



**Recipient Information**

**1. Recipient Name**  
Prevent Child Abuse Arizona  
PO BOX 26495  
Prescott Valley, AZ 86312-6495

**2. Congressional District of Recipient**  
04

**3. Payment System Identifier (ID)**  
1860832901A1

**4. Employer Identification Number (EIN)**  
860832901

**5. Data Universal Numbering System (DUNS)**

**6. Recipient's Unique Entity Identifier**  
UTGPTLNLCUR6

**7. Project Director or Principal Investigator**  
Meghan Hays Davis  
meghan@pcaaz.org  
(602)410-6223

**8. Authorized Official**  
Claire Louge  
Executive Director  
claire@pcaaz.org  
(928)925-6493

**Federal Agency Information**

**9. Awarding Agency Contact Information**  
David Colwander  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
dcolwander@hrsa.gov  
(301) 443-7858

**10. Program Official Contact Information**  
Ekaterina Zoubak  
Social Science Analyst  
Maternal and Child Health Bureau (MCHB)  
EZoubak@hrsa.gov  
(240) 443-0814

**Federal Award Information**

**11. Award Number**  
5 U2ZMC46643-02-00

**12. Unique Federal Award Identification Number (FAIN)**  
U2Z46643

**13. Statutory Authority**  
42 U.S.C. §701(a)(2)

**14. Federal Award Project Title**  
Infant-Toddler Court Program

**15. Assistance Listing Number**  
93.110

**16. Assistance Listing Program Title**  
Maternal and Child Health Federal Consolidated Programs

**17. Award Action Type**  
Noncompeting Continuation

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/30/2023 - End Date 09/29/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$847,294.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
<b>21. Authorized Carryover</b>	<b>\$0.00</b>
<b>22. Offset</b>	<b>\$0.00</b>
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	<b>\$847,294.00</b>
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$847,294.00</b>
<b>26. Project Period Start Date 09/30/2022 - End Date 09/29/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	<b>\$1,172,823.00</b>

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
LaShawna Smith on 08/07/2023

**30. Remarks**



Notice of Award  
Award Number: 5 U2ZMC46643-02-00  
Federal Award Date: 08/07/2023

**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)										
a. Salaries and Wages: \$115,360.00 b. Fringe Benefits: \$21,918.00 c. Total Personnel Costs: \$137,278.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$946.00 g. Travel: \$45,801.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$15,062.00 j. Consortium/Contractual Costs: \$591,630.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$790,717.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$56,577.00 q. TOTAL APPROVED BUDGET: \$847,294.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$847,294.00				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>03</td> <td>\$620,280.00</td> </tr> <tr> <td>04</td> <td>\$617,454.00</td> </tr> <tr> <td>05</td> <td>\$622,260.00</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	03	\$620,280.00	04	\$617,454.00	05	\$622,260.00
YEAR	TOTAL COSTS													
03	\$620,280.00													
04	\$617,454.00													
05	\$622,260.00													
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period \$847,294.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$847,294.00				<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00										
<b>35. FORMER GRANT NUMBER</b>				<b>36. OBJECT CLASS</b> 41.51										
<b>37. BHCNIS#</b>				(Empty field)										
<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.														
<b>39. ACCOUNTING CLASSIFICATION CODES</b>														
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE								
23 - 3891602	93.110	22U2ZMC46643	\$847,294.00	\$0.00	N/A	22U2ZMC46643								

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Condition(s)

#### 1. Due Date: Within 60 Days of Award Issue Date

Within 60 days after receipt of Notice of Award, submit a revised workplan and budget for activities under the supplemental funding opportunity, after consultation with Project Officer, to ensure that all proposed activities and costs are in alignment with the goals of the ITC Program.

### Grant Specific Term(s)

1. Approximately 120 days prior to the end of the budget period, the recipient must submit a progress report narrative to HRSA annually via the Non-Competing Continuation (NCC) Renewal in the EHBs, which should address progress towards program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year, and measures of progress as identified in Evaluation and Technical Support Capacity). Awardees will receive notification of the exact due date and guidance related to the submission via EHBs. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding.
2. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report, as well as the response to the Request for Information released May 8, 2023, which provided supplemental funds to continue and expand research-based infant-toddler court teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.  
All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
3. This award is made in the form of a cooperative agreement, a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the project. Below are the expectations of involvement from HRSA and the Recipient's responsibilities.

**In addition to the usual monitoring and technical assistance provided to award recipients, HRSA program involvement will include:**

1. Ongoing review and monitoring of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the purposes of the cooperative agreement, as further described in the approved project work plan;
2. Reviewing and approving the recipient's implementation plans, state action plans and performance measurement plans and HRSA-required reports, and assisting the recipient in addressing any identified challenges;
3. Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination;
4. Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
5. Providing assistance with establishing effective collaborative relationships across recipient sites with HRSA-funded grant recipients and other entities that may be relevant for the successful completion of tasks and activities identified in the approved project work plan; and
6. Supporting the recipient's access to quality technical assistance.

