FIRST THINGS FIRST

Ready for School. Set for Life.

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Arizona Early Childhood Development and Health Board
310 S. Williams Blvd, Ste #106
Tucson, Arizona 85711

Home Visitation

- **Central Pima Regional Partnership Council**
- **Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) by the Health Resources and Services Administration (HRSA)**

Request for Grant Application (RFGA)
FTF-RC017-13-0392-00

Deadline	Grant Applications shall be submitted on or before 1:30 p.m. (Arizona MST) on April 12, 2012 at First Things First Tucson Office, 310 S. Williams Road, Ste # 106, Tucson, Arizona 85711.
Procurement Guidelines	In accordance with A.R.S §41-2701, competitive sealed grant Applications for the services specified within this document will be received by First Things First at the above-specified location until the time and date cited. Grant Applications received by the correct time and date will be opened and the name of each Applicant will be publicly read. **Grant Applications must be in the actual possession of First Things First on or prior to the exact time and date indicated above. Telefaxed, electronic, or late grant Applications shall not be considered.** **Grant Applications must be submitted in a sealed envelope with the RFGA Number and the Applicant's name and address clearly indicated on the envelope.** All Applications must be typewritten and a complete grant Application returned along with the offer by the time and date cited above. **Additional instructions for preparing a grant Application are included within this document.** Applicants are strongly encouraged to read the entire Request for Grant Application document carefully. **It is the sole responsibility of Applicants to check the First Things First website for any changes to this RFGA, http://azftf.gov.**
Pre-Application Conference	Prospective Applicants are encouraged to attend a Pre-Application Conference on March 12, 2012 at 1:00 – 3:00 p.m. at City of Tucson Resource Center, (Sentinel Building), 320 N. Commerce Park Loop., Tucson, Arizona 85745. The purpose of the meeting is to discuss and clarify this Request for Grant Application.
Special Accommodations	Persons with a disability may request reasonable accommodation such as a sign language interpreter by contacting the Fiscal and Contracts Specialist at grants@azftf.gov or via Fax (602) 265-0009. Requests should be made as early as possible to allow time to arrange the accommodation.
Contract Information	Service: First Things First Regional and Federal Funding Contract Type: Cost Reimbursement Contract Term: The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form (estimated July 1, 2012) and shall remain in effect until June 30, 2013, unless terminated, cancelled or extended as otherwise provided herein.
Contact Information	Fiscal and Contracts Specialist First Things First Fax: (602) 265-0009 Email: grants@azftf.gov

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CERTIFICATION

TO THE STATE OF ARIZONA, ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD:

If awarded a grant, the Undersigned hereby agrees to all terms, conditions, requirements and amendments in this request for grant Application and any written exceptions, as accepted by the Arizona Early Childhood Development and Health Board in the Application.

APPLICANT OFFER

Arizona Transaction (Sales) Privilege Tax License No.:

_____

Federal Employer Identification No.:

_____

Name of Point of Contact Concerning this Application:

Name: _____

Phone: _____ Fax: _____

E-Mail:_____

_____
Name of Applicant

_____
Signature of Person Authorized to Sign Offer

_____
Address

_____
Printed Name

_____
City State Zip

_____
Title

By signature in the Offer section above, the Applicant certifies:

1. The submission of the Application did not involve collusion or other anti-competitive practices.
2. The Applicant shall not discriminate against any employee or Applicant for employment in violation of Federal Executive Order 11246, State Executive Order 99-4 or A.R.S. §41-1461 through §1465.
3. The Applicant has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.

ACCEPTANCE OF APPLICATION

The Application is hereby accepted. The Applicant is now bound to perform as stated in the Applicant's grant Application as accepted by the Arizona Early Childhood Development and Health Board and the Request for Grant Application document, including all terms, conditions, requirements, amendments, and/or exhibits.

This grant shall henceforth be referred to as Grant No. _____

Arizona Early Childhood Development and Health Board,
Awarded this _____ day of _____, 20_____

_____
First Things First Designated Authorizing Official

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Overview of First Things First

On November 7, 2006, Arizonans made an historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children 5 and younger, that children would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products to provide dedicated and sustainable funding for early childhood services for our youngest children. The initiative created the statewide First Things First board and the 31 regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.

First Things First is designed to meet the diverse needs of Arizona communities. The regional councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school, set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders, and philanthropists.

First Things First Strategic Direction

FTF's commitment to young children means more than simply funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the FTF Board and Regional Partnership Councils are to address one or more of the following Goal Areas as defined by the statute:

- Improve the quality of early childhood development and health programs.
- Increase the access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.
- Provide professional development and training for early childhood development and health providers.
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

The FTF Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show whether young children are ready for success as they prepare to enter kindergarten. The strategies funded by FTF work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The FTF Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

School Readiness Indicators

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
3. #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
5. % of children with newly identified developmental delays during the kindergarten year
6. # of children entering kindergarten exiting preschool special education to regular education
7. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
8. #/% of children receiving timely well child visits
9. #/% of children age 5 with untreated tooth decay
10. % of families who report they are competent and confident about their ability to support their child's safety, health and well being

What is the Funding Source?

First Things First provides for distribution of funding through both statewide and regional grants. Statewide programs are considered those implemented across regional boundaries and are designed to benefit Arizona's children as a whole. Regional funding is based on the approval of the Regional Partnership Council funding plans submitted to the FTF Board each year.

This Request for Grant Application (RFGA) is specifically dedicated to funding regional programs. The Regional Partnership Council that is involved in the release of this RFGA is the Central Pima Regional Partnership Council.

This RFGA also includes funded provided through a partnership with the Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) and the federal Maternal, Infant and Early Childhood Home Visitation Program (MIECHV), CFDA # 93.505. With the inclusion of the federal funding with this RFGA, the awarded applicant(s) shall budget and track expenditures for FTF and MIECHV separately.

Who is Eligible to Apply for this Funding Opportunity?

First Things First awards grants to:

- Non-profit 501 (c) (3) organizations providing services in Arizona (both secular and faith-based)

- Units of Arizona government (local, county and state entities as well as schools and school districts)
- Federally recognized Tribal governments or entities providing services within Arizona
- Arizona institutions of higher learning (colleges and universities)
- Private organizations providing services in Arizona

All potential Applicants must demonstrate organizational, fiscal and programmatic capacity to meet the requirements described in the scope of work listed in this RFGA.

What is the Total Funding Amount Available in this Request for Grant Application?

This is a twelve (12) month contract for the fiscal year ending June 30, 2013 with an option for renewal for two (2) additional twelve (12) month periods. Total funds available are approximately $2,400,000 for the first funding period which includes $1,200,000 from First Things First Central Pima Regional Partnership Council and $1,200,000 from the ADHS/BWCH/Office of Children's Health for implementation of the federal MIECHV grant.

First Things First reserves the right not to award the entire amount of available funds or to award an amount that is greater than the posted available funds. Renewal will be contingent upon satisfactory contract performance, evaluation and availability of funds. A Single Award will be made.

Scope of Work: What Will This Grant Fund and How Will It Make a Difference for Children?

The Central Pima Regional Partnership Council was presented with a unique opportunity to simultaneously leverage federal grant funding for home visitation awarded to the Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) by the Health Resources and Services Administration (HRSA). Within BWCH, the Office of Children's Health supports the increased focus within the state and nation on the importance of early childhood programs. It also supports enhanced integration of existing children's programs both within ADHS and among other state and federal agencies and external partners.

The goal of MIECHV is to deliver evidence based home visiting models to communities with high risks and needs throughout the state. As the designated lead agency for Arizona, ADHS with input from the local community has determined that the NFP model should be implemented in areas in and around the Central Pima regional area. Recognizing the opportunity, the Regional Council has determined that a partnership and collaboration with ADHS to deliver NFP through this Request for Grant Application is the most efficient way to disperse the regional and federal grant funds.

Statement of Need

A needs and assets assessment of the Central Pima region has shown that parents and families of young children need access to information and education about child development and child health along with parent training and coaching that supports them to be their child's first teacher and to promote overall healthy family functioning. The Central Pima region includes communities that are afflicted by high rates of poverty, increased rates of teenage pregnancy, a significant population of households headed by single parents and low education attainment rates. The rates of teen pregnancy are significant throughout the Central Pima region, particularly in areas that exhibit extenuating needs. For example, the 2010 Central Needs and Assets report indicates in the 85713 zip code 17.2% of births were teen mothers less than 19 years old in 2008. Further, in the 85705 zip code 16.7% of births were also teen mothers.

According to the 2010 Central Pima Needs and Assets report, 16,591 families with young children reside in the region with approximately 23% of this population have an income below 100% of the Federal Poverty Rate. In the Central Pima region, the highest areas of poverty are found in zip codes 85714 (42.9%); 85701 (42.5%); and 85713 (39.7%). Further, 41% of Central Pima families with young children are headed by a single parent, which includes teens. Adults in the Central Pima region have lower levels of educational attainment compared to Pima County and Arizona, including teenaged parents. Linking teen parents with educational opportunities such as referrals to enrolling in school, attaining a GED or continuing in school to ultimately graduate with a diploma (or equivalent) is imperative. Adults in Central Pima have lower levels of educational attainment compared to Pima County and Arizona.

Compounding families' needs for education, information and support, there is also a lack of capacity including limited geographic service areas among existing programs to meet the needs of eligible families in the region. Because of the high poverty rate throughout a majority of the Central Pima region coupled with the significant and negative economic impacts related to the recession, the Regional Council recognizes the increased stressors many families with young children are experiencing. In unprecedented economic times, the need for family support programs and services increases. The Central Pima Regional Partnership Council has identified home visitation as an effective strategy in their strategic direction to address these needs and strengthen families, and specified Nurse Family Partnership as the evidence based model to implement under this RFGA.

Research indicates that evidence based home visitation programs have been able to help families learn parenting skills, increase confidence in their skills, promote positive parent-child interactions and increase linkages with community services including health and social services. Family support is the foundation for enhancing children's positive social emotional development[1] and can help parents in supporting their child's language development and self-regulation abilities; both predictors of later school success. Parents and families need education and support to understand child development and health and to develop parenting skills as well as have access to resources to be the best parents possible. Through home visitation, parents can strengthen their competence and confidence in their daily activities and interactions with

[1] Meeker, Elizabeth and Levision-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

their infant, toddler or preschooler while reducing isolation as families are made aware of and connected to community resources and early learning opportunities for their young child.

Research on home visitation indicates positive impacts such as increases in parent knowledge and improvements in attitudes toward parenting. Some models are also associated with changes in parent-child interactions as demonstrated in the reduction of rates of abuse and neglect. Home visitation can also promote maternal and child health. For example, very young teen mothers and mothers who smoke demonstrated decreases in pre-term births and decreased percentages in low birth weight when enrolled and participating in a program that included health information and supports prior to the baby's birth. The body of home visitation research also suggest an impact upon the child's development when models promote early language and emergent literacy[2]. Understanding that early learning takes place within the context of relationships and that parents and families are their children's first and foremost teachers, evidence based home visitation can positively impact school readiness by strengthening parent-child relationships and increasing parents' knowledge of child development and health so that they can best support their child's growth and development.

The Central Pima Regional Partnership Council has prioritized the needs of mothers who exhibit increased risk factors, including first time mothers under the age of 21. In the Central Pima region, a significant percentage of pregnant mothers are not accessing prenatal care and after birth, immunization rates are considerably low. According to the 2010 Central Pima Needs and Assets report, 68.7% of births received prenatal care in first trimester while 2.7% of pregnant mothers received no prenatal care during the entire duration of the pregnancy. Lowered rates of child immunizations and well child checks are comparatively low to Pima County and the state of Arizona. According to the 2010 Central Pima Needs and Assets report, 63% of infants completed immunizations; 41.5% of children 19-35 months completed the series; and 38.1% of children 19-35 months completed the third series in 2009. The need for a nurse home visitation program model was further reinforced in October 2011, after several families across the region were surveyed. Results indicated that overall, families wanted their child to be healthy and ready for Kindergarten. Parents also expressed the importance of strengthening bonds with their children.

According to information found on the Nurse Family Partnership (NFP) national website, www.nursefamilypartnership.org, "the maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life." Consistent program effects from NFP include improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness demonstrated by improvements in the child's language development and improvements in the child's academic achievement test scores in school.

[2] Gomby, Deanna S. Building School Readiness Through Home Visitation: Appendix A Detailed Research Findings, January 29, 2003. First 5 California Children and Families Commission.

Description of strategy including Standards of Practice and MIECHV Federal Requirements

Comprehensive, evidence based home visitation programs provide participating families of children under five with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. While programs can strengthen parent-child relationships throughout the early childhood years, targeted recruitment, enrollment and participation of families expecting their first child or who have a newborn can have the greatest, long term impact. "The first three years of life are a period of intense intellectual development during which the brain forms a foundation for later learning and development. High quality home visiting programs can be an effective service delivery method to support early learning in these years, ensuring that children succeed in school and beyond."[3]

Home visiting professionals trained in child development, maternal and child health and family support make regular, scheduled visits to each family's home or other natural environments such as the library. Home visitors meet with the family and their young child or with a family expecting a child, to answer questions, provide information and resources, support and advise parents on parenting skills or assist in early detection of any developmental problems in the young child. The specialized skills and qualifications of home visitors are critical to the successful implementation of home visitation programs. Home visitors build trusting, professional relationships with each family. They observe daily routines and interactions to help parents identify and interpret their child's cues and offer information, guidance and coaching so that families can best support and be responsive to their own child's growth and development.
Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child's present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development current parenting practices, daily routines and interactions, or other information/ instructional needs.
Young children learn through the natural interaction of caregiving and everyday experiences.

Early and rapid development of the components of language, including listening and understanding, communicating and speaking, and the emergence of early literary skills and abilities is evident in infancy and toddlerhood and families play the most critical role in supporting as their child's first and most important teacher. As infants and toddlers develop their ability to understand and use language to communicate, they also increase their skills and abilities in influencing others, which in turn affects their learning in all other domains. It is important that home visitation programs support each family with their young child's early language and literacy development in the context of social emotional development. A strong foundation in these critical areas of development can lead to good outcomes in other areas including cognitive, physical and motor development.
The FTF Central Pima Regional Council in partnership with the ADHS/ BWCH/Office of Children's Health is seeking an applicant to implement the Nurse Family Partnership (NFP) evidence-based home visitation model, which utilizes registered nurses to support families. The applicant must

[3] DiLauro, Elizabeth. Reaching Families Where They Live; Supporting Parents and Child Development Through Home Visiting. February, 2009. Home Visiting Brief. ZERO TO THREE Policy Network.

be currently certified to carry out the NFP model with fidelity and it is key services begin on the award date to ensure families who are currently enrolled in the program are able to be supported without a disruption in service.

