enter the *Grant Award Amount* awarded by HRSA.

NOTE: This is the only required section of this form, and the grantee must provide the appropriate amount in this field.

1. Line 1: Enter the amount of the Federal Maternal and Child Health Bureau (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.)

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

Form 1 - Project Budget Details

▸ DG000 Due In: 9 Days | Status: Not Started

▸ 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 (\$)

MATCHING FUNDS

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

1. Line 2 (Optional): If matching funds are required for this grant program, list the amounts by source on lines 2A through 2E. 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:
2. Local Funds: \$
3. State Funds: \$
4. Program Income: \$
5. Applicant/Grantee Funds: \$
6. *Other Funds*: \$ (**NOTE:** The Other Funds description can have a maximum of 100 characters.)
7. *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 2A-2E - Matching Funds

Matching Funds (2A-2E)	
<p>■ 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.</p>	
2A. Local Funds (\$)	200
2B. State Funds (\$)	300
2C. Program Income (\$)	400
2D. Applicant/Grantee Funds (\$)	500
2E. Other Funds (\$)	0
'Other' Funds Description	
Total Matching Funds (\$)	1400

OTHER PROJECT FUNDS

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

1. Line 3 (Optional): Enter the amount of other funds received for the project, by source, on Lines 3A through 3E, 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 3A-3E - Other Project Funds

Other Project Funds (3A-3E)	
<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>	
3A. Local Funds (\$)	100
3B. State Funds (\$)	200
3C. Program Income, Clinical or Other (\$)	300
3D. Applicant/Grantee Funds, Includes in-kind (\$)	400
3E. Other Funds, including private sector, e.g., Foundations (\$)	0
'Other' Funds Description	
Total Other Project Funds (\$)	1000

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 through 3.

Figure 5: Financial Form 1 – Project Budget Details: Line 4 – Total Project Funds

Total Project Funds	
4. Total Project Funds (\$) <i>(Sum of Lines 1-3)</i>	7400

FEDERAL COLLABORATIVE FUNDS

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

1. Line 5: Enter the total amount of other Federal funds received on Line 5 **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.

Figure 6: Financial Form 1 – Project Budget Details: Line 5 – Federal Collaborative Funds

Federal Collaborative Funds

■ This section includes the source(s) of additional Federal funds contributing to the project including Other MCHB Funds, Other HRSA Funds, and Other Federal Funds. 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.

5. Federal Collaborative Funds (\$)

COMMENTS

0/5000 characters

Go to Previous Page

Save
Save and Continue

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): \$
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 3 – BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED

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 21.

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

CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The budgeted amount for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.

PREVIOUS REPORTING PERIOD

1. *Budgeted*: In Figure 7, row 9/30/2021–9/29/2022– 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 <1 year
 - c. Children 1 through 21 years
 - d. CSHCN 0 through 21 years
 - e. Non-pregnant Women (Age 22 and over)
 - f. Other

NOTE: The total value for all the above fields except CSHCN will be auto calculated.

FUTURE BUDGETED PERIOD

1. *Budgeted*: In Figure 7, row 9/30/2022–9/29/2023–Budgeted, the grantee must enter the budgeted amounts in the following fields:
 - a. Pregnant Women (All Ages)
 - b. Infants <1 year
 - c. Children 1 through 21 years
 - d. CSHCN 0 through 21 years
 - e. Non-pregnant Women (Age 22 and over)
 - f. Other

NOTE: The total value for all the above fields except CSHCN will be auto calculated.

Figure 7: Financial Form 3 - Project Budget Details

Form 3 - Budget Details by Types of Individuals Served

▶ DG000
Due In: 9 Days | Status: Not Started

▶ Resources

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

CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The budgeted amount for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.

