

**Erica Pan, MD, MPH**  
Director and State Public Health Officer

**Gavin Newsom**  
Governor

April 25, 2025

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)  
DIRECTORS/CALIFORNIA HOME VISITING PROGRAM (CHVP) DIRECTORS,  
COORDINATORS, OR DESIGNEES

RE: CHVP AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT FOR  
STATE FISCAL YEAR (SFY) 2025-2026

This letter announces the SFY 2025-2026 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division's California Home Visiting Programs.

**SFY 2025-2026 funding for CHVP programs are as follows:**

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- Agreement number: CHVP 25-XX

State General Fund Evidence Based Home Visiting (SGF EBHV)

- Agreement number: CHVP SGF EBHV 25-XX

State General Fund Innovation Project (SGF INNV 1.0)

- Agreement number: CHVP SGF INNV 25-XX

State General Fund Innovation Project (SGF INNV 2.0)

- Agreement number: CHVP SGF INNV 25**b**-XX

Title XIX (TXIX) Funding (if applicable) – There is no cap on the amount you may request, so long as the agency has the State General Funds and/or available agency funds to match TXIX. Additionally, the agency's spending plan shall reflect the agency's ability to spend all of the TXIX amount requested. Fi\$Cal requirements impose a March 31<sup>st</sup> deadline for all budget revisions (BR) containing a change (either an increase or decrease) in TXIX funding. This aligns with the Division's requirement to submit all BRs by March 31<sup>st</sup> of the Fiscal Year. Note: BR requests will not be accepted until after a Q2 invoice has been submitted.

**Please note:**

CHVP funding allocations cannot be combined but may be braided. Please reach out to your [Program Consultant \(PC\)](#) for more information.

A new Scope of Work (SOW) and budget template will be provided for each initiative (i.e., MIECHV, SGF EBHV, INNV 1.0, and INNV 2.0) on an annual basis. Please reach out to your PC and [Contract Liaison \(CL\)](#) if you have questions.

**AFA Timeline/Important Dates:**

<b>Friday, April 25, 2025</b>	<p><b>Release of CHVP SFY 25-26 AFA Notification</b></p> <p>The AFA package is included in this email.</p> <p>Follow the guidelines set forth on the AFA Checklist regarding what is or is not <i>required</i> for submission.</p> <p>Please only complete the budget template and SOW <b>applicable to your County's funding streams</b> (i.e. counties with MIECHV and INNV 1.0 funding will only complete the MIECHV and INNV budget template and the MIECHV and INNV 1.0 SOW).</p>
<b>Friday, May 2, 2025</b>	<p><b>Last Day to Register for your AFA Development Support and Budget Training Meeting</b> – Optional meetings can be scheduled for technical assistance necessary to complete local agency budgets. Please reach out to your <a href="#">CL and PC</a> via email to request a meeting.</p> <p><i>**If a meeting is requested, Local CHVP Program and Fiscal representatives with decision making authority are required to attend.**</i></p> <p>CHVP AFA budget meetings will be offered via TEAMS.</p>

	Meetings will be scheduled on a first-come, first-served basis between:  <b>May 5, 2025 and May 16, 2025</b>
<b>Monday, May 5, 2025 - Friday, May 16, 2025</b>	<b>CHVP Development Support and Budget Training Meetings (Optional)</b>
<b>Friday, May 23, 2025</b>	<b>AFA Packages Due back to CDPH/CHVP</b>
<b>Monday, May 26, 2025</b>	<b>CHVP CL/PC AFA Package Review and Approval process begins</b>

**AFA Submission:**

**Packages are due via email to [MCAHFINACT@cdph.ca.gov](mailto:MCAHFINACT@cdph.ca.gov) by Friday, May 23, 2025.** Please refer to the AFA Checklist instructions for guidance on how to submit your AFA package. If you have any questions about the AFA process please contact your [CL and PC](#) as soon as possible.

Agencies that opt-in to claiming TXIX ***and are utilizing a Medi-Cal Percentage (MCP) other than base*** must submit a signed justification letter, which provides the rationale for the intended MCP. This letter must be on county letterhead and include your justification in claiming each of the various MCPs that are being requested on your budget. Please note, the letter will not replace the MCP justification area for personnel on the budget template. We have provided an example letter for your reference titled “Bean County” letter. Agencies will be authorized via email to invoice for services after their AFA packages are approved and an approval letter is in place.

We recommend that all LHJs review the [Fiscal Administration Policy and Procedure Manual](#) prior to building and submitting their SFY 25-26 AFAs, as it contains the current fiscal policies. Older versions should not be referenced.

LHJs will be notified via email when their AFA package is approved. At that time, they will be permitted to invoice for services retroactively to July 1, 2025, if applicable.

**Invoice Submission:**

All invoices and supporting documentation must be submitted via email to the MCAH invoice box: [MCAHInvoices@cdph.ca.gov](mailto:MCAHInvoices@cdph.ca.gov). To ensure appropriate processing, please use the following invoice naming convention for the signed invoice PDF and Excel files, as well as the subject line of the email:

Agreement Number (space) LHJ Name (space) Fiscal Year (space) Invoice Quarter Number

Example: CHVP SGF EBHV 25-01 Alameda SFY25-26 Q1

Invoice submission must include:

- Signed cover letter noting invoice amount, invoice period, remit to address, and any personnel changes
- Signed invoice
- Excel version of the invoice
- Signed and completed TXIX Cover Sheet (if applicable)
- Signed and completed TXIX Attestation form (if applicable)
- TXIX time studies (if applicable)

**Invoice Submission Timeline:**

Pay Period	Duration	Due Date
Quarter 1	July – September	November 15 <sup>th</sup>
Quarter 2	October – December	February 15 <sup>th</sup>
Quarter 3	January – March	May 15 <sup>th</sup>
Quarter 4	April – June	August 15 <sup>th</sup>

MCAH Partners

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Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your [Contract Liaison and Program Consultant](#).

Sincerely,

A handwritten signature in black ink, appearing to read 'Sydney Armendariz', written in a cursive style.

Sydney Armendariz, Director  
Maternal Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health