The successful Applicant will be certified by the national NFP office to implement the NFP program model that:

- ✓ Provide comprehensive home visitation services for mothers who exhibit higher risk factors, that will assist them in accessing prenatal care and ongoing health care services, strengthen their parent-child relationships and improve their parenting skills to be their child's first teacher.
- ✓ Develop and carry out an extensive community outreach plan to identify and serve 350 families.
- ✓ Coordinate service delivery with other home visiting programs, family support services and resources offered in the region.
- ✓ Provide information and education on developmentally appropriate learning opportunities that support early language and literacy development, which prepares children for success in school and life.
- ✓ Implement the program model in accordance with the ADHS/ BWCH/Office of Children's Health requirements for implementation of the NFP model, FTF Home Visitation Standards of Practice, Developmental and Sensory Screening Standards of Practice and the Child Protective Services (CPS) Policy. Refer to Exhibit A, B, C and D.

First Things First School Readiness Indicators related to this strategy:
FTF is seeking a successful Applicant to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- #/% of children receiving timely well child visits
- % of families who report they are competent and confident about their ability to support their child's safety, health and well being

First Things First Goal Area to be addressed:

- Family Support and Literacy

<u>Target Population to serve</u>

This strategy specifically identifies pregnant teens, first time mothers and families who exhibit extenuating needs and significant risk factors. A minimum of 350 families, including teens and first time mothers that are pregnant less than 28 weeks are to be served through this RFGA. The FTF funds will support serving 200 families and the federal home visiting funds through DHS will support serving 150 families. The target population is based on the eligibility criteria identified in the NFP model.

Geographic Area

Applicants responding to this RFGA must provide services throughout the Central Pima region and other areas in the surrounding the region which fall in the Community Health Analysis Areas identified by ADHS/ BWCH/Office of Children's Health for implementation of the federal MIECHV grant.

The Central Pima Regional Partnership Council provides services throughout the communities of South Tucson and zip codes within central Tucson including 85701, 85705, 85708, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85719, 85745, 85746 and 85757. The portion of the Tohono O'odham Nation and the Pascua Yaqui Tribe is not included in the Central Pima Regional Partnership Council area.

The Community Health Analysis Areas

CHAA	Area Zip Codes
Tucson Central	85701, 85705, 85713, 85714, 85716, 85719, 85721
Tucson SE	85706, 85713, 85714, 85746, 85756
Tucson N Central	85705, 85719
Tucson E Central	85710, 85711, 85712, 85715, 85716, 85719
Tucson SW	85701, 85705, 85706, 85713, 85714, 85745, 85746, 85756, 85757
Tucson W	85634, 85705, 85709, 85713, 85735, 85743, 85745, 85746, 85757

The program(s) funded under this agreement must provide services throughout the region and in the zip codes in the Community Health Analysis Areas identified by ADHS/ BWCH/Office of Children's Health for implementation of the federal MIECHV grant.

Coordination and Collaboration

First Things First (FTF) prioritizes coordination and collaboration among early childhood service providers as critical to developing a seamless service delivery system for children and families. As a result of coordination and collaboration, services are often easier to access and are implemented in a manner that is more responsive to the needs of the children and families. Coordination and collaboration may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service. The successful Applicant must demonstrate capacity to work with and participate in coordination and collaboration activities occurring within the FTF region being served. This may include but is not limited to participating in regular meetings. Depending upon the strategy, there may be additional statewide meetings which the Applicant may be asked to attend, as noted in the Scope of Work. In order to accomplish this, Applicants should plan the appropriate staffing and budget to support travel to and attendance at monthly meetings within the regional area or statewide meetings, as appropriate.

In addition, when providing services in the region and CHAAs, also served by other home visiting services, the applicant(s) shall work with the other home visiting programs to ensure that a family is enrolled in the program that best meets the needs of the family and that there are selection criteria and standardized processes for referring families from one program to

another. In addition, if the Applicant(s) is administering and/or providing a similar home visiting program in the targeted service area or adjoining service areas, protocols and procedures shall be in place to ensure the program(s) will not duplicate services and/or home visiting services to the targeted communities that are served through this RFGA and that the various funding streams will be tracked separately.

Program Specific Data Collection and First Things First Evaluation

The successful Applicant will agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategy described in this RFGA. When services are provided to more than one region (multi-regional strategies), the grantee must collect and store the client data for each region served through the grant agreement. In addition to the FTF data and evaluation requirements, the successful applicant is responsible for collecting and reporting all required data, including but not limited to, the requirements specified in Exhibit A which state the data collection and evaluation requirements for the funding provided by ADHS/ BWCH/Office of Children's Health for implementation of the federal MIECHV grant. This includes the requirement for the awarded Applicant to participate in the MIECHV external evaluation, monitoring, and Continuous Quality Improvement (CQI) activities that will be specified by ADHS/ BWCH/Office of Children's Health. The awarded Applicant is required to comply with subsequent data collection and evaluation requirements that are determined and required by the Health Resources and Services Administration (HRSA) after the award is made.

Unit of Service and related Target Service Number Definition:

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number). A Unit of Measure/Service can be a target population and/or a service or product that a grantee is expected to serve as part of an agreement. The Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products or services proposed to be delivered during the contract year.

For the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number represents the number of families the Applicant proposes to serve during the contract period. All FTF Applicants must clearly state in the proposal a target service number for this strategy specific Unit of Service.

Performance Measures Definition:

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families or children through home visits) and/or the direct services and products delivered by a program (e.g., providing scholarships).

The successful Applicant must have the capacity to collect and submit FTF data requirements, securely and confidentially store client data, and utilize data to assess progress in achieving desired outcomes of the proposed strategy. Units of Service, Target Service Numbers, and Performance Measures outline how quarterly data submissions will be evaluated according to the contracted deliverables and standards of practice for that contract. Additionally, they are used by FTF to determine the key impacts of the strategies, programs and approaches being implemented.

The successful Applicant will be provided with data reporting requirements by FTF and will meet the requirements of the FTF evaluation including, but not limited to, timely and regular reporting and cooperation with all FTF evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS. (The FTF data reporting requirements for this strategy can be found at: http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=17)

The successful Applicant is required to collaborate with the FTF external evaluation, which means the successful Applicant must collaborate with external evaluation-led child assessment activities. Collaborative activities may include tracking and reporting data pertaining to participant attendance, enrollment, and demographic information. In addition, Applicants agree to allow FTF and evaluation consultants of FTF to observe program activities on site and the successful Applicant must collaborate with FTF led and initiated evaluation activities to encourage parent consent for data collection. (Standards for data security for this strategy are found in Exhibit G.)

Units of Service and Performance Measures that are aligned to the Goal for the purposes of this RFGA are as follows:

Unit of Service:

- # of families served 350 with 200 from FTF funding and 150 from the Federal Home Visiting funding through ADHS/ BWCH/ Office of Children's Health

Performance Measures:

- **Number of families served/proposed service number**
- Home visitor caseload
- Family attrition
- Number of families receiving referrals for health insurance enrollment
- Number of referrals for community based services given to participating families
- Number of children receiving home visiting services
- Number of children receiving developmental screening
- Numbers of children receiving referrals for follow up services

For more information on FTF Goal Areas, Goals and Performance Measures, please reference the FTF Strategy Toolkit at:
http://azftf.gov/pages/webmain.aspx?PageID=2D427ADB35B34BB09F353B77B74AB9BA

How Will Applications be Evaluated?

The review committee will evaluate Applications and recommend those for an award based on the following criteria:

- Capacity of the Applicant for Addressing Needs (25%)
- Proposed Program or Activity (25%)
- Implementation Activities (25%)
- Budget (10%)
- Data Collection (15%)

Those Applicants not selected for funding will be notified in writing; however, pursuant to A.R.S. §41-2702 (E), all Applications shall not be open for public inspection until after grants are awarded. A.R.S. §41-2702 (G) also states the evaluator assessments shall be made available for public inspection no later than thirty (30) days after a formal award is made.

Application: Responding to the Scope of Work

To complete your Application, provide a comprehensive narrative response that addresses each of the items in the Executive Summary and the criteria sections below. If an item requires a completed attachment, please reference that attachment within the narrative response when indicated. It is recommended the narrative not exceed 10 pages, including the one page for the executive summary, and using 12-point font size and no less than one-inch margins.

A. Executive Summary (required – 1 page overview)
Provide a one (1) page narrative overview of the proposed project that includes the target service number, a brief summary of the program or strategy, how it will be implemented, the Applicant's capacity to implement this program and how success and outcomes will be measured. Also complete the First Things First Standard Agency Information Collection Form (Attachment A).

B. Capacity for Addressing the Need and Implementing the Strategy Successfully (25%)
Provide a narrative description describing your organization's understanding of the needs and capacity to implement the proposed service, addressing the following:

a) Describe the need(s) the proposed strategy will address and include data to support evidence of the need. Describe the assets that currently exist, within the region and organization, to address the need and support the proposed strategy.
b) Provide examples of experience implementing related programs and the outcomes of those programs. It should be noted that past performance on any grants might be taken into consideration in evaluation of your proposal.

c) Describe your organization's professional knowledge and experience of the target population to reach.
d) Identify capacity or infrastructure building which will be needed, including recruitment, hiring and initial training of staff, agreements and partnerships with other agencies, additional resources, and training and technical assistance to provide the proposed service.
e) Include the coordination and collaboration activities in which the organization is currently engaged and how this will support the proposed strategy.
f) Identify personnel recruitment, qualifications and supervision. (Also complete Key Personnel Overview, Attachment B)
g) Describe plans to recruit and locate personnel within the geographical region of the provided service and that are linguistically and culturally competent for the population to be served.

C. <u>Proposed Program or Strategy</u> (25%)

Provide a description of the program being proposed, including the following:

a) Provide a clear description of the proposed program/services including general duration of the program and the frequency and duration of home visits.
b) Describe the curriculum to be implemented.
c) Describe how the proposed program aligns and builds on the early childhood system development in the region and/or state.
d) Describe how the Standards of Practice and MIECHV program requirements will be adhered to in program implementation. Please refer to the attached FTF Standards of Practice and MIECHV program requirements. The successful Applicant is required to follow these Standards of Practice when delivering services under this grant or contract. (Refer to the Standard of Practice in Exhibit A B, C and D for guidance on best practice requirements for this strategy.)
e) Identify and describe the target population to be served by the proposed strategy, including:
    - Population demographics, i.e. all children birth through five, infants and toddlers, families of infants, early childhood professionals, etc.
    - Target Service Number based on the Unit of Service(s) included in the scope of work above.
    - How the strategy will meet the needs of the targeted population in terms of being culturally competent, linguistically appropriate, age appropriate and gender responsive.
    - Recruitment and outreach efforts, engagement and retention practices for the targeted population.
        i. Describe a plan for outreach, recruitment and enrollment activities with a priority for families who are expecting a child or who have a newborn, infant or toddler. Funds from the federal MIECHV can be used for specific outreach efforts.
f) Specific training that will be provided to existing and/or new staff, including how and when it will be delivered and how it will enhance skills necessary to implement this strategy effectively.

g) Describe any anticipated barriers to implementation and your plans to overcome those barriers.

This narrative should provide context for the activities listed in the next section, Implementation Activities.

D. Implementation Activities (25%)

Using Attachment C, Implementation Plan, describe the activities needed to operationalize the proposed strategy(ies), including timelines, responsibilities, and coordination activities.

E. Budget (10%)

Two budgets are required for this RFGA, one for the FTF Central Pima funds and the second for the MIECHV funds. The budget and budget narratives should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the proposed program budgets. All budget forms must be signed by an authorized agency representative.

a) Submit the Funds Requested Form (Attachment D). No additional narrative is required.
b) Submit the Line Item Budget (Attachment E) using only the budget categories listed on the form. No additional narrative is required.
c) Submit the Budget Narrative (Attachment F) using only the budget categories listed on the form.
d) Submit the Disclosure of Other Funding (Attachment G). This list should include all other sources of funding currently received from other State or public agencies, Federal agencies, non-profit organizations and other sources that will be applied to the proposed program/strategy(ies). Note that statute A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.
e) Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey (Attachment H) to capture basic financial system/operational information to assess financial capacity early in the process. No additional narrative is required. As noted in the financial system survey, you are required to submit a complete copy of the most recent audited, reviewed or compiled financial statements as well as management letters and a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. NOTE THAT ONLY ONE COPY OF EACH OF THESE DOCUMENTS NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".

F. **Data Collection (15%)**

Describe in this section the plan and resources necessary to meet FTF basic reporting requirements, the MIECHV data reporting requirements, maintain data securely and confidentially, and ensure that ongoing data collection is used within the grantee institution to ensure fidelity and overall effectiveness. In this section, include discussion of:

a) Who will have overall responsibility for the data collection, maintenance, and reporting. Be sure to include this person in your Key Personnel Overview, Attachment B.

b) How the required data will be collected, maintained, and aggregated. Describe how you will ensure that data entered into the First Things First web-based database and NFP data portal after it has been collected is accurate and timely. Describe what procedures will be in place to assure the quality of your data (e.g., training for data collectors, oversight of data entry, timeliness for administering tools, etc.).
c) If applicable, what is the anticipated approval process to collect and report data from tribal government programs?
d) What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to data collection, maintenance, and security as well as the assurance of quality data input and data collection for the program? In addition to this narrative description, the funds dedicated to evaluation should be reflected in the budget and budget narrative in Section D above.
e) Describe the process that will be used to track families served with FTF funds and the MEICHV funds.
f) Complete the Data Collection Form, Attachment I.

Instructions to Applicants

A. Inquiries

1. Duty to Examine. It is the responsibility of each Applicant to examine the entire RFGA, seek clarification in writing (inquiries), and examine its' Application for accuracy before submitting the Application. Lack of care in preparing an Application shall not be grounds for modifying or withdrawing the Application after the Application due date and time, nor shall it give rise to any Contract claim.

2. RFGA Contact Person. Any inquiry related to an RFGA, including any requests for or inquiries regarding standards referenced in the RFGA shall be directed solely to the RFGA contact person. The Applicant shall not contact or direct inquiries concerning this RFGA to any other State employee unless the RFGA specifically identifies a person other than the RFGA contact person as a contact.

3. Submission of Inquiries. The Fiscal and Contracts Specialist identified in this RFGA, who is the contact for all inquiries except at the Pre-Application Conference, requires that an inquiry be submitted in writing. Any inquiry related to the RFGA shall refer to the appropriate RFGA number, page and paragraph. Do not place the RFGA number on the outside of the envelope containing that inquiry, since it may then be identified as an Application and not be opened until after the Application due date and time. Electronic inquires are acceptable. First Things First shall consider the relevancy of the inquiry but is not required to respond in writing.

