

REQUEST FOR APPLICATIONS



The Mississippi State Department of Health (MSDH) Child & Adolescent Health is issuing this Request for Applications (RFA) for the purposes of entering into an agreement and awarding funds to eligible and qualified entities to MIECHV Local Implementing Agency (LIA) Opportunity. A more detailed description may be found in **Project Description and Requirements**.

RFA Release Date

Thursday, October 8, 2026

Application Due Date

November 11, 2026

A copy of this RFA may be found online at the MSDH website at:
<https://procurement.opengov.com/portal/msdh/projects/285099>

SECTION 1 | RFA OVERVIEW

1.1 Funding Information

Federal Agency Name

Department of Health and Human Services

Health Resources and Services Administration (HRSA)

Assistance Listing Program Name

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant Program

Assistance Listing Number

93.870

Federal Award Date

8/12/2025

Federal Award Identifier (FAIN)

X1055027

The HRSA MIECHV grant is authorized and funded in accordance with Title V, Section 511 of the Social Security Act, 42 U.S.C. § 711, as amended by Section 6101 of the Consolidated Appropriations Act, 2023, Public Law 117-328, and is subject to all applicable federal statutes, regulations, grant requirements, and HRSA MIECHV guidance.

A [total of \\$6,000,000 is anticipated to be available for subgrants over the two-year period \[JO1\]](#) of this RFA. A total award for this amount of funds is not guaranteed, but is subject to the applications received, the actual money awarded to MSDH from the Federal Awarding Agency, and MSDH's discretion. The total funds may be split among multiple subgrantees at the discretion of MSDH. MSDH reserves the right to restrict the number of awards based on the funding available and program resources available for subgrant administration and subrecipient monitoring.

All awards are subject to availability of funds.

Glossary of Terms and Acronyms

CQI - Continuous Quality Improvement

FAIN - Federal Award Identification Number

FTE - Full-Time Equivalent

HRSA - Health Resources and Services Administration

IPV - Intimate Partner Violence

LIA - Local Implementing Agency

MIECHV - Maternal, Infant, and Early Childhood Home Visiting

MSDH - Mississippi State Department of Health

PAT - Parents as Teachers

PATNC - Parents as Teachers National Center

PDSA - Plan-Do-Study-Act

RFA - Request for Applications

SAM.gov - System for Award Management

SMART - Specific, Measurable, Achievable, Relevant, and Time-Bound

UEI - Unique Entity Identifier

WIC - Special Supplemental Nutrition Program for Women, Infants, and Children

1.2 Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and the resulting subgrant agreement. The Initial Period of Performance is December 1, 2026 – September 29, 2028.

For the Initial Period of Performance, allowable costs must be incurred no later than September 29, 2028, and final invoices must be submitted to MSDH by October 15, 2028, unless otherwise directed by MSDH. These dates are dependent on federal periods of allowability and MSDH's ability to process timely payments. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligations and liquidation deadlines.

1.3 Matching Funds

There is no match or in-kind funding requirement under this RFA.

1.4 Applicable Law

Additional federal and or state statutes and regulations may apply to the funding contained herein if applicable. These may be included below, as well as in the Subgrant Agreement itself.

Further information about allowable costs and activities may be set forth herein.

1.5 Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through a written agreement, termed an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications,

Any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.

SECTION 2 | PROJECT DESCRIPTION AND REQUIREMENTS

2.1 Background and Purpose

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting for expectant and new parents with children up to kindergarten entry age who live in communities that face greater risk and barriers to achieving positive maternal and child health outcomes. Evidence-based home visiting promotes positive maternal and child health outcomes through trusted relationships between home visitors and families. Home visitors empower parents with the education and tools they need to make the best decisions for their children and families. They provide services tailored to families' needs, such as: screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities, creating a language-rich environment that stimulates early language development and prepares children to succeed in school, supporting parents to reach economic goals, like going back to school or obtaining employment, connecting families to health care and other community resources that meet their needs, educating on topics such as breastfeeding, safe sleep, injury prevention, nutrition, and healthy lifestyles, and screening and providing referrals to address caregiver mental health needs and family violence.

The HRSA MIECHV Program is authorized under Section 511 of Title V of the Social Security Act, 42 U.S.C. § 711, as amended. The program is administered by the HRSA and supports voluntary, evidence-based home visiting services intended to improve maternal and child health, early childhood development, family well-being, and connections to community resources.

The Parents as Teachers (PAT) evidence-based home visiting model was created around helping parents embrace their important role as their child's first and most influential teacher while addressing concerns about the number of children starting kindergarten unprepared. Early childhood professionals and researchers suggested that a program to provide early detection of developmental delays and health issues, and education to help parents understand their role in encouraging their child's development from the beginning, could help improve school readiness and parent involvement. Founded by early childhood professional, Mildred Winter, Parents as Teachers began in the 1970's as a pilot project for prenatal first-time parents in Missouri. Since then, PAT has expanded across 50 states, over 100 tribal communities, and eight additional countries/territories, serving over 220,000 children annually utilizing over 8,600 Parent Educator service providing home visitors. PAT is the largest evidence-based home visiting model in the United States, according to annual Home Visiting Yearbook data.

The MSDH currently administers HRSA MIECHV-funded services utilizing the Parents as Teachers (PAT) evidenced-based home visiting model in 16 counties: Claiborne, Coahoma, Copiah, DeSoto, Hinds, Holmes, Humphreys, Issaquena, Jefferson, Neshoba, Sharkey, Sunflower, Tallahatchie, Tunica, Washington, and Wilkinson. Mississippi's MIECHV Needs Assessment informs the approved service areas, priority populations, and program design described in this RFA.

The purpose of this RFA is to identify qualified applicants to serve as [Local Implementing Agencies \(LIAs\)](#) and support MSDH's transition from a state-operated direct service model to an LIA service-delivery model. MSDH anticipates making multiple awards for the period December 1, [2026 through September 29, 2028](#). Selected LIAs will be responsible for the personnel, supervision, administrative infrastructure, community partnerships, referral systems, data collection, continuous quality improvement (CQI), program implementation, [and](#) fiscal controls necessary to provide high-quality home visiting services.

2.2 Eligibility Requirements

Eligible applicants must be legally established public or private non-federal entities capable of implementing evidence-based home visiting services in Mississippi. Eligible entities may include nonprofit community- or faith-based

organizations, healthcare organizations, hospitals, federally qualified health centers, institutions of higher education, school districts, local governmental entities, tribal organizations, and other qualified entities approved by MSDH.

Applicants may propose to serve one or more of the 6 HRSA MIECHV service areas serving 16 counties identified in this RFA and must demonstrate sufficient organizational, fiscal, administrative, staffing, and supervisory capacity to implement the Parents as Teachers (PAT) model within the proposed service area. Each Home Visitor may maintain a maximum caseload of twenty (20) active families.

To be eligible, an applicant must:

1. Be registered and in good standing to conduct business in Mississippi, when applicable.
2. Possess a Unique Entity Identifier (UEI) before receiving a subaward and not be suspended, debarred, excluded, or otherwise disqualified from receiving federal funds.
3. Have experience providing maternal and child health, early childhood, home visiting, family support, healthcare, social services, or related services to pregnant women, caregivers, infants, or young children.
4. Be an active PAT affiliate in good standing **or** submit a written commitment and feasible readiness plan to complete PAT affiliation within three (3) months of the start of the subgrant period and before independently providing MIECHV-funded services.
5. Demonstrate the ability to recruit, employ, supervise, and retain qualified personnel necessary to meet proposed enrollment and service-delivery expectations.
6. Demonstrate adequate financial management, internal controls, administrative systems, data-security protection, and the ability to separately account for MIECHV expenditures.
7. Agree to comply with applicable federal and state requirements, 2 CFR Part 200, HRSA MIECHV requirements, PAT model requirements, MSDH policies, reporting and monitoring requirements, and the terms and conditions of the resulting subgrant.
8. Permit MSDH, HRSA, auditors, and other authorized representatives access to applicable programmatic, fiscal, personnel, and performance records.

