

CONTENTS

Fi	nancial 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				
Applicable Forms	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

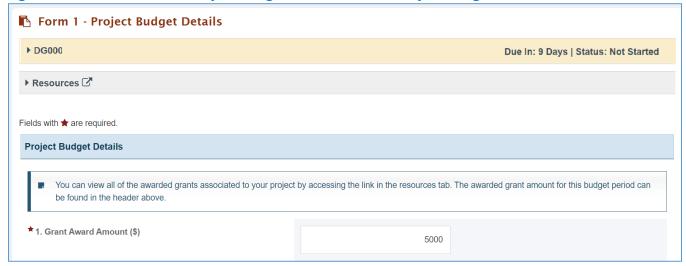
PROJECT BUDGET DETAILS

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

<u>NOTE</u>: 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



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.)

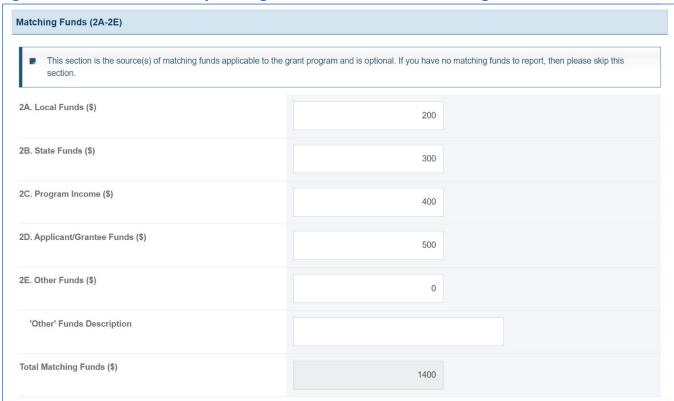


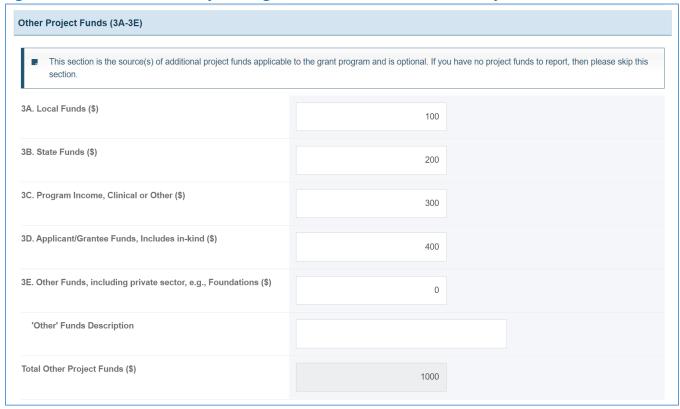
Figure 3: Financial Form 1 - Project Budget Details: Lines 2A-2E - Matching Funds

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*: \$ (<u>NOTE</u>: 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



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

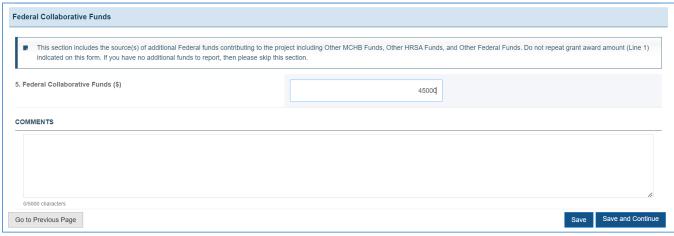


FEDERAL COLLABORATIVE FUNDS

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



- 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

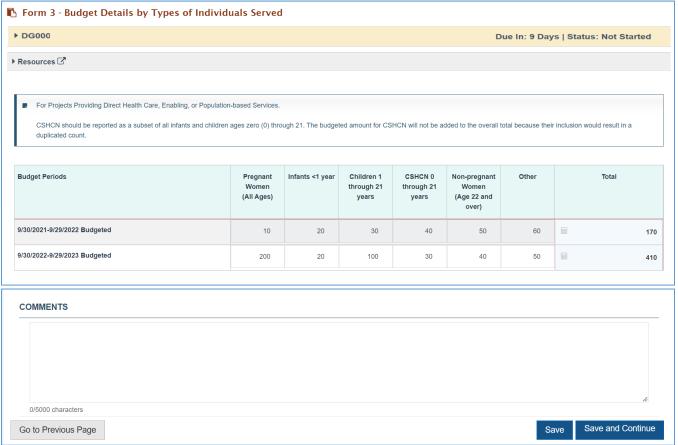
NOTE: The total value for all the above fields except CSHCN will be auto calculated.

