GRANTS for
MATERNITY and
INFANT CARE
PROJECTS

policies and procedures

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GRANTS FOR
MATERNITY AND
INFANT CARE
PROJECTS

POLICIES AND PROCEDURES

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Welfare Administration
Children's Bureau

1964

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GRANTS FOR MATERNITY AND INFANT CARE PROJECTS
POLICIES AND PROCEDURES

I. Authorization

The 1963 Maternal and Child Health and Mental Retardation Planning Amendments provide a new authorization in Sec. 531, Part 4 of Title V of the Social Security Act for project grants for maternity and infant care. The legislation authorizes appropriations of Federal funds in the amounts of $5,000,000 for the fiscal year ending June 30, 1964, $15,000,000 for the fiscal year ending June 30, 1965 and $30,000,000 for each of the next three fiscal years.

II. Purpose of the Legislation

"In order to help reduce the incidence of mental retardation caused by complications associated with childbearing . . .," grants may be approved for projects . . . "for the provision of necessary health care to prospective mothers; (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing which increase the hazards to the health of the mothers and their infants (including those which may cause physical or mental defects in the infants) and whom the State or local health agency determines will not receive necessary health care because they are from low-income families or for other reasons beyond their control." 1/

III. Agencies Which May Receive Grants

Grants may be made to the State health agency of any State, and with the consent of the State health agency "... in the case of a project in which such agency is unable or unwilling to participate, to the health agency of any political subdivision of the State." (Form CB-40, State Health Agency Consent, must be executed to enable a political subdivision to participate.)

IV. Matching Requirements

Federal funds will be granted on the basis of project applications but may not exceed 75% of the cost of any project. In keeping with the Reports of the House Ways and Means Committee and of the Senate Finance Committee, the Children's Bureau will take into account the financial ability of the State or locality so that some applicants will be expected to contribute more than the minimum 25% of the cost of the project. General agency overhead cannot be considered as part of the cost of a project.

1/ P.L. 88-156, 88th Congress, Sec. 4, 42 USC 731 (1958)
Thus, in meeting the costs of the project the applicant must spend at least $1 for every $3 of Federal funds. These State and local funds may not be used for matching expenditures of other Federal grants; but must be used to carry out the purposes for which the grant of Federal funds is made.

In general, the State or local funds for this program are funds appropriated to the State or local health departments. Under certain circumstances other public funds legally available to the grantee for meeting the costs of the project may be acceptable for matching.

V. Objectives of Maternity Care Projects

The legislative history of this program has brought out that there are large numbers of women in low income families who are receiving poor or no prenatal care, who have a high incidence of complications of pregnancy and who deliver prematurely two or three times as frequently as the average for the nation as a whole. Such infants are especially vulnerable to brain damage, neurologic disability, and mental retardation.

The major objective of the maternity and infant care projects is to find the more vulnerable patients early in pregnancy and to provide care for them. These are patients who the State or local health agency determines will not receive necessary health care because they are from low income families or for other reasons beyond their control.

Project plans, therefore, should provide for comprehensive programs of preventive health services and medical care for maternity patients who have or are likely to have conditions which are hazardous to themselves or their infants. The plans should provide appropriate care and follow-up services for infants who are born prematurely or who may have birth defects, or other conditions of high risk to the infants.

The following are examples of conditions or circumstances which increase the hazards of childbearing for mother and for infant:

- Toxemias of pregnancy
- Hemorrhage
- Dystocia
- Concurrent medical conditions, such as anemia, malnutrition, hypertension, diabetes, infections
- Rh incompatibility
- Multiple pregnancy
- Threatened premature labor
- Pregnancy in women under 16 and over 40 years of age
- Out-of-wedlock pregnancy
- History of premature birth, miscarriages, etc.
- History of previous birth of infants with cerebral palsy, metabolic disorders, etc.