Budget Periods	Pregnant Women (All Ages)	Infants <1 year	Children 1 through 21 years	CSHCN 0 through 21 years	Non-pregnant Women (Age 22 and over)	Other	Total
9/30/2021-9/29/2022 Budgeted	10	20	30	40	50	60	170
9/30/2022-9/29/2023 Budgeted	200	20	100	30	40	50	410

COMMENTS

0/5000 characters

Go to Previous Page

Save
Save and Continue

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 = Non- Competing Continuation Performance Report (**NCCPR**), then the fields will be prepopulated from the previously approved report. The first NCCPR or PPER after the May 2023 forms update will not contain prepopulation. All subsequent reports will contain prepopulation.
3. **Budgeted Lines:** Pregnant Women (All Ages) to Other
 - a. **New Competing Performance Report (NCPR) (Budgeted):** If report type = **NCPR**, then only current budget year budgeted rows will display, and the fields will be required for the current year.
 - b. **NCCPR (Budgeted):** If report type = **NCCPR**, then:
 - i. The fields will be prepopulated from the previously approved report.
 - ii. The grantee will have the ability to edit/modify the fields for the current budget years.
 - iii. 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 fields will not be editable for all previous budget years.
4. 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.
5. All editable fields only accept numeric values.
6. All editable fields only accept a maximum of nine digits.
7. All editable fields only accept numeric values up to two decimal places.
8. All editable fields do not accept text values.

FINANCIAL FORM 5 – NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)

FORM INSTRUCTIONS

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, enabling, or population-based service from the project regardless of the primary source of insurance coverage. These services are those that are done by any non-capacity building services and would include individuals served by total dollars reported on Form 3. Counts of Pregnant women and non-pregnant women should be unduplicated and reported separately in their respective lines.
3. CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.
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 (b): Title XIX (includes Medicaid expansion under Title XXI)
 - b. Column (c): Title XXI %
 - c. Column (d): Private or other coverage %
 - d. Column (e): None %
 - e. Column (f): Unknown %

TABLE 1: INDIVIDUALS SERVED

In this section, the grantee must enter the percentages for the following categories under the Individuals Served:

1. Pregnant Women (All Ages)
2. Infants <1 year
3. Children 1 through 21 years
4. CSHCN 0 through 21 years
5. Non-pregnant Women (Age 22 and over)
6. Other
7. Unknown

In this section, the grantee must enter the percentage of *Pregnant Women (All Ages)*, *Infants <1 year*, *Children 1 through 21 years*, *CSHCN 0 through 21 years*, *Non-pregnant Women (Age 22 and over)*, *Other* and *Unknown* served for the following fields:

1. Total Served (a): Enter an integer: 0 - 999,999,999. This is a required field.
2. Title XIX (b): %
3. Title XXI (c): %
4. Private/Other (d): %
5. None (e): %
6. Unknown (f): %

- Total Percentage: This will be auto-calculated based on the data entered in the above fields (b through f). (**NOTE:** The total must always equal 100%. If it does not equal 100%, an error message will appear.)

Figure 8: Financial Form 5 – Individuals Served

Form 5 - Number of Individuals Served (UNDUPLICATED)

Due In: 9 Days | Status: Not Started

Resources

By Type of Individual and Source of Primary Insurance Coverage

For Projects Providing Direct Health Care, Enabling, or Population-based Services.
 CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.

Table 1: Individuals Served

Individuals Served	Total Served (a)	Title XIX % (b)	Title XXI % (c)	Private/ Other % (d)	None % (e)	Unknown % (f)	Total Percentage %
Pregnant Women (All Ages)	10	10	10	10	10	60	100
Infants <1 year	10	20	20	20	20	20	100
Children 1 through 21 years	10	20	20	20	20	20	100
CSHCN 0 through 21 years	10	20	20	20	20	20	100
Non-pregnant Women (Age 22 and over)	10	20	20	20	20	20	100
Other	10	20	20	20	20	20	100
Unknown	10	50	10	10	10	20	100

TOTAL SERVED

The text box will be populated with the sum of *Total Served (a)* for *Pregnant Women (All Ages)*, *Infants <1 year*, *Children 1 through 21 years*, *Non-pregnant Women (Age 22 and over)*, *Other* and *Unknown* served from Table 1.