MSDH reserves the right to request documentation verifying applicant eligibility and organizational capacity prior to award. Applicants must meet all eligibility requirements of this RFA, including applicable requirements for non-federal entities under 2 CFR 200.69. Applications submitted by ineligible entities will not proceed to scoring.

Mississippi MIECHV Needs Assessment and Identification of Priority Service Areas

MSDH used the MS MIECHV statewide needs assessment in conjunction with federal HRSA MIECHV requirements, available service capacity, existing home visiting resources, geographic considerations, and community-level factors to establish MIECHV-funded service areas and priority populations.

MIECHV Priority Service Areas

The priority service areas are designed to target communities with identified maternal, infant, child, and family risk while supporting sufficient staffing and service capacity to deliver the PAT evidence-based home visiting model.

MIECHV Service Area	Eligible Counties	Home Visitor FTEs	Supervisor FTEs	Total FTEs	Estimated Service Capacity
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PAT 1	DeSoto, Tunica	6	1	7	120 families
PAT 2	Coahoma, Sunflower, Tallahatchie	3	1	4	60 families
PAT 3	Washington, Sharkey, Issaquena	6	1	7	120 families
PAT 4	Holmes, Humphreys, Neshoba	4	1	5	80 families
PAT 5	Hinds, Copiah	7	2	9	140 families
PAT 6	Claiborne, Jefferson, Wilkinson	4	1	5	80 families
Program Total	16 Counties	30	7	37	600 families

The proposed distribution of Home Visitor FTEs reflects county-level needs assessment findings, population and geographic considerations, and anticipated service demand within each service area. Estimated service capacity is calculated using a maximum caseload of 20 active families per Home Visitor FTE. Staffing and final service capacity may be adjusted by MSDH based on available funding, applicant capacity, community need, geographic accessibility, and program implementation considerations. No Home Visitor may maintain a caseload exceeding 20 active families at one time.

County-Level Needs Assessment

MSDH conducted a statewide needs assessment to identify communities experiencing elevated maternal, infant, child, and family risk and to inform the geographic distribution of MIECHV-funded home visiting services. The assessment incorporates standardized county-level indicators across five domains: socioeconomic status, adverse perinatal outcomes, substance use disorder, crime, and child maltreatment.

For [the counties included](#) in the HRSA MIECHV service area, the needs assessment identified variation in the number and type of at-risk domains. Hinds and DeSoto Counties demonstrated the highest level of multidomain risk, with three identified at-risk domains each. Copiah, Washington, and Humphreys Counties demonstrated two identified at-risk domains. Additional counties demonstrated elevated risk within the socioeconomic status or crime domains. County-level standardized indicators provide additional context regarding the specific conditions contributing to identified community risk.

The county-level information below explains the needs-assessment basis for the service areas in this RFA and should inform each applicant's proposed recruitment, referral, partnership, and service-delivery strategies. The information is not a separate eligibility ranking for applicants.

Rank	County	Population At-Risk Domains	Identified At- Risk Domains	Key Elevated Indicators
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1	Hinds	241,229	3	Adverse Perinatal Outcomes; Substance Use Disorder; Crime	Low Birth Weight; Preterm Birth; Illicit Drugs
2	DeSoto	175,611	3	Adverse Perinatal Outcomes; Substance Use Disorder; Crime	Juvenile Arrests; Illicit Drugs; Marijuana
3	Copiah	28,482	2	Crime; Child Maltreatment	Crime Reports; Child Maltreatment; Pain Relievers
4	Washington	47,231	2	Socioeconomic Status; Crime	Income Inequality; Poverty; Juvenile Arrests
5	Humphreys	8,513	2	Socioeconomic Status; Child Maltreatment	Unemployment; Poverty; Child Maltreatment
6	Issaquena	1,294	1	Socioeconomic Status	Income Inequality; Unemployment; Poverty
7	Holmes	17,999	1	Socioeconomic Status	Unemployment; Income Inequality; Poverty
8	Jefferson	7,297	1	Socioeconomic Status	Unemployment; Poverty; Income Inequality
9	Sunflower	26,407	1	Socioeconomic Status	Unemployment; Poverty; Income Inequality
10	Coahoma	23,809	1	Socioeconomic Status	Poverty; Income Inequality; Unemployment

11	Claiborne	9,139	1	Socioeconomic Status	Unemployment; Poverty; Income Inequality
12	Tunica	10,234	1	Crime	Crime Reports; Income Inequality; Poverty
13	Wilkinson	9,047	1	Socioeconomic Status	Unemployment; Poverty
14	Sharkey	4,552	1	Socioeconomic Status	Poverty; Unemployment; High School Dropout
15	Tallahatchie	14,394	0	None identified at domain level	High School Dropout; Poverty; Income Inequality
16	Neshoba	29,403	0	None identified at domain level	High School Dropout; Poverty; Pain Relievers

The needs assessment findings informed MSDH's selection and organization of the service areas included in this RFA. Applicants are not required to independently rank or reassess counties. Applicants should use the county-level findings provided above to demonstrate an understanding of the population and community needs within their proposed service area and to inform their proposed outreach, recruitment, partnerships, and service-delivery strategies. Final awards, service areas, and funding allocations will also consider available funding, applicant capacity, geographic accessibility, existing home visiting infrastructure, service capacity, and the ability to provide sustainable services to eligible families.

Relevance of Needs Assessment to RFA

The county-level needs assessment informs the geographic service areas identified in this RFA and provides applicants with information regarding priority needs and risk factors within each community. Applicants must propose services within one or more of the designated MIECHV service areas identified in this RFA and should use applicable county-level needs assessment findings to inform their proposed approach to outreach, recruitment, community partnerships, and service delivery.

The needs assessment findings do not establish additional individual eligibility requirements for families. Rather, they identify community-level needs that applicants should consider when describing how they will identify, engage, and serve eligible families within the proposed service area. Applicants should demonstrate how their proposed approach responds to the identified needs of the areas they propose to serve.

Family Eligibility and Priority Populations

Families must reside within the approved HRSA MIECHV service area and meet applicable HRSA MIECHV and Parents as Teachers (PAT) eligibility requirements. Enrollment may begin during the prenatal period. Consistent with PAT model requirements, families may receive services during pregnancy and continue receiving services through kindergarten

entry or until the child reaches the maximum age permitted by the PAT model, as applicable. Families enrolling after a child's birth must generally enroll before the child reaches 36 months of age unless an applicable PAT model exception permits later enrollment. Applicants must also comply with applicable MIECHV priority-population requirements, and all screenings and assessments required by MSDH, HRSA, and the PAT model.

PAT Affiliation and Organizational Readiness

Applicants that are not currently PAT affiliates must complete the required affiliation and approval process established by MSDH and the Parents as Teachers National Center ([PATNC](#)). Review of PAT resources or completion of a readiness assessment does not constitute PAT affiliation or authorization to provide MIECHV-funded services. All required affiliation, approval, staffing, and training requirements must be completed before independent service delivery begins.

Following award, MSDH will coordinate with the Parents as Teachers National Center (PATNC) and selected LIAs, as applicable, to support completion of required PAT affiliation, onboarding, and training activities. MSDH will coordinate the onboarding and implementation process and provide or arrange training and technical assistance related to HRSA MIECHV requirements, CQI, Visit Tracker, data quality, performance and reporting, and other MSDH program requirements. PATNC will provide or coordinate required PAT model-specific training, including applicable Foundational and Model Implementation training. New LIAs and applicable staff must complete required affiliation, onboarding, and training activities within established MSDH and PATNC timelines and before independently providing MIECHV-funded services, when required. MSDH will communicate applicable training schedules, documentation requirements, and implementation expectations to selected LIAs and provide or coordinate technical assistance throughout implementation.