In carrying out these program objectives of comprehensive maternity care, project plans must specify the geographic areas or political jurisdictions which are included in the plan where there is the greatest need for these services. Particular attention should be given to:

- Low income census tracts in cities where maternity and newborn care is inadequate due to overcrowding of public hospitals; where many maternity patients receive little or no prenatal care and where prematurity rates are high.
- Rural areas and economically depressed areas where the needs of maternity patients and their infants are not being met.

A. In addition, project plans should make it possible to:

1. Increase the number of maternity clinics.
2. Bring maternity clinics into the neighborhoods where the patients live.
3. Add personnel to improve the quality of care in clinics and in the patients' own homes.
4. Make available a broad spectrum of diagnostic and specialist consultation services (obstetrical, gynecological, medical, surgical, etc.).
5. Provide hospitalization during the prenatal period as well as during labor and delivery in hospitals staffed and equipped to provide the quality of care required to meet the needs of high risk maternity patients.

6. Relieve overcrowding in public hospitals by providing care for high risk patients in voluntary hospitals.

7. Provide for medical and intensive nursing care for prematurely born and other high risk infants.

8. Provide public health nursing, nurse-midwifery, medical social and nutrition services.


10. Respond to the special needs of the population served by providing and securing other services such as homemaker services, blood for transfusions, drugs, transportation.

B. Increase the availability of services

It is of critical importance to increase the number of prenatal clinics, to make them more accessible and to improve the quality of care in clinics and hospitals. The significance of prenatal care to the health of the mother and her baby must be stressed in terms understood by the people of the area. Prenatal care and diagnostic services should be made available to all women in the districts included in the project. This is especially important because complications of pregnancy can occur at any time during the prenatal period.

Rigid and unrealistic financial eligibility requirements by hospitals and community agencies are a major reason why many patients do not obtain prenatal care but are delivered as emergencies. It is one of the objectives of this program to increase the accessibility and use of community health resources by minimizing administrative barriers to care.
1. Services should be available:

   a. Without any requirement for legal residence except that the patient is currently living in the area served by the project.

   b. Upon referral from any source including the patient's own application.

   c. Without any requirement for court commitment as a prerequisite for any part of the care.

   d. With respect for the dignity of the individual regardless of the patient's social circumstances or ability to pay.

   e. With efficient administrative procedures for registering patients, avoiding prolonged waiting and multiple visits for registration.

   f. At times when patients most conveniently can come to the clinics.

2. Plans should include measures to encourage and facilitate early and regular attendance at maternity clinics.

3. Diagnostic services and prenatal clinic care should be available for any woman living in the project area.

4. Hospitalization for high risk patients of low-income families shall be provided in accordance with authorizations by the State or local health agency. In authorizing hospital care, the State or local health agency is responsible for determining eligibility, taking into account the family's income and the costs of medical and hospital care for a patient with hazardous conditions related to childbearing. "Low-income" in this program means an income which is not sufficient to enable the family to pay the costs of care without further reducing a low standard of living.

Although these funds cannot be used for hospital care for patients who do not have prenatal conditions which are hazardous to pregnancy, the health agency should assume responsibility for arranging for hospitalization for those patients who are being provided prenatal care.
VI. Standards of Care

A. Projects should be designed to assure continuity in the medical management or supervision of care for the individual patient throughout the maternity period, with provision for medical, hospital, and other services to meet the health needs of the mother and her infant.

B. Project plans shall describe the standards required for personnel, and facilities utilized in the provision of such services as (1) are found, upon review by the State health agency, to be the best available for the attainment of the objectives of the program, (2) will assure a reasonably high standard of care, and (3) are in substantial accordance with national standards as accepted by the Bureau or standards prescribed by the Bureau.

It is recognized that maternity and infant care programs are needed in some areas of the country in which the only hospitals available may not be approved by the Joint Commission on Accreditation of Hospitals or meet the standards recommended by the American Academy of Pediatrics. Requests for project grants under these circumstances should include supporting information justifying the use of such hospitals and indicating how the availability of the grant can contribute to the improvement of the services provided.