(**NOTE:** CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.)

Figure 9: Financial Form 5 – Total Served

Total Served

Total
(Sum of Total served (a) from Table 1, excluding CSHCN.) 60

COMMENTS

0/5000 characters

Go to Previous Page Save Save and Continue

FORM-LEVEL RULES AND VALIDATIONS

1. All Fields – *Total 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. *Total Served (a)*: The following cross-form validations would be applicable for *Total Served (a)* field with Financial Form 7, Section 5 (Demographic Characteristics - Race and Ethnicity)
 - a. *Pregnant Women (All Ages) - Total Served (a)* must match with the value in Form 7, Section 5, *Pregnant Women (All Ages)* total. If it does not match, an error message will appear.
 - b. *Infants <1 year - Total Served (a)* must match with the value in Form 7, Section 5, *Infants <1 year* total. If it does not match, an error message will appear.
 - c. *Children 1 through 21 years - Total Served (a)* must match with the value in Form 7, Section 5, *Children 1 through 12 years, Adolescents 12-18 years and Young Adults 18-21 years* total. If it does not match, an error message will appear.
 - d. *CSHCN - Total Served (a)* must match with the value in Form 7, Section 5, *CSHCN* total. If it does not match, an error message will appear.
 - e. *Non-pregnant Women (Age 22 and over) - Total Served (a)* must match with the value in Form 7, Section 5, *Non-pregnant Women (Age 22 and over)* total. If it does not match, an error message will appear.
 - f. *Other - Total Served (a)* must match with the value in Form 7, Section 5, *Other* total. If it does not match, an error message will appear.
 - g. *Unknown - Total Served (a)* must match with the value in Form 7, Section 5, *Unknown* total. If it does not match, an error message will appear.
3. 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, there are 4 text boxes with following labels

1. *Project Title*: Displays the title for the project. The grantee user must enter data for the first report for the grant and the entered value will prepopulate to all subsequent reports. The field will not be editable in subsequent reports.
2. *Project Number*: Displays the number assigned to the project (e.g., the grant number). It will populate from the last released Notice of Award (NoA) on the first report for the grant and will prepopulate to all subsequent reports. The field will not be editable in subsequent reports.
3. *Project Director/Principal Investigator on NoA*: Populates from the last released NoA for every report generated. The field will be editable for all report types.
4. *E-mail address*: Displays the electronic mail address of the project director. It will populate from last released NoA for every report generated. The field will be editable for grantee to make any changes for all report types. If email address is not available on NoA, the field will remain editable, and the grantee user must enter the e-mail address.

Figure 10: Financial Form 6 – Project Abstract: Project Identifier Information

The screenshot displays the 'Form 6 - Project Abstract' interface. At the top, there is a yellow header bar with 'DG000' on the left and 'Due In: 9 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 main section is titled 'Project Identifier Information (Section 1)' and contains four rows of input fields:

★ Project Title	Sample Project
★ Project Number	T20MC00014
★ Project Director/Principal Investigator as shown on NoA	Bartholomaus Balak
★ Email Address	reitester1@hotmail.com

BUDGET – SECTION 2

This section will be prepopulated from Form 1 – Project Funding Profile as follows:

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

Figure 11: Financial Form 6 – Project Abstract: Budget

Budget (Section 2)	
■ Budget data is pre-populated from Form 1 - Project Budget Details.	
Grant Award Amount <i>(Line 1, Form 1)</i>	\$5000
Matching Funds (if applicable) <i>(Line 2, Form 1)</i>	\$1400
Other Project Funds <i>(Line 3, Form 1)</i>	\$1000
Total Project Funds <i>(Line 4, Form 1)</i>	\$7400

ADDITIONAL PROJECTS INFORMATION (SECTIONS 3-5)

