# MIECHV American Rescue Plan Act (ARP)

# Quarterly Progress Report Template

## ***Updated: March 2022***

**ACTIVITY CODE: X11**

## Quarterly Progress Report

The purpose of the quarterly progress report is to provide updates and progress toward completing objectives related to grant activities funded through the American Rescue Plan (ARP) Act.

## Quarterly Progress Report Submission Requirements

* Please submit the report in the HRSA Electronic Handbooks (EHBs). Please review the [MIECHV ARP Reporting Instructions](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards/reporting-instructions) for additional reporting instructions.
* This report is due 45 days after the end of the data collection period. Please consult the [MIECHV ARP Reporting Instructions](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards/reporting-instructions) or [MIECHV ARP Reporting FAQs](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards/reporting-faqs) for clarification when completing this form.

## Quarterly Progress Report Reminders

* Awardees are required to submit quarterly reports for **all** activities conducted using ARP funds during the entire period of availability.
* Awardees should report on all X11 grant activities in the applicable quarter throughout the period of performance for awards issued under ARP. That is, information included in the Quarterly Progress Report should be consolidated for both X11 awards (submissions for ARP Round 1 and ARP Round 2 are combined and do not require separate reports).
* Please do not report on activities supported by other Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awards.

## Quarterly Progress Report Period of Performance

* The period of performance for the ARP Round 1 is **May 1, 2021 to September 30, 2023.**
* The period of performance for the ARP Round 2 is **December 1, 2021 to September 30, 2024**.

## ARP Quarterly Progress Reporting Timeframes

| **Fiscal Year** | **Reporting Quarter** | **Data Collection Period** | **Report Due Date** |
| --- | --- | --- | --- |
| 2022 | Q2 | January 1-March 31, 2022 | May 16, 2022 |
| 2022 | Q3 | April 1-June 30, 2022 | August 15, 2022 |
| 2022 | Q4 | July 1–September 30, 2022 | November 15, 2022 |
| 2023 | Q1 | October 1-December 31, 2022 | February 15, 2023 |
| 2023 | Q2 | January 1-March 31, 2023 | May 15, 2023 |
| 2023 | Q3 | April 1-June 30, 2023 | August 15, 2023 |
| 2023 | Q4 | July 1–September 30, 2023 | November 15, 2023 |
| 2024 | Q1 | October 1- December 31, 2023 | February 15, 2024 |
| 2024 | Q2 | January 1- March 31, 2024 | May 15, 2024 |
| 2024 | Q3 | April 1-June 30, 2024 | August 15, 2024 |
| 2024 | Q4 | July 1- September 30, 2024 | November 15, 2024 |

\*Submission due dates may be adjusted or extended at HRSA’s discretion.

Please consult the [MIECHV ARP Reporting Instructions](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards/reporting-instructions) or [MIECHV ARP Reporting FAQs](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/american-rescue-plan-awards/reporting-faqs) for clarification when completing this form. The quarterly progress report narrative responses should include the following information in the order listed below.

## 

## Section A. Basic Information

### A.1. Project Identifier Information (Required)

Provide project and contact information by completing the table below.

**Table A.1: Project Identifier Information**

| Grant Numbers (both X11) |  |
| --- | --- |
| Organization Name |  |
| Mailing Address |  |
| Primary Contact Name and Title |  |
| Primary Contact Phone |  |
| Primary Contact Email |  |

### A.2. Awardee activities under X11 award (Required)

Awardees are required to indicate which allowable activities were conducted using X11 grant funds during the most recent reporting quarter.

In the table below, indicate which activities were conducted under X11 grants in the reporting period by placing a mark (e.g., an “X”) in the corresponding row. Descriptions of allowable uses of X11 grant funds are included below (Section B) and more information can be found in the [ARP Award Frequently Asked Questions (FAQs) document](https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/miechv-program-ta/arp-faq).

If X11 grant funds were used to support activities in any category indicated in Table A.2, a response is required in the corresponding narrative section, below (Section B). Responses to reporting sections in Section B are only required if grant funds were used for the specified activity.

