

# SUBMISSION: Request for Supplemental Information

## California Home Visiting Program State General Fund Innovation 2.0

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Maternal, Child and Adolescent Health  
Center for Family Health

Local Health Jurisdiction: \_\_\_\_\_

Name and Title of Person Submitting RSI: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Proposed Project Plan

All responses should be entered into the form below in 12 pt. font.

Local health jurisdiction (LHJs) should send their submission via email to [CA-MCAH-HomeVisiting@cdph.ca.gov](mailto:CA-MCAH-HomeVisiting@cdph.ca.gov) no later than **5:00 p.m. on November 29, 2023**. Please use the following as the “Subject” line of your email: “LHJ Name CHVP Innovation 2.0 RSI 2023”; example: “Terabithia CHVP Innovation 2.0 RSI 2023”.

**Phase 1 Applicants:** CHVP will review and prioritize funding for project proposals from LHJs that do not receive any other CHVP funding to support access to these important services across the state. The four counties that do not receive CHVP funding are Alpine, Imperial, Placer, and Trinity. If these counties submit a project proposal that aligns with the parameters of this RSI, they will be awarded funding.

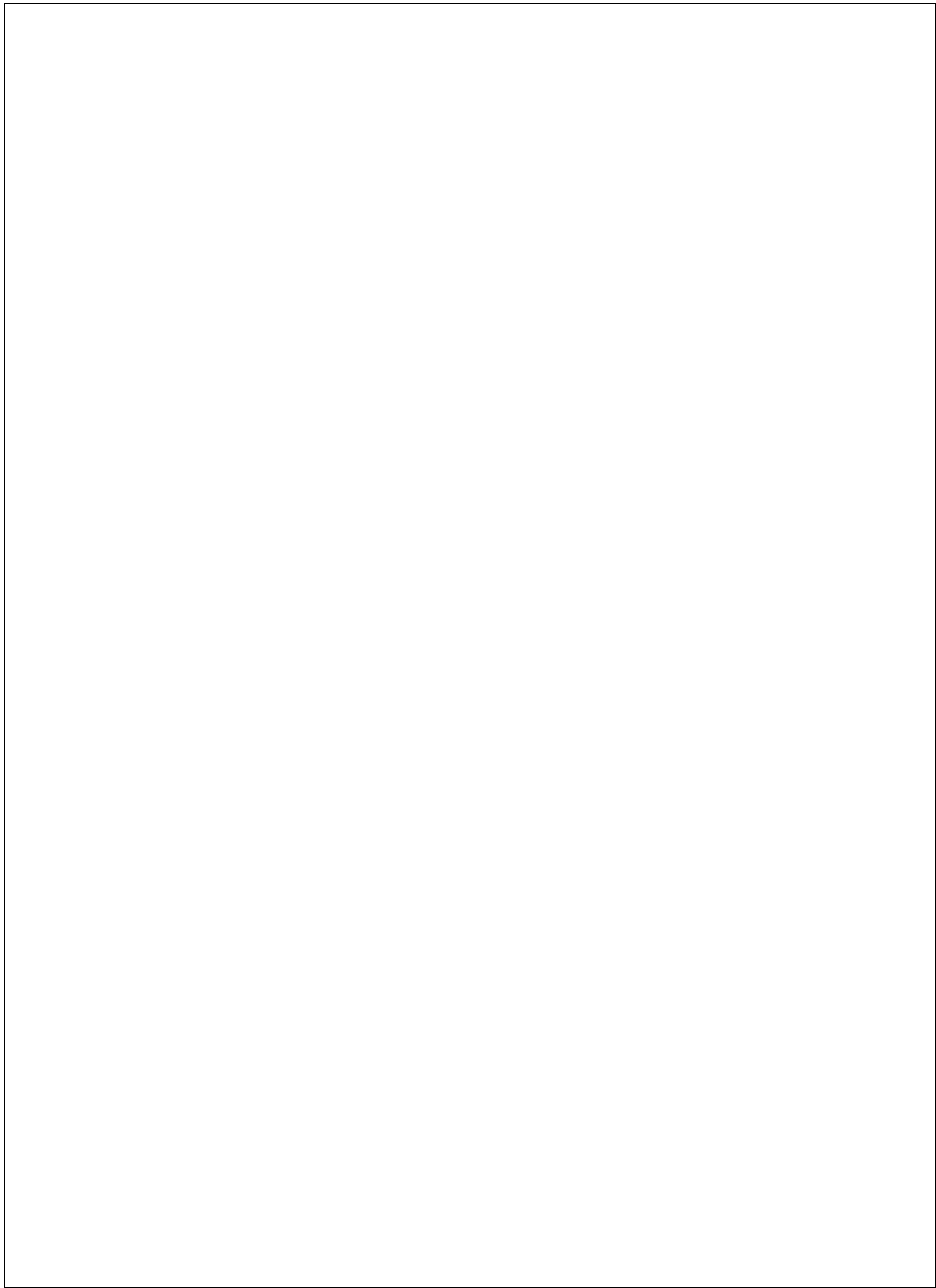
**Phase 2 Applicants:** Points available per section are included following each question. Applications will receive a total score out of **100** available points. Please reference the CHVP SGF Innovation 2.0 RSI for details about priorities for funding and how submissions will be received, reviewed, and scored.