1. *Types of Services:* Indicate which type(s) of services your project provides, checking all that apply. The grantee must select at least one of the following options:
 - a. Direct Services
 - b. Enabling Services
 - c. Public Health Services and System
2. *Percent of budget by types of services provided:* For each type of service selected, indicate the percent of the Budget that is dedicated to that type of service. (**NOTE:** Percentages for all three service types should sum to 100%. If it does not equal 100%, an error message will appear.)
3. *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 12: Financial Form 6 – Project Abstract: Additional Project Information

Additional Project Information (Sections 3-5)	
<p>★ Type of Service provided <i>(Select all that apply)</i></p>	<p><input checked="" type="checkbox"/> Direct Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Public Health Services and Systems</p>
<p>Percent of budget by types of services provided</p>	<p>Percent of Budget for Direct Services (%) <input type="text" value="20"/></p> <p>Percent of Budget for Enabling Services (%) <input type="text" value="50"/></p> <p>Percent of Budget for Public Health Services and Systems (%) <input type="text" value="30"/></p>
<p>★ Domain Services <i>(Select all that apply)</i></p>	<p><input checked="" type="checkbox"/> Maternal/Women's Health <input checked="" type="checkbox"/> Perinatal/Infant Health <input checked="" type="checkbox"/> Child Health <input checked="" type="checkbox"/> Children with Special Health Care Needs <input checked="" type="checkbox"/> Adolescent Health <input checked="" type="checkbox"/> Life Course/All Population Domains <input checked="" type="checkbox"/> Local/State/National Capacity Building</p>

PART A – PROJECT DESCRIPTION (REQUIRED)

The grantee must provide a brief description of the project and the *problem* it addresses.

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

Figure 13: Financial Form 6 – Project Abstract: Project Description

Part A - Project Description	
<p>★ Problem</p>	<p>This is a Sample Project</p> <p>25/1000 characters</p>

OBJECTIVES AND RELATED ACTIVITIES

System displays up to 5 objectives of the project, in priority order. Provide at least one activity for each objective planned for the program.

NOTE: Objectives are prepopulated to match those in the Notice of Funding Opportunity (NOFO) and are non-editable. Activities are prepopulated from the prior report and are editable. Also, these will be used for Grant Impact measurement at the end of your grant period.

Figure 14: Financial Form 6 – Objectives and Related Activities

■ Provide at least one activity for each objective planned for the program. These activities should reflect the objectives from the NOFO. Also, these will be used for Grant Impact measurement at the end of your grant period.
Note: If the objectives are not defined, reach out to MCHB for assistance.

Objective: 1	
Objective	Financial Form 6 Test Objective 1
Related Activity 1	Sample Related Activity 1 25/1000 characters
Related Activity 2	 0/1000 characters

Objective: 2	
Objective	Financial Form 6 Test Objective 2
Related Activity 1	Sample Related Activity 2 25/1000 characters
Related Activity 2	 0/1000 characters

Objective: 3	
Objective	Financial Form 6 Test Objective 3
Related Activity 1	Sample Related Activity 3 25/1000 characters
Related Activity 2	 0/1000 characters

HEALTHY OBJECTIVES

Specify the primary *Healthy People 2030* objective(s) (up to 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 15: Financial Form 6 – Project Abstract: Healthy Objectives

■ Specify the primary Healthy People 2030 objective(s) (up to three) which this project addresses.

Healthy Objective 1
0/1000 characters

Healthy Objective 2
0/1000 characters

Healthy Objective 3
0/1000 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 16: 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 NOFO. This is a required field, and the grantee must provide information in the text box as applicable.

Figure 17: Financial Form 6 – Project Abstract: Evaluation

■ Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its objectives and implementing activities. Evaluation methods should be aligned with the NOFO.

★ Evaluation

This is a sample project.