Prior to application, applicants should assess organizational readiness, including leadership commitment, understanding of the PAT model, community needs, proposed service area, staffing and supervision capacity, required training, family engagement, community partnerships, fiscal and administrative systems, data and reporting capacity, and infrastructure. Applicants should identify organizational strengths, gaps, and actions necessary for implementation and incorporate planned solutions into the Affiliate Plan, implementation timeline, staffing plan, and budget, as applicable.

Applicants that are not currently PAT affiliates should work directly with PATNC and [MSDH](#) regarding affiliation readiness, requirements, and timelines. PATNC customer service may be contacted at customerservice@parentsasteachers.org for affiliation-process assistance. Questions regarding PAT affiliation may also be directed to Denise Wyatt at denise.wyatt@parentsasteachers.org.

MSDH Training, Technical Assistance, and CQI Support

MSDH will provide or coordinate onboarding, required PAT and HRSA MIECHV training, technical assistance, and Continuous Quality Improvement (CQI) support throughout the grant period. MSDH-supported training and technical assistance may include regularly scheduled virtual and/or in-person peer-learning sessions, trainings, and technical assistance sessions; PATNC coordination; Visit Tracker and data-quality training; performance and reporting assistance; Plan-Do-Study-Act (PDSA) testing; SMART aims; family engagement; workforce development; recruitment and retention; data review; and individualized coaching, as appropriate.

LIAs must actively participate in required onboarding, training, CQI activities, data reviews, coaching, peer-learning opportunities, and technical assistance provided or coordinated by MSDH. LIAs must monitor staff training completion, maintain appropriate training records, and provide documentation to MSDH upon request.

2.3 Project Activities and Performance Requirements

Program Implementation

The purpose of this subaward is to support qualified LIAs in providing voluntary, evidence-based home visiting services using the PAT model in one or more of the 6 HRSA MIECHV service areas that include 16 counties identified in this RFA.

Selected LIAs will be responsible for local program implementation, staffing, supervision, participant recruitment and enrollment, service delivery, community coordination, fiscal management, data collection, continuous quality improvement, and compliance with applicable MSDH, HRSA MIECHV, and PAT requirements.

Selected LIAs shall implement the PAT evidence-based home visiting model in accordance with PAT Essential Requirements, HRSA MIECHV requirements, and MSDH policies. LIAs must maintain sufficient qualified staff, including supervisors and Home Visitors/Parent Educators, to meet approved enrollment and service targets. Each Home Visitor/Parent Educator may maintain an active caseload of no more than twenty (20) families. LIAs not currently affiliated with PAT must complete affiliation within three (3) months of the effective date of the subgrant agreement and before independently delivering MIECHV-funded services.

Data Collection and Reporting

LIAs shall use Visit Tracker, the MSDH-designated home visiting data management system, to collect and maintain all required MIECHV, PAT, and MSDH program data. Service, home visit, screening, assessment, referral, and referral follow-up data must be entered within five (5) calendar days of the applicable activity unless otherwise directed by MSDH. LIAs shall ensure data completeness, accuracy, security, confidentiality, and timely submission of required performance reports. Alternative data systems may not be used for required HRSA MIECHV reporting unless expressly authorized by MSDH.

Training and Staff Development

LIAs shall ensure that all applicable staff complete required PAT Foundational and Model Implementation training and all HRSA MIECHV, CQI, Visit Tracker, data-quality, onboarding, and other training required by MSDH. Required training must be completed within applicable PAT, PATNC, HRSA MIECHV and MSDH timelines and before staff independently provide services when required. LIAs shall provide staff with sufficient time and organizational support to complete required training and shall maintain documentation of training completion and attendance.

Reflective Supervision

LIAs shall ensure that Reflective Supervision is provided by qualified supervisory staff in accordance with Parents as Teachers (PAT), HRSA MIECHV, and MSDH requirements. Supervisors responsible for providing Reflective Supervision shall complete applicable training necessary to support effective Reflective Supervision and model fidelity.

Parent Educators working more than 0.5 FTE shall receive a minimum of two (2) hours of individual Reflective Supervision per month. Parent Educators working 0.5 FTE or less shall receive a minimum of one (1) hour per month. All Parent Educators shall also participate in a minimum of two (2) hours of staff meetings per month. Staff meetings shall not substitute for required individual Reflective Supervision.

LIAs shall maintain documentation of Reflective Supervision, supervisor qualifications and/or applicable training, and staff participation sufficient to demonstrate compliance with PAT and MSDH requirements.

Family Engagement and Leadership

The LIA shall establish meaningful opportunities for families to provide input into program planning, implementation, and improvement. Family engagement and leadership activities may include advisory groups, surveys, focus groups, interviews, participation in CQI activities, or other methods that allow families to share their experiences and recommendations.

Family participation shall be voluntary, respectful, culturally responsive, accessible, strengths-based, and inclusive. The LIA should consider barriers to participation, including transportation, childcare, scheduling, language, literacy, technology access, disability, and geography, and implement reasonable strategies to increase participation. Family members shall not be expected to represent the experiences of all families; the LIA should seek input from families with diverse experiences and perspectives.

Community partners may complement family engagement by identifying community needs, service gaps, referral barriers, and opportunities for collaboration; however, community input shall not replace direct family participation.

Continuous Quality Improvement

The LIA shall participate in the HRSA MIECHV CQI process and use program data, family feedback, staff observations, referral information, and other relevant information to identify opportunities for improvement.

The LIA shall use PDSA cycles or other MSDH-approved CQI methods to test change ideas, assess results, and refine program practices. CQI activities shall be documented and used to strengthen service delivery, family engagement, recruitment and enrollment, referral processes, staff practice, and program outcomes.

Referral and Community Partnerships

The LIA shall establish and maintain a sustainable, bidirectional Community Referral Network with healthcare, behavioral health, early childhood, social service, and other community partners. The network shall support both the receipt of referrals of potentially eligible families to the MIECHV program and referrals of enrolled families to community services and resources based on identified needs. LIAs shall conduct outreach and build community partnerships to increase awareness of home visiting services and support recruitment and enrollment of eligible families. LIAs shall conduct appropriate referral follow-up to determine whether families successfully accessed needed services and use referral data to identify service gaps, strengthen community partnerships, improve service coordination, and inform CQI activities.

Required Activities

The selected LIA shall:

- A. Develop and implement an MSDH-approved transition and project work plan.
- B. Recruit, hire, train, supervise, and retain qualified program staff.
- C. Complete required HRSA MIECHV, PAT affiliation, orientation, training, and model-readiness activities.
- D. Recruit, screen, enroll, and retain eligible families residing in the approved service area.
- E. Provide the four core HRSA MIECHV and PAT components:
 1. Personal visits;
 2. Group connections;
 3. Child and caregiver screenings; and
 4. Community resource networking and referrals.
- F. Conduct required assessments and screenings within the required time frames.
- G. Provide referrals and document whether families successfully receive needed services.
- H. Maintain complete, accurate, confidential, and timely participant and program records.
- I. Enter and validate required data in the designated data system within MSDH-established timeframes.
- J. Participate in continuous quality improvement, monitoring, technical assistance, training, evaluation, and performance-improvement activities.
- K. Coordinate with healthcare providers, WIC, Medicaid, Early Intervention, child welfare, behavioral-health providers, early-childhood programs, schools, and other community partners.