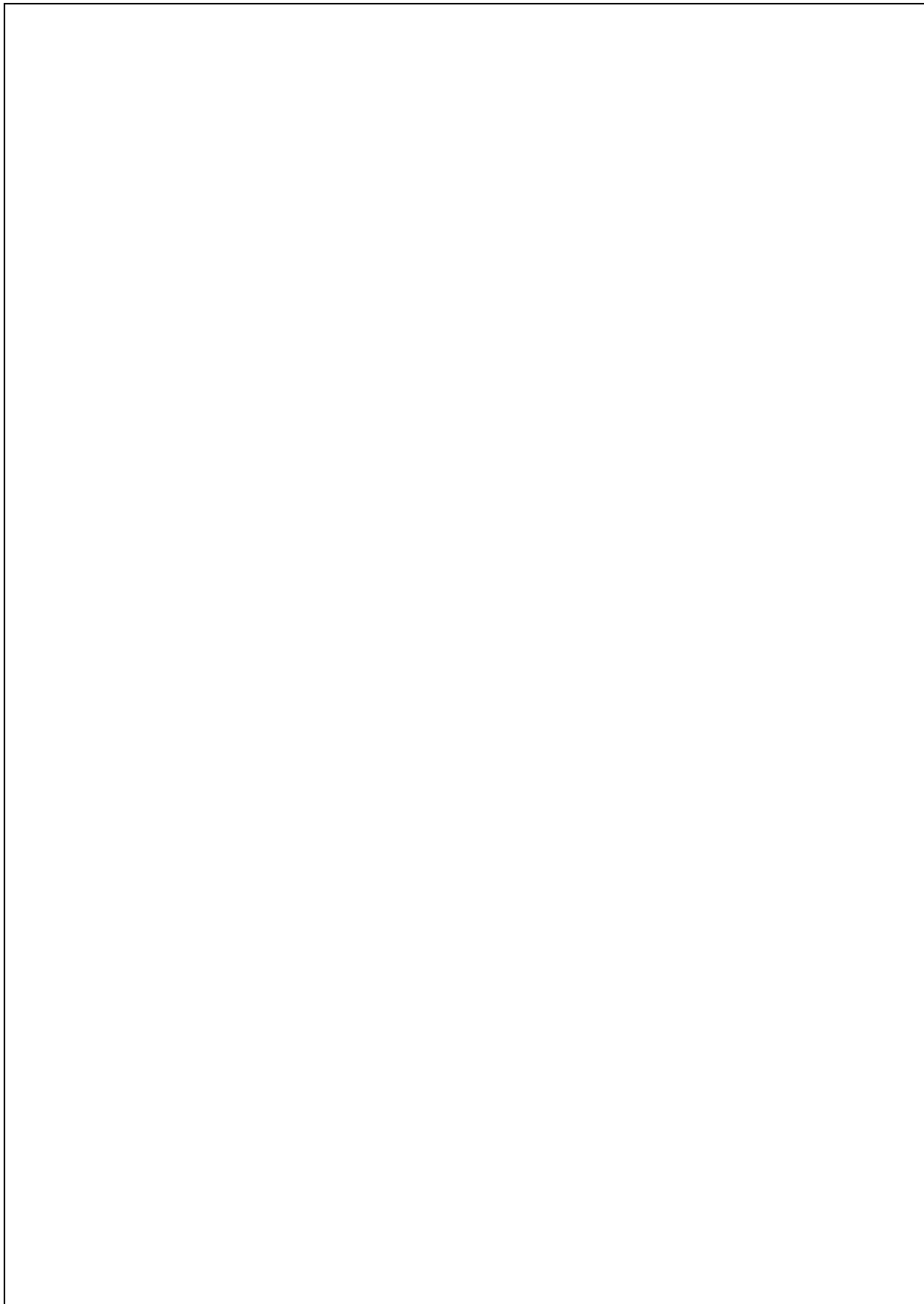
1. **PROJECT DESCRIPTION:** Provide a description of your proposed project in a few sentences. **(70pts)** Include the following:
  - a. **Project Title:**
  - b. **Project Category:**
    - Category 1: Evidence-Informed
    - Category 2: Evidence-Based Home Visiting (EBHV)
  - c. **Project Description, including:**
    - i. **Evidence-based or evidence-informed model:** Describe the proposed home visiting model. **(5pts)**
    - ii. **Service Population:** Describe the population that will be served through the proposed project. Explain why this population was chosen. **(5pts)**