25/1000 characters

QUALITY IMPROVEMENT ACTIVITIES (REQUIRED)

Describe the programs and activities used to reach objectives, 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 18: Financial Form 6 – Project Abstract: Quality Improvement Activities

■ Describe the programs and activities uses to reach objectives, 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 AND ENDING GRANTS ONLY (OPTIONAL)

1. *Progress Towards Objectives to Date*: For each program objective, select Yes/No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection. (Not to exceed 200 characters).
2. *Number of Web Hits*: If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year. 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.
3. *Number of Unique Visitors*: If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year. 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 19: Financial Form 6 – Project Abstract: Continuing Grants and Ending Grants ONLY

Part B - Continuing Grants and Ending Grants ONLY

■ For each program objective, select Yes/No to indicate if measurable progress towards the objective was made during the reporting period. Provide data and a brief description that supports the Yes/No selection. (not to exceed 200 characters).

Progress Towards Objectives To Date

<p>★ Did you make measurable progress towards Objective 1 in the past year?</p>	<p>ⓘ Provide a response for this field. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>★ Provide data that supports this:</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">0/200 characters</p>
<p>★ Did you make measurable progress towards Objective 2 in the past year?</p>	<p>ⓘ Provide a response for this field. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>★ Provide data that supports this:</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">0/200 characters</p>
<p>★ Did you make measurable progress towards Objective 3 in the past year?</p>	<p>ⓘ Provide a response for this field. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>★ Provide data that supports this:</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">0/200 characters</p>

■ 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 to describe the project, including populations served. 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 objectives of the project,

the related activities which will be used to meet the stated objectives, 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 207: 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 maximum of ten keywords are allowed.

★ Keywords

Health Equity, Research, Maternal Mortality

43/500 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 objectives of the project, the related activities which will be used to meet the stated objectives, and the materials which will be developed.

★ Annotation

This is a sample project.

25/500 characters

COMMENTS

0/5000 characters

Go to Previous Page

Save

Save and Continue

FORM-LEVEL RULES AND VALIDATIONS

1. **Budget** (section 2): This section will be prepopulated from Form 1.
2. **Project Period End Report (PPER)**: After the May 2023 forms update, pre-population of values from Form 1 should not be applicable to Form 6 as Form 1 is not applicable for PPER report type. All fields of *Budget (Section 2)* on Form 6 should be blank and greyed out.
3. All sections except Budget and Progress Towards Objectives to Date 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.
4. Progress Towards Objectives to Date:
 - a. If Report Type = **NCPR**, this section will not be enabled for grantee to enter the data.

- b. If Report Type = **NCCPR** or **PPER**, the grantee will have the ability to edit this field. This section will be required, and data will not be prepopulated from previously approved reports.
- 5. *Budget* Section: Fields will be prepopulated from Form 1, Lines 1 – 4, and will not be editable.
- 6. Objectives:
 - a. The objectives will be prepopulated from the NOFO.
 - b. The number of objectives will be dynamically displayed to the grantee depending on the NOFO.
- 7. Number of Web Hits and Number of Unique Visitors:
 - a. If Report Type = **NCPR**, this section will not be enabled for grantee to enter the data.
 - b. If Report Type = **NCCPR** or **PPER**, the grantee user will have the ability to edit this field. This section will be optional, and the data will not be prepopulated from previously approved reports.
 - c. The text box accepts only numeric values.
 - d. The text box accepts a maximum of 9 digits.
- 8. All Fields
 - 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.
- 9. 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)

8. *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.
9. *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.
10. *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.)
11. *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 selects *Other*, then the *Other Project Infrastructure Description* text box will become required, and the grantee must provide the description.)

Figure 21: Financial Form 7 – Project Summary Data: Project Data

Form 7 - Project Summary Data
Due In: 130 Days | Status: Complete

▶ Resources [↗](#)

Fields with ★ are required.