4. Timeliness. Any inquiry or exception to the RFGA shall be submitted as soon as possible and should be submitted at least seven days before the Application due date and time for review and determination by First Things First. Failure to do so may result in the inquiry not being considered for an RFGA Amendment.

5. No Right to Rely on Verbal Responses. An Applicant shall not rely on verbal responses to inquiries. A verbal reply to an inquiry does not constitute a modification of the RFGA.

6. RFGA Amendments. The RFGA shall only be modified by a formal written RFGA amendment. Formal written amendments are posted on the First Things First website, www.azftf.gov. It is the sole responsibility of the Applicant to check the website regularly.

7. Pre-Application Conference. A Pre-Application Conference has been scheduled for this RFGA and specific date, time and location are found on Page 2 of this RFGA. Applicants should raise any questions about the RFGA at that time. The Pre-Application Conference will clarify the contents of the RFGA in order to prevent any misunderstanding of First Things First's position. Any doubt as to the requirements of the RFGA or any apparent omission or discrepancy should be presented to First Things First at the Conference. An Applicant may not rely on any verbal responses to questions at the Conference. Material issues raised at the Conference that result in changes to the RFGA shall be answered solely through a formal written RFGA amendment. **Attendance at the Pre-Application Conference is strongly encouraged, but not mandatory**.

8. Persons with Disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the RFGA contact person. Requests shall be made as early as possible to allow time to arrange the accommodation.

B. Application Preparation

1. Forms. No facsimile or electronic mail Applications shall be accepted. An Application shall be submitted using the forms provided in this RFGA or on their substantial equivalent. Any substitute document for the forms provided in this RFGA must be legible and contain the same information requested on the forms, unless the RFGA indicates otherwise.

2. Technical Requirements. Applications will be reviewed initially for compliance with technical requirements. Noncompliance with these requirements may result in the Application being deemed non-responsive, and therefore, not susceptible to award.
   - Responses should be typed, single-spaced with one-inch margins or wider with a twelve (12)-point font used.
   - Applications are not to be bound in spiral binders or in 3-ring notebooks. Please submit the Application either stapled in the upper left-hand corner or use a binder clip.
   - Applications should be single sided, NOT duplexed.
   - Number all pages and include a table of contents that follows the underlined categories in the "Application: Responding to the Scope of Work" Section. Enclose one (1) original (clearly marked "ORIGINAL") and nine (9) additional copies.
   - All Attachments must be completed as instructed.
   - The organization name and the Request for Grant Application Number (**RFGA number found on page 1 of this RFGA**) must be clearly marked on the outside of the sealed envelope/package.

   Please refer to the Checklist within this RFGA to verify inclusion of all required documentation and use of the proper format.

3. Evidence of Intent to be Bound. The Applicant Offer and Acceptance Form within the RFGA shall be submitted with the Application and shall include a signature by a person authorized to sign the Application. The signature shall signify the Applicant's intent to be bound by the Application, the terms of the RFGA and that the information provided is true, accurate and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, shall result in rejection of the Application.

4. Exceptions to Terms and Conditions. All exceptions included with the Application shall be submitted in a clearly identified separate section of the Application in which the Applicant clearly identifies the specific paragraphs of the RFGA where the exceptions occur. Any exceptions not included in such a section shall be without force and effect in any resulting Contract unless such exception is specifically accepted by the Fiscal and Contracts Specialist in a written statement. The Applicant's preprinted or standard terms will not be considered by First Things First as a part of any resulting Contract. All exceptions that are contained in the Application may negatively affect First Things First's proposal evaluation based on the evaluation criteria stated in the RFGA or result in rejection of the Application.

5. Subcontracts. Applicant shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Application.

6. Cost of Application Preparation. First Things First will not reimburse any Applicant the cost of responding to an RFGA.

7. RFGA Amendments. Each RFGA Amendment shall be signed with an original signature by the person signing the Application, and shall be submitted no later than the Application due date and time. Failure to return a signed copy of a RFGA Amendment may result in rejection of the Application.

8. Additional Materials. Additional materials such as promotional brochures or examples of other programs should not be submitted unless they directly relate to the information required in the Application.

9. Provision of Tax Identification Numbers. Applicants are required to provide their Arizona Transaction Privilege Tax Number and/or Federal Tax Identification number in the space provided on the Offer and Acceptance Form.

10. Disclosure. If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with any Federal, state or local government; or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided.

11. RFGA Order of Precedence. In the event of a conflict in the provisions of this RFGA, the following shall prevail in the order set forth below:
    - 11.1 First Things First Special Terms and Conditions
    - 11.2 State of Arizona Uniform Terms and Conditions
    - 11.3 Scope of Work
    - 11.4 Attachments
    - 11.5 Exhibits
    - 11.6 Instructions to Applicants

11.7 Other documents referenced or included in the RFGA

C. Submission of Application

1. Sealed Envelope or Package. One (1) original (clearly marked "original") Application and nine (9) copies shall be submitted to the submittal location identified in this RFGA. Applications must be submitted in a sealed envelope or container. The envelope or container should be clearly identified with name of the Applicant and RFGA number. First Things First may open envelopes or containers to identify contents if the envelope or container is not clearly identified.

2. Late Applications. An Application submitted after the exact Application due date and time shall be rejected. Applications **must** be received by First Things First at the designated due date and time.

3. Application Amendment or Withdrawal. An Application may not be amended or withdrawn after the Application due date and time except as otherwise provided under applicable law.

4. Application Opening. Applications shall be opened publicly at the time and place identified in this RFGA. The name of each Applicant shall be read publicly and recorded.

5. Disqualification. An Applicant (including each of its principals) who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall have its Application rejected.

6. Public Record. All Applications submitted and opened are public records and must be retained by First Things First. Applications shall be open to public inspection no later than 30 days after Contract award pursuant to A.R.S. §41-2702 (E), except for such Applications deemed to be confidential by First Things First. If an Applicant believes that information in its Application should remain confidential, it shall indicate as confidential the specific information and submit a statement with its Application detailing the reasons that the information should not be disclosed. Such reasons shall include the specific harm or prejudice which may arise. First Things First, pursuant to A.C.R.R. R2-7-104, shall review all requests for confidentiality and provide a written determination. If the confidential request is denied, such information shall be disclosed as public information, unless the person utilizes the "Protest" provision as noted in A.R.S. §41-2611 through §41-2616.

7. Application Acceptance Period. Applications shall be irrevocable for 120 days after the RFGA due date and time.

8. Non-collusion, Employment, and Services. By signing the Offer and Acceptance Form, the Applicant certifies that:
    a. The Applicant did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of its Application; and
    b. The Applicant does not discriminate against any employee or applicant for employment or person to whom it provides services because of race, color, religion, sex, national origin, sexual orientation or disability, and that it complies with all applicable Federal, state and local laws and executive orders regarding employment.

9. Budget Limitations. In the event that the Applications received exceed the budget limitations, First Things First reserves the option to request a reduction in the scope of the Applicant's

proposed program. Revised budget documents will be required. First Things First reserves the right to award contracts for less than the proposed amount and/or less than the available funds or make awards that exceed the posted available funds as additional funds become available.

10. Waiver and Rejection Rights. Notwithstanding any other provision of the RFGA, the State reserves the right to:
    - 10.1 Waive any minor informality,
    - 10.2 Reject any and all Applications or portions thereof, or
    - 10.3 Cancel the RFGA.

D. Award

1. Single Award. In order to ensure adequate coverage of First Things First requirements, a single award is anticipated to be made; however multiple awards may be considered.

2. Contract Inception. An Application does not constitute a Contract nor does it confer any rights on the Applicant to the award of a Contract. A Contract is not created until the Application is accepted in writing by the First Things First designee's signature on the Offer and Acceptance Form. A notice of award or of the intent to award shall not constitute acceptance of the Application.

3. Effective Date. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form, unless another date is specifically stated in the Contract.

E. Protests

1. A protest shall comply with and be resolved according to A.R.S. §41-2611. Protests shall be in writing and filed with the Chief Executive Officer, Arizona Early Childhood Development and Health Board. A protest of an RFGA shall be received by the Fiscal and Contracts Specialist before the Application due date. A protest of a proposed award or of an award shall be filed within ten (10) days after the protester knows or should have known the basis of the protest. A protest shall include:
    - 1.1 The name, address and telephone number of the protester,
    - 1.2 The signature of the protester or its representative,
    - 1.3 Identification of the RFGA or Contract number,
    - 1.4 A detailed statement of the legal and factual grounds of the protest including copies of relevant documents, and
    - 1.5 The form of relief requested.

F. Comments Welcome

1. First Things First periodically reviews the Instructions to Applicants and welcomes any comments you may have. Please submit your comments to the Fiscal and Contracts Specialist, grants@azftf.gov

Terms and Conditions

FIRST THINGS FIRST SPECIAL TERMS AND CONDITIONS

1. Term of Contract. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form and shall remain in effect until June 30, 2013, unless terminated, cancelled or extended as otherwise provided herein.

2. Contract Renewal/Contract Amendment. This Contract shall not bind nor purport to bind First Things First for any contractual commitment in excess of the original contract period. First Things First shall have the right, with consult of the awardee, to issue a written contract amendment to expand services and increase funding awarded to compensate for the agreed upon service expansion. First Things First shall have the right, at its sole option, to renew the contract for two (2) or a portion thereof. Contract awards may be increased, decreased, or not renewed based on evaluation, programmatic and fiscal performance, adherence to standards of practice, the availability of funds, or the discretion of First Things First. If First Things First exercises such rights, all terms, conditions and provisions of the original contract shall remain the same and apply during the renewal period.

3. Reporting. At minimum, grantees shall submit quarterly programmatic progress reports due by the 20th of the month following the quarter and will submit evaluation data reports and enter data into the First Things First Partners in Grants Management System (PGMS). Program narrative reports shall also be submitted via the First Things First PGMS. Failure to submit timely reports will result in suspension of reimbursement. The report shall contain such information as deemed necessary by First Things First.

   Requests for program and budget changes must be sent to First Things First designated staff. First Things First will post any important grantee requirement information under the Grantee Resources section of PGMS and this can include updates to Standards of Practice, Units of Service or other day to day operational updates that relate to any awarded grants.

4. Reimbursement/Payment. The Grantee shall be paid on a cost-reimbursement basis, at a maximum of monthly or a minimum of quarterly for those items submitted and approved in the budget inclusively. Reimbursement requests shall be submitted monthly or quarterly via the First Things First PGMS. **Grantee shall submit a final reimbursement request for expenses obligated prior to the date of contract termination no more than forty-five (45) days after the contract end.** Requests for reimbursement received later than forty-five (45) days after the contract termination will not be paid. **If awarded a contract, your organization must have sufficient funds to meet obligations for at least sixty- (60) days while awaiting reimbursements**. If an exception is requested to this requirement, it must be provided in writing in your Application describing the justification and need for alternative considerations, which will be separately considered during the application review and may not be approved. Requests for exceptions to reimbursement-based payments submitted after awards are made are subject to separate review and may not be approved.

   Financial budget modification requests must be sent to First Things First designated staff.

5. Confidentiality of Records. The Grantee shall establish and maintain procedures and controls that are acceptable to First Things First for the purpose of assuring that no information contained in its records or obtained from First Things First or from others in carrying out its functions under the contract shall be used by or disclosed by it, its agents, officers, or employees; except as required to efficiently perform duties under the contract. Persons requesting such information shall be referred to First Things First. Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Grantee as needed for the performance of duties under the contract, unless otherwise agreed to in writing by First Things First.

6. Key Personnel. It is essential that the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this contract. The Grantee must assign specific individuals to the key positions, when possible or submit an official position description for which candidates must qualify. **Once assigned to work under the contract, if key personnel are removed or replaced, written notification shall be sent to First Things First.**

7. Orientation. A mandatory Orientation Meeting will be scheduled during the first quarter after awards are made and will provide all awarded grantees the information required to manage the contract.

8. Capital Expenditures. Items over $5,000 with a life of more than one (1) year are allowable and must be included in the line item budget and budget narrative to explain the purpose, intent and use specific for the benefit of the requested project.

9. Working with Tribal Regional Partnership Council(s). A grantee must comply with requirements set forth by the Tribal Government in relation to essential functions of the grants operation including data collection. It is the responsibility of the grantee to follow appropriate policy and procedures, complete IRB, parent consent, and appropriate tribal approvals as designated by tribal authorities.

10. Geographic Distribution. If Applications are not received from geographic areas within the region or if an Application submitted is not deemed applicable to funding by the review committee all funding may not be awarded or could be awarded to meet disparate geographic need for services. First Things First also reserves the right to fund more than one program in an area, to not award the entire amount of available funds, or to award an amount that is greater than the posted available funds.

STATE OF ARIZONA UNIFORM TERMS AND CONDITIONS

1. Contract Interpretation

1.1 Arizona Law. This Contract shall be governed and interpreted by the laws of the State of Arizona. The venue for any proceedings, actions, or suits arising from this Contract shall be in Maricopa County, Arizona.

1.2 Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.

1.3 Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by First Things First and as they may be amended, the following shall prevail in the order set forth below:

1.3.1. First Things First Special Terms and Conditions
1.3.2. State of Arizona Uniform Terms and Conditions
1.3.3. Statement or Scope of Work
1.3.4. Attachments/Exhibits
1.3.5. Documents referenced or included in the RFGA

1.4 Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.

1.5 No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their contract. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.

1.6 No Waiver. Party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

2. Contract Administration and Operation

2.1 Records. Pursuant to A.R.S. §35-214 and §35-215, the Grantee shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by First Things First at reasonable times. Upon request, the Grantee shall produce a legible copy of any or all such records.

2.2 Non-Discrimination. The Grantee shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities and all applicable provisions and regulations relating to Executive Order No. 13279 – Equal Protection of the Laws for Faith-based and Community Organizations.

2.3 Audit. Pursuant to A.R.S. §35-214, at any time during the term of this Contract and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by First Things First and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or subcontract.

2.4 Financial Audit. In compliance with the Federal Single Audit Act (31 U.S.C. par., 7501-7507), as amended by the Single Audit Act Amendments of 1996 (P.L. 104 to 156), grant sub-recipients, as prescribed by the President's Council on Integrity and Efficiency Position #6, expending Federal Grants from all sources totaling $500,000 or more, must have an annual audit conducted in accordance with OMB Circular #A-133, "Audits of States, Local Governments and Non-profit Organizations." **If you have expended more than $500,000 in federal dollars, a copy of your audit report for the previous fiscal year must be submitted with your Application.**

2.5 Audit Trails. Grantee shall maintain proper audit trails for all reports related to this contract. First Things First reserves the right to review all program records.

2.6 Fund Management. The Grantee must maintain funds received under this contract in separate ledger accounts and cannot mix these funds with other sources. Grantee must manage funds according to applicable regulations for administrative requirements, cost principles and audits.