VII. Payment for Services

A. Payment for hospitalization shall be made in accordance with Children's Bureau MCH and CC Regulation 200.14.
B. Out-patient Clinic Services Provided by Hospitals

1. When the regularly established clinics of a hospital are to be used for the referral or care of patients authorized by the agency, payment shall be made:

   a. At an agreed rate per clinic visit, or

   b. At a flat rate for complete maternity care as outlined under "D" of this section.

2. The health agency may enter into agreement with a hospital for the establishment of a special maternity clinic within the hospital or for establishment of outlying clinics under the auspices of a hospital and members of the hospital's medical staff. Such agreements should assure that all patients living in the project area making application for care at the clinic (and those referred by the health agency) will be accepted for prenatal and post-partum and diagnostic services. The agency may underwrite the allowable direct expenses involved in providing these clinic services. (See Section XII, Fiscal Policies.)

C. Arrangements with an Organized "Group Practice"

Where arrangements are made with an organized group of physicians to provide complete maternity medical care and diagnostic procedures for groups of women authorized by the health agency, an agreement on rate of payment shall be specific with respect to the services to be provided.

The rate of payment for inclusive service needed by an individual patient should not be in excess of the amount paid to the "group practice" for complete obstetrical care of the regularly insured members of a health insurance plan or other groups that the "group practice" may serve. The flat rate for complete medical care during the maternity period shall include laboratory and other diagnostic procedures, as well as provision for consultation from any group member when needed.

D. Inclusive "Package" Rate for Maternity Services

Arrangements may be made with hospitals for a "package" rate for maternity care to high risk patients.
A "package" rate shall provide for all necessary visits to the maternity clinics, and other services as may be needed, and all special diagnostic procedures (laboratory, x-ray, etc.) when indicated during the ante-partum and post-partum periods, plus a specified number of days' hospitalization at delivery. In arriving at the "package" rate, the amount allowed for hospitalization shall not exceed a figure computed at the hospital's inclusive per diem cost. Additional hospital days that may be needed by some patients prior to or following delivery shall be paid for in accordance with MCH and CC Regulation 200.14.

E. Arrangements for Payment of Allied Health Services

Services not available from the health agency and needed to supplement those provided by the agency (such as visiting nurse, homemaker and other services) may be procured through arrangements with other community agencies. In such cases a contractual agreement shall be specific to cover the type and extent of services to be provided. Methods of payment will need to be adjusted to the specific situation but in general should cover a definite block of service time or on a visit or hourly basis.

The contractual rates of payment to the community agency for the services of individuals assigned to serve project patients shall not exceed the salary that would be paid by the employing agency to such individual, and in case of service rates shall not exceed those charged to persons in the community.

VIII. Application Procedures

A. Application for a project grant will be made using Form CB-41, Project Application. With each application, written plan material is required giving a descriptive exposition including geographical area covered, objectives, eligibility for services, description of services, personnel, and evaluation (see Section XIII-D) of the project. Form CB-40, State Agency Consent, is to be included when the project is to be administered by a local health agency.

Applying agencies are urged to secure prior consultation and assistance through the Children's Bureau Regional Medical Director in the development of their proposals and the preparation of their applications.
B. Applications are to be submitted in duplicate, except Project Budget, Form CB-42, which shall be submitted in triplicate, to the Children's Bureau Regional Medical Director.

IX. Review and Approval Procedures

The applicant or grantee will be notified in writing of any action taken in regard to this application, plan, and budget material by the Children's Bureau Regional Medical Director.

A. Original Application

The Children's Bureau reviews all applications for completeness and conformity to law, these policies and procedures and applicable MCH-CC regulations, and may request additional information and clarification as is necessary or desirable.

In the review process the Children's Bureau may refer a project to outside consultants for review and recommendation.

B. Plan and Budget Revisions

1. A revision of the project plan is required whenever a significant change in the scope of activities is contemplated. Required revisions are subject to the same Bureau approval as original applications.