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



- 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 vears.
 - 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:

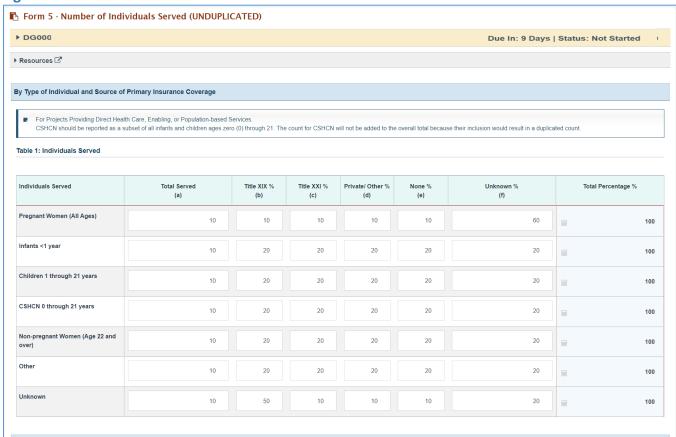
- 1. Pregnant Women (All Ages)
- 2. Infants <1 year
- 3. Children 1 through 21 years
- 4. CSHCN 0 through 21 years
- 5. Non-pregnant Women (Age 22 and over)
- 6. Other
- 7. Unknown

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): %

7. 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

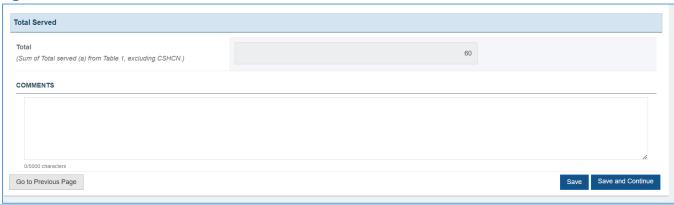


TOTAL SERVED

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.

(<u>NOTE</u>: 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



- 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

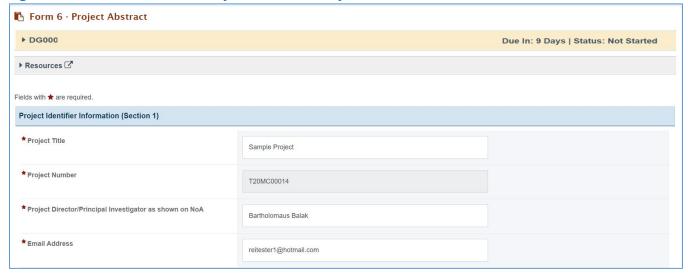
FORM INSTRUCTIONS

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



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)

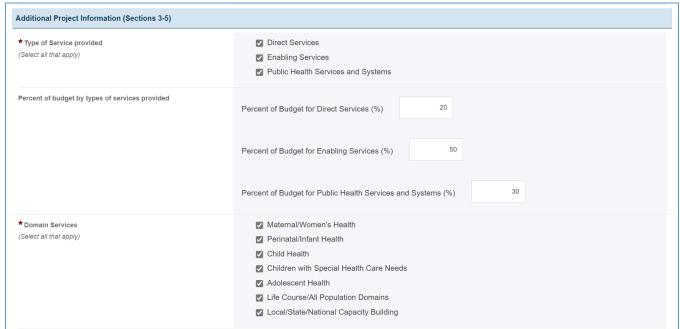
Figure 11: Financial Form 6 – Project Abstract: Budget



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

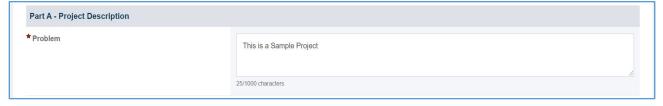


PART A - PROJECT DESCRIPTION (REQUIRED)

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



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.