The Grantee must maintain adequate business systems to comply with State requirements. The business systems that must be maintained are:

a. Financial Management
b. Procurement
c. Personnel
d. Property
e. Travel

A system is adequate if it is: 1) written; 2) consistently followed – it applies in all similar circumstances; and 3) consistently applied – it applies to all sources of funds. The Grantee must maintain funds received under this contract according to the applicable federal Circular and Code of Federal Regulations as applicable.

The Grantee must maintain a financial system that meets the following criteria:

- Accurate, current and complete disclosure of financial information
- Adequate identification of the source and application of funds
- Effective internal controls and processes for safeguarding assets.
- Procedures for minimizing the hold of cash (Cash Management Improvement Act)
- Written procedures for determining the allowability of costs
- Accounting records supported by source documents (including time & effort)

2.7 Notices. All notices, requests, demands or communications by either party to this Agreement, pursuant to or in connection with this Agreement shall be in writing and shall be delivered in person or shall be sent by the United States Postal Service, certified mail, return receipt requested, to the respective parties at the following addresses:
First Things First
Finance Division
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012

2.8 Advertising, Publishing and Promotion of Contract. The Grantee shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Fiscal and Contracts Specialist.

2.9 Ownership of Information/Printed Material. First Things First reserves the right to review and approve all publications and/or media funded or partially funded through this contract. All publications funded or partially funded through this contract shall recognize First Things First as the funding source. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement. Approvals for publications and/or media funded through this contract will

also include the federal requirements related to the use of grant program funds and will be included in the approval submitted to First Things First.

The Grantee agrees that any report, printed matter, or publication (written, visual, or sound, but excluding press releases, newsletters, and issue analyses) issued by the Grantee describing programs or projects funded under this agreement in whole or in part with First Things First funds and shall follow the protocol and style guide provided by First Things First. First Things First will post any important updated communications protocol information under the Grantee Resources section of PGMS.

3. Funding/Payments

3.1. Funding. Requested funding must be submitted in an all-inclusive basis. The State will not reimburse any item other than the all-inclusive funding contained on the budget forms.

3.2. Tax Indemnification. Grantee and all subcontracts shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Grantee. Grantee shall, and require all subcontractors to hold First Things First harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.

3.3. IRS Substitute W9 Form. In order to receive payment the Grantee shall have a current IRS Substitute W9 Form on file with State of Arizona, unless not required by law.

3.4. Availability of Funds for the Next Fiscal Year. Funds are not presently available for performance under this contract beyond the current fiscal year. Every payment obligation of First Things First under this Contract is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Contract, this Contract may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.

4. Contract Changes

4.1 Amendments. Any change in the contract including the scope of work and budget described herein, whether by modification or supplementation, must be accomplished by a formal written contract amendment signed and approved by and between the duly authorized representatives of the Grantee and First Things First. Any such amendment shall specify an effective date, any increases or decreases in the Grantee's compensation, if applicable, and entitled as an "Amendment" and signed by the parties identified in the preceding sentence. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification or supplementation to the contract.

4.2 Subcontractors. The Grantee agrees and understands that no subcontract that the Grantee enters into with respect to performance under this contract shall in any way relieve the

Grantee of any responsibility for performance of its duties. It is highly recommended by First Things First that a Memorandum of Understanding or some other type of contract is in place between the Grantee and a Subcontractor for services to be performed, and in which a payment amount has been negotiated and approved, to avoid any misunderstanding between both parties. The Subcontract shall incorporate by reference the terms and conditions of this Contract.

4.3 Assignment and Delegation. The Grantee shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Fiscal and Contracts Specialist. First Things First shall not unreasonably withhold approval.

5. Risk and Liability

5.1. Indemnification. (Not Public Agency) The parties to this Contract agree that First Things First, its departments, Board and Councils shall be indemnified and held harmless by the Grantee for the vicarious liability of First Things First as a result of entering into this contract. However, the parties further agree that First Things First, its departments, Board and Councils shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

5.2 Indemnification Language for Public Agencies Only. Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers.

This indemnity shall not apply if the Grantee or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

5.3 Insurance Requirements. Grantee and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Grantee, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. First Things First in no way warrants that the minimum limits contained herein are sufficient to protect the Grantee from liabilities that might arise out of the performance of the work under this contract by the Grantee, its agents, representatives, employees or subcontractors, and Grantee is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Grantee shall provide coverage with limits of liability not less than those stated below.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- General Aggregate $2,000,000
- Products – Completed Operations Aggregate $1,000,000
- Personal and Advertising Injury $1,000,000
- Blanket Contractual Liability – Written and Oral $1,000,000
- Fire Legal Liability $50,000
- Each Occurrence $1,000,000
  a. The policy shall be endorsed to **include coverage for sexual abuse and molestation**.
  b. The policy shall be endorsed to include the following additional insured language: ***"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee".***
  c. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

2. **Business Automobile Liability**
   Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.
   - Combined Single Limit (CSL) $1,000,000
     a. The policy shall be endorsed to include the following additional insured language: ***"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Grantee, involving automobiles owned, leased, hired or borrowed by the Grantee".***
     b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.

3. **Worker's Compensation and Employers' Liability**
   - Workers' Compensation Statutory
   - Employers' Liability
     - Each Accident $ 500,000
     - Disease – Each Employee $ 500,000
     - Disease – Policy Limit $1,000,000
     a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Grantee.
     b. This requirement shall not apply to separately, EACH Grantee or subcontractor exempt under A.R.S. §23-901, AND when such Grantee or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. **Professional Liability (Errors and Omissions Liability)**
   - Each Claim $1,000,000
   - Annual Aggregate $2,000,000
     a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Grantee warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
     b. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

B. ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:
   1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Grantee, even if those limits of liability are in excess of those required by this Contract.
   2. The Grantee's insurance coverage shall be primary insurance with respect to all other available sources.
   3. Coverage provided by the Grantee shall not be limited to the liability assumed under the indemnification provisions of this Contract.

C. NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty- (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to (First Things First, Fiscal and Contracts Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012) and shall be sent by certified mail, return receipt requested.

D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A-VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Grantee from potential insurer insolvency.

E. VERIFICATION OF COVERAGE: Grantee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

F. All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

G. All certificates required by this Contract shall be sent directly to (First Things First, Fiscal and Contracts Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The

State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

H. SUBCONTRACTORS: Grantees' certificate(s) shall include all subcontractors as insureds under its policies or Grantee shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

I. APPROVAL: Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

J. EXCEPTIONS: In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

5.4 Force Majeure. If either party hereto is delayed or prevented from the performance of any act required in this Agreement due to acts of God, strikes, lockouts, labor disputes, civil disorder, or other causes without fault and beyond the control of the party obligated, performance of or payment for such act will be excused for the period of the delay.

5.5 Third Party Antitrust Violations. The Grantee assigns to First Things First any claim for cover charges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Grantee, toward fulfillment of this Contract.

6. Compliance

6.1 Compliance with Applicable Laws. The services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Grantee shall maintain all applicable licenses and permit requirements.

6.2 Sectarian Requests. Funds may not be expended for any sectarian purpose or activity, including sectarian worship or instructions.

6.3 Restrictions on Lobbying. The Grantee shall not use these funds to pay for, influence, or seek to influence any officer or employee of First Things First, state government or the federal government if that action may have an impact, of any nature, on this contract.

6.4 Licenses. Grantee shall maintain in current status all federal, state and local licenses and permits required for the operation of the business conducted by the Grantee.

6.5 Fingerprinting. Pursuant to A.R.S. §41-1758 Grantee will obtain fingerprint cards and/or background checks as applicable.

This Contract may be cancelled or terminated if the fingerprint check or the certified form of any person who is employed by a provider, whether paid or not, and who is required or

allowed to provide services directly to children, discloses that a person has committed any act of sexual abuse of a child, including sexual exploitation or commercial sexual exploitation, or any act of child abuse or that the person has been convicted of or awaiting trial on any criminal offenses in this state or similar offenses in another state or jurisdiction.

7. State's Contractual Remedies

7.1 Right to Assurance. If First Things First in good faith has reason to believe that the Grantee does not intend to, or is unable to perform or continue performing under this Contract, the Fiscal and Contracts Specialist may demand in writing that the Grantee give a written assurance of intent to perform. Failure by the Grantee to provide written assurance within the number of Days specified in the demand may be, at First Things First's discretion, the basis for terminating the Contract under the First Things First Uniform Terms and Conditions or other rights and remedies available by law or provided by the contract.

7.2 Cancellation for Failure to Perform. Failure by the Grantee to adhere to any provision of this Agreement or its Attachments in the time and manner provided by this Contract or its Attachments shall constitute a material default and breach of this Contract and First Things First may cancel, at its option, this Agreement upon prior written notice.

First Things First may issue a written ten (10) day notice of default to the Grantee for acting or failing to act including but not limited to any of the following:

- The Grantee provides personnel that do not meet the requirements of this Agreement or are of an unacceptable quality.
- The Grantee fails to perform adequately the services required in this Agreement.
- The Grantee fails to furnish the required product or services within the time stipulated in this Agreement.
- The Grantee fails to make progress in the performance of the requirements of the Agreement and/or gives a positive indication that the Grantee will not or cannot perform to the requirements of this Agreement.

If the Grantee does not correct any problem(s) within ten (10) days after receiving the notice of default, First Things First may cancel the Contract. If First Things First cancels the Contract pursuant to this clause, First Things First reserves all rights or claims to damage for breach of the Contract and the Grantee agrees to a general release in favor of First Things First for any claim for reimbursement.

7.3 Non-Exclusive Remedies The rights and the remedies of First Things First under this Contract are not exclusive.

8. Contract Termination

8.1 Cancellation for Conflict of Interest. Pursuant to A.R.S. §38-511, First Things First may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of First Things First is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political

subdivision of the State of Arizona, it may also cancel this Contract as provided in A.R.S. §38-511.

8.2 Suspension or Debarment. First Things First may, by written notice to the Grantee, immediately terminate this Contract if First Things First determines that the Grantee has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an Application or execution of a contract shall attest that the Grantee is not currently suspended or debarred. If the Grantee becomes suspended or debarred, the Grantee shall immediately notify First Things First.

8.3 Termination for Convenience. First Things First reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of First Things First without penalty or recourse. Upon receipt of the written notice, the Grantee shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to First Things First. In the event of termination under this paragraph, all documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First upon demand. The Grantee shall be entitled to receive just, equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.

8.4 Termination for Default. In addition to the rights reserved in the contract, First Things First may terminate the Contract in whole or in part due to the failure of the Grantee to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. First Things First shall provide written notice of the termination to the Grantee. Upon termination under this paragraph, all materials, documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First on demand. Upon termination of this Contract, First Things First may procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Grantee shall be liable to First Things First for any excess costs incurred by First Things First in procuring services in substitution for those due from the Grantee.

9. Contract Claims

9.1 Arbitration. The parties to this Contract agree to resolve all disputes arising out of or relating to this contract through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. §12-1518, except as may be required by other applicable statutes (Title 41).

10. Federal and State Laws and State of Arizona General Uniform Terms and Conditions

First Things First follows all State of Arizona and Federal laws, State of Arizona Uniform Terms and Conditions. These laws include Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to immigration status of its employees. First Things First may request verification for any Grantee, Contractor, or Subcontractor performing work under the agreement. Grantees are required to follow any and all State laws around immigration and English only. Should First Things First suspect that a grantee is not in

compliance with state or federal laws and First Things First may pursue any and all remedies allowed by law, including but not limited to: suspension of work, termination, and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

The latest edition of the Arizona Uniform General Terms and Conditions and Uniform Instructions to Applicants is incorporated into this Request for Grant Application by reference. Copies may be obtained from the Arizona State Procurement Office at (602) 542-5511 or at: http://spo.az.gov/Admin_Policy/SPM/Forms/default.asp.

Checklist

Use the following list to make sure your Grant Application is complete and meets the requirements specified in this request for grant Applications:

- ❒ One (1) original copy marked "original", and nine (9) additional copies
- ❒ Completed and signed First Things First Offer and Acceptance form
- ❒ Signed copy of all amendments issued for the RFGA (if applicable)
- ❒ Table of Contents
- ❒ Application including Executive Summary and response to **ALL** questions in sections A – F of Application: Responding to the Scope of Work
- ❒ Standard Agency Information Collection Form completed, Attachment A
- ❒ State of Arizona Substitute W-9 Form (must be downloaded and printed) signed, if applicable, http://www.gao.az.gov/onlineforms/forms/AZ_subw-9_010410.pdf
- ❒ Key Personnel Overview completed, Attachment B
- ❒ Implementation Plan completed, Attachment C
- ❒ Funds Requested Page, completed and signed, Attachment D
- ❒ Standard Line Item Budget, completed and signed, Attachment E
- ❒ Budget Narrative, completed and signed, Attachment F
- ❒ Disclosure of Other Funding Sources, completed and signed, Attachment G
- ❒ Financial Systems Survey is completed and signed, Attachment H
- ❒ Data Collection Form, Attachment I
- ❒ Resumes for all personnel listed in the budget
- ❒ One copy of your agency's most recent audited, reviewed or compiled financial statements as well as a schedule showing the total federal funds (by granting agency) expended by your agency for the most recent fiscal year included with the Application marked Original.
- ❒ Page numbers are included on all pages, in sequence, twelve point font or larger and single-spaced, with one inch margins or wider.
- ❒ In the original application, documents requiring signatures should have **ORIGINAL** signatures.
- ❒ Do **NOT** bind your Application in spiral binders or in 3-ring notebooks. Please submit your Applications either stapled in the upper left-hand corner or use a binder clip.
- ❒ When submitting your Application, insure your organization name and the Request for Grant Application Number **(found on Page 1 of this RFGA)** is CLEARLY marked on the outside of the SEALED envelope/package.
- ❒ **It is the responsibility of each Applicant to insure their Application is delivered to First Things First by the due date and time listed on Page 2 of this RFGA**. Please allow for such contingencies as heavy traffic, weather, directions, parking, security, etc.

