



**Recipient Information**

- 1. Recipient Name**  
DEPT FAMILY & PROTECTIVE SER  
PO BOX 149030  
Austin, TX 78714
- 2. Congressional District of Recipient**  
05
- 3. Payment System Identifier (ID)**  
1742639167A1
- 4. Employer Identification Number (EIN)**  
742639167
- 5. Data Universal Numbering System (DUNS)**  
808730360
- 6. Recipient's Unique Entity Identifier**  
P1UAVVCB7Y41
- 7. Project Director or Principal Investigator**  
Claire Hall  
Project Director  
claire.hall@dfps.texas.gov  
(512)466-5846
- 8. Authorized Official**  
Sarah Abrahams  
Deputy Associate Commissioner for PEI  
sarah.abrahams@dfps.texas.gov  
(512)840-7811

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Tynise Kee  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
tkee@hrsa.gov  
(301) 945-3944
- 10. Program Official Contact Information**  
Laura D Wolfgang  
project officer  
Maternal and Child Health Bureau (MCHB)  
LWolfgang@hrsa.gov  
(214) 767-5320

**Federal Award Information**

- 11. Award Number**  
1 X10MC53605-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
X1053605
- 13. Statutory Authority**  
42 U.S.C. § 711(c)
- 14. Federal Award Project Title**  
Maternal, Infant and Early Childhood Homevisiting Grant Program
- 15. Assistance Listing Number**  
93.870
- 16. Assistance Listing Program Title**  
Maternal, Infant and Early Childhood Homevisiting Grant Program
- 17. Award Action Type**  
New
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/30/2024 - End Date 09/29/2026</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$26,402,603.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$183,652.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$26,402,603.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$241,964.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$26,644,567.00</b>
<b>26. Project Period Start Date 09/30/2024 - End Date 09/29/2026</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$26,644,567.00

- 28. Authorized Treatment of Program Income**  
Cost Sharing or Matching
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 08/27/2024

**30. Remarks**

The award consists of the following amounts:

FY24 Federal Base - \$25,676,711  
 FY24 Federal Match - \$725,892  
 FY24 Non-Federal Match - \$241,964



Notice of Award  
Award Number: 1 X10MC53605-01-00  
Federal Award Date: 08/27/2024

**Maternal and Child Health Bureau (MCHB)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input type="checkbox"/> Grant Funds Only</p> <p><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$1,425,398.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$432,323.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$1,857,721.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$42,290.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$14,759.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$24,546,145.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$26,460,915.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$183,652.00</td></tr> <tr><td>    i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$183,652.00</td></tr> <tr><td>    ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. 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<p><b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b></p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p>																																																																					
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">FY-CAN</th> <th style="text-align: center;">CFDA</th> <th style="text-align: center;">DOCUMENT NUMBER</th> <th style="text-align: center;">AMT. FIN. ASST.</th> <th style="text-align: center;">AMT. DIR. ASST.</th> <th style="text-align: center;">SUB PROGRAM CODE</th> <th style="text-align: center;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">24 - 38924GB</td> <td style="text-align: center;">93.870</td> <td style="text-align: center;">24X10MC53605</td> <td style="text-align: right;">\$25,676,711.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">BASE</td> <td style="text-align: center;">24X10MC53605</td> </tr> <tr> <td style="text-align: center;">24 - 38924GM</td> <td style="text-align: center;">93.870</td> <td style="text-align: center;">24X10MC53605</td> <td style="text-align: right;">\$725,892.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">FED MATCH</td> <td style="text-align: center;">24X10MC53605</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 38924GB	93.870	24X10MC53605	\$25,676,711.00	\$0.00	BASE	24X10MC53605	24 - 38924GM	93.870	24X10MC53605	\$725,892.00	\$0.00	FED MATCH	24X10MC53605																																															
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under “Expanded Authority,” as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See “Prior-Approval Requirements” in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
5. Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program. Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR 75.352 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient.
6. The total percent of effort of each personnel on the project must not exceed a sum of 100% FTE on all Federally-funded projects. The awardee organization must maintain appropriate documentation ensuring that the total percent of effort for each personnel does not exceed a sum of 100% FTE on all Federally-funded projects.