<u>NOTE:</u> 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

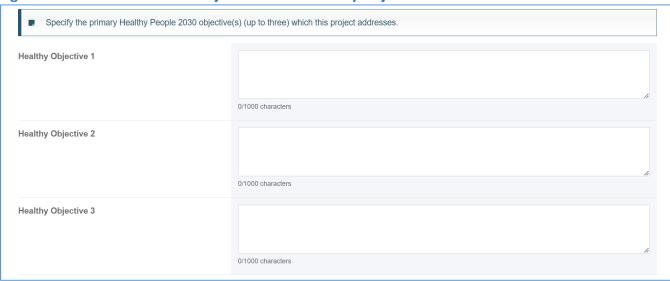
Objective: 1		
Objective	Financial Form 6 Test Objective 1	,
Related Activity 1	Sample Related Activity 1	
	25/1000 characters	
Related Activity 2		
	0/1000 characters	
Objective: 2		
Dbjective	Financial Form 6 Test Objective 2	
Related Activity 1	Sample Related Activity 2	
	25/1000 characters	
Related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

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

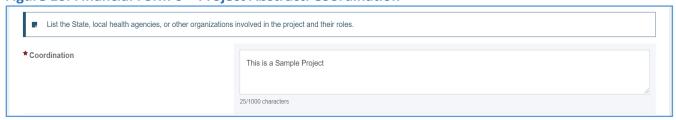
Figure 15: Financial Form 6 – Project Abstract: Healthy Objectives



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.

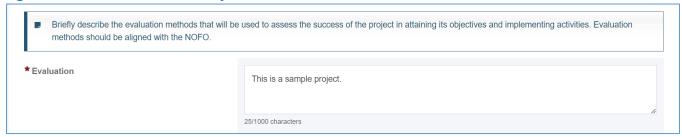
Figure 16: Financial Form 6 - Project Abstract: Coordination



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



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



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 ★** Did you make measurable progress towards 1 Provide a response for this field. Objective 1 in the past year? ○Yes ○No **★** Provide data that supports this: Provide a response for this field. 0/200 characters ★ Did you make measurable progress towards 1 Provide a response for this field. Objective 2 in the past year? ○Yes ○No ★ Provide data that supports this: 1 Provide a response for this field. 0/200 characters ★ Did you make measurable progress towards 1 Provide a response for this field. Objective 3 in the past year? ○Yes ○No ★ Provide data that supports this: 1 Provide a response for this field. 0/200 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

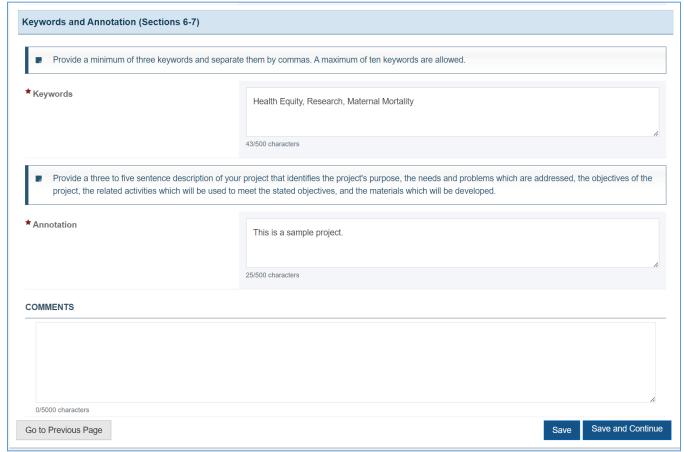
KEYWORDS AND ANNOTATION (SECTION 6-7) (REQUIRED)

Number of Unique Visitors

- 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



- 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.)

Form 7 - Project Summary Data ▶ DG0000 Due In: 130 Days | Status: Complete ▶ Resources ☑ Fields with * are required. Project Data (Sections 1-4) * Project Service Focus ☑ Urban/Central City Rural (Select all that apply) Frontier ☐ Metropolitan Area (city & suburbs) ☐ Border (US-Mexico) * Project Scope Local **★** Grantee Organization Type State Agency 'Other' Grantee Organization Description Project Infrastructure Focus (From MCH Pyramid), if applicable ☑ Guidelines/Standards Development and Maintenance (Select all that apply) ✓ Policies and Programs Study and Analysis $\hfill\square$ Synthesis of Data and Information ☐ Translation of Data and Information for Different Audiences ☐ Dissemination of Information and Resources Quality Assurance ☐ Technical Assistance ☐ Systems Development 'Other' Project Infrastructure Description (Required if you selected 'Other')

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

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.)