**The cooperative agreement recipient's responsibilities will include:**

1. Completing activities that advance the goals of the cooperative agreement, consistent with the Notice of Funding Opportunity (NOFO),

- approved application, and subsequent approved revisions or refinement;
2. Providing ongoing, timely communication and collaboration with the federal project officer, including responding to inquiries about progress, budget, and activities, and holding regular conference calls with the federal project officer;
  3. Informing the federal project officer of any publications and other materials produced; allowing the opportunity for project officer review prior to distribution under the auspices of the cooperative agreement; and including a funding acknowledgment on all products, as designated in the Notice of Award (NoA);
  4. Participating in face-to-face meetings, conference calls, and site visits with HRSA conducted during the period of the cooperative agreement;
  5. Developing and submitting to HRSA updated performance measurement and evaluation plans, revised from the plans contained in the funding application and incorporating interim evaluation findings, within 60 days of each subsequent project year;
  6. Assuring that all performance and progress reports or other administrative information, as designated by HRSA in the NoA or subsequent Requests for Information (RFI), will be completed and submitted in a timely manner;
  7. Providing state-level leadership and coordination for implementing the ITC approach, in collaboration with cross-sector partners;
  8. Participating in annual virtual or in-person meetings convened by the National Resource Center;
  1. Providing data to the National Resource Center and/or HRSA as requested for the purpose of program evaluation; and
  10. Participating in regular calls, peer networking platforms, in-person and virtual meetings, and other training and technical assistance (T/TA) opportunities from HRSA or the National Resource Center in support of the program purpose.
4. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
5. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
- You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
- 6.
1. In addition to DGIS reporting specified below, recipients will be expected to collect and report to HRSA in their annual performance, progress reports, or requests for information, the following data:
    - Number of active ITC sites supported with project funds
    - Number of P-3 families served in supported ITC sites
    - Proportion of P-3 families served in ITC sites whose children remain in family custody during services (i.e., do not enter foster care)
    - Number of P-3-serving professionals reached through outreach, training, or TA activities, disaggregated by role (e.g., judge, attorney,
    - child welfare worker, health provider)
    - Number of family or community representatives engaged in program advisory or leadership activities
7. In addition to the base funding for the FY23 support year, this award includes supplemental funding to build state and local capacity and implement the infant-toddler court approach in additional sites.

## Program Specific Term(s)

1. Program activities, objectives, and expectations include those outlined in the original Notice of Funding Opportunity (HRSA-22-073) and in the Request for Information released on May 8, 2023.
2. Funds awarded to any sub-contractor, sub-recipient or recipient by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research without an assurance by the Office of Human Research Protections (OHRP) (<http://www.hhs.gov/ohrp/about/index.html>) that the studies comply with the requirements of 45 CFR Part 46 to protect Human Research subjects. This restriction applies to all collaborating sites without OHRP Approved Assurances, whether domestic or foreign; compliance must be ensured by the awardee.
3. As applicable, recipients must comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"). The

Privacy Rule implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's Office of Civil Rights (OCR) and is codified at 45 CFR parts 160 and 164. Not all HHS recipients are subject to the Privacy Rule. The Privacy Rule applies only to "covered entities," as defined by the rule, which include health plans and most health-care providers. (<http://www.hhs.gov/ocr/hipaa>).

## Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

## Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Within 120 Days of Award Issue Date**

For the budget period of September 30, 2023 - September 30, 2024, the recipient must submit a Non-Competing DGIS Performance Report within 120 days after receipt of the NoA. This report should include completing the administrative forms and performance measures. These forms must be completed through the HRSA Electronic Handbooks (EHBs).

The listing of administrative forms and performance measures for this program can be found here: [omb-0915-0298-dgis-measures-exp-08312025.pdf \(hrsa.gov\)](#). Which includes the following forms and measures:

- - Form 1 - Project Budget Details
  - Form 6 - Project Abstract
  - Form 7 - Project Summary Data
  - Technical Assistance/Collaboration Form
  - Capacity Building 8
  - Core 3
  - Capacity Building (CB 1)
  - Capacity Building (CB 3)
  - Capacity Building (CB 4)
  - Women's/Maternal Health (WMH 3)
  - Women's/Maternal Health (WMH 4)
  - Child Health (CH 1)
  - Child Health (CH 3)
  - Child Health (CH 4)
  - Children and Youth with Special Health Care Needs (CSHCN 1)
  - Children and Youth with Special Health Care Needs (CSHCN 2)
  - Life Course 1 (LC 1)

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Meghan Hays Davis	Program Director	meghan@pcaaz.org
Claire Louge	Authorizing Official	claire@pcaaz.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).