Attachments and Exhibits

Attachment A	Standard Agency Information Collection Form
Attachment B	Key Personnel Overview
Attachment C	Implementation Plan
Attachment D	Funds Requested Page
Attachment E	Line Item Budget Form
Attachment F	Budget Narrative Explanation
Attachment G	Disclosure of Other Funding Sources
Attachment H	Financial Systems Survey
Attachment I	Data Collection Form

Exhibit A	Arizona Department of Health Services/Bureau of Women's and Children's Health/Office of Children's Health, Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Grant Nurse Family Partnership: Requirements for Implementation
Exhibit B	Home Visitation Standards of Practice
Exhibit C	Developmental and Sensory Screening Standards of Practice
Exhibit D	Child Protective Services Policy
Exhibit E	First Things First Target Service Unit Information – Home Visitation
Exhibit F	First Things First Target Service Unit Information – Developmental and Sensory Screening
Exhibit G	Data Security Guidelines
Exhibit H	Sample Certificate of Insurance

Attachment A

FIRST THINGS FIRST STANDARD AGENCY INFORMATION COLLECTION FORM

A. Agency Information:

Program Name (if applicable)_____

Agency_____ Contact Person_____

Address_____ Position_____

Address_____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____ **E**mployer **I**dentification **N**umber:_____

Agency Classification: _____State Agency _____County Government _____Local Government _____Schools

_____Tribal _____Faith Based _____Other

Have you previously conducted business with First Things First using this EIN? ____**Y** ____**N**

If **NO,** please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your Application: http://www.gao.az.gov/Vendor/account_setup_home.asp.

In which Congressional (Federal) District is your agency? Enter District # _____

http://www.azredistricting.org (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # _____

http://www.azredistricting.org (click on Final Maps)

Approximately how much FEDERAL funding (from a Federal Source) will your organization expend in your current fiscal year? $_____

What is your organization's fiscal year-end date? _____

Accounting Method: _____Cash _____Accrual

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133? _____**Y** _____**N**

Please provide contact information of the audit firm conducting your audit:

Agency _____

Address _____

Phone Number _____

B. Proposed Program Information / Description:

Amount requested: _____

Service area of proposed program: _____

Target population of proposed program: _____

Home Visitation:

Number of **families** served: _____

Developmental and Sensory Screening:

Number of **children screened for developmental delays**: _____

Number of **children receiving vision screening**: _____

Number of **children receiving hearing screening**: _____

Please provide a **brief** description of the **proposed program** in one or two paragraphs and this will be the source for a public description describing the nature of the program being implemented that will be used by First Things First.

C. Contact Information

First Things First Partner and Grants Management System (PGMS) require four designated contacts for contact with First Things First related to this grant (the same person may be assigned to more than one of the roles, if appropriate).

Main Contact Information – This should be information for the person designated as the Main contact for this grant award and this person can view all information related to this grant (financial, programmatic and data collection/evaluation in nature). This person will also be the primary contact for First Things First and should be the person responsible for ensuring the program plan is implemented. Primary correspondence from First Things First will be sent to this person.

Main Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

Program Contact Information – This should be information for the person designated as the Program contact for this grant award and this person can view information related to this grant for program or data collection purposes only.

Program Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

Financial Contact Information – This should be information for the person designated as the financial contact for this grant award and this person can view information related to this grant for financial purposes only.

Financial Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

Evaluation Contact Information – This should be information for the person designated as the Evaluation contact for this grant award and this person can view information related to this grant for data collection purposes only.

Evaluation Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

In addition, your application may have included information about a collaborating partner/agency. Please replicate this information as many times as necessary to document the participation and agreement to be involved with the application as a collaborating agency/partner.

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Attachment B

KEY PERSONNEL OVERVIEW*

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	
Name: Title: FTE on this project:	

***In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project. If awarded and your project experiences changes in staff, notification must be sent to First Things First. In addition, if you are describing a position to be hired, you must send staff notification and resume to First Things First when the position is filled.**

KEY PERSONNEL SHOULD INCLUDE ANYONE WHO WILL BE PAID FROM THE GRANT

Attachment C

July 1, 2012 – June, 30 2013 Implementation Plan

Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation

Attachment D

FUNDS REQUESTED PAGE

The Offer must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for the Grant.

$_____Total Funds Requested

$ _____
Funds Requested for Central Pima Regional Council component

$_____
Funds Requested for the Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) and the federal Maternal, Infant and Early Childhood Home Visitation Program (MIECHV) component

Authorized Signature_____ Date_____

Job Title _____

Attachment E and F Instructions

How to Complete the Line Item Budget and Budget Narrative

Complete a 12-month budget for the period July 1, 2012 through June 30, 2013 using the template provided in Attachment E. Please make sure you include a budget narrative as Attachment F. A separate budget and budget narrative must be submitted for each component (the Central Pima and MIECHV) under this RFGA.

Please keep in mind items described in a line item budget and in more detail in the budget narrative should describe how the costs were determined and the public purpose for the cost related successfully implementing the project. Please assure that all requested funds follow these guidelines:

- Be necessary and reasonable for proper and efficient performance and administration of First Things First funds.
- Be authorized or not prohibited under State or local laws or regulations.
- Be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency – consistent treatment of costs.
    - For example – a cost may not be assigned to another grant award as an indirect cost if any other cost incurred for the same purposes in like circumstances has been allocated to the First Things First award as a direct cost.
    - For example – a cost for a certain type of expense is charged one rate to another source of funding and a different rate to First Things First - this would not be consistent treatment of costs.
- Be determined in accordance with generally accepted accounting principles.
- Be adequately documented.
- All travel related costs for these trainings and meetings should be included in the Applicant's budget and calculated using the State of Arizona travel rate limitations for mileage, per diem and lodging as described on the budget narrative worksheet. For more information about the state requirements, visit http://www.gao.az.gov/travel/.
- Requests for line item modifications, which do not change the total program funding, shall be requested in writing and shall only be made following receipt of written authorization from First Things First.

Please note the line items included in the budget template represent the types of costs possible for a line item budget these line items may or may not be applicable or appropriate for your Application. Your budget line items requested must fit within one of the categories listed. However, it is expected that you would not need to utilize all of the sample line items.

Attachment E – Line Item Budget: Central Pima Regional Council component

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e. Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

Budget period: July 1, 2012 – June 30, 2013

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		**Personnel Services Sub Total**	**$**
Salaries			
EMPLOYEE RELATED EXPENSES		**Employee Related Expenses Sub Total**	**$**
Fringe Benefits or Other ERE			
PROFESSIONAL AND OUTSIDE SERVICES		**Professional & Outside Services Sub Total**	**$**
Contracted Services			
TRAVEL		**Travel Sub Total**	**$**
In-State Travel Out of State Travel			
AID TO ORGANIZATIONS OR INDIVIDUALS		**Aid to Organizations or Individuals Sub Total**	**$**
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		**Other Operating Expenses Sub Total**	**$**
• Telephones/Communications Services • Internet Access • General Office Supplies • Food • Rent/Occupancy • Evaluation (non-contracted & non-personnel expenses) • Utilities • Furniture • Postage • Software (including IT supplies) • Dues/Subscriptions • Advertising • Printing/Copying • Equipment Maintenance • Professional Development/Staff Training • Conference Workshops/ Training Fees for Staff • Insurance • Program Materials • Program Supplies • Scholarships • Program Incentives			
CAPITAL EQUIPMENT		**Capital Equipment Sub Total**	**$**
Equipment $5,000 or greater in value			
NON-CAPITAL EQUIPMENT		**Non-Capital Sub Total**	**$**
Equipment $4,999 or less in value			
Subtotal Direct Program Costs:			**$**
ADMINISTRATIVE/INDIRECT COSTS		**Total Admin/Indirect**	**$**
Indirect/Admin Costs		$	**$**
Total		**$**	**$**

Authorized signature_____ Date_____

Attachment E – Line Item Budget: MIECHV component

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e. Sub grants), Other Operating Expenses and Administrative/Indirect Costs.

Budget period: July 1, 2012 – June 30, 2013

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		**Personnel Services Sub Total**	**$**
Salaries			
EMPLOYEE RELATED EXPENSES		**Employee Related Expenses Sub Total**	**$**
Fringe Benefits or Other ERE			
PROFESSIONAL AND OUTSIDE SERVICES		**Professional & Outside Services Sub Total**	**$**
Contracted Services			
TRAVEL		**Travel Sub Total**	**$**
In-State Travel Out of State Travel			
AID TO ORGANIZATIONS OR INDIVIDUALS		**Aid to Organizations or Individuals Sub Total**	**$**
Subgrants or Subcontracts to organizations/agencies/entities			
OTHER OPERATING EXPENSES		**Other Operating Expenses Sub Total**	**$**
• Telephones/Communications Services • Internet Access • General Office Supplies • Food • Rent/Occupancy • Evaluation (non-contracted & non-personnel expenses) • Utilities • Furniture • Postage • Software (including IT supplies) • Dues/Subscriptions • Advertising • Printing/Copying • Equipment Maintenance • Professional Development/Staff Training • Conference Workshops/ Training Fees for Staff • Insurance • Program Materials • Program Supplies • Scholarships • Program Incentives			
CAPITAL EQUIPMENT		**Capital Equipment Sub Total**	**$**
Equipment $5,000 or greater in value			
NON-CAPITAL EQUIPMENT		**Non-Capital Sub Total**	**$**
Equipment $4,999 or less in value			
Subtotal Direct Program Costs:			**$**
ADMINISTRATIVE/INDIRECT COSTS		**Total Admin/Indirect**	**$**
Indirect/Admin Costs		$	**$**
Total		**$**	**$**

Authorized signature_____ Date_____

Attachment F – Budget Narrative

(to be submitted for each budget component – (Central Pima & MIECHV)

The purpose of the budget narrative is to provide more clarity and detail on the various budget line items. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate. ***Please include one narrative that matches the 12-month line item budget categories and subcategories.***

Personnel Services: *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the project year, indicate the percentage increases for each position and justify the percent of the salary increase. Also, be sure to include the scheduled salary increases on the Budget Form.*

Employee Related Expenses: *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency.*

Professional and Outside Services: *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the project. Explain how all contracts will be procured.*

Travel: *Separate travel that is in-state and out-of-state. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Explain the relationship of each cost item to the project (e.g., if training or training expenses are requested, explain the topic of the training and its relationship to the project). Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (http://www.gao.az.gov/travel/ for both in-state and out-of-state travel.*

Aid to Organizations or Individuals: *In the event that this application represents collaboration and the contract will be utilizing other sub grantees or subcontractors to perform various components of the program, include a list of sub grantees, programmatic work each sub grantee will perform, and how costs for each sub grantee are determined.*

Other Operating Expenses: *Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. All items should be categorized in the following categories: T*elephones / Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Evaluation (non-contracted and non-personnel expenses), Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development/Staff Training, Conference Workshops/ Training Fees for Staff, Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives

Capital Equipment: *If allowable within the scope of the grant - For items that are tangible, non-expendable, and movable having a useful life of more than one year and a value of $5,000 or greater, explain each item to be purchased, how the costs were determined and justify the need for the items based on the scope of work and the benefit to the project. All purchases should be made through competitive bid or using established purchasing procedures.*

Non-Capital Equipment: *For items with a unit cost less than $5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than $5,000.*

Administrative/Indirect Costs: *Administrative costs are general or centralized expenses of overall administration of an organization that receives grant funds and does not include particular program costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.*

Applicants must list either Option A or Option B and provide proper justification for expenses included:

- ☐ **Option A - Administrative Costs**: *with proper justification, sub grantees may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall organization's management improvement costs; and costs of general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project. Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project.*

OR

- ☐ ***Option B - Federally Approved Indirect Costs***: *If your organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up to 10% of the direct costs.* ***Applicants must provide a copy of their federally approved indirect cost rate agreement***.

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

Authorized signature_____ Date_____

Attachment G

DISCLOSURE OF OTHER FUNDING SOURCES

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the proposed Program*. A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no First Things First monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	**Received From**	**Amount**	**✓ If used for match on this grant**
TOTAL:			

***This table should include only those funds that will support the program detailed in this Application.**

Authorized signature_____ Date_____

Job Title _____

Attachment H

FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY

Name of Applicant:_____

Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.

As stewards of federal and state funds, First Things First awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?	O YES O NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please **attach** a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	O YES O NO
3. If your organization has not completed an A-133 Single Audit, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please **attach** a complete copy of the most recent audited, reviewed or compiled financial statements. NOTE THAT ONLY ONE COPY OF YOUR AUDIT NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL". It is not necessary to include additional copies with each copy of the completed Application.	O YES O NO
4. Please **attach** a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted. ONLY ONE COPY IS NEEDED, TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL"	O Not applicable for State of Arizona agencies
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	O YES O NO O N/A
6. If you answered YES to question #5, under what section of the IRS code? O 501 C (3) O 501 C (4) O 501 C (5) O 501 C (6) O Other Specify:_____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	O YES O NO

B. FUNDS MANAGEMENT

1. Which of the following describes your organization's accounting system?	○ Manual ○ Automated ○ Combination
2. How frequently do you post to the General Ledger?	○ Daily ○ Weekly ○ Monthly ○ Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	○ YES ○ NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	○ YES ○ NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs that account for 100% of each employee's time?	○ YES ○ NO
6. Is your organization familiar with Federal Cost Principles (i.e., 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	○ YES ○ NO
7. How does your organization plan to charge common/indirect costs to this grant? **NOTE**: Those organizations using allocable direct charges **must attach** a copy of the methodology and calculations in determining those charges. Those organizations using a federally approved indirect cost rate **must attach** a copy of the approval documentation issued by the federal government.	○ Direct Charges ○ Utilizing an Indirect Cost Allocation Plan or Rate

C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	○ YES ○ NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	○ YES ○ NO
3. Are all accounting entries and payments supported by source documentation?	○ YES ○ NO
4. Are cash or in-kind matching funds supported by source documentation?	○ YES ○ NO
5. Are employee time sheets supported by appropriately approved/signed documents?	○ YES ○ NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	○ YES ○ NO

D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	○ YES ○ NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	○ YES ○ NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	○ YES ○ NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	○ YES ○ NO
5. Does the organization maintain written procurement policies and procedures?	○ YES ○ NO

E. CONTACT INFORMATION

Please indicate the following information. In the event that First Things First has questions about this survey, this individual will be contacted.

Prepared By:_____

Job Title:_____

Date:_____

Phone/Fax/Email:_____

F. CERTIFICATION

I certify that this report is complete and accurate, and that the Grantee has accepted the responsibility of maintaining the financial systems.

_____
Authorized Signature

G. COMMENT AND ATTACHMENTS

Please use the space below to comment on any answers in Sections A – D. Please indicate the Section and Question number next to each comment.
Number of Attachments (please number each attachment): _____

COMMENTS:

Attachment I

Data Collection Form

Performance Measure	Plan for Data Collection	Plan for Using the Data	Quality Assurance

Exhibit A

Arizona Department of Health Services/ Bureau of Women's and Children's Health/ Office of Children's Health
Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Grant
Nurse Family Partnership: Requirements for Implementation

Definitions

- "ADHS" refers to the Arizona Department of Health Services.
- "ADHS Evaluators" refers to the internal and external evaluators working for ADHS on the Maternal, Infant, and Early Childhood Home Visiting Program.
- "Benchmark" for the purpose of this document means the Benchmarks laid out by HRSA in the Supplemental Information Request and further clarified in the Updated Plan. This definition includes any updates HRSA makes to these Benchmarks. This includes all the constructs which are parts of the Benchmarks.
- "Community Health Analysis Area (CHAA)" A geographical unit of measurement identified by the Arizona Department of Health Services Bureau of Public Health Statistics for disease surveillance and built from US 2000 Census Block Groups. See fuller description in the Needs Assessment found in Reference Documents.
- "CQI" refers to Continuous Quality Improvement.
- "Model" refers to the Nurse Family Partnership model as outlined by Nurse Family Partnership.
- "NFP" refers to Nurse Family Partnership.
- "Program Manager" refers to the Maternal Infant and Early Childhood Home Visiting Program Manager.
- "Site" refers to a location offering Nurse Family Partnership under this contract.
- "Updated Plan" refers to the State Updated Plan and any of its updates.