2. Budget revisions are required whenever total project funds are increased or decreased. A budget revision is required whenever a new budget item supported by project funds is to be added or when a budget item is increased by more than ten percent. When a budget item is decreased by more than ten percent and such amount is to be expended for other items, a revision shall also be submitted.

3. Justifications shall accompany all budget revisions.

C. Project Continuations

The State health agency (local health agency) will, for each succeeding year of support, submit 60 days prior to termination of the grant period:

1. State Agency Consent, Form CB-40
   (original and one copy)
10.

2. Project Application, Form CB-41
   (original and one copy)

3. Project Budget, Form CB-42
   (original and two copies)

4. Project Progress Report
   (original and one copy)

Contingent upon the satisfactory development of the project, requests for continuation will be recommended for approval and have first claim on available grant funds.

X. Use of Project Funds

A. When approved in the plan and budget, funds may be used for the direct costs of operating and maintaining the project. Rules and regulations governing the expenditure of funds of the State health agency (local health agency) will apply to the expenditure of project funds. The following direct costs may be incurred:

1. Salaries, including fringe benefits for full or part-time professional personnel such as physicians, dentists, nurses, medical social workers, nutritionists, dietitians, physical therapists, technicians, etc., and nonprofessional personnel such as secretaries, typists, clerks, etc.

2. Fees for consultants and specialists.

3. Travel of personnel, consultants, and specialists in carrying out the activities approved in the plan.

4. Transportation of patients. Only payment of the usual rates for the mode of travel that is consistent with the needs of the patient may be included as expense in an approved project.

5. Supplies, including biologics, drugs, blood, oxygen, x-rays, laboratory services, etc., as required in the operation of the project.

6. Rental of privately owned facilities where adequate space cannot be provided by the State health agency (local health agency). Rental charges may not exceed the lowest rate for comparable space within the community as supported by statements from three qualified disinterested individuals.
7. Purchase of care including hospital in-patient and out-patient, other services from community facilities such as homemaker, visiting nursing, etc.

8. Special equipment may be approved when it is required for the operation of a project. Each item of equipment must be listed in the budget or plan. Justification must accompany any request for equipment.

9. Other expenditures directly related to the operation of the project such as telephone service, mimeographing, etc.

10. Minor alterations when specific approval is obtained.

B. Project funds may not be used to pay the following:


2. Depreciation of existing building or equipment.

3. Dues to societies, organizations, or federations.

4. Entertainment costs.

5. General agency overhead.

6. Any other costs not approved in the plan and budget.

XI. Grant Procedures

A. Grant Duration

All projects will be approved for a period ending June 30. However, where original applications are submitted and approved after July 1, the period will usually vary from seven to eighteen months in duration. For example, an original approval on or after January 1 may be for a period up to, but not to exceed, eighteen months and would end June 30 of the succeeding fiscal year. An original approval before January 1 will be for the remaining number of months in the fiscal year. (See Section IX-C for project continuations.)

B. Payment of Federal Grant Funds

The initial payment of Federal grant funds will be for a period up to three months. All subsequent payments, including those for project continuations will be made in monthly installments after the State health agency (local health agency) submits a Quarterly Request for Payment,

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Form CB-43, requesting funds required for three months of operation. This quarterly request will then be divided by the Children's Bureau into equal monthly payments taking into account Federal funds available in the State health agency (local health agency) at the beginning of the quarter.

Normally the payment approved for a month will be the proportion one month bears to the entire project. If the State health agency (local health agency) anticipates expenditures in excess of this proportion, a justification for a larger payment should accompany the Quarterly Request for Payment. Quarterly Requests for Payment will be approved only when all required reports due at the time the request is made have been received.

C. Termination of Project Grants

1. The grant may be terminated, in whole or in part, at any time at the discretion of the Children's Bureau. Such termination shall not affect obligations incurred prior to the termination of the grant.

2. Upon termination or completion of a project, the proportion of unexpended funds attributable to the Federal grant shall be refunded.