- L. Cooperate with MSDH to ensure continuity of services for families transitioning from the state-operated direct service model to the [LIA's](#) home visiting program.
- M. Establish and maintain meaningful family engagement and family leadership activities at the local level and incorporate family feedback into program planning, implementation, and continuous improvement, consistent with MSDH and HRSA MIECHV requirements.
- N. Establish and maintain a Community Referral Network that supports bi-directional referrals between the MIECHV program and community partners; conduct appropriate referral follow-up; and use referral information to identify service gaps and strengthen community partnerships.
- O. Participate in required Reflective Supervision, CQI, monitoring, technical assistance, training, and performance-improvement activities.
- P. Maintain compliance with PAT model fidelity, HRSA MIECHV requirements, MSDH policies, and the terms and conditions of the subgrant agreement.

Performance Requirements

The LIA shall comply with all applicable HRSA MIECHV, PAT, and MSDH performance, data collection, reporting, monitoring, and Continuous Quality Improvement (CQI) requirements. The LIA shall collect, maintain, validate, and submit complete, accurate, and timely participant, service, staffing, referral, screening, assessment, and other required program data using the MSDH-approved data management system, Visit Tracker.

Unless otherwise directed by MSDH, required service, screening, assessment, referral, and referral follow-up information shall be entered into Visit Tracker within five (5) calendar days of the applicable activity. Required monthly performance data shall be reviewed for completeness and accuracy and submitted to the MIECHV CQI Lead by the fifth (5th) calendar day of each month.

The LIA shall participate fully in required CQI activities, including monthly CQI meetings, annual trainings, peer learning opportunities, technical assistance, and coaching, as applicable. Using PDSA cycles and other MSDH-approved quality improvement methods, the LIA shall routinely analyze program and performance data, family feedback, staff observations, referral information, and other relevant information to identify barriers and performance gaps, implement and evaluate improvement strategies, document outcomes, and share successful practices.

The LIA shall monitor workforce recruitment, training, and retention; family enrollment and retention; referrals and successful connections to services; and funded caseload capacity.

At a minimum, MSDH will evaluate:

- Compliance with HRSA MIECHV requirements;
- Data quality, completeness, accuracy, and timeliness, including demographic, service utilization, and select clinical indicator data;
- Performance on the 19 HRSA MIECHV Performance Measures;
- Compliance with PAT model requirements;
- Enrollment and caseload achievement;
- Number and frequency of completed home visits;
- Family engagement and retention;
- Timeliness of required screenings and assessments;

- Referrals, referral follow-up, and successful connection to services;
- Staff qualifications, training, and supervision;
- Progress toward CQI goals;
- Fiscal and administrative compliance; and
- Timely submission of required reports and invoices.

Specific family-slot targets, caseload expectations, performance thresholds, and implementation milestones will be established in each selected LIA's MSDH-approved work plan and subgrant agreement.

2.4 Reporting Requirements

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HRSA MIECHV Annual Performance Reporting

The LIA shall collect and submit all data required for HRSA MIECHV reporting, including Form 1 participant-demographic, service-utilization, and clinical-indicator data and Form 2 performance-measure data. LIAs shall maintain supporting documentation and respond timely to MSDH data-validation, correction, monitoring, and reporting requests.

Grantees will be required to collect and report data regarding Participant demographics, service utilization, select clinical indicators, and the six (6) statutorily defined HRSA MIECHV benchmark areas:

- 1.Improvements in maternal, newborn, and Child health
2. Prevention of Child injuries, Child abuse, neglect, or maltreatment and reductions of emergency room visits
3. Improvements in school readiness and Child academic achievement
4. Reductions in crime or domestic violence
5. Improvements in Family self-sufficiency
6. Improvements in the coordination and Referrals for other community resources and supports.

LIAs shall collect and report data related to the following 19 HRSA MIECHV performance measures, as required to enrolled families and program services:

Performance Measures	
1	Preterm Birth
2	Breastfeeding
3A	Anxiety Screening
3B	Depression Screening
4	Well-Child Visit
5	Postpartum Care
6	Tobacco Cessation Referrals
7	Safe Sleep
8	Child Injury
9	Child Maltreatment
10	Parent-Child Interaction
11	Early Language and Literacy Activities
12	Developmental Screening
13	Behavioral Concern Inquiries
14	Intimate Partner Violence (IPV) Screening
15	Primary Caregiver Education
16	Continuity of Insurance Coverage
17A	Completed Anxiety Referrals
17B	Completed Depression Referrals
18	Completed Developmental Referrals
19	Intimate Partner Violence (IPV) Referrals

Data Management and Reporting

MSDH has designated Visit Tracker as the required home visiting data management system. LIAs shall use Visit Tracker to collect, maintain, and report all required participant, demographic, service, screening, assessment, referral, performance-measure, staffing, and other HRSA MIECHV, PAT, and MSDH data. LIAs are responsible for ensuring that required data are complete, accurate, timely, secure, and available for reporting, monitoring, evaluation, and CQI purposes. Alternative home visiting data systems may not be used for required reporting unless expressly authorized in writing by MSDH.

Allowable and Unallowable Activities

1.1 Reporting Requirements

Each selected Local Implementing Agency shall maintain complete, accurate, timely, and auditable programmatic, participant, personnel, performance, and fiscal records. Reports must be submitted using MSDH-approved templates, data systems, and electronic submission methods. MSDH may revise reporting forms, instructions, measures, or submission deadlines when necessary to comply with HRSA MIECHV, PAT, or other applicable requirements.

Reporting/Activity	Frequency/Timeframe	LIA Responsibility	MSDH/CQI Team Responsibility
Monthly Data Preparation and Review	By the 5th calendar day of each month	Finalize the prior month's participant, service, workforce, enrollment, caseload, referral, screening, and other required performance data; review data for completeness and accuracy; and correct known data-quality issues before submission.	Provide reporting requirements, data definitions, templates, and technical guidance as needed.
Monthly Data Submission	By the 5th calendar day of each month	Submit all required monthly performance data and reporting templates to the HRSA MIECHV CQI Lead.	Receive, organize, and review submitted data; identify missing, incomplete, inconsistent, or potentially inaccurate information.

Data Validation and Corrections	By the 20th calendar day of each month	Respond promptly to data-quality questions or correction requests and make required corrections within the timeframe established by MSDH.	Validate submitted data, identify discrepancies or data-quality concerns, communicate required corrections, and provide technical assistance as needed.
CQI Group Meeting	Once monthly	Participate in the monthly CQI meeting; review current performance data, discuss implementation activities, identify barriers, report progress, and provide updates on previously identified improvement activities.	Facilitate the CQI meeting; present and review statewide and LIA-level performance information; identify trends, concerns, and opportunities for improvement.
PDSA Review	Once monthly	Report on active PDSA cycles, including the improvement opportunity, change being tested, measures, results, lessons learned, and next steps.	Review PDSA activities, provide feedback and coaching, support interpretation of results, and identify opportunities to adapt or spread successful practices.

Individual CQI Coaching/Technical Assistance	Monthly office hours and as needed	Participate in one-on-one CQI coaching or technical assistance when requested by the LIA identifies a need for additional support.	Provide targeted coaching and technical assistance based on performance trends, implementation barriers, data-quality concerns, PDSA results, or other identified needs.
Performance Review	Quarterly	Review workforce, enrollment, caseload, service delivery, referral, retention, data-quality, and other required performance trends; identify areas requiring additional action.	Conduct or support quarterly performance analysis; identify trends, regressions, performance gaps, and areas requiring intervention or additional technical assistance.
CQI Training and Competency Review	Quarterly	Complete required CQI training, competency activities, self-assessments, and other learning activities designated by MSDH.	Provide or coordinate CQI training; assess training needs and support development of staff knowledge and skills related to data use, PDSA, root-cause analysis, and quality improvement.