**Table A.2: Awardee activities under X11 awards**

| **Allowable uses of X11 Funds** | **Mark below if X11 funds WERE used to support this category of activities in the most recent quarter** |
| --- | --- |
| **Service Delivery** |  |
| **Hazard Pay/Other Staff Costs** |  |
| **Home Visitor Training** |  |
| **Technology** |  |
| **Emergency Supplies** |  |
| **Diaper Bank Coordination** |  |
| **Prepaid Grocery Cards** |  |

## B. Awardee and LIA Activities related to Allowable Activities

**(Responses are required for all activities conducted using X11 funds.)**

### B.1. Service delivery

Funds may be used to serve families with eligible service delivery model(s) to provide in-person or virtual home visits and other program activities. This includes service expansion to new families and/or new at-risk communities, as identified in your current statewide needs assessment update.

**UPDATE:** Beginning with the FY 2022 Q2 reporting period, awardees will be able to use HVIS to report quarterly performance data on service utilization and staffing (Program Capacity, Place-Based Services, Family Engagement, and Staff Recruitment and Retention) using Form 4.

**Comments: Service Delivery**- in the space below, please provide any comments related to service delivery or expansion, such as ramp up, recruitment, etc. Comments should correspond to the data being reported in the Quarterly Performance (Form 4) Report.

***Enter Comments Related to Service Delivery Here***:

### B.2. Hazard Pay or Other Staff Costs

Funds may be used for hazard pay or other additional staff costs associated with providing home visits or administration for programs.

***If funds were used for hazard pay or other staff costs, awardees are required to provide responses in Table B.2 and in the Comments section.***

**Table B.2: Hazard Pay or Other Staff Costs benefiting individuals\***

| **MIECHV Employment Category** | **Number of Staff\*\* Receiving Hazard Pay/Other Staff Costs** |
| --- | --- |
| MIECHV-Implementing Agency Staff Conducting Home Visiting (e.g., MIECHV home visitors, MIECHV home visiting supervisors who carry home visiting caseloads) |  |
| Other MIECHV-Implementing Agency Staff (staff not directly responsible for service delivery) |  |
| MIECHV State/Territory (Awardee) Administrative Staff |  |
| **Total** |  |

\*Includes costs such as hazard pay, incentive bonuses, overtime pay that supports individual employees.

\*\* Count should represent the total number of people (not total number of FTEs) receiving any level of hazard pay and/or other staff costs from ARP funds.

**Comments: Hazard Pay or Other Staff Costs** – In the space below, please provide a short description of grant activities related to hazard pay or other staff costs (e.g., staff costs associated with providing home visits or administration for MIECHV programs, such as hiring costs, or incentive or overtime pay). Specifically describe any activities to use funds for other staff costs at the administrative levels, i.e. hiring and onboarding costs, administrative support, technology costs for home visitors, activities related to building staff and program capacity.

***Enter Comments Related to Hazard Pay or Other Staff Cost Here*:**

### B.3. Home Visitor Training

Funds may be used to develop, conduct, and evaluate training of home visitors who are employed by the recipient or subrecipient. Training topics may include: conducting a virtual home visit; emergency preparedness and response planning for families; safely conducted intimate partner violence screenings; safety planning for families served to improve family outcomes in the MIECHV benchmark areas.

***If funds were used for home visitor training, awardees are required to provide responses in the Comments section.***

**Table B.3: Home Visitor Training**

| **Description of Training -include the name of the training, purpose, and other relevant information** | **Date(s) of Training(s)** | **Number of MIECHV Home Visitors Participating in Training** |
| --- | --- | --- |
| *Ex. Increasing Engagement of Families while Conducting a Virtual Home Visit -This training is designed for home visitors and supervisors to explore and acquire new methods to keeping families engaged during virtual home visits. It will also provide strategies for transitioning from virtual to in-person visits.*  *-Training was developed by awardee*  *-All local implementing agencies were invited to attend*  *-Training delivered via Zoom webinar* | *05/05/2021* | *30* |
|  |  |  |
|  |  |  |

Notes: Additional rows can be added if needed.