XII. Fiscal Policies

A. Grant Expenditures

All expenditures and encumbrances must be incurred within the period for which the grant is approved. All project funds are to be expended in accordance with the approved budget.

Expenditures must be properly supported by records, vouchers, etc. Unsupported expenditures will be disallowed.

B. Encumbrances Reported

Include as encumbrances at the close of the reporting period only those specific commitments which are supported by contracts, invoices or bills, purchase orders, priced requisitions, or other evidences of liability consistent with the agency's purchasing procedures.

Funds may not be encumbered at the end of the grant period for payment of salaries and other personal services representing work performed after the grant period.
Funds may be encumbered for hospital care for patients in hospitals at the end of the grant period or for hospital care authorized prior to the end of the grant period for an individual to enter the hospital on a specific date thereafter. Funds may be encumbered in such cases for a period not to exceed the hospital's first billing period in the next grant year or July 31, whichever time is earlier.

Funds may be encumbered for medical care for individuals for whom care has been authorized for a specific period and was begun prior to the end of the grant year only if the cost of care is based upon a fee for service.

C. Unencumbered Balances

Any unencumbered balances of Federal project funds remaining at the close of a grant period are available for the following year's operation of the project; however, such amounts will be deducted from the following year's payments. If a project is not continued (see Section XI-C-2), the unencumbered balance is to be returned to the Children's Bureau at the time the final expenditure report is submitted.

D. Project Income

Income or collections made in the course of the project are to be credited to the Federal account in the same ratio Federal funds bear to the total expenditure of the project. (Also see Children's Bureau MCII-CC Regulation 200.27.)

Any interest earned, through any deposit or investment, on the Federal grant funds shall be reported to the Bureau.

E. Equipment and Supplies Control

All items of equipment or supply purchased wholly or partly with project funds are to be used only for the purposes for which such funds may be allowed under the approved project and the grantee shall maintain complete equipment inventory and adequate property controls.
14.

F. General Agency Overhead

Project funds may not be used for general agency overhead. General agency overhead, or indirect costs, are those costs which are supportive in nature such as rent, heat, light, telephone, general agency accounting and personnel costs, etc., which are not readily assigned to a particular activity under accepted accounting practice. Direct project costs, as distinguished from general agency overhead, are those costs which are directly incurred with respect to an approved project. (See Section X for use of project funds.)

G. Personnel

Each full-time or part-time position supported from project funds must be listed separately on the Project Budget, Form CB-42. Individual incumbents must be assigned to all positions budgeted from project funds. This will require that the agency maintain records specifically relating time to the compensation received; the expenditures charged from project funds must be documented on the basis of the time actually devoted to the project. In general, the foregoing will apply to all positions budgeted. However, a position may be filled on a part-time equivalent basis from personnel engaged in the applicant's ongoing generalized program (e.g., public health nurses) where necessary to achieve the objectives of the project. (This may be covered under a single budget item.) The applicant's costs attributable to such a position may be used for matching purposes provided that:

1. The time of these generalized personnel is in fact spent for project purposes and the procedure used in determining costs claimed for matching purposes is described in the plan.

2. Such costs are not used for matching any other Federal funds or are derived from any other Federal source.

H. Expenditure Ratio and Matching Requirement

The State health agency (local health agency) is required to expend State, local, and other matching funds at least equal to the proportion such funds bear to the total amount approved on the Project Budget, Form CB-42, for the particular grant period. In case the State, local, or other funds are expended in a ratio less than that approved in the budget, an exception will be taken at the time of audit.
XIII. Required Records and Reports

A. Patient Records

A case management or medical record is to be established for each patient. This record will serve as a medical management and administrative tool to assure adequate care for each patient, and provide continuity and follow through in the services recommended.

The case record is to be started for every patient when first accepted for maternity services, and should indicate:

1. Any complications related to pregnancy for which any comprehensive health services are to be provided.

2. All services recommended and provided, and also incorporate reports of specialist consultations, diagnostic procedures, and summary reports from physicians attending patients in hospitals.