Project Data (Sections 1-4)

<p style="font-size: 0.8em; margin: 0;">★ Project Service Focus <i>(Select all that apply)</i></p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Urban/Central City <input type="checkbox"/> Suburban <input type="checkbox"/> Metropolitan Area (city & suburbs) </div> <div style="width: 45%;"> <input type="checkbox"/> Rural <input type="checkbox"/> Frontier <input type="checkbox"/> Border (US-Mexico) </div> </div>
<p style="font-size: 0.8em; margin: 0;">★ Project Scope</p>	<div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> Local ▼ </div>
<p style="font-size: 0.8em; margin: 0;">★ Grantee Organization Type</p>	<div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> State Agency ▼ </div>

<p style="font-size: 0.8em; margin: 0;">‘Other’ Grantee Organization Description <i>(Required if you selected ‘Other’)</i></p>	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
<p style="font-size: 0.8em; margin: 0;">Project Infrastructure Focus (From MCH Pyramid), if applicable <i>(Select all that apply)</i></p>	<div style="display: flex; flex-direction: column; gap: 5px;"> <input checked="" type="checkbox"/> Guidelines/Standards Development and Maintenance <input checked="" type="checkbox"/> Policies and Programs Study and Analysis <input type="checkbox"/> Synthesis of Data and Information <input type="checkbox"/> Translation of Data and Information for Different Audiences <input type="checkbox"/> Dissemination of Information and Resources <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Training <input type="checkbox"/> Systems Development <input type="checkbox"/> Other </div>
<p style="font-size: 0.8em; margin: 0;">‘Other’ Project Infrastructure Description <i>(Required if you selected ‘Other’)</i></p>	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

DEMOGRAPHIC CHARACTERISTICS OF PROJECT PARTICIPANTS (SECTION 5)

In this section, the grantee indicates the service level for the grant program. The grantee may select one or more checkboxes as applicable.

1. **Race:** In this section, the grantee must enter the number of the participants served under the different race categories. The total column will be prepopulated as the sum of all participants reported. (**NOTE:** Only if Form 5 is assigned, then numbers reported in this section and their total must match with the respective sections of Form 5. If they do not match, an error message will appear on Form 5.)
2. **Ethnicity:** In this section, the grantee must enter the number of participants under the different ethnicity categories. (**NOTE:** The Total of all the participants reported here must match with the total from the Race section. If it does not match, an error message will appear.)

Figure 22: Financial Form 7 – Project Summary Data: Race

Race								
<p>■ CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count. Due to changes in the target population categories, data from previous budget periods are not displayed.</p>								
Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total
Pregnant Women (All Ages)	1	1	1	1	1	5	0	10
Infants <1 year	5	5	0	0	0	0	0	10
Children 1 to 12 years	2	2	2	0	0	0	0	6
Adolescents 12-18 years	1	1	0	0	0	0	0	2
Young Adults 18-21 years	1	1	0	0	0	0	0	2
CSHCN 0-21 years	2	4	2	2	1	1	0	10
Non-Pregnant Women 22+ years	1	0	1	1	1	4	2	10
Other	2	2	2	2	2	0	0	10
Unknown	2	2	2	2	1	1	0	10
Totals	15	14	8	6	5	10	2	60

Figure 23: Financial Form 7 – Project Summary Data: Ethnicity

Ethnicity				
<p>■ CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count. Due to changes in the target population categories, data from previous budget periods are not displayed.</p>				
Participants	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)	5	5	0	10
Infants <1 year	2	4	4	10
Children 1 to 12 years	2	2	2	6
Adolescents 12-18 years	1	1	0	2
Young Adults 18-21 years	1	1	0	2
CSHCN 0-21 years	5	5	0	10
Non-Pregnant Women 22+ years	4	4	2	10
Other	4	2	4	10
Unknown	5	0	5	10
Totals	24	19	17	60

NOTE: CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The count for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.