Background

The Arizona Department of Health Services (ADHS) Bureau of Women's and Children's Health (BWCH) supports efforts to improve the health of Arizona women and children. Within BWCH, the Office of Children's Health supports the increased focus within the state and nation on the importance of early childhood programs. It also supports enhanced integration of existing

children's programs both within the Arizona Department of Health Services and among other state and federal agencies and external partners.

The Office of Children's Health within the Bureau administers the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting federal grant funded by Health Resources and Services Administration (HRSA). The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) is funded entirely through federal funds.

The goal of the Maternal, Infant and Early Childhood Home Visiting Program is to deliver evidence based home visiting models to communities with high risks and needs throughout the state. HRSA conducted a study carried out by Mathematica Policy Research[4] to determine which models of home visiting were considered evidence. Following these findings, HRSA determined which models would be eligible for funding. It was then up to the states to determine which of the evidence based models fit their needs.

In October 2009, the Arizona Early Childhood Development and Health Board, also known as First Things First, along with ADHS, the Arizona Department of Economic Security (DES), and the Arizona Department of Education (ADE) and community providers of home visiting services convened an Early Childhood Home Visiting Task Force (Task Force).

The purpose of the Task Force was to define a system-wide strategy for the future development and delivery of quality home visiting services throughout Arizona. After several focused meetings, the Task Force produced a plan, titled The Vision for Early Childhood Home Visiting Services in Arizona. The Plan hoped to provide a pathway for delivery of consistent, high quality home visiting services in the context of Arizona's statewide early childhood development and health system.

While the Task Force was a start for Arizona; when the ACA Maternal, Infant and Early Childhood Home Visiting statute was passed, the state agencies that provide early childhood home visiting convened a group to begin work on the grant opportunity. Included in this group was representation from the Title V agency and the state's Single State Agency for Substance Abuse, which are housed within ADHS; the state's Head Start Collaboration Director, ADE; the state's Title II agency, DES; which serves as the state's child care and child welfare agency; the Intertribal Council of Arizona (ITCA) and senior management from Arizona's Early Childhood Development and Health Board, First Things First. This group is now referred to as the Inter Agency Leadership Team (IALT). These agencies are Early Childhood Comprehensive System stakeholders as well and several members serve on Project LAUNCH's State Advisory Council.

These agencies committed to work together on the process of developing a statewide system of evidence based home visiting. The approach was founded on a commitment to make decisions together that guided the needs assessment process, the development of the Updated Plan and built on the earlier plan for early childhood home visiting in a concerted effort to best serve the most at risk families of Arizona. This agreement seeks to implement the actions and measures discussed in the Updated Plan and subsequent grant applications.

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[4] Paulsell, D., Avellar, S., Sama Martin, E., & Del Grosso, P. (2010). *Home Visiting Evidence of Effectiveness Review: Executive Summary.* Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.

The evidence-based models chosen for implementation as part of this plan were Healthy Families and Nurse Family Partnerships. Once a community is selected by the IALT to receive evidence based home visiting model the local community is consulted with to see which program meets their needs and resources. The first community where this program will implement Nurse Family Partnerships is Tucson. Additional communities may be selected as additional funding becomes available.

Federal Grant Requirements

1. Implement the Nurse Family Partnership model and provide home visits;

2. Ensure program implementation and set-up period in new areas does not exceed ninety (90) days;

3. Work with the national model developer(s) to ensure fidelity to the model, provide NFP in accordance with the specifications of the national model and maintain NFP accreditation;

4. Recruit, hire, train, and retain appropriate staff for all positions; Ensure high quality clinical supervision and reflective practice for all home visitors and supervisors;

5. Obtain the curriculum or other materials needed;

6. Provide initial and ongoing training and professional development activities to staff, or obtained from the national model developer; Ensure that all staff attend ADHS sponsored meetings, trainings, and conference calls and/webinars as directed;

7. Identify and recruit participants; Conduct individualized assessments of participant families and provide services in accordance with those individual assessments; Provide services to eligible families on a voluntary basis;

8. Ensure priority will be given to serve eligible participants who:

    a. Have low incomes,

    b. Are pregnant women who have not attained age twenty-one (21),

    c. Have a history of child abuse or neglect or have had interactions with child welfare services,

    d. Have a history of substance abuse or need substance abuse treatment,

    e. Are users of tobacco products in the home,

    f. Have, or have children with, low student achievement,

g. Have children with developmental delays or disabilities,

h. Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.

9. Minimize the attrition rates for participants enrolled in the program;

10. Coordinate the proposed home visiting program(s) and other existing programs and resources in the specified communities, especially regarding health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services;

11. Develop partnerships with above mentioned entities;

12. Establish a list of collaborative public and private partners; and

13. Provide referrals to community resources for families with identified need(s).

14. Directly report data on all individual-level benchmarks, demographic and service-utilization on the participants in the program through the NFP data portal as required by NFP. ADHS is working with the national NFP office on a data sharing and reporting agreement which shall specify additional data requirements not currently collected by NFP but required under the federal grant. Data collection and reporting that *may not* be reported directly to NFP will be specified by ADHS and those data elements shall be reported directly to ADHS by entering into a data sharing agreement. The federal requirements for individual-level data include, but are not limited to:
    a. Family's participation rate in the home visiting program, including but not limited to, number of sessions/number of possible sessions and duration of sessions;

    b. Demographic data for the participant child(ren), pregnant woman, expectant father, parent(s), or primary caregiver(s) receiving home visiting services including: child's gender, age of all (including age in month for child) at each data collection point and racial and ethnic background of all participants in the family;

    c. Participant child's exposure to languages other than English, and family linguistic isolation;

    d. Which, if any, priority populations the child or family belongs to;

    e. Family socioeconomic indicators, including but not limited to, family income and employment status;

f. Referrals made;

g. Referred services were received and, if not, what was the barrier and are the next steps; and

h. Information required and identified in the benchmark guidance at the end of this exhibit.

15. Measure client satisfaction with home visiting services;

16. Participate in the Continuous Quality Improvement Committee that will be convened by ADHS. committee;

17. Work with ADHS Evaluators to modify data collection forms or provide additional information to capture all required data including benchmarks and demographics required for the MIECHV program; and

18. Ensure that all of the Program forms and visit notes are kept in a locked location and are transported in a locked file.

19. Complete an annual report including the following components:

a. Update on work-to-date with national model developer(s) and a description of the technical assistance and support provided to-date through the national model(s);

b. Based on the timeline provided in Updated State Plan, an update on securing curriculum and other materials needed for the home visiting program;

c. Update on training and professional development activities obtained from the national model developer, or provided by the State or the implementing local agencies;

d. Update on staff recruitment, hiring, training, and retention for all positions including subcontracts;

e. Update on participant recruitment and retention efforts;

f. Family satisfaction with visit information;

g. Status of home visiting program caseload within each at-risk community;

h. Update on the coordination between home visiting program(s) and other existing programs and resources in those communities including but not limited to: health,

mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services; and

i. A discussion of challenges, both experienced and anticipated, to maintaining quality and fidelity of each home visiting program, and the response to the issues identified;

20. All marketing or educational materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services, through the DHHS Maternal, Infant and Early Childhood Home Visiting Program; A copy of the final printed version shall be provided to ADHS Program Manager for each item created; and

21. This program is fully funded by Federal funds so the HHS Appropriation Act requirements shall be followed. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to, State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Reference Documents

The following documents are available from ADHS: Supplemental Information Report; Arizona's Maternal, Infant and Early Childhood Updated Plan; Data Plan (upon completion by the ADHS evaluator after requirements are received by the state from the grantor).

SPECIFIC GUIDANCE REGARDING INDIVIDUAL BENCHMARK AREAS

States will be required to report to the Secretary data on all benchmark areas in a format to be specified at a later date. At this time States are required to collect data on all constructs listed below each benchmark area. For all benchmark areas included below, the States must collect data for all benchmark areas and for all constructs listed under each benchmark area. States may choose to collect data for additional constructs within a benchmark area or in additional areas in which the State is interested. In order to capture quantifiable, measurable improvement, grantees must collect, at a minimum, data for each benchmark area and construct when the family is enrolled in the program and at one year post-program enrollment.

Technical assistance related to the benchmark requirement will be available to the State during the process of preparing for and submitting the Updated State Plan as well as during the implementation of the program. Requests for technical assistance should be made to the State's Project Officer, identified in Appendix E.

I. Improved Maternal and Newborn Health

A. Constructs that must be reported for this benchmark area (all constructs must be measured that are relevant for the population served; if newborns are not being served, constructs related to birth outcomes will not need to be reported):

- ☐ Prenatal care
- ☐ Parental use of alcohol, tobacco, or illicit drugs
- ☐ (Preconception care
- ☐ Inter-birth intervals
- ☐ Screening for maternal depressive symptoms
- ☐ Breastfeeding
- ☐ Well-child visits
- ☐ Maternal and child health insurance status (note: some of these data may also be utilized for family economic self-sufficiency benchmark area)

B. Definition of quantifiable, measurable improvement:

- ☐ For prenatal care, preconception care, inter-birth intervals, screening of maternal depression, breastfeeding, adequacy of well-child visits, and health insurance coverage, improvement is defined as changes over time for mothers and infants;
- ☐ For pre- and post-natal parental use of alcohol, tobacco, or illicit drugs improvement is defined as rate decreases over time.

C. Sources of data:

- ☐ Data can be collected from interviews and surveys with families or through administrative data, if available, at the individual and family level.
- ☐ For more information, see *Healthy People 2020* at http://www.healthypeople.gov/hp2020.

II. Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits

A. Constructs that must be reported for this benchmark area (all constructs must be measured):

- ☐ Visits for children to the emergency department from all causes
- ☐ Visits of mothers to the emergency department from all causes
- ☐ Information provided or training of participants on prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety
  - (i.e. drowning), and playground safety
- ☐ Incidence of child injuries requiring medical treatment. (Note: this will be the responsibility of ADHS in partnership with the Department of Economic Security)
- ☐ Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated)
- ☐ Reported substantiated maltreatment (substantiated/indicated/alternative response victim) for children in the program
- ☐ First-time victims of maltreatment for children in the program

B. Definition of quantifiable, measurable improvement:

- ☐ Decreases over time for identified constructs other than information provided or training on preventing child injuries, for which increases are considered improvement.

C. Specifying source of data:

- ☐ For reductions in emergency department visits and child injury prevention: Data can be collected through participant report, medical records, emergency department patient records or hospital discharge systems. Injury-related medical treatment includes ambulatory care, emergency department visits, and hospitalizations due to injury or ingestions.

- For child abuse, neglect and maltreatment: It is preferred that data be collected through administrative data provided by the State and local child welfare agencies. Grantees may propose collecting the data through self-report or direct measurement if it utilizes a valid and reliable tool.

For more information see:

- List of the State contacts for National Child Abuse and Neglect Data System collection are available at: http://www.acf.hhs.gov/programs/cb/pubs/cm08/appendd.htm
- Child Maltreatment: http://www.acf.hhs.gov/programs/cb/pubs/cm08
- National Data Archive on Child Abuse and Neglect (NDACAN): http://www.ndacan.cornell.edu.
- Centers for Disease Control Injury Prevention: http://apps.nccd.cdc.gov/NCIPC_SII/Default/Default.aspx?pid=2
- National Health Survey: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2010/english
- Children's Safety Network and Child Death Review Resource Center's Best Practices website: www.childinjuryprevention.org
- State Injury Prevention Profiles: http://www.childrenssafetynetwork.org/stateprofiles/state.asp

- For reduction of incidence of child injuries: The construct should be reported as the rate of child injuries requiring medical treatment (i.e., ambulatory care, emergency department visits or hospitalizations) for children participating in the program.

- For child abuse, neglect and maltreatment: Each construct can be reported as a rate for children prior to kindergarten entry participating in the program.

  - The rate for **suspected maltreatment** is the number of cases of suspected maltreatment of children in the program, divided by the number of children in the program.
  - The rate for **substantiated maltreatment** would be calculated by counting the number of cases of substantiated maltreatment of children in the program and dividing by the number of children in the program.
  - To calculate the rate of **first-time victims**: Count the number of children in the program who are first-time victims divided by the number of children in the program. A first time victim is defined as a child who:

    - had a maltreatment disposition of "victim" and

    - never had a prior disposition of victim

- Data should be reported overall for a program and also should be broken down for each construct by:
    - Age category (0-12 months, 13-36 months, and 37-84 months, as appropriate given population served by the home visiting program)
    - For child abuse, neglect or maltreatment only: maltreatment type (i.e., neglect, physical abuse, sexual abuse, emotional maltreatment, other).

III. Improvements in School Readiness and Achievement

A. Constructs that must be reported for this benchmark area (all constructs must be measured):

- Parent support for children's learning and development (e.g., having appropriate toys available, talking and reading with their child)
- Parent knowledge of child development and of their child's developmental progress
- Parenting behaviors and parent-child relationship (e.g., discipline strategies, play interactions)
- Parent emotional well-being or parenting stress (note: some of these data may also be captured for maternal health under that benchmark area)
- Child's communication, language and emergent literacy
- Child's general cognitive skills
- Child's positive approaches to learning including attention
- Child's social behavior, emotion regulation, and emotional well-being
- Child's physical health and development.

For more information see:

- http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/index.html
- http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/eecd/Assessment/Child%20Outcomes/eduev_art_00090_080905.html
- Kagan, S. L., Moore, E., & Bradekamp, S. (1995). Reconsidering children's early development and learning: Toward common views and vocabulary. Washington, DC: National Education Goals Panel, Goal 1 Technical Planning Group.
- Child Trends summary: http://www.childtrends.org/schoolreadiness/testsr.htm#_Toc502715209)

B. Definition of quantifiable, measurable improvement:

- Increases over time in the developmental progress of children between entry to the program and one year after enrollment.

C. Specifying source of data:

- Data can be collected from a variety of sources including observation (e.g., teacher or other independent observer), direct assessment, administrative data or health records (e.g. program-specific clinical information systems), parent-report, teacher-report or samples of children's work. The grantee must collect and report data from the source appropriate to the method and measurement of the construct proposed.

