**Home Visiting & Doula Network**

**FY25 Quality Improvement Request**

**Agency:**       **Subcontract #:**

**Program Management Contact:**

**Date Submitted:**

Please complete the following forms and submit by e-mail to your Home Visiting & Doula Network Program Advisor. Use one form for each proposal submitted.

Requested Amount: $

1. Briefly describe what you propose to do with QIR funding this fiscal year and how it will enhance your program.

Subcontract No. 2025-

**Quality Improvement Request**

II. Description of Expenses by Line Item Category

Provide dollar amounts and description of services and/or items to be purchased. (Use this form when computing the Fiscal Narrative for the Amendment.)

Personnel (Salaries and Fringe Benefits) $

Consultants/Contractual $

Travel $

Supplies $

Equipment $