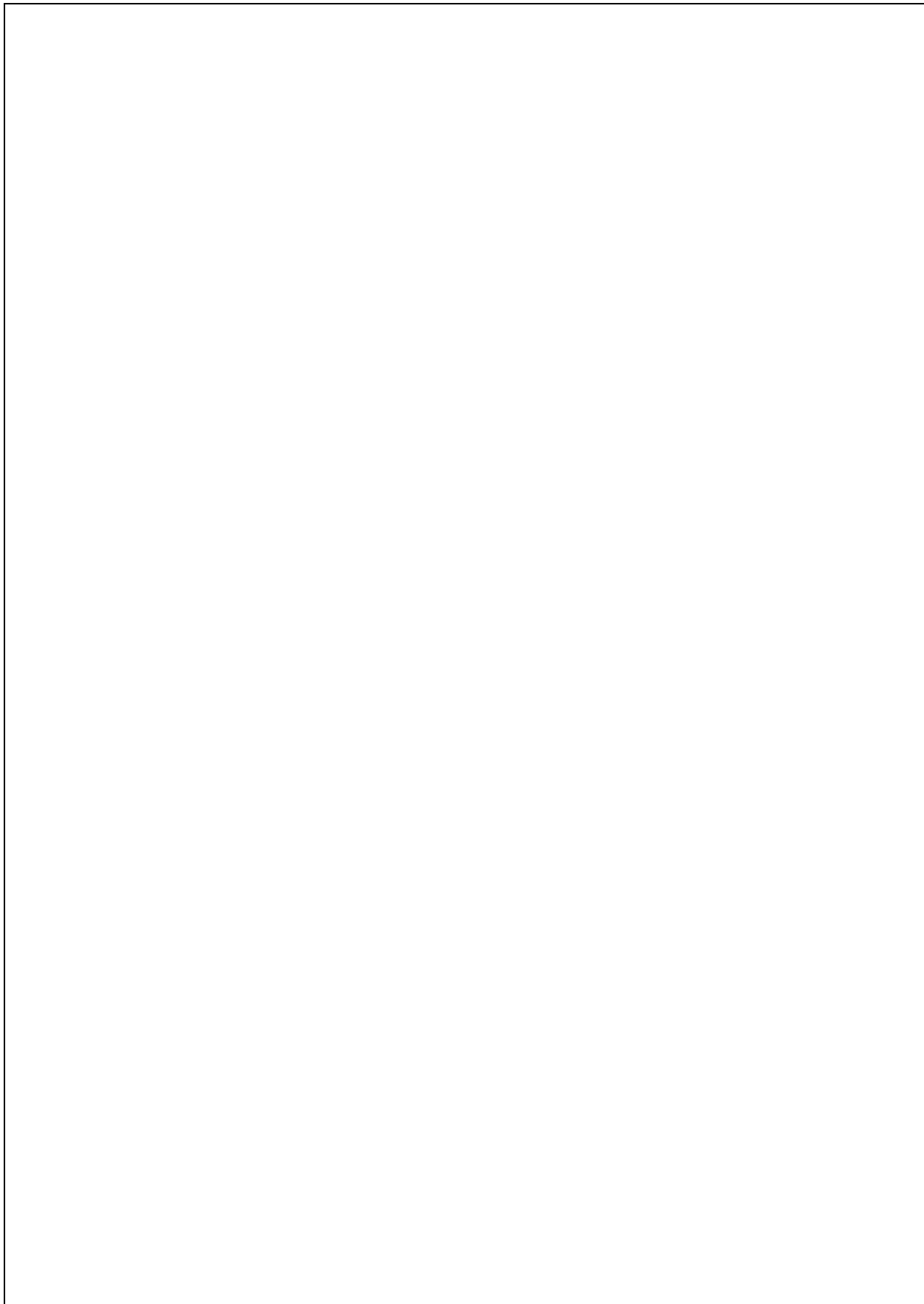
- iii. **Expected Reach:** Include an estimate of the number of families that will be served with the requested funding. **(5pts)**
- iv. **Goals and Objectives:** Identify the major goal(s) and objectives for the project. State the goal(s) in a sentence and present the objectives in a numbered list. **(10pts)**