The following are some suggested ideas or sources for measures within the area of "Improvements in School Readiness and Achievement":

- http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_title.html
- http://www.casel.org/downloads/Compendium_SELTools.pdf
- http://journal.naeyc.org/btj/200401/Maxwell.pdf
- http://www.earlylearning.ubc.ca/research/initiatives/early-development-instrument/

IV. Domestic Violence

A. If the grantee chooses to report on domestic violence, constructs that must be reported for this benchmark area (all constructs must be measured) include:

- Screening for domestic violence;
- Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g., shelters, food pantries);
- Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.

B. Definition of quantifiable, measurable improvement:

- For screenings, improvement shall be defined as increases in the rate compared to the population served completed over time.
- For referrals and completion of safety plans related to domestic violence, improvement shall be defined as an increase over time.

C. Sources of data:

For family-level data, the data can be collected from interviews and surveys with families using either administrative data or reliable and valid measures. For more information see:

- http://www.cdc.gov/ncipc/dvp/Compendium/Measuring_IPV_Victimization_and_Perp etration.html
- http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/datasources.html

V. **Family Economic Self-Sufficiency**

A. Constructs that must be reported for this benchmark area (all constructs must be measured):

- ☐ Household income and benefits
  o Household shall be defined as all those living in a home (who stay there at least 4 nights a week on average) who contribute to the support of the child or pregnant woman linked to the HV program. Tenants/boarders shall not be counted as members of the household

  o Income and benefits shall be defined as earnings from work, plus other sources of cash support. These sources may be private, i.e., rent from tenants/boarders, cash assistance from friends or relatives, or they may be linked to public systems, i.e. child support payments, TANF, Social Security (SSI/SSDI/OAI), and Unemployment Insurance.

- ☐ Employment or Education of adult members of the household

- ☐ Health insurance status

B. Definition of quantifiable, measurable improvement:

- ☐ For household income, improvement shall be defined as an increase in total household income and benefits over time.

- ☐ Note that the second construct above refers to employment *or* education. We recognize that there can be an inverse relationship between the two in the short-run, i.e., while people are pursuing education, they may reduce their participation in the labor force, and vice versa. Therefore, while sites should measure both constructs, improvement in one or the other shall be considered sufficient to show positive results for this construct.

  - For employment, improvement shall be defined as an increase in the number of paid hours worked plus unpaid hours devoted to care of an infant by all adults in participating households over time.
  - For education, improvement shall be defined as an increase in the educational attainment of adults in participating households over time. Educational attainment shall be defined by the completion not only of academic degrees, but also of training and certification programs.

- For health insurance status, improvement shall be defined as an increase in the number of household members who have health insurance over time.

C. Specifying source of data:

- Data can come from interviews or surveys with families. Data on child support and public benefit receipt may be able to be gathered or verified from the relevant agencies, if data-sharing agreements can be developed. For employment, family-level data may also be gathered or verified using Unemployment Insurance data.

The following are suggested ideas or sources for measures within the area of "Family Self-Sufficiency:"

- "Observations from the Interagency Technical Working Group on Developing a Supplemental Poverty Measure," March 2010, http://www.census.gov/hhes/www/povmeas/SPM_TWGObservations.pdf.
- "National Directory of New Hires," http://www.acf.hhs.gov/programs/cse/newhire/ndnh/ndnh.html
- Evaluation Data Coordination Project http://www.acf.hhs.gov/programs/opre/other_resrch/eval_data/index.html

VI. Coordination and Referrals for Other Community Resources and Supports

For the purposes of the home visiting benchmarks, referrals include both internal referrals (to other services provided by the local agency) and external referrals (to services provided in the community but outside of the local agency). As part of their initial and ongoing needs assessments, grantees should track the number of services available and appropriate for the participants in the program. The construct of coordination includes capturing linkages at the agency and the individual family level. Constructs that must be reported for this benchmark area (all constructs must be measured):

- number of families that are referred for necessary services
- Number of families that required services and received a referral to available community resources
- MOUs: Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community
- Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies.
- Number of completed referrals (i.e., the home visiting provider is able to track individual family referrals and assess their completion, e.g., by obtaining a report of the service provided).

B. Definition of quantifiable, measurable improvement:

- ☐ Increase in the proportion of families screened for needs, particularly those relevant for affecting participant outcomes.
- ☐ Increase in the proportion of families identified with a need who receive an appropriate referral, when there are services available in the communities.
- ☐ MOU: Increase in the number of formal agreements with other social service agencies.
- ☐ Information sharing: Increase in the number of social service agencies that engage in regular communication with the home visiting provider.
- ☐ Number of completed referrals: Increase in the percentage of families with referrals for which receipt of services can be confirmed.

C. Specifying source of data:

- ☐ Data for each of the constructs can be collected through direct measurement by the home visitors and/or administrative data provided by the local agency.

Exhibit B:

Standards of Practice
Home Visitation

I. Strategy Description

Parents and families play a pivotal role in shaping their children's lives and preparing them for school. Often the best way to reach families with young children is by bringing services to their front door. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. An evidence-based home visitation program is implemented in response to findings from a needs assessment that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to families expecting a baby or families with infants or toddlers.

An evidence-based home visitation program is defined as:

- existing for at least three years,
- research-based, grounded in relevant empirically-based knowledge,
- linked to program determined outcomes,
- associated with a national organization or institution of higher education with comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement,
- demonstrated significant, sustained positive outcomes per required model benchmarks and participant outcomes when evaluated using well-designed and rigorous, randomized controlled research designs and,
- results are published in a peer-reviewed journal, or from quasi-experimental research designs, or the model must conform to a promising and new approach which achieves the required benchmarks and participant outcomes that should be grounded in empirical work and have an articulated theory of change.

A variety of evidence-based models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, or low income families. The experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention are critical to implementation and intended impacts. Yet, the common ground that unites home visitation program models is the importance placed on infant and toddler development.

In coordination and collaboration with community-based services, voluntary home visitation programs educate families and bring them up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that links the resources of the community with the safety of the home environment to reduce isolation, empowering even hard-to-reach parents to build a better future for themselves and their children. For example, home visitors directly impact early language and emergent literacy development and parent-child interactions by communicating the importance of reading daily to infants and toddlers and through individualized service provision. They provide families with the information, education, coaching and modeling to establish daily reading activities and literacy rich home environments which promote infants' positive associations with books and other print materials thereby supporting language acquisition. Daily reading activities also impact social-emotional development by strengthening the bond and interactions between parents and their infants and toddlers. As part of service provision, home visitors regularly inform families of the services available in their local community such as those available through public libraries. Through referral and coordination of services, home visitors can bridge daily reading activities and the availability of books and other print material within a family's home to those activities and programs available through the public libraries and elsewhere in the broader community; altogether reinforcing the importance of families' daily reading activities with infants and toddler resulting in positive early childhood outcomes and school readiness. (Peifer, 2011)
It is expected that home visitation programs funded by First Things First will be comprehensive for the families they serve and will be offered at no-cost, on a voluntary basis. Programs are also expected to minimize duplication of home visitation services for families.

II. Standards of Practice

A. Implementation Standards

1. <u>Family centered and strengths-based approach:</u>

- Conduct awareness, outreach and enrollment activities for eligible families who are expecting a baby or who have a newborn or infant child, older infants or toddlers.
- Engage families in assessment of their strengths and needs particularly around the following areas: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and children's social-emotional development.
- Assist families in the development and implementation of a family service plan, which includes specific goals and objectives based upon assessment findings, and future planning for transition from the home visitation program as appropriate.
- Ensure children receive developmental screening, preferably during well-child visits at 9, 18 and 24 months of age and every six months thereafter, or at any other time there are concerns about developmental delays, for all of the following developmental domains: social-emotional, language and communication – including emergent literacy, cognitive, physical and motor development. If the home visitor is conducting the

developmental screening at recommended age-intervals, the First Things First Developmental Screening Standards of Practice must be followed.

- Assist families in developing skills related to observing and understanding their child's ongoing growth and developmental progress.
- Connect families with the most appropriate provider and/or agency when developmental or health related concerns are noted. This includes:
  - parent's understanding and ability to read their infant's subtle cues
  - reasonable expectations for infant and toddler behavior
- Provide resource and referral information - identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services; and help the families to follow through to ensure service delivery, as needed.
- Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.
- Provide service coordination with other community resources to minimize duplication and to ensure that families receive comprehensive services as needed.

2. Information, education and coaching on each of the core areas: knowledge of parenting and child development, health, parental resilience, social connections, and concrete support mechanisms. Information and support is tailored to the needs of the family, and identified in the family service plan. This includes:

   - All domains of child development (social-emotional, language and communication – including emergent literacy, cognitive, physical and motor development), including understanding when to have concerns related to children's development; and
   - A focus on early language and literacy:
     - Inform and educate parents and families on typical early language and emergent literacy development for infants and toddlers.
     - Literacy coaching and instruction should be woven into the activities of all program components; presented and practiced in contexts that are meaningful to families' lives and needs.
     - Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
     - Actively engage parents in learning how everyday experiences can nurture the language and literacy development of their children.
     - Support parents in maintaining a literacy-rich home environment.
   - Appropriate child-adult interactions and development of parenting skills (i.e., physical touch, positive discipline, early language and literacy experiences and verbal and visual communications).
   - Health (e.g., nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening).
   - Identify their natural support systems such as peers.

- Home visitation programs may also engage families through the facilitation, arrangement or organization of community-based group activities to further enhance socialization and peer support.

3. Service delivery is based upon a culture of trust and respect.

   - Create a family-centered approach and environment.
   - Home visitors are from the community and have extensive knowledge of community resources.
   - Structure activities compatible with the family's availability and accessibility.
   - Demonstrate genuine interest in and concern for families.
   - Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services.
   - Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making.
   - Encourage open, honest communication.
   - Maintain confidentiality; be respectful of family members and protective of their legal rights.
   - Support the growth and development of all family members; encourage families to be resources for themselves and others.
     - Encourage family members to build upon their strengths.
     - Reflect the commitment to effectively serve the identified target population with an emphasis on fathers and grandparent caregivers, through publicity/outreach, literature and staff training.
     - Help families identify and acknowledge informal networks of support and community resources.
     - Create opportunities to enhance parent-child and peer relationships.
     - Strengthen parent and staff skills to advocate for themselves within institutions and agencies.

4. Programs are flexible and continually responsive to emerging family and community issues while ensuring model fidelity.
   - Be accessible for families. Offer extended service hours including weekend/evening hours.
   - Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
   - Develop a collaborative, coordinated response to community needs.

5. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.
   - Programs must demonstrate mechanisms to assess program effectiveness and to implement quality improvements. Programs must participate in data collection and reporting of performance measures to First Things First.

B. Staffing Standards

1. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelor's degree in early childhood development, education, family studies, social work, nursing or a closely related field, unless a specific, evidence-based program model is implemented through lay-persons such as a promotora model of service delivery.
2. Wages and benefits are adequate for supporting high quality staff.
3. Assessment of home visitors' skills and abilities. Home visitors must be able to engage families while maintaining professional boundaries.
4. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
5. Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.
6. Provide ongoing staff development/training on the First Things First Home Visitation Standards of Practice principles and other required Standards of Practice as appropriate. Staff includes supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy.
7. Supervisors and home visitation staff (including supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) will have access to and receive training on the utilization of the Arizona Infant and Toddler Developmental Guidelines (January 2012).
8. Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received a non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
9. Supervisors should work with home visitation program staff to prepare and implement professional development plans.
10. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides ongoing opportunities for discussion between staff members and supervisors to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with home visitors in the field to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.
11. A confidential case file is maintained for each family. This file will include documentation such as contact notes, intake, assessment or screening tools and the service plan. Programs will ensure quality of service provision through regular case file reviews.
12. All First Things First Home Visitation Standards of Practice are modeled in all activities including planning, governance, and administration.
13. To ensure quality services, caseload size for each staff person is based upon:
    - How many hours per week the home visitor works; and
    - Family need and intensity of services provided (for example, for families with high risk or multiple risk factors, frequency and intensity of programming can increase to allow for more time to build relationships, modify maladaptive behaviors or

attitudes, or practice newly learned parenting skills); and

- Where each family lives.

  For example; 20 families is the maximum caseload for a home visitor working entirely in homes with families assessed as median to high risk or with multiple risk factors, at one visit per week. When assessing caseload size, first and foremost, grantees must adhere to standards set by the program model. Additionally, geographic proximity/ travel time to families served, duration and intensity of visits and documentation requirements should be considered for manageable caseload sizes.
- Evidence-based program model fidelity

14. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
15. All staff work as a team, modeling respectful relationships.
16. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.

III. Cultural Competency

Affirm, strengthen and promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.

- Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
- Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.
- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."
  http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
  http://www.naeyc.org/positionstatements/linguistic
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The

effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.

- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments. It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- Programs will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

  Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.

IV. References and Resources

For further information and resources regarding evidence based home visitation, refer to:

- Home Visiting Evidence for Effectiveness
  http://homvee.acf.hhs.gov/
- Mathematica Policy Research
  http://www.mathematica-mpr.com/earlychildhood/evidencebasedhomevisiting.asp
  The PEW Center on the States
  http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=52756
- ZERO TO THREE
  http://www.zerotothree.org/public-policy/infant-toddler-policy-issues/home-visit.html

Exhibit C:

FIRST THINGS FIRST

Ready for School. Set for Life.

Standards of Practice
Developmental and Sensory Screening
Administration Services

I. Description of Strategy Health Issue

As part of a comprehensive system of services to families, there is a need for additional services to screen and identify children who may have developmental delays or sensory (hearing, vision) problems. Many children who have spent time in a neonatal intensive care unit (NICU), and who may have had health problems when they were born, have a greater risk for developmental delays and require additional screening.

Many children with behavioral or developmental disabilities and sensory deficits miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development, other developmental areas or sensory deficits impact a child's ability to be ready for school. Less than 50% of these children are identified as having a problem before they start school and the opportunities for early intervention have been missed. The U.S. Department of Education regulates the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). This program provides screening, evaluation and intervention services for infants and toddlers with developmental delays and disabilities and their families. Part C is administered by states that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. However, many children are not Part C eligible initially and have delays that may not be identified.

Developmental screening administrative services funded by FTF are multi-tiered. They include community awareness programs to screen children for developmental delays, identification of children in child care centers with possible delays, and home visitation program staff who have identified children with possible delays. ***Screening for developmental delays or sensory deficits is not diagnostic and should not be represented as definitive***. Screening leads to a referral for a diagnostic assessment by a child's health care providers to determine if there is an actual delay and to plan for treatment through state agencies (AzEIP, school districts, Children's Rehabilitative Services) or private organizations that provide these specific services.

Screening is comprehensive in that it includes a review of children's development in the cognitive, communication, physical development, sensory deficits, social-emotional and adaptive domains.