**Comments: Home Visitor Training** – In the space below, please provide a short description of grant activities related to home visitor training (e.g., describe how training needs, relevant topics, and target audiences were identified and prioritized; describe efforts related to developing or evaluating training).

***Enter Comments Related to Home Visitor Training Here:***

### B.4. Technology

Acquire the necessary technological means, for families enrolled in the program, to conduct and support virtual home visiting

**Comments: Technology** - In the space below, please provide a short description of grant activities related to acquiring necessary technological means, for families enrolled in the program, to conduct and support virtual home visiting (e.g., describe how technology needs were identified, prioritized, and addressed; describe what hardware or software was acquired; describe who (MIECHV families) received or used hardware/software). This may include tablets, laptops and cell phones as well as prepaid phone cards and/or data plans, chargers, mobile hot spot and program specific software.

***Enter Comments Related to Technology Here:***

### B.5. Emergency Supplies

Provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to eligible families; if you choose to budget funds for emergency supplies, you are required to coordinate with local diaper banks to the extent practicable.

***If funds were used for emergency supplies, awardees are required to provide responses in Table B.5 and in the Comments section.***

**Table B.5: Emergency Supplies**

| **Count of MIECHV Families Receiving Emergency Supplies through Awardees or LIAs\*** | (Enter number here) |
| --- | --- |

\*Households receiving emergency supplies in the reporting period should only be counted once in this table, even if the household receives emergency supplies multiple times in the same quarter. Please use the comments to describe frequency of distribution.

**Comments: Emergency Supplies**-In the space below, please provide a short description of grant activities related to providing emergency supplies to eligible families (e.g., describe the processes for identifying a need for specific supplies, distributing emergency supplies, general categories of supplies as listed above.

***Enter Comments Related to Emergency Supplies Here:***

### B.6. Diaper Bank Coordination

Provide enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks:

***If funds were used for diaper bank coordination, awardees are required to provide responses in Table B.6a, Table B.6b, and in the Comments section.***

**Table B.6a: Diaper Bank Coordination**

| **Name of Diaper Bank** | **New or Existing MIECHV/Diaper Bank Partnership** | **Count of MIECHV Families Provided Supplies** |
| --- | --- | --- |
| *Ex. XYZ Diaper Bank* | *New Partnership* | *100* |
|  |  |  |
|  |  |  |
| **Total** |  |  |

Notes: Additional rows can be added if needed. Families receiving diapers through diaper bank coordination in the reporting period should be counted once in the table, even if the family receives diapers multiple times during the quarter. In the example above, if 100 families received diapers weekly, the count would be 100 and the comments should indicate the frequency of weekly.

**Comments: Diaper Bank Coordination**-In the space below provide a short description of the grant activities related to coordination with diaper banks to provide enrolled families with emergency supplies through purchase or reimbursement (e.g., how were diaper bank partners identified, how were supplies distributed to MIECHV families, how were referrals made, if families received supplies from multiple diaper banks).

***Enter Comments Related to Diaper Bank Coordination Here:***

### B.7. Prepaid Grocery Cards

Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family:

***If funds were used for prepaid grocery cards, awardees are required to provide responses in Table B.7 and in the Comments section.***

**Table B.7: Prepaid Grocery Cards**

| **Count of MIECHV Families Receiving Prepaid Grocery Cards** | (Enter number here)\* |
| --- | --- |

\*Families receiving prepaid grocery cards in the reporting period should be counted once in this table, even if the household receives multiple prepaid grocery cards in the same quarter.

**Comments: Prepaid Grocery Cards**-In the space below, please provide a short description of grant activities related to providing prepaid grocery cards to eligible families. For example, response might describe efforts to identify need; the distribution processes or how often households received gift cards (e.g., monthly, weekly, one-time).

***Enter Comments Related to Prepaid Grocery Cards Here:***