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 24: Financial Form 7 – Project Summary Data: Additional Project Data

Additional Project Data (Sections 6-7)																													
<p>Clients' Primary Languages <i>(Select all that apply)</i></p>	<table border="0"> <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>'Other' Primary Languages Description <i>(Required if you selected 'Other')</i></p>	<input type="text"/>																												
<p>Population Served <i>(Select all that apply)</i></p>	<table border="0"> <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>'Other' Population Served Description <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 25: Financial Form 7 – Project Summary Data: Resource/TA and Training Centers Only

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

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 first NCCPR or PPER after the May 2023 forms update will not contain prepopulation. All subsequent reports will contain prepopulation. 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, there are 4 text boxes with following labels

12. *Project Title*: Displays the title for the project. The grantee must enter data for the first report for the grant and the entered value will prepopulate to all subsequent reports. The field will not be editable in subsequent reports.
13. *Project Number*: Displays the number assigned to the project (e.g., the grant number). It will populate from the last released NoA on the first report for the grant and will prepopulate to all subsequent reports. The field will not be editable in subsequent reports.
14. *Project Director/Principal Investigator on NoA*: It will populate from the last released NoA for every report generated. The field will be editable for all report types.
15. *Additional Principle Investigator(s), Discipline*: Enter the name(s) and discipline(s) of the principal investigator(s). The field will be editable for the grantee to enter data.

Figure 26: Financial Form 8: Project Identifier Information

 **Form 8 - Project Summary Data**

▶ DG000
Due In: 9 Days | Status: Not Started

▶ Resources 

Fields with ★ are required.

Project Identifier Information (Section 1)

★ Project Title	<input type="text" value="Sample Project"/>
★ Project Number	<input type="text" value="T20MC00014"/>
★ Project Director/Principal Investigator as shown on NoA	<input type="text" value="Bartholomaeus Balak"/>
Additional Principle Investigator(s), Discipline	<input type="text"/>

BUDGET (SECTION 2)

The information in this section will be prepopulated from Form 1: Project Funding Profile.

Figure 27: Financial Form 8: Budget

Budget (Section 2)	
Budget data is pre-populated from Form 1 - Project Budget Details.	
Grant Award Amount <i>(Line 1, Form 1)</i>	\$5000
Matching Funds (if applicable) <i>(Line 2, Form 1)</i>	\$1400
Other Project Funds <i>(Line 3, Form 1)</i>	\$1000
Total Project Funds <i>(Line 4, Form 1)</i>	\$7400

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 28: Financial Form 8: Additional Project Information

Additional Project Information (Sections 3-10)	
★ Care Emphasis	Provide a response for this field. Select One
★ Population Focus	Provide a response for this field. Selected (0)
Other Population Focus Description <i>(Required if you selected 'Other')</i>	
★ Study Design	Provide a response for this field. Selected (0)
★ Time Design	Provide a response for this field. 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 **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 29: Financial Form 8: Priority Research Issues and Questions of Focus

Priority Research Issues and Questions of Focus	
<p>■ 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</p>	
<p>★ Primary Area addressed by research</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/1000 characters</p>
<p>★ Secondary Area addressed by research</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/1000 characters</p>
<p>★ Abstract</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/1000 characters</p>
<p>■ Provide at least a minimum of three keywords to describe the project, including populations served. A maximum of ten keywords can be provided.</p>	
<p>★ Keywords</p>	<p>ⓘ You are required to provide a minimum of 3 keywords.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/500 characters</p>
<p>■ Provide a three to five sentence description of your project that identifies the project's purpose, the needs and problems which are addressed, the objectives of the project, the related activities which will be used to meet the stated objectives, and the materials which will be developed.</p>	
<p>★ Annotation</p>	<p>ⓘ Provide a response for this field.</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>0/500 characters</p>
<p>COMMENTS</p> <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>0/5000 characters</p>	

FORM-LEVEL RULES AND VALIDATIONS

16. The *Budget* section will be prepopulated.
17. **Project Period End Report (PPER)**: After the May 2023 forms update, pre-population of values from Form 1 should not be applicable to Form 8 as Form 1 is not applicable for PPER report type. All fields of *Budget (Section 2)* on Form 8 should be blank and greyed out.
18. Priority Research Issues and Questions of Focus:
19. Field will accept only text values.
20. Field will accept a maximum of 1,000 characters.
21. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).