3. Arrangements with other agencies and institutions for the acceptance and transfer of a patient.

4. Appropriate record of follow-up of the mother and infant.

B. Authorizations for Services

Authorizations for services, for which payments are made from project funds, are to be maintained by the grantee. A form for each patient should show the services authorized, and the amounts expended for the specific types of services approved. The method proposed for authorizing services allowable under project policies should be outlined in the project plan.

C. Statistical Reporting

The Children's Bureau will prepare material on statistical reporting which will include:

1. Characteristics of patients, including diagnoses constituting hazards of pregnancy.

2. Services provided, including prenatal visits.

3. Outcome of pregnancies, such as normal, prematurity, congenital malformations, mortality.
D. Evaluation of Projects

Suggestions for evaluating programs will be forthcoming from the Children's Bureau.

E. Financial Records

The agency must maintain necessary records, documents, and other information relating to the project to facilitate submission of reports and to enable the Department of Health, Education, and Welfare to conduct fiscal and other audits. Audits will be conducted for each grant period of the project's operation. The State health agency (local health agency) will be notified of the results of each audit.

F. Project Expenditure Report, Form CB-44

A Project Expenditure Report, Form CB-44, must be submitted for each three months of project operation. The period covered by this quarterly report must conform to the four quarters of the July 1 to June 30 fiscal year. Reports are due 45 days after the close of the quarter. Each report is to be cumulative and will include all prior expenditures in the approved grant period.

G. Progress Report

To evaluate the results or progress made on a project, the State health agency (local health agency) is required to submit a grant period progress report. For a continuation project this report should be submitted prior to May 1.

XIV. Applicable Children's Bureau Regulations

The following Children's Bureau MCH-CC regulations to the extent relevant and not inconsistent with the foregoing policies and procedures shall apply to Maternity and Infant Care projects:

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<td>Information on Service Available</td>
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<td>200.7</td>
<td>Limitations on Provision of Services</td>
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<tr>
<td>Regulation Number</td>
<td>Title</td>
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<tr>
<td>200.10</td>
<td>Standards Relating to the Provision of Services</td>
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<td>200.11</td>
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<td>Confidential Information</td>
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<td>200.13</td>
<td>Rates of Payment for Medical Care; Appliances and Convalescent and Foster Home Care</td>
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<td>200.14</td>
<td>Rates of Remuneration for Hospital Care</td>
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XV. Summary of Required Materials

State Agency Consent, Form CB-40
Project Application, Form CB-41
Project Budget, Form CB-42
Project Descriptive Plan Material
Quarterly Request for Payment, Form CB-43
Project Expenditure Report, Form CB-44
Statistical Reports
Progress Report

For completion of these materials, see detailed instructions in this brochure and on the forms.
Application is hereby made to the Children's Bureau for a Maternity and Infant Care Project grant in the amount and for the period indicated, and for the purpose described in the project plan submitted with this application and in accordance with the conditions below:

<table>
<thead>
<tr>
<th>1. PERIOD FOR WHICH GRANT IS REQUESTED:</th>
<th>2. AMOUNT REQUESTED:</th>
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<tbody>
<tr>
<td>FROM (Month) (Day) (Year) TO (Month) (Day) (Year)</td>
<td>$___________________</td>
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3. ESTIMATE OF FUTURE REQUIREMENTS:

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<th>2nd year $</th>
<th>3rd year $</th>
<th>4th year $</th>
<th>5th year $</th>
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4. HEALTH AGENCY CONTRIBUTION:

$___________________

5. SOURCE OF AGENCY CONTRIBUTION(S):

6. HEALTH AGENCY:

NAME: __________________________
LOCALITY: ______________________
STATE: __________________________

7. PROJECT DIRECTOR:

NAME: __________________________
TITLE: __________________________
ADDRESS: ________________________

8. EXECUTIVE OR FINANCIAL OFFICER:

NAME: __________________________
TITLE: __________________________
ADDRESS: ________________________

9. OFFICIALS AUTHORIZED TO SIGN FOR AGENCY:

NAME: __________________________
TITLE: __________________________

CONDITIONS: It is understood and agreed by the applicant that (1) Funds granted for this project will be used only for the conduct of the project as approved and in accordance with Children's Bureau regulations, conditions and policies. (2) The grant may be terminated, in whole or in part, at any time in the discretion of the Children's Bureau. Such termination shall not affect obligations incurred under the grant prior to the effective date of such termination. (3) The applicant will request the project be revised prior to any material change in the approved plan of operation, or method of financing. (4) Reports will be made as required. Necessary records and accounts, including financial and property controls, will be maintained and made available to the Department of Health, Education, and Welfare.

(Date) __________________________ (Signature of Authorized Official) __________________________

Submit in duplicate; attach Budget and Project Plan to this face sheet.
MATERNITY AND INFANT CARE PROJECT
State Health Agency Consent

I, ______________________________, ______________________________

(Name) (Title)

consents
certify that the ______________________________
(State Health Agency)
to grants by the Children's Bureau to ______________________________
(Health Agency)
of ______________________________
(Political Subdivision)
for the project, pursuant to Title V,
Part 4, Section 531, of the Social Security Act, as amended, with respect to which said ______________________________
(Health Agency)
has made application to the Children's Bureau on ______________________________
(Date)

____________________________
(Signature) ______________________________
(Date)

Submit in duplicate.
# MATERNITY AND INFANT CARE PROJECT

## Budget

### Health Agency

State

### Budget Period

- **Beginning**
  - *(Month)*
  - *(Day)*
  - *(Year)*
- **Ending**
  - *(Month)*
  - *(Day)*
  - *(Year)*

### Signatures

- **(Executive Officer)**
- **(Executive Director)**

### Budget Approved:

**(Children's Bureau)**

### SUMMARY OF FUNDS

<table>
<thead>
<tr>
<th>I. Payments for Care</th>
<th>Maternity and Infant Care Funds</th>
<th>State, Local, and Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Other Expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## I. Payments for Care

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Type of Expenditure</th>
<th>Amount Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Physician Services</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Clinic Services</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Flat Rate for Complete Maternity Care</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Consultation</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Hospital Services</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Out-patient Care</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Inclusive Rate for Hospital Maternity Care</td>
<td>(not included in above items)</td>
</tr>
<tr>
<td>c.</td>
<td>In-Patient Care</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Other Health Services</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Visiting Nurse Agencies</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Homemaker Agencies</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Diagnostic Procedures and Services</td>
<td>(not included in above items)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>Maternity &amp; Infant Care Funds</th>
<th>State, Local, and Other Funds</th>
</tr>
</thead>
</table>

Provided by the Maternal and Child Health Library, Georgetown University
INSTRUCTIONS

A. An original and two copies of the budget are to be submitted to the Children's Bureau Regional Medical Director. An approved copy will be returned to the health agency.

B. Budget revisions are required and two copies should be submitted in the following instances:

   (1) To increase or decrease the total project funds budgeted;

   (2) When any project item within the approved project budget is increased by more than 10% or amounts available from a decreased item are rebudgeted;

   (3) When a new project item is to be included, or if special equipment is to be purchased.

C. Project Number and Revision No.

   (1) Insert project number assigned when original budget is approved. This number will be used on all budget revisions and when the project is continued into the following year.

   (2) Insert revisions number when budget is submitted as revision of current year's plan.

D. Summary of Funds - Enter the totals from Sections I, II, & III on pages 1 & 2 of this form.

E. Section I - Payments for Care

   (1) Include all amounts which will be used for payment for care.

   | Column 1 | Item Number |
   | Column 2 | Type of Expenditure |
   | Column 3 | Amount Budgeted |
   | Column 4 | Amount Budgeted |

   - Each budget item listed has an identifying number; if additional items are budgeted continue the numbering.