CQI Training	Annually	Ensure appropriate staff complete required annual CQI training and incorporate required CQI practices into program operations.	Provide or coordinate annual CQI training and communicate statewide CQI priorities, expectations, tools, and resources.
Family Engagement in CQI	Monthly and ongoing	Obtain and incorporate meaningful family feedback into CQI activities, service improvements, and program decision-making, consistent with MSDH requirements.	Provide guidance and resources to support meaningful family participation in CQI and identify opportunities to incorporate family perspectives into statewide improvement efforts.
Data-Informed Program Improvement	Ongoing	Use performance data, family feedback, staff input, and CQI findings to identify barriers, implement improvement strategies, monitor results, and make adjustments to program operations.	Use LIA and statewide data to identify system-level trends and inform technical assistance, training, coaching, policies, procedures, and statewide improvement strategies.

Improvement Action Plan	<u>Within 30 days following each Quality Assurance review</u> , or within another timeframe established by MSDH	Implement agreed-upon improvement actions within established timeframes and document activities, responsible staff, outcomes, and follow-up.	Establish or recommend improvement actions when needed, provide technical assistance, monitor progress, and determine whether additional intervention is warranted.
Improvement Impact/Follow-Up Review	Every 30 days following implementation of an improvement activity, or as directed by MSDH	Report the impact of implemented changes using the identified performance measures and determine whether the change should be continued, modified, expanded, or discontinued.	Review reported results, provide feedback, assess sustainability, and identify opportunities to replicate or spread effective practices across the MIECHV system.

Monthly Reporting

By the 5th day of each month the LIA shall:

- A. Enter participant enrollment, home-visit, screening, referral, and service-delivery information into Visit Tracker or an MSDH-approved data system according to established data-entry deadlines.
- B. Submit a monthly reimbursement request and expenditure report, with supporting documentation, by the deadline specified in the subgrant agreement.
- C. Report current staffing, vacancies, caseloads, enrollment, service capacity, and other implementation information requested by MSDH.
- D. Reconcile program and fiscal records and correct identified data errors promptly.

Quarterly Reporting

Within 15 calendar days after the end of each quarter, unless otherwise directed by MSDH, the LIA shall submit a quarterly performance report that includes:

- Number of newly enrolled and continuing families;
- Maximum service capacity and active caseload;
- Number and frequency of completed visits;
- Family engagement and retention;
- Required screenings, assessments, and referrals;
- Referral completion and follow-up;
- Staffing, vacancies, training, and supervision;
- Progress toward work-plan objectives and performance targets;
- Data-quality and continuous quality-improvement activities;
- Community partnerships and coordinated referral activities;
- Challenges, corrective actions, and technical assistance needs; and
- Other information required for the HRSA MIECHV Quarterly Performance Report, Form 4.

HRSA MIECHV currently requires awardees to submit a quarterly Form 4 report covering household service capacity, enrollment, family engagement, staffing, and other implementation measures.

Annual Reporting

The LIA shall submit annual data and documentation by the deadline established by MSDH to support completion of:

- HRSA MIECHV Annual Performance Report, Form 1, including participant demographics, service utilization, and selected clinical indicators;
- HRSA MIECHV Annual Performance Report, Form 2, including performance indicators and systems outcome measures;
- PAT Affiliate Performance Reporting requirements;
- Annual progress and continuous quality-improvement reports;
- Annual inventory and equipment reports, when applicable; and
- Other federal, state, model, or MSDH-required reports.

HRSA MIECHV requires consolidated annual reporting through Forms 1 and 2 in addition to quarterly Form 4 reporting.

Immediate and Special Reporting

The LIA shall promptly notify MSDH of:

- Critical incidents involving a participant or employee;
- Suspected fraud, waste, abuse, or misuse of funds;
- Data breaches or unauthorized disclosure of confidential information;

- Significant staffing vacancies or changes in key personnel;
- Loss or suspension of PAT affiliation;
- Conditions that may interrupt or materially reduce service delivery; and
- Legal, fiscal, administrative, or programmatic issues that may affect performance or compliance.

Final Reporting

By October 10, 2028, the LIA shall submit:

- A final programmatic performance report;
- A final expenditure and reimbursement report;
- A final reconciliation of all funds received and expended;
- A final inventory of equipment purchased with subaward funds;
- Outstanding performance and participant data;
- Documentation addressing unresolved monitoring findings or corrective actions; and
- Any additional closeout documentation required by MSDH.

Failure to submit complete and timely reports may result in delayed or withheld reimbursement, corrective action, additional monitoring, reduction or reallocation of funds, or termination of the subgrant agreement.

2.5 Use of Grant Funds

Budget Requirements

Applicants must submit a detailed budget and budget narrative for each year of the proposed award period. Budgets must clearly identify all costs necessary to implement the proposed MIECHV-funded Parents as Teachers (PAT) program and must align with the proposed service area, staffing plan, projected enrollment and service capacity, and activities described in the application.

At a minimum, each annual budget must separately identify applicable costs for:

- Personnel, including Home Visitors, Supervisors, and other proposed program staff;
- Fringe benefits;
- Travel;
- Equipment;
- Supplies;
- Contractual or consultant services;
- Training, including required PAT training and professional development;
- PAT affiliation, model implementation, or other required program costs;
- Data collection, reporting, and technology;

- Family engagement and program materials;
- Other direct costs necessary for program implementation; and
- Indirect costs, if applicable and allowable.

Applicants should provide a separate budget and budget narrative for Year 1 and Year 2, with each cost sufficiently described and justified. The budget narrative must explain the basis for each cost and demonstrate that proposed expenditures are reasonable, necessary, allowable, and directly related to implementation of the proposed program.

Two-Year Budget Summary

Applicants must submit a Two-Year Budget Summary in addition to the detailed annual budgets and budget narratives. The summary must present the total amount requested for Year 1, Year 2, and the full two-year award period, using the following format:

Budget Category	Year 1	Year 2	Two-Year Total
Personnel	\$	\$	\$
Fringe Benefits	\$	\$	\$
Travel	\$	\$	\$
Commodities	\$	\$	\$
Contractual	\$	\$	\$
Equipment	\$	\$	\$
Other	\$	\$	\$
Indirect Costs	\$	\$	\$
Total Requested	\$	\$	\$

The amounts reflected in the Two-Year Budget Summary must reconcile with the detailed annual budgets and budget narratives. Applicants must clearly identify and justify all proposed costs. The total two-year request may not exceed the maximum award amount established in this RFA.

Allowable Costs

Allowable costs may include approved personnel and fringe benefits, required travel, PAT affiliation and curriculum expenses, staff training, screening tools, supplies, technology, data-system costs, family-engagement materials, contractual services, and other reasonable and necessary costs included in the MSDH-approved budget.

Unallowable Costs

Funds may not be used for unallowable activities, including direct medical, dental, mental health, or legal services unless specifically authorized under the award. Funds may not be used for lobbying, entertainment, alcoholic beverages, fines or penalties, unapproved construction or renovation, costs incurred outside the approved period of performance, costs paid by another funding source, direct cash payments to participants, or other costs prohibited by federal requirements, 2 CFR Part 200 & 300, MSDH policy, or the subgrant agreement.

Failure to meet programmatic, fiscal, reporting, data-quality, or model-fidelity requirements may result in technical assistance, corrective action, additional monitoring, withholding or reduction of payments, suspension of enrollment, reallocation of funds, or termination of the subgrant agreement.

Direct Costs

Under this Subgrant, MSDH shall only pay for actual and allowable direct costs incurred during the Period of Performance. To be allowable, all costs must be:

- Necessary for the performance of the Subgrant activities;
- Reasonable, as provided in 2 CFR § 200.404
- Allocable to the federal award, as provided in 2 CFR § 200.405
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E
- Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Subgrant Agreement. Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Indirect Costs

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.” 2 CFR § 200.1. All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable. As provided in 2 CFR § 200.414, indirect costs may only be paid from a federal grant if paid through a federally approved rate or a rate negotiated between MSDH and the Applicant. If the Applicant has never had a federally approved indirect rate, it may charge indirect costs as consistent with the federal rules for de minimis indirect costs.