### Program Specific Term(s)

1. Recipients must respond to any additional information that is requested through Request For Information within the allotted time. Failure to submit an approvable response may result in further actions including draw-down restrictions.
2. Recipients must participate in regular monitoring activities with their HRSA Project Officers and Grants Management Specialists, as applicable. These monitoring activities will include emails, site visits, and conference calls. The frequency of the conference calls will be at least on a quarterly basis, or more frequently as determined by the Project Officer based on need and risk level. Topics covered will include

- program administration, program activities, technical assistance, fiscal issues, performance measures, data and evaluation procedures.
3. Recipients must continue to implement a Performance Measurement Plan approved by HRSA. If a revision is requested by HRSA or the recipient during the period of performance, the amended Performance Measurement Plan must be reviewed and approved by HRSA. New recipients must submit a Performance Measurement Plan to HRSA no later than 90 days from project start date.
  4. Recipients must assure participation in any national evaluation activities, if selected to participate.
  5. Funds made available to a recipient for a fiscal year shall remain available for expenditure by the recipient through the end of the second succeeding fiscal year after award. Funds awarded for the project period/budget period beginning September 30, 2024 must be obligated by recipients no later than September 29, 2026, and liquidated by December 31, 2026. Award funds that have not been obligated for expenditure by the recipient during the period of availability will be deobligated. They may not be carried over into a subsequent fiscal year.
  6. As a recipient of HRSA grants or cooperative agreements, you must comply with all applicable requirements noted in the Notice of Funding Opportunity (HRSA-24-049) as well as the Appendix A Program Requirements and Expectations.
  7. Cost sharing or matching is required to qualify for matching funds under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program per the authorizing statute. For matching funds, HRSA will contribute 75% of the funding and eligible entities/recipients will contribute 25% in non-federal funds up to a ceiling amount. The federal obligation is determined by a statutory formula. **Recipients must identify and track federal matching funds separately from federal base funds awarded.** Federal funds awarded are designated in Notice of Award item 39 under sub program code BASE for federal base funds, and sub program code FED MATCH for federal match funds.

Required non-federal funds for federal matching funds awarded are designated in **Notice of Award item 24**. Obligations of non-federal funding, for this purpose, are amounts committed by the eligible entity to support home visiting services delivered in compliance with specified MIECHV requirements (found in the NOFO), reported to the Secretary, and not counted toward meeting the recipient's MIECHV Program Maintenance of Effort (MOE) requirement under 42 U.S.C. 711(f). Non-Federal funds must be obligated by the eligible entity and may consist of amounts made available by state appropriations or other state funding sources, local governments, and/or private entities (including funds made available by gifts, donations, or transfers). Non-Federal obligated amounts may consist of cash and/or third-party in-kind contributions. The recipient must report obligated amounts of non-federal funds to the Secretary through HRSA in the form and frequency determined by the agency.

Non-federal funds must be committed by the eligible entity (generally a state or jurisdiction) but do not need to be obligated by the MIECHV recipient entity (generally a specific state/jurisdiction agency). Where consistent with state law and policy, eligible entities who are non-profit organizations may demonstrate the obligation or commitment of non-Federal funds by the state pursuant to an agreement to this effect with the non-profit recipient entity. The agreement should be documented in writing, such as a memorandum of understanding (MOU) or other binding or official agreement, that reflects both parties' expectations and requirements, including financial and performance reporting requirements.

Recipients will be required to report the federal matching funds and non-federal matching funds in their annual SF-425 federal financial report (FFR). If recipients identified non-federal funds in excess of the amount needed to receive the federal matching funds maximum amount, they will only need to track and report on non-federal funds obligated in the amount commensurate with the federal matching funds that they obligate (for FY 2024, the maximum non-federal funds necessary for tracking is \$241,964).

## Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.

2. **Due Date: 10/31/2025**

Recipients must provide an Annual Performance Report, which includes demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures into the Home Visiting Information System (HVIS) accessed through the EHBs. Annual performance reports are required and will be consolidated across X10 grants.

Section 1 of the report includes demographic, service utilization, and select clinical indicators including an unduplicated count of enrollees; select demographic and socioeconomic characteristics of enrollees; numbers of households from priority populations; and service utilization

across all models.

Section 2 of the report includes the performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the six benchmark areas.

The annual reporting period is defined as October 1 through September 30 of each year.

**3. Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 45 days after end of reporting period.**

Recipients must submit Quarterly Performance Reports that include: the number of new and continuing households served; maximum service capacity; identification of local implementing agency (LIA) names and addresses; identification of service areas where households are served by each LIA; identification of evidence-based home visiting models or promising approaches implemented by each LIA; family engagement and retention; and staff recruitment and retention. Recipients are required to report information about MIECHV Program participants and staff supported with X10 funds. These reports are submitted through the HVIS system, accessed through EHBs. The submission due date associated with Quarterly Performance Reports is 45 days from the last day of the reporting period. Quarterly reporting periods are defined as follows:

- Q1 – October 1-December 31
- Q2 – January 1-March 31
- Q3 – April 1-June 30
- Q4 – July 1-September 30

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

**Contacts**

**NoA Email Address(es):**

Name	Role	Email
Sarah Abrahams	Authorizing Official	sarah.abrahams@dfps.texas.gov
Claire Hall	Program Director, Point of Contact	claire.hall@dfps.texas.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).