   - If payments other than those listed are to be made, list the type.

   - Enter the amount of Maternity and Infant Care funds requested for each budget item.

   - Indicate the source of the Agency's funds with the letter: (S) State, (L) Local, and (O) Other (specify). Enter the amount for each item budgeted.
## II. Personnel

<table>
<thead>
<tr>
<th>No.</th>
<th>P</th>
<th>F</th>
<th>T</th>
<th>T</th>
<th>Title or Class of Position</th>
<th>Annual Salary Rate</th>
<th>Number of Months</th>
<th>Maternity &amp; Infant Care Funds</th>
<th>State, Local and Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

## III. Other Expenditures

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Expenditure</th>
<th>Amount Budgeted</th>
<th>Maternity &amp; Infant Care Funds</th>
<th>State, Local and Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

---

Provided by the Maternal and Child Health Library, Georgetown University
### F. Section II. - Personnel

(1) List all positions, full or part time:

- Include professional personnel such as physicians, dentists, nurses, medical social workers, nutritionists, dieticians, physical therapists, technicians, etc.

- Include nonprofessional personnel such as clerks, typists, secretaries, etc.

<table>
<thead>
<tr>
<th>Column 1 - Item Number</th>
<th>Each individual budget item should be given an identifying number.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2 - Full Time</td>
<td>Incumbent works the full hours prescribed for the regularly scheduled workweek.</td>
</tr>
<tr>
<td>Column 3 - Part Time</td>
<td>Incumbent works less than the full hours prescribed for the regularly scheduled workweek.</td>
</tr>
<tr>
<td>Column 4 - Title or Class of Position</td>
<td>List each individual position budgeted in the project.</td>
</tr>
<tr>
<td>Column 5 - Annual Salary Rate</td>
<td>List the salary for each full or part-time position on the basis of the position being full time and filled for the entire year.</td>
</tr>
<tr>
<td>Column 6 - Months</td>
<td>Indicate the number of months the incumbent will spend on the project.</td>
</tr>
<tr>
<td>Column 7 - Amount Budgeted</td>
<td>Enter the amount of Maternity and Infant Care funds for each position, estimating known or anticipated vacancies and lapses in salaries.</td>
</tr>
<tr>
<td>Column 8 - Amount Budgeted</td>
<td>Indicate the source of the Agency’s funds with the letter (S) State, (L) Local, and (O) Other (specify). Enter the amount for each item budgeted.</td>
</tr>
</tbody>
</table>

### G. Section III. - Other Expenditures

(1) Include biologics, drugs, blood (when not donated), oxygen, x-rays, laboratory services, etc.

(2) Include patient transportation, staff travel, special equipment, retirement, social security, communications, etc.

<table>
<thead>
<tr>
<th>Column 1 - Item Number</th>
<th>Each individual item should be given an identifying number.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2 - Type of Expenditure</td>
<td>List each category of expenditure.</td>
</tr>
<tr>
<td>Column 3 - Amount Budgeted</td>
<td>Enter the amount of Maternity and Infant Care funds requested for each budget item.</td>
</tr>
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<td>Column 4 - Amount Budgeted</td>
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MATERNITY AND INFANT CARE PROJECT
Quarterly Request for Payment

Social Security Act
Title V, Part 4, Sec. 531

Health Agency

State

Request for Quarter Beginning Ending

(1) Total Estimated Expenditure of Federal Funds for the Quarter

(2) Unencumbered Federal Funds on Hand at Beginning of Quarter

☐ Actual ☐ Estimate

(3) Payment Requested (Item 1 minus Item 2)

I, ____________________________ (Executive Officer) ____________________________ (Official Title)
certify that the above request for payment from the allocation available to this agency for an approved Maternity and Infant Care project is accurate to the best of my knowledge and that the required agency contribution toward the cost of the project, as stated in the project plan and budget, is available.

Signed: ____________________________ (Executive Officer) ____________________________ (Date)

Submit in duplicate.