- d. Implementation Plan:** Please explain your plans and capacity to implement the proposed project, including the following:
- i. Your organization’s capacity for implementing the proposed project and/or other home visiting programs or services for the population and how that experience will support effective implementation of the proposed project. If needed, include plans to build capacity for implementing the proposed project. **(20pts)**
  - ii. Plans to sufficiently staff and provide oversight for the project, including plans to hire, train, and provide ongoing coaching to staff. **(5 pts)**
  - iii. Your plans to thoughtfully engage key partners, including government agencies, community organizations, and representatives from the Service Population, in project planning, implementation, and monitoring and/or evaluation. **(20 pts)**

**Question 1 Response:**

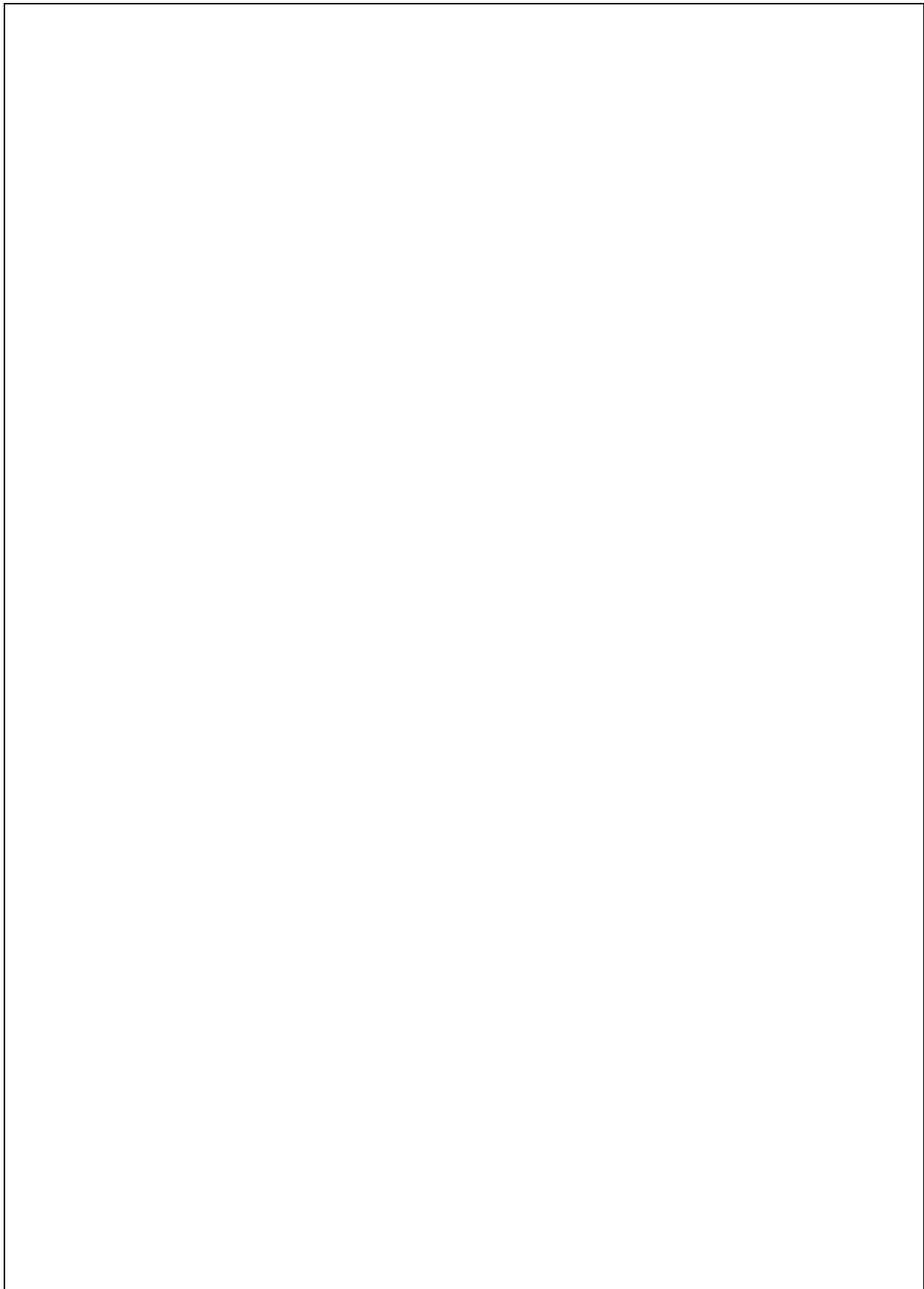


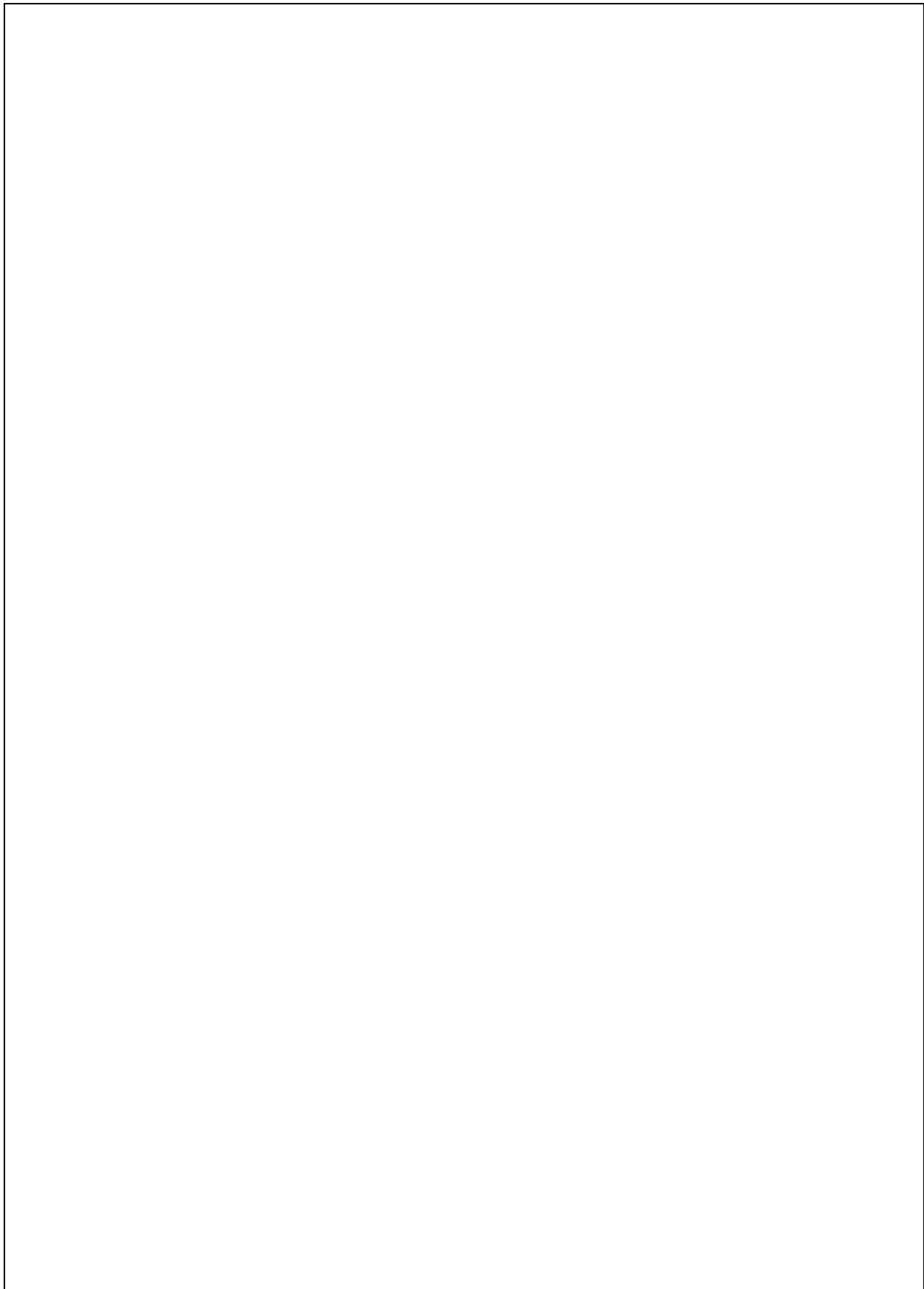