2.6 Debarment

MSDH will not consider responses to this solicitation from any applicant, offeror, or entity that is debarred, suspended, proposed for debarment, excluded, or declared ineligible by any federal or state agency to receive funding. Submissions from such entities will be deemed non-responsive and will not be evaluated or considered further. It is the responsibility of the applicant, offeror, or entity to ensure that they are in good standing and eligible to apply. By submitting a response to this solicitation, the applicant, offeror, or entity certifies compliance with all eligibility requirements, including that they are not subject to any of the conditions listed above.

In addition, by submitting an application in response to the RFA, the applicant certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government.

Applicant further certifies that it is not an agent of any such person or entity. Applicant certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Applicant certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Applicant certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the applicant's failure to perform, default, or any other action or inaction by the applicant.

SECTION 3 | RFA PROCESS

This RFA seeks Applications to complete activities allowable under the funding source identified above in this RFA. All Applications must conform to the instructions, conditions, and requirements in this RFA. Applicants should carefully examine this RFA, as well as requirements on the state or federal funds involved. Applications that MSDH determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be rejected without scoring.

3.1 RFA Point of Contact

The Applicant should direct questions regarding the RFA to the Point of Contact listed below.

Qualandia Hooker
Grant Analyst
qualandia.hooker@msdh.ms.gov
(601) 576-7062

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the Question & Answer section of this RFA on MSDH's OpenGov Procurement portal. All questions are due before 5:00 pm on Friday, October 30, 2026.

No member of state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA through MSDH's OpenGov Procurement portal. Only the POC has the authority to modify the RFA, answer questions, and render opinions, on behalf of MSDH.

3.2 Schedule of Events

Release RFA:	October 8, 2026
Question Submission Deadline:	October 30, 2026, 5:00pm
Application Due Date:	November 11, 2026, 5:00pm
Period of Performance Start Date:	12/1/2026

No binding agreement has been made between MSDH and any Applicant until a Subgrant Agreement is fully executed by both parties.

3.3 Preparing and Submitting the Application

The Application can be submitted electronically through [MSDH's OpenGov Procurement portal](#). The portal will guide you through submitting your Application including noting any required information. Applications are due prior to 5:00 pm on Wednesday, November 11, 2026 and late submittals will not be accepted. Applications that do not contain all required information or that are not in a submitted status prior to the deadline for Application submittals will be rejected. Submitting at the deadline will likely result in a late submittal as uploading and providing the necessary information takes time so please prepare your Application in a timely manner to avoid missing the deadline.

3.4 Evaluation Committee

Applications are evaluated by members of an Evaluation Committee, which will consist of individuals selected at the discretion of MSDH. All members of the Evaluation Committee will disclose to MSDH any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any attempt to influence an evaluator that is involved in this RFA may result in the rejection of the Application.

3.5 Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. MSDH reserves the right to evaluate Applications and award funds in a manner utilizing criteria selected at MSDH's discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method.

MSDH will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Subgrant, such that MSDH should not award funding.

MSDH will award to the top-scoring Applicant or Applicants, as MSDH determines and as funding allows. Applicants must score a minimum of 70 out of 100 to be considered.

MSDH will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method described below.

3.6 Late Applications

All Applications must be electronically or physically received by the deadline listed in the Schedule of Events. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.7 Corrections

An Applicant may correct a mistake in an application prior to the deadline by "unsubmitting" their Application on MSDH's OpenGov Procurement portal and modifying the Application before submitting it again. Once the deadline for submitting Applications has passed, the system will no longer allow electronic submittals. Applications not submitted or re-submitted (if corrected) after the due date and time will not be considered as "submitted". Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by MSDH.

3.8 MSDH Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, MSDH may take one or more of the following actions:

1. Amend the RFA
2. Extend the due date for Applications
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.

4. Accept or reject a portion of or all of an application.
5. Accept or reject all applications.
6. Withdraw the RFA.
7. Elect to reissue the RFA.

MSDH reserves the right to adjust the budget and work plan of the intended Subgrantee as considered necessary as a result of a decrease in the availability of funds or to meet the requirements of the grant, Federal Funding Agency, law, or MSDH programmatic needs.

MSDH also reserves the right to apply additional conditions based on the successful Application and the result of a subgrantee risk assessment.

3.9 Competition/Joint Efforts

Applicants may cooperate or submit Applications jointly, but all such Applications must clearly identify the Applicants involved, the roles each will have in administering the subgrant, and that they are eligible for the Subgrant, as set forth herein. Applicants may create a legal entity or describe a plan for the creation of a legal entity, as a cooperative or joint venture if the entity itself is eligible for the Subgrant and all Applicants are also eligible. MSDH shall determine the proper method for any resulting subgrant, should the joint Applicants be selected for funding.

SECTION 4 | EVALUATIONS

MSDH will evaluate on the following categories with a maximum point potential for each:

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	Organizational Capacity and Relevant Experience The Applicant will be evaluated on its legal and organizational structure, governance, leadership, administrative capacity, financial-management systems, internal controls, and experience managing federal or state funds. The Applicant should demonstrate experience providing maternal and child health, early childhood, home visiting, family-support, healthcare, social-service, or related services. Higher scores will be awarded to Applicants that clearly demonstrate the ability to manage a MIECHV subaward, maintain auditable records, comply with federal and MSDH requirements, and successfully implement services in the proposed county or counties. The Applicant must identify any previous audit findings, monitoring findings, corrective actions, or other compliance concerns and describe how those matters were resolved.	Points Based	15 (15% of Total)
2.	Statement of Need, Service Area, and Community Partnerships The Applicant will be evaluated on its understanding of the needs, characteristics, barriers, and available resources within each county proposed for service. The response should identify the population to be served, estimated number of eligible families, maternal and child health risks, gaps in existing home visiting services, anticipated referral sources, and strategies for reaching and retaining priority populations. Higher scores will be awarded to Applicants that provide relevant county-level data, identify realistic service gaps, demonstrate meaningful community relationships, and present letters or other evidence of collaboration with healthcare providers, WIC, Medicaid, Early Intervention, child welfare, behavioral-health providers, early-childhood programs, and other referral partners.	Points Based	10 (10% of Total)