Race								
CSHCN should be reported as a their inclusion would result in a did Due to changes in the target pop	uplicated count.			_		SHCN will not	be added to the	e overall total because
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	II 1
Infants <1 year	5	5	0	0	0	0	0	= 1
Children 1 to 12 years	2	2	2	0	0	0	0	
Adolescents 12-18 years	1	1	0	0	0	0	0	
Young Adults 18-21 years	1	1	0	0	0	0	0	
CSHCN 0-21 years	2	4\$	2	2	1	1	0	1
Non-Pregnant Women 22+ years	1	0	1	1	1	4	2	= 1
Other	2	2	2	2	2	0	0	= 1
Unknown	2	2	2	2	1	1	0	1
Totals	15	14	8	6	5	10	2	= 6

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

Ethnicity 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. **Participants** Hispanic or Latino Not Hispanic or Latino Unrecorded Total Pregnant Women (All Ages) 5 10 靈 Infants <1 year 翩 10 Children 1 to 12 years 2 2 2 6 Adolescents 12-18 years 0 1 1 2 Young Adults 18-21 years 0 1 2 CSHCN 0-21 years 5 5 0 10 Non-Pregnant Women 22+ years 4 4 2 10 Other 2 10 翩 Unknown 5 10 Totals 24 19 17 60 噩

<u>NOTE</u>: 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.
 - <u>NOTE</u>: 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)		
Clients' Primary Languages (Select all that apply)	☐ Arabic ☐ Creole ☐ Dari ☐ Estonian ☐ German ☐ Hindi ☐ Marshallese ☐ Palauan ☐ Russian ☐ Sign	Cantonese Danish English French Hebrew Mandarin Norwegian Pohnpeian Somaon
'Other' Primary Languages Description (Required if you selected 'Other')	Sign Swedish Yapese Native American Vietnamese	Spanish Urdu Khmer Tagalog Other
Population Served (Select all that apply)	☐ Homeless ☐ Severely Depressed ☐ Uninsured ☐ Food Stamp Eligible	☐ Incarcerated ☐ Migrant Worker/Population ☐ Adolescent Pregnancy ☐ Other
'Other' Population Served Description (Required if you selected 'Other')		

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)		
Characteristics of Primary Intended Audience(s) (Select all that apply)	☐ Providers/Professionals ☐ Title V ☐ Regional ☐ International	☐ Local/Community Partners ☐ Other State Agencies/Partners ☐ National
Number of Requests Received		
Number of Requests Answered		
Number of Continuing Education Credits Provided		
Number of Individuals/Participants Reached		

Number of Organization Assisted		
Major Type of TA or Training Provided (Select all that apply)	☐ Continuing Education Courses ☐ On-site Assistance ☐ One-on-one Remote Consultation	☐ Workshops☐ Distance Learning Classes☐ Other
'Other' Type of TA/Training Description (Required if you selected 'Other')		
COMMENTS		
0/5000 characters		11

- 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)

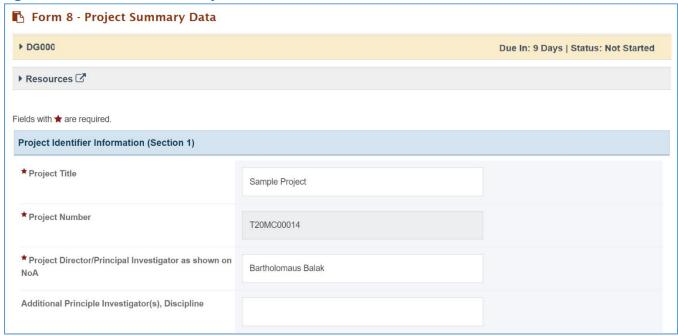
FORM INSTRUCTIONS

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



BUDGET (SECTION 2)

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

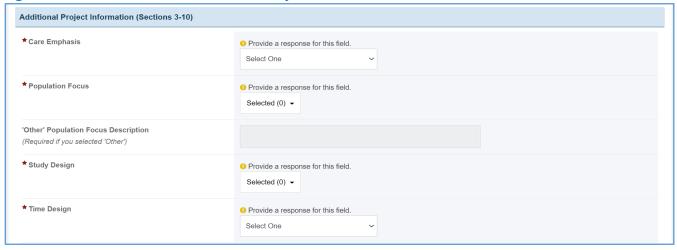
Figure 27: Financial Form 8: Budget



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



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
	secondary (if applicable) areas to be addressed by the research. The topic(s) should be from those listed in the 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 keyword Keywords	s to describe the project, including populations served. A maximum of ten keywords can be provided. 1 You are required to provide a minimum of 3 keywords.
	0/500 characters
	of your project that identifies the project's purpose, the needs and problems which are addressed, the objectives of the ed to meet the stated objectives, and the materials which will be developed.
Annotation	Provide a response for this field.
	0/500 characters
COMMENTS	
0/5000 characters	

- 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).