

EXHIBIT D
EXAMPLE TEXAS NURSE-FAMILY PARTNERSHIP (TNFP)
STATEMENT OF WORK

I. GRANT INFORMATION	
Grantee Name: TBD	Project Period: September 1, 2026, through August 31, 2031
Grant Agreement Contract Number: HHS0016568	Agency Account ID: TBD

II. SERVICE AREA
<i>(County or Counties)</i>

III. PROGRAM SERVICES	
The following service will be provided under this Grant Agreement and is the service for which Outputs are determined.	
Nurse-Family Partnership	Home Visiting

IV. COMMUNITY AND SYSTEMS ENGAGEMENT
Grantee will engage in community coalition and systems-level engagement in accordance with Grantee's approved Project Work Plan.

V. OTHER SERVICES
Grantee will provide any other additional services in accordance with Grantee's approved Project Work Plan.

VI. PROJECT WORK PLAN
<p>A. Grantee's Project Work Plan documents how Grantee will achieve the Performance Measures set forth in Section VIII herein.</p> <p>B. To meet unanticipated needs during the Grant Agreement term, which may be identified by Grantee or HHSC, HHSC may allow or make limited modifications to the Project Work Plan.</p> <p>C. Any change to the Project Work Plan must be allowable under the scope and requirements of the Grant Agreement and requires written approval of HHSC.</p>

VII. ELIGIBLE POPULATION
<p>A. The Texas Nurse-Family Partnership program serves first-time parents and their children, beginning in pregnancy and continuing until their child's second birthday.</p> <p>B. The eligible population consists of individuals who are:</p>

<ol style="list-style-type: none"> 1. First-time expectant parents; 2. Enrolled by 28 weeks of pregnancy; and 3. Impacted by socioeconomic or health risk factors. <p>C. A first-time expectant parent is considered an individual who has no previous live births. Individuals who have experienced neonatal death, loss of custody, or relinquishment in the neonatal period may also qualify as first-time expectant parents.</p> <p>D. Should the primary caregiver not be able to continue parenting the child after enrollment in programming and birth of the child, another caregiver may continue with Nurse-Family Partnership programming should they wish to do so.</p> <p>E. Socioeconomic or health risk factors supporting eligibility may include, but are not limited to, economic hardship, limited financial resources, housing instability, parenting under age 18, educational attainment, employment status, susceptibility to negative birth outcomes, physical or mental health conditions, substance use, intimate partner violence or trauma exposure, developmental or intellectual limitations, child welfare or foster care involvement, or other risk factors for poor key health outcomes as indicated by the Grantee.</p> <p>HHSC reserves the right to adjust program eligibility to align with any associated changes to statute or the Nurse-Family Partnership model.</p>

VIII. PERFORMANCE MEASURES	
Output Measures	Required Outputs
Output 1: Expected number of families served monthly.	FY 27: FY 28: FY 29: FY 30: FY 31:
Output 2: Expected number of families served annually.	FY 27: FY 28: FY 29: FY 30: FY 31:
Output 3: Percentage of families who remain engaged in the program for a minimum of one (1) year.	50%
Output 4: Percentage of primary caregivers who complete program experience surveys.	50%
Output 5: Grantee will participate in a local early childhood coalition.	Regular participation demonstrated in reporting.
Outcome Measures	Required Outcomes
Outcome 1: Percentage of mothers who breastfeed for at least six (6) months postpartum.	20%
Outcome 2: Percentage of children who attend recommended well child visits.	80%
Outcome 3: Percentage of primary caregivers and/or family members who read, tell stories, or sing songs daily with their child.	80%

Outcome 4: Percentage of primary caregivers who report satisfaction with services (agree/strongly agree responses) in at least one (1) domain of completed Program Experience Surveys.	80%
Outcome 5: Percentage of Index Children who remain safe while receiving programming.	100%
Outcome 6: Percentage of primary caregiver(s) who demonstrate progress toward financial stability, through education or employment.	20%

IX. REPORTING REQUIREMENTS

- A. Grantee must enter all required data into the Prevention and Early Intervention Reporting System (PEIRS) as directed by HHSC and in accordance with the Grant Agreement.
- B. Grantee must ensure accurate and complete data entry for a specific month into PEIRS no later than 30 calendar days following the close of the month in which the enrollment occurred, programming was provided, an event was held, or a Participant and/or family was discharged.
- C. Grantee must submit a Quarterly Report using the template and guidance provided by HHSC. The reporting periods and due dates are as follows:
 - Quarter 1: September, October, November due December 15th
 - Quarter 2: December, January, February due March 15th
 - Quarter 3: March, April, May due June 15th
 - Quarter 4: June, July, August due September 15th

If the due date is on a weekend or holiday, the report is due the first business day following the weekend or holiday.
- D. Grantee will report additional data elements as required by HHSC.

X. INVOICING REQUIREMENTS

- A. Grantee must create and maintain reliable and accurate records to support all actions related to invoicing, payments, and adjustments for any activities under this Grant Agreement.
- B. Upon receipt of a proper and verified Invoice, and after deduction of any known previous overpayment made by HHSC, HHSC will pay Grantee from available funds for programming rendered in accordance with the terms of the Grant Agreement.
- C. Grantee must submit an Invoice and purchase voucher in PEIRS monthly, no later than 30 calendar days following the month in which expenses were incurred or services provided.
- D. Grantee must work with HHSC during the last month of each State Fiscal Year to submit accurate year-end expenditures as soon as possible.
- E. Grantee must submit a final close-out Invoice in PEIRS not later than 45 calendar days following the end of the term of the Grant Agreement. Reimbursement requests received more than 45 calendar days following the expiration or termination of the Grant Agreement may not be paid.

XI. OTHER GRANTEE REQUIREMENTS

- A.** Grantee must implement any program model outlined in its approved Project Work Plan according to the specified model elements and requirements for the program model. Grantee must use curricula, assessments, screening tools, data collection, and protocols required by the specified program model, as applicable.
- B.** Grantee must complete trainings or meetings that are required by HHSC and the specified program model, as applicable.
- C.** Grantee must complete required program forms and obtain Participant information as directed by HHSC.
- D.** Grantee must take all appropriate steps to maintain Participant confidentiality and obtain any necessary Participant consent for data analysis or disclosure of Confidential Information, in accordance with applicable federal and State laws, including, but not limited to, authorizations, data use agreements, and business agreements.
- E.** Grantee must allow for flexible schedules for direct service staff and supervisors to accommodate Participant schedules. Schedules should be reasonable and not pose hardship or safety concern for staff or Participants.
- F.** Grantee must review HHSC-generated reports and provide responses as requested by HHSC.
- G.** Grantee must participate in HHSC-required evaluation activities administered by HHSC and any contracted partners (if applicable).
- H.** Grantee must not engage in research on program staff and/or Participant population without prior written authorization from HHSC.
- I.** Grantee must comply with all other requirements as directed by HHSC.