3.	PAT Affiliation and Model Implementation Readiness The Applicant will be evaluated on its current Parents as Teachers affiliation status and demonstrated readiness to implement the PAT model with fidelity. Applicants that are not currently PAT affiliates must provide a detailed affiliation-readiness plan that includes leadership commitment, responsible personnel, required training, anticipated affiliation expenses, data-system preparation, policies and procedures, implementation milestones, and a realistic timeline for completing affiliation. Higher scores will be awarded to Applicants that are active PAT affiliates in good standing or that provide a complete and credible plan for becoming affiliated and meeting all applicable Essential Requirements before independently serving MIECHV-funded families. Existing affiliation alone does not guarantee the maximum score; the Applicant must also demonstrate sufficient capacity and readiness to perform the proposed work.	Points Based	15 <i>(15% of Total)</i>
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4.	Work Plan and Service Delivery Approach The Applicant will be evaluated on the completeness, feasibility, and quality of its proposed work plan. The work plan must identify activities, responsible staff, timelines, deliverables, implementation milestones, enrollment and caseload projections, and methods for measuring progress. The response should address: • Startup and transition activities; • PAT affiliation or continued model-fidelity activities; • Outreach, recruitment, eligibility determination, and enrollment; • Personal visits, group connections, screenings, referrals, and follow-up; • Coordination for families transitioning from MSDH-operated services; • Strategies for reaching maximum service capacity; • Family engagement and retention; • Community coordination; • Data entry, reporting, and CQI; and • Plans for addressing vacancies, delays, or other implementation challenges. Higher scores will be awarded to Applicants that present a specific, realistic, and measurable plan that can be implemented within the proposed period of performance.	Points Based	20 (20% of Total)
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5.	Staffing, Qualifications, and Supervision The Applicant will be evaluated on its proposed staffing structure and ability to recruit, train, supervise, and retain qualified personnel. The response must identify proposed leadership, supervisors, Parent Educators, and administrative or data-support personnel; describe their qualifications and responsibilities; and include an organizational chart. The Applicant should describe: Staff qualifications and relevant experience; Recruitment and hiring timelines; Proposed caseload distribution; PAT and MSDH training plans; Reflective and administrative supervision; Staff-retention and professional-development strategies; Background-check procedures; and Contingency plans for vacancies and extended absences. Higher scores will be awarded when the proposed staffing level is appropriate for the requested family slots, geographic service area, anticipated travel, required data collection, supervision, and PAT service-delivery expectations.	Points Based	15 (15% of Total)
6.	Data, Performance Measurement, and CQI The Applicant will be evaluated on its capacity to collect, enter, validate, secure, analyze, and report accurate and timely program data. The response should describe the Applicant's data-management systems, staff responsibilities, quality-control procedures, confidentiality protections, reporting processes, and experience using data to improve performance. The Applicant must explain how it will monitor enrollment, caseload utilization, completed visits, screenings, referrals, family engagement, retention, staff training, model fidelity, and progress toward work-plan objectives. The Applicant should also describe its experience with continuous quality improvement or provide a clear plan for participating in MSDH-directed CQI activities. Higher scores will be awarded to Applicants that demonstrate strong data capacity, clear accountability, and practical strategies for identifying and correcting performance or data-quality concerns.	Points Based	10 (10% of Total)

7.	Budget and Cost Effectiveness The Applicant will be evaluated on whether the proposed budget is complete, accurate, reasonable, allowable, allocable, and directly aligned with the proposed work plan, staffing plan, service area, and family-slot targets. The budget narrative must provide sufficient detail to explain the basis for each requested cost. Reviewers will consider: Reasonableness of salaries, fringe benefits, travel, supplies, contractual services, equipment, affiliation costs, training, and indirect costs; Consistency between staffing levels, caseload expectations, and requested funding; Cost per proposed family slot and anticipated service capacity; Adequacy of funds for PAT affiliation, training, supervision, data management, and service delivery; Whether costs are allowable under applicable federal and MSDH requirements; and Whether the proposed budget represents an efficient and sustainable use of available funds. The total amount requested will not independently determine the score. Higher scores will be awarded to Applicants whose budgets are realistic, adequately justified, and demonstrate strong alignment between proposed costs and anticipated results.	Points Based	15 <i>(15% of Total)</i>
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SECTION 5 | APPLICATION

5.1 Applicant Organization Information

5.1.1 Applicant Organization Name*

Please provide the full legal name of the Applicant Organization that should be listed on an agreement or contract. Be sure to include any other "doing business as" names, or any previous names the organization used.

NOTE: Name must match the UEI Number

*Response required

5.1.2 Applicant Organization UEI Number*

Please enter the full EUI Number of the Applicant Organization here.

*Response required

5.1.3 UEI Number Upload*

Please upload a copy or printout of your registration from SAM.gov.

*Response required

5.1.4 Applicant Organization Address*

What is the full physical/mailling address of the Application Organization?

Please be sure to include the full street name and address (including floor or room number if applicable), City, State, and Zip Code.

*Response required

5.1.5 Applicant Contact Information - Name*

Please provide the full name of the Applicant's Point of Contact for this Application.

*Response required

5.1.6 Applicant Contact Information - Title*

Please provide the full title of the Applicant's Point of Contact for this Application.

*Response required

5.1.7 Applicant Contact Information - Telephone Number*

Please provide the full telephone number (including area code) of the Applicant's Point of Contact for this Application.

*Response required

5.1.8 Applicant Contact Information - Email Address*

Please provide the full email address of the Applicant's Point of Contact for this Application.

*Response required

5.1.9 Eligible Entity*

Party submitting this application certifies that Applicant Organization is an eligible entity as defined by this RFA.

☐ Please confirm

*Response required

5.1.10 Debarment or Suspension Confirmation*

Party submitting this application certifies that Applicant Organization is not presently debarred or suspended.

☐ Please confirm

*Response required

5.1.11 W9*

Upload a copy of your current W9 here.

*Response required

5.2 Applicant's Organizational Overview

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subgrant.

5.2.1 Federal Grants Experience*

Upload a description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a direct recipient or a subgrantee. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.

*Response required

5.2.2 Programmatic Experience*

Upload a description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.

*Response required

5.2.3 Program Management and Organizational Experience*

Please provide a description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.

*Response required

5.2.4 How many families does your agency propose to serve annually under this award?*

Numeric response only.

Maximum response length: 6 characters

*Response required

5.2.5 What is your organization's current Parents As Teachers (PAT) affiliate status?*

Select the option that best describes your organization's current PAT affiliate status. Organization that are not currently affiliated must agree to obtain PAT affiliation before providing MIECHV services.

- ☐ Current PAT Affiliate
- ☐ Will Become PAT Affiliate Prior to Service Delivery
- ☐ PAT Affiliation Application Submitted/In Process

*Response required

5.2.6 If you selected "PAT Affiliation Application Submitted/In Process" or "Will Become a PAT Affiliate Prior to Service Delivery" describe your plan an anticipated timeline for obtaining PAT affiliate status.*

*Response required

5.2.7 Will your agency implement Parents as Teachers (PAT) model with fidelity in accordance with the PAT National Center requirements?*

- ☐ Yes
- ☐ No

*Response required

5.2.8 Does your agency agree to collect, maintain and submit all required HRSA MIECHV data in accordance with MSDH and HRSA requirements?*

- ☐ Yes
- ☐ No

*Response required

5.2.9 Does your agency agree that all Parent Educators will meet HRSA MIECHV, PAT and MSDH qualification requirements and complete required training before independently serving families?

- ☐ Yes
- ☐ No

5.2.10 Does your agency agree to participate in performance monitoring, quality assurance activities, and performance improvement efforts required by HRSA MIECHV, PAT, and MSDH?*

- ☐ Yes
- ☐ No

*Response required

5.2.11 Does your agency agree to ensure all applicable staff complete required HRSA MIECHV, PAT, and MSDH trainings?*

- ☐ Yes
- ☐ No

*Response required

5.2.12 Does your agency agree to participate in desk reviews, onsite monitoring, fiscal reviews, record reviews, and follow up activities conducted by MSDH?*

- ☐ Yes
- ☐ No

*Response required

5.2.13 Does your agency agree to develop and implement corrective action plans within timelines established by MSDH when deficiencies are identified?*

- ☐ Yes
☐ No

*Response required

5.2.14 Does your agency agree to maintain all programmatic and fiscal records for the required retention period and make records available for monitoring and audit as required by MSDH?*

- ☐ Yes
☐ No

*Response required

5.2.15 Agreements Terminated or Costs Disallowed*

Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

- Were terminated for cause; or
- Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

*Response required

5.3 Applicant's Work Plan

The Applicant's Work Plan must respond in detail to the Project Description. It must contain a description of the work activities the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, reporting requirements, and program evaluation activities.

