



## SECTION 2 Program Overview

If your program is **not currently part of the My Healthy Baby referral network**, please briefly describe how your program meets the following eligibility criteria:

- Includes voluntary perinatal home visiting as the primary service delivery strategy
- Has been well established in the local community for at least one year
- Targets outcomes including breastfeeding, safe sleep, tobacco cessation, and birth spacing.
- Serves families during pregnancy and through at least the first year after the baby is born.

## SECTION 3A Funding Request

Select how the funds will your program (You can select more than one)

- Professional development training** or expenses related to one or more of the [My Healthy Baby Standards](#).
- Technology enhancements** to better deliver services.
- Language access costs** to serve non-English speaking clients.
- Client** enrollment and/or retention.
- Staff** recruitment and/or retention.
- Expenses related to **data sharing** with My Healthy Baby.
- Costs related to **regional or county partnership building** between home visiting programs and referral partners.
- Other

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **professional development training** or expenses related to one or more of the My Healthy Baby Standards, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

Response should be entered in the box below. If not requesting anything in this category, you can put "N/A" in the box.

If you are requesting funds for **technology enhancements** to better deliver services, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

Response should be entered in the box below. If not requesting anything in this category, you can put "N/A" in the box.

**SECTION 3B Funding Request Justification and Detail**

If you are requesting funds for **language access costs to serve non-English speaking clients**, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

If you are requesting funds for **Client enrollment and/or retention**, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

**SECTION 3B Funding Request Justification and Detail**

If you are requesting funds for **Staff recruitment and/or retention** , in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent (if applicant previously received HCBS funding to support staff recruitment and/or retention, please include how this supplements the previous award).
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

If you are requesting funds for **expenses related to data sharing** with My Healthy Baby, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **expenses related to regional or county partnership building between home visiting programs and referral partners** (Examples include: Meeting support and collaborative outreach events), in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.

Note: Within this category, applicants are encouraged to include other home visiting partners in the proposed partnership (e.g., Healthy Families will be collaborating with NFP and Early Head Start). Applicants are encouraged to include a brief letter of support from collaborating partners. These letters should be included as attachments when the application is submitted.

### SECTION 3B Funding Request Justification and Detail

If you are requesting funds for **other** costs that you have not seen mentioned above, in the box below:

1. State how much money is being requested in this category.
2. Briefly describe how the funds will be spent.
3. Briefly describe how these funds will assist your program.

**Response should be entered in the box below.** If not requesting anything in this category, you can put "N/A" in the box.