

# Promising Practices: Family Home Visiting Request for Proposals

## FAQ: QUESTIONS AND ANSWERS

1. **Question:** Does this Promising Practices Grant take the place of the Local Public Health Block Grant or is it separate? We currently have LPH block grant, MCH & EHDH funding as well as TANF funding. Would this grant compliment those?

**Answer:** The Promising Practices grant program is new. It does not take the place of the LPH block grant (it is separate). The Promising Practices grant program would be complimentary to MCH, EHDH & TANF funding. If there is a priority population in your community (as defined in the RFP) that needs more parenting support, it may be a good fit.

2. **Question:** My small business would like to partner with a home visiting program to provide “flexible and non-model approaches” and respond to this RFP. Do you know of an innovative program we could work with to best support parents?

**Answer:** Because MDH is the grantor agency, our staff cannot recommend specific partners for you to work with on this RFP. If your work targets one or more of the priority populations in the RFP, you could reach out to tribes, nonprofits or CHBs who may share goals to work with the same priority population. You could also reach out to tribes, nonprofits or CHBs who are already providing family home visiting services to explore potential partnerships. More information on current FHV grantees can be found on the [FHV website](https://www.health.state.mn.us/communities/fhv/grant.html) (<https://www.health.state.mn.us/communities/fhv/grant.html>) under the “Current Award Funding” tab.

3. **Question:** What would be the approximate award date for receiving the grant? We are working to recruit new staff and it would be helpful to know when we would hear about this grant request being accepted/declined to plan for our potential staff increase.

**Answer:** MDH will communicate with grantees receiving Promising Practices funding by early April 2023. Communication with grantees not receiving an award would also happen in that same timeframe.

4. **Question:** We are a government agency, with joint powers with our 5-county region. Are we eligible to apply for this grant in partnership with our joint powers?

**Answer:** No, your agency would not be eligible to apply. Only Tribal Nations, Nonprofits, or Community Health Boards (as defined in MN Statute 145A) are eligible applicants for the Promising Practices: Family Home Visiting grant program. However, you would be able to partner with a local tribe, nonprofit or CHB on this project with them as the lead agency.

5. **Question:** I am looking for resources about FHV models. I believe there is a webpage that lists national models of FHV programs. Could you please share that link with me?

**Answer:** The [National Home Visiting Resource Center](https://nhvrc.org/model_profile/healthconnect-ones-community-based-doula-program/) ([https://nhvrc.org/model\\_profile/healthconnect-ones-community-based-doula-program/](https://nhvrc.org/model_profile/healthconnect-ones-community-based-doula-program/)) has a model profile search page (for both evidence-based and evidence-informed home visiting models).

More information is available under the tabs “Who Could Benefit?” and “Who is Being Served?” Another useful weblink is the [Home Visiting Evidence of Effectiveness \(https://homvee.acf.hhs.gov/\)](https://homvee.acf.hhs.gov/), including evidence-informed models.

6. **Question:** How is target caseload counted? For a shorter term FHV program – where we would serve more families than the original target as they flow and graduate – how would they be counted?

**Answer:** A target caseload includes currently enrolled and open/active families regularly meeting with a home visitor. When a family graduates (due to inactivity, or loss to follow-up, or children aging out - whether it's a short-term or long-term FHV program), another family needs to be enrolled and open/active to reach a target caseload.

7. **Question:** We want to serve more than 25 families. Can we write a proposal for more?

A: No. As stated on page 7 of the RFP, target caseloads can range between 10-25 families. It is a requirement that your budget and narrative application reflect an achievable target caseload between 10-25 families.

8. **Question:** We already have an evidence-based home visiting program. Can the funds for Promising Practices be used to expand that program?

**Answer:** No. As stated on page 8 of the RFP, applicants may not use this funding to expand their existing evidence-based family home visiting program. Applicants are required to design a new or adaptive approach to specifically meet the needs of a priority population.

9. **Question:** These questions are related to the Promising Practices workplan template. Do all 4 goals need to be addressed? Within each goal, do all objectives need to be addressed? Within each objective, does every activity need to be completed/filled in?

**Answer:** Yes, all four goals need to be addressed (and should not be edited). Yes, all 13 objectives need to be addressed. Include a SMART objective anywhere it has “By <target date>, accomplish (X, Y, Z)” as a placeholder. No, not all activities need to be completed/filled in, but there should be two or more activities under each SMART objective. You should list all activities needed to accomplish the SMART objectives. The pre-populated activities under goals 3 & 4 should stay and not be edited.

10. **Question:** If our organization proposes to do internal evaluation (using existing staff), how do we demonstrate that at least 10% of the proposed budget is for program evaluation?

**Answer:** If your organization is doing the evaluation internally (using staff within your organization), and has a budget of \$100,000 per year, you would allocate at least \$10,000 to the salary line item for the staff person doing the evaluation. If staff doing the evaluation are covered under indirect, you can state the portion of indirect used to pay for evaluation activities. Our grant reviewers will look for these types of details to confirm that program evaluation activities have a budget allocation to ensure completion.

11. **Question:** Can our final application include a target caseload and budget amount that is higher than what was submitted on our Letter of Intent?

**Answer:** Yes, your final application may include a budget for a higher target caseload as long as you stay within grant limits of the RFP (i.e. \$10K cap per family; \$250K max funding amount).

**12. Question:** Are we able to use more than one reporting system for data collection? For example, could we use IHVE to track required outcomes related to parental and newborn health measures, and a grantee-designed system for coordination and referral measures?

**Answer:** Yes, applicants can use more than one reporting system for data collection. To ensure clarity, address the following in the narrative and budget: (1) add details to specify which outcomes will go in each system; (2) add details to clarify how use of data from each system will support program monitoring/improvement; and (3) include additional costs in your budget related to the grantee-designed system.

**13. Question:** The proposal narrative instructions mention page limits for each section of the narrative, but the Foundant forms have only character limits for each question. Are applicants responsible for ensuring that the page limits are met (Foundant can generate a PDF), or do we just need to meet the character limits in the Foundant entry forms?

**Answer:** If applicants stay within the character limits in the Foundant forms, that is sufficient.

**14. Question:** What roles are eligible to be listed as “core staff” and included in the staffing plan?

**Answer:** The staffing plan should list family home visitors and family home visitor supervisors as core staff (i.e. include FTE, salary & fringe). Additional staff in benefit earning positions within the organization may be considered as core staff, but must relate to the specific needs of the priority population and be integrated with the home visiting program. A couple examples include: (1) for SUD priority population, a peer recovery specialist who enters client homes with the home visitor; (2) for ESL priority population, an interpreter who enters client homes with the home visitor.

**15. Question:** In order to appear on the first tab of the Budget, should core FHV staff also be listed in the Staffing Plan?

**Answer:** Yes, the staffing plan and budget should be consistent in terms of core FHV staff.

**16. Question:** May we modify the pre-populated content of Columns C, D, E, and/or F in the workplan? (Staff Person(s) Responsible, Start Date, Mid-Year Review, and Completion Date)

**Answer:** Yes, you can modify columns C, D, E & F on the work plan. For dates, we typically do program monitoring on a quarterly basis, so your dates can line up with any quarter or whatever makes most sense for your proposal.

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