The results of the screening process can lead to further screening and diagnostic testing and early interventions.

There are a number of avenues that can facilitate basic screening and identification of children with potential developmental delays or sensory deficits:

- Quality First Child Care Health Consultants (CCHC)
- Home visitation programs staffed by nurses or trained staff – referrals to appropriate resources if screening cannot occur during home visit.
- Community based screening including mobile screening vans

Although developmental and sensory screening is merged together, awardees can be selected separately. The intent is to have screening be a more comprehensive effort.

II. Implementation Standards

<u>All developmental or sensory screening administration includes the following standards:</u>

Screening services should include the following:

- Discussion of concerns with parent and obtain parental consent for screening.
- Standard training for anyone who is conducting a screening on how to use screening instruments or equipment.
- Administration of age appropriate developmental screening instrument or age appropriate sensory testing equipment.
- Discussion of results of screening with parents.
- Plan for sequential screening if the child's response indicates follow up rather than a referral (could have been an off day, sick child with marginal results).
- Make appropriate referrals to AzEIP, local schools, health care providers, behavioral health professionals, or other community resources for a diagnostic evaluation if results warrant.
- Follow up with families about the result of the referral process and findings. Determine if they obtained an additional screening and what the next steps are for the child.

Screening Locations:

- While screening can occur in wide variety of settings, screenings that are conducted in environments where families maintain ongoing connections (as part of a medical home or child care centers) are preferred. The administration of screening at such locations will facilitate the follow up process, and ensure that routine screenings occur at recommended intervals.
- Screenings should occur in a quiet, well-lighted, non-distracting environment.
- Screenings optimally should occur in settings that are closely aligned to a child's natural environment (for example: where children typically are such as a home or child care center or other location with which the child has familiarity and is comfortable).

Developmental Screening Administration Standards:

Screening Tools

- Age appropriate and standardized screening tools and equipment should be used. Also, the most reliable and appropriate options for screening should be used to:
    - Ensure that the cognitive and motor skills being assessed appropriately match the age of the child.
    - Ensure that screening tools are comprehensive and assess children in all developmental domains: cognition, communication, physical, social-emotional, and adaptive.
- Developmental assessment instruments must have validity and a .80 reliability level.

Suggested developmental assessment tools for screening children birth-age three

a. PEDS (Parents Evaluation of Developmental Status): resources found in Appendix
b. Ages and Stages Questionnaires: link is in reference section, online screening can be considered
c. Ages and Stages Questionnaire: Social Emotional Scale (this tool needs to be supplemented by another tool to ensure all areas of development are covered)

Conducting Screening

- Parent or guardian consent to screening is required before screening can occur.
- The parent is actively involved in the screening process.
- Screening must occur in the child and family's primary language.
- Screenings should include additional confirmatory information (parent input, observations, etc.).
- A parent or other designated caretaker is present for all screening procedures conducted through home visitation or mobile screening activities.
- Parents receive written feedback from the screening as well as a written referral for additional screening and diagnostic services if necessary.

Sensory Screening Administration Standards

Screening Tools

- Screening instruments should be sensitive enough to identify problems, and specific enough to prevent unacceptable over-referrals.
- Screening tools should be designed to capture and hold a child's interest at an age appropriate level while minimizing distraction from other stimuli.
- Screening tools used must be age appropriate, meeting the cognitive and motor skills required for participation.
- Screening tools should be designed to actively engage a young child, giving the tester the opportunity to observe and interact with the child during the screening process.
- Screening tools must be free from bias and appropriate to the population on which they are used.

Conducting Screening

Hearing

- Hearing screening should be performed using age appropriate, standardized screening tools, equipment and/or assessments.
- Hearing screenings require a quiet environment with ambient noise levels on average of less than 50 dBSPL. Although the space requirement is minimal, it is important that the hearing screenings be conducted in a room separate from the rest of the screening.
- Audiometers, if used, should be equipped with a full headset (two earphones), while audiometers equipped with only one earphone utilizing a handled method should be avoided.
- Hearing screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.
- All devices to test hearing shall have periodic testing for accuracy and proper functioning and include any required certificates stating that these standards have been met.

Vision

- Vision screening would be performed using age appropriate, standardized screening tools and/or assessments.
- Vision screenings should be conducted in areas that have minimal distraction, are well lighted, and have space appropriate for the test being used.
- Vision screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.

III. Training and Qualifications Standards

Conducting developmental screening requires specific education and skills.

- Educational level: minimum of a bachelor's degree or certification in child development, nursing, early childhood education, child and family studies, or closely related field is required.
- All individuals conducting developmental screening will obtain and maintain certification and/ or required training on all of the chosen methods and tools used in screening activities and attend re-certification or additional training courses as required by the tool, the instrument developers, and as it is determined necessary through supervision.
- Personnel, who do not meet the required education level or are newly trained in developmental screening activities, may administer developmental screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner. This level of supervision is above and beyond the regular supervision activities required in the First Things First Home Visitation or other Standards of Practice. The supervisor will participate with the home visitor or program specialist in conducting screenings and review all completed screening instruments until the home visitor or program specialist is able to consistently conduct screening in a reliable manner. This can be documented in staff's personnel file and family files.

- Areas of knowledge and competencies must be demonstrated in:
    a. Typical and atypical child development
    b. Routines based interviewing practices (see http://www.siskin.org/www/docs/112.190/)
    c. Objective child observation
    d. Use of appropriate screening tools for young children
- Individuals conducting screening will participate in continuing education to remain current and update skills and knowledge regarding developmental screening procedures and child development to meet the requirements of this scope of work.

Conducting sensory screening requires specific education, equipment and skills.

- Educational level: minimum of a bachelor's degree or certification in hearing or vision screening as well as certification in the use of the equipment used for screening.
- All individuals conducting sensory screening will obtain and maintain certification and/ or required training on all of the chosen equipment and tools used in screening activities and attend re-certification or additional training courses as required and as it is determined necessary through supervision.
- Personnel, who do not meet the required education level or are newly trained in sensory screening activities, may administer screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner.
    a. This level of supervision is above and beyond the regular supervision activities required in the First Things First Home Visitation or other Standards of Practice. The supervisor will participate with the home visitor or program specialist in conducting screenings and review all completed abnormal or marginal screening results given to families.

IV. Cultural Competencies

Programs will also implement the following best practices and standards related to Cultural Competencies:

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."

http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
http://www.naeyc.org/positionstatements/linguistic

- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
    - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.
    - Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:
        - Morbidity and mortality among children members of their communities
        - Information regarding child safety and welfare
        - Information regarding children in foster care
        - Infectious and chronic disease information among members of their communities
        - BMI and healthy weight information beginning at age 2 years and each year after that

V. References and Resources:

Ages and Stages Resources found at: http://agesandstages.com/
CDC Developmental Screening guidelines and tools found at:
http://www.cdc.gov/ncbddd/child/devtool.htm and
http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html
Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org) found at: http://www.healthychildcare.org/pdf/DSECSreport.pdf

First signs: Autism spectrum disorder resource found at: http://www.firstsigns.org/

Meisels, S.J., & Atkins-Burnett. S. (2005) 5th edition. Developmental Screening in Early Childhood: A Guide. download at: http://www.naeyc.org/store/files/store/TOC/121.pdf

Resource for PEDs tool to be used in clinical settings:

DEVELOPMENTAL SCREENING USING THE PEDS TOOL

(Parents' Assessment of Developmental Status)

As of January 1, 2006, AHCCCS began implementing the use of the PEDS tool for developmental screening by all participating primary care providers who had members that had been admitted to the Neonatal Intensive Care Unit (NICU) following birth.
Frequently asked questions regarding PEDS TOOL

1. What is the PEDS Tool?
    a. PEDS Tool is Parents' Evaluation of Developmental Status. PEDS is a standardized tool to detect and address developmental and behavioral problems.

2. Why PEDS?
    a. PEDS was adopted by AHCCCS after being chosen as the preferred tool for developmental screening by the Governor's School Readiness Board Health Implementation Team in conjunction with the Arizona Chapter of the American Academy of Pediatrics (AzAAP). The tool is easy to administer and score and provides an on-going record of screenings.

3. Who should be screened using the PEDS Tool?
    a. Every child needs to have a developmental screening as part of the EPSDT visit. All children born after 1/1/06 and reported as having been in the Nursery Intensive Care Unit (NICU) after birth should be screened using the PEDS Tool during their EPSDT visit.

4. What does this mean to me as a provider?
    a. Providers must order hard copies of the PEDS tools for use in the office. These can be obtained on line at www.pedstest.com or www.forepath.com. Please be aware that making photocopies of the PEDS tools is a violation of copyright law. The cost of ordering the PEDS forms considered when developing the reimbursement rates.

5. Where can I obtain the training?
    a. Training can easily be accessed through the AzAAP webpage (www.azaap.org). Providers can complete the training on line. After the completion, each provider must notify Provider Services so their file can be updated.

Exhibit D:

FIRST THINGS FIRST

Home Visitation

Child Protective Services Policy

FTF Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

FTF Statewide Strategic Direction: Collaborate with family support and education programs to expand services to include the development, enhancement, or implementation of home visiting programs.

FTF will not assume the State of Arizona's nor Arizona's Federally recognized Tribe's responsibilities to provide family preservation or family reunification services for families involved with Child Protective Services.

1. If a family* who has an open Child Protective Services' (CPS) case is referred to a First Things First funded home visitation program, the family may be accepted for services if:
   - the CPS case plan is for the case to close within the next 3 months; and
   - the CPS case plan goal is reunification of the family; and
   - the home visitation program has an opening/capacity to serve the family; and
   - the family meets the home visitation program's eligibility requirements; and
   - the family voluntarily accepts services which are not court ordered.
2. If a family who is receiving services from a First Things First funded home visitation program is referred to CPS and CPS opens the family's case, the home visitation provider will, on a case by case basis, determine if continued services are appropriate, or if the level of services required is outside of their scope of service provision. FTF's priority is to provide continuity of care and ensure effective service provision. If the home visitation provider is unable to continue service provision, they will coordinate the transition to a provider identified by CPS.

In the two scenarios described above, the First Things First home visitation provider is encouraged to attempt to participate in a case plan staffing or Team Decision-Making meeting (Child Protective Services' case manager, the First Things First funded home visitation program staff, the family and other service providers) to ensure that a case plan is in place to most effectively meet the needs of the family. Family assessment, case plan development and service coordination is critical to effective service provision. If a grantee is currently providing FTF funded Home Visitation services to a family with an open CPS case when this policy is implemented, the services will be grandfathered in and the grantee will continue to provide services as appropriate.

*Family includes biological parents, grandparents, aunts, uncles, siblings, adoptive parents, guardians or others, including extended Indian family members, defined by law or custom of the Tribe, who provide primary care of a child within a household. This does not include foster families.

Exhibit E

Home Visitation

Unit of Service and related Target Service Number

A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number).

A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the program proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.

For **Home Visitation,** the Unit of Service is:

Number of families served

Determining and Interpreting Target Service Numbers

Number of families served should reflect the total number of families proposed to receive home visiting services for one grant contract period (in most cases, one year). This number should reflect a total (aggregate) count of all families to receive services, including current caseload and potential enrollment within the contract period.

Performance Measures

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g. providing scholarships).

For **Home Visitation**, the performance measures are:

Number of families served/proposed service number
Home visitor caseload
Family attrition
Number of families receiving referrals for health insurance enrollment
Number of referrals for community based services given to participating families
Number of children receiving home visiting services
Number of children receiving developmental screening
Numbers of children receiving referrals for follow up services

Exhibit F:

Developmental and Sensory Screening

Unit of Service and related Target Service Number
A Unit of Service is a FTF designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number (Target Service Number).
A Unit of Measure/Service can be a target population and/or a service/product that a grantee is expected to serve as part of an agreement. Target Service Number represents the number of units (e.g. target population) proposed to be served or number of products/services proposed to be delivered during the contract year.

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the program proposes to serve during the contract period. All FTF applicants must clearly state in the proposal a target service number for each strategy specific Unit of Service.

For **Developmental and Sensory Screening,** the Units of Service are:

Number of children screened for developmental delays
Number of children receiving vision screening
Number of children receiving hearing screening

Determining and Interpreting Target Service Numbers
Number of children screened for developmental delays should reflect the total number of children receiving screening for developmental delays for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple developmental delay screenings within a contract period.

Number of children receiving vision screening should reflect the total number of children receiving vision screening for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple vision screenings within a contract period.

Number of children receiving hearing screening should reflect the total number of children receiving hearing screening for one grant contract period (in most cases, one year) and may be a **duplicated** count since one child may receive multiple hearing screenings within a contract period.

Performance Measures
Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving

families/children through home visits) and/or the direct services and products delivered by a program (e.g. providing scholarships).
For **Developmental & Sensory Screening,** the performance measures are:

Number of children screened for developmental delays/ proposed service number
Number of children receiving vision screening / proposed service number
Number of children receiving hearing screening / proposed service number

Exhibit G

First Things First - Arizona Early Childhood Development and Health Board Data Security Guidelines and Requirements for Collaborators

BACKGROUND:
The purpose of First Things First is to aid in the creation of a system that offers opportunities and supports for families and communities in the development of all children so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children.

Data Security Guidelines for Data Submission to FTF
The Arizona Early Childhood Development and Health Board (First Thing First - FTF) will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF will establish data reporting requirements for all state and regional grantees. All funded providers will regularly submit programmatic and financial reports as identified in the FTF reporting requirements.
FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner and Grants Management System (PGMS). Subsequent to the award of a FTF contract, the grantee will receive general training on login and navigation within the PGMS system. With this login the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, through agreement between the grantee and FTF, directly through the FTF extranet, rather than a PGMS web-based entry form. These data are likely to contain limited distribution data and must follow the following protocols. Data structure agreement, Login, ftp, revision request. Grantees that submit data through the FTF extranet must ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF and that throughout the reporting and submission process the data are secured.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF. Confidential data will not be a part of standard data submission requirements. Grantee general orientation

and data reporting orientation will identify data requirements as public data, limited distribution data, and/or confidential data.

Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees must keep all data collected for their program(s) within their system (database) or hardcopies. While FTF data submissions are generally aggregated and contain no individually identifying information, grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force which identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, GITA, or other data regulation, are required to submit and maintain those approvals for all data. If HIPAA, FERPA or other data regulation requires that participating individuals give consent to data collection on their person and if in the course of regular data submissions to FTF such data will be provided to FTF, submission of personal data to FTF must be reflected in all data regulation documents.

Exhibit H

SAMPLE CERTIFICATE OF INSURANCE

Prior to commencing services under this contract, the Grantee must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other Grantee obligations.

Name and Address of Insurance Agency:	Company Letter:