5.3.1 Work Plan*

The work plan must include the following components:

- A. Home Visiting Model Implementation
- B. Caseload Capacity
- C. Staffing Plan
- D. Referral Network
- E. Geographic Service Area
- F. Community Partnerships
- G. Continuous Quality Improvement
- H. Evidenced Based Assessments
- I. Required Screenings and Assessments - The LIA shall implement all program- and federally required screenings and assessments within required PAT, HRSA MIECHV, and MSDH timeframes using validated tools designated or

approved by MSDH. Screening and assessment results, referrals, and required follow-up must be documented in Visit Tracker in accordance with MSDH requirements.

*Response required

5.4 Applicant's Budget

5.4.1 Budget Information*

The Applicant Budget should contain only allowable direct costs and indirect costs under the applicable federal statutes, regulations, terms and conditions of this RFA. The Applicant must include an accurate and detailed budget and budget justification that correlates to the work plan, noting line-item expenses with specific detail for understanding per-item costs. The direct costs in the Applicant's budget must be broken down into the required direct cost categories.

1. **Personnel.** The Personnel budget category includes costs of compensation for officers and employees of the Applicant and is based on the percentage of time dedicated to the subgrant. The Personnel budget category must contain the following information a line-item or listing of each position authorized and the salary amount to be paid to each full-time employee and/or the hourly rate authorized, and number of hours authorized for each part-time employee charged to the subgrant.
2. **Fringe Benefits.** The Fringe Benefits budget category consists of the subgrantee's share of applicable fringe benefits, such as social security (F.I.C.A. and Medicare), employee health/life/disability insurance premiums, worker's compensation insurance, unemployment insurance, and pension plan costs. The types and percentages of fringe benefits claimed must be documented in the budget.
3. **Travel.** The Travel budget category includes costs for transportation, lodging, and related costs to employees, officers, and volunteers who are in travel status on official business. Mileage and per diem rates should not be greater than the rates approved by the Mississippi Department of Finance and Administration on the date travel was performed.
4. **Commodities.** The Commodities budget category includes costs of materials and supplies consumed by the Applicant for the program. Items required on the inventory of fixed assets must not be included in the Commodities budget category.
5. **Contractual.** The Contractual budget category includes costs of services rendered by persons other than employees of the Applicant under contractual agreements.
6. **Equipment.** The Equipment budget category includes costs for the purchase of equipment, machinery, furniture and fixtures, and any items which are required to be reported on the fixed asset inventory regardless of cost.
7. **Other.** The Other budget category includes other direct costs that do not fit into the above classifications.

The indirect cost rate must be specified in the budget. MSDH allows a de minimis, or flat rate, of 15 percent for indirect costs if the subgrantee does not have a federally negotiated indirect cost rate. The negotiated indirect cost rate cannot be used if it is prohibited by the prime funder.

Applicants will not be allowed to change their budgets once submitted to MSDH, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by MSDH or in agreement between MSDH and the Applicant after the Intent to Subaward is announced.

Applicants should not rely on budget changes or modifications in submitting their proposed budget, but should be able to perform the program activities consistent with their budget.

*Response required

5.5 Conflicts of Interest

5.5.1 Other Current MSDH Contracts*

List all other current agreements/contracts with MSDH, including the dollar amount associated with the agreement/contract and the beginning and ending dates. If no other funds are received, please mark N/A.

Please provide each entry in the following format:

MSDH Program or Agreement/Contract Name #1

- Dollar Amount
- Contract Beginning Date
- Contract Ending Date

*Response required

5.5.2 Organization Governing Body*

Please list the name of each member of your organization's Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

*Response required

5.5.3 Governing Body or Project Staff Affiliations*

Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees?

- ☐ Yes
☐ No

*Response required

When equals "Yes"

5.5.4 Governing Body or Staff Affiliations - Explanation*

You have indicated that one or more members of your governing body or project staff are also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees.

Please provide the following for all such individuals:

- Name of Individual
- Indicate if individual is an MSDH Employee, MSDH Board Member, or relative type of MSDH employee.
- Applicable position held with MSDH

*Response required

When equals "Yes"

5.5.5 Income From Business*

Does the MSDH Board Member, Employee, or Relative receive more than \$2,500.00 per year in income from the business?

☐ Yes

☐ No

*Response required

When equals "Yes"

5.5.6 Ownership Status - Percentage*

Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business?

☐ Yes

☐ No

*Response required

When equals "Yes"

5.5.7 Ownership Status - Amount

Does the MSDH Board Member, Employee, or Relative have ownership interest in the business, in which the fair market value exceeds \$5,000.00?

☐ Yes

☐ No

When equals "Yes"

5.5.8 Position Within Business*

Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business?

☐ Yes

☐ No

*Response required

5.5.9 Conflict of Interest Certification*

I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

☐ Please confirm

*Response required

5.6 Other

5.6.1 Debarment, Suspension, and Eligibility*

The applicant certifies that they or any of its principals _____ presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal or state contracts.

Select the answer which best fills in the blank for the applicant.

- ☐ are
☐ are not

*Response required

5.6.2 Charges From A Government Agency*

The applicant certifies that they or any of its principals _____ presently indicted for, or otherwise criminally or civilly charged by a government entity.

Select the answer which best fills in the blank for the applicant.

- ☐ are
☐ are not

*Response required

5.6.3 Conviction or Acknowledgment of Fault*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been the subject of a federal or state criminal proceeding resulting in a conviction or other acknowledgment of fault, been the subject of a federal or state civil or administrative proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000 or other acknowledgment of fault; convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

Select the answer which best fills in the blank for the applicant.

- ☐ have
☐ have not

*Response required

5.6.4 Contract Termination By Default*

The applicant certifies that they or any of its principals _____ within the last five (5) years preceding this offer, had one or more contracts terminated for default by any federal agency.

Select the answer which best fills in the blank for the applicant.

- ☐ have
☐ have not

*Response required

5.6.5 Felony Criminal Violations*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been convicted of a felony criminal violation under federal or state law.

Select the answer which best fills in the blank for the applicant.

- ☐ have
- ☐ have not

*Response required

5.6.6 Financial Records*

Does the applicant have a financial management system that provides records that can identify the source and award-supported activities and provides control and accountability of project funds, property, and other assets?

- ☐ Yes
- ☐ No

*Response required

5.6.7 Audit Status / Fiscal Responsibility*

Does the applicant receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133)?

- ☐ Yes
- ☐ No

*Response required

When equals "Yes"

5.6.8 Most Recent Audit*

What is the most recent fiscal year for which this audit was completed?

- ☐ Yes
- ☐ No

*Response required

When equals "Yes"

5.6.9 Report Findings*

Were there any audit findings in the most recent report?

If "Yes", please be sure to provide an explanation in the applicable upcoming question. Failure to provide an explanation may cause your submittal to be deemed non-responsive.

- ☐ Yes
- ☐ No

*Response required

When equals "Yes"

5.6.10 Recent Audit Report

Please upload a copy of your most recent Uniform Guidance §200.514 (formerly A-133) Audit Report.

When equals "Yes"

5.6.11 Explanation or Other Information*

Please provide any additional information around your Audit Status that you feel is necessary here. This includes an explanation regarding any audit findings in your most recent audit.

If you have nothing to add here, please state that you have no additional information to provide.

*Response required

When equals "No"

5.6.12 No Annual Audit*

You have stated that the applicant does not receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133).

Please select the option which best fits the reason why.

- ☐ Non-Profit Entity (under Federal Funding Threshold)
- ☐ For Profit Entity
- ☐ Other

*Response required

When equals "No"

5.6.13 No Annual Audit - Other*

If you selected "Other" in the previous question regarding why you do not receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133) please specify here.

If your answer to the previous question was not "Other", please respond here with "N/A".

*Response required

5.6.14 Supplemental Information

Applicant will provide any required supplemental information as outlined in this Request to be submitted with the Application.

5.6.15 Please acknowledge that any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.*

- ☐ Please confirm

*Response required