**2. DESCRIPTION OF RESOURCES AND GAPS:** Describe the local landscape of services into which you will be embedding your proposed project. Include the existing services and resources that could be leveraged to support the project and describe the gaps your project will fill. Please explain how the proposed project will address an unmet need. If citing evidence, please include references/sources. **(30pts)**

**Question 2 Response:**







**3. MONITORING (not scored)**

a. Does your project have a model-developer required monitoring plan?

Yes  No

If yes, awardees will be asked to submit the model-developer required monitoring plan to CDPH/CHVP within 60 days of Application Funding Agreement (AFA) approval.

b. If no, please mark this box indicating you will be able to submit an LHJ-developed monitoring plan within six months of award.

Yes, my LHJ will submit a monitoring plan within six months of the award.

**4. EVALUATION: (not scored)**

c. Do you intend to implement an (optional) evaluation for your proposed project?

Yes  No (if no, skip to the Budget section. No additional information is needed)

e. If yes, briefly describe your evaluation plans below.

- If your LHJ plans to join an existing evaluation, please specify that project and who leads it. No other information is needed.
- If you are conducting an evaluation, please briefly state the topic of the evaluation and the approach you plan to use.

**Question 4 Response:**

**5. BUDGET: (not scored)** Describe your proposed annual budget and staffing.  
*PLEASE NOTE:* the first project year will not be a full 12-month project period. For the purposes of this submission, please answer items below based on a standard 12-month project year.

- a. Proposed project annual budget (up to \$800,000)
- b. Proposed staffing structure
- c. Other anticipated costs including: training, travel, operating expenses, outreach materials, optional evaluation expenses, data system and any other categories needed.
- d. If applicable and if known, the name and purpose of any subcontractors who will be included on the budget, as well as the amount of the subcontract.

**Budget details will be negotiated and finalized with CDPH/CHVP upon selection and prior to award.**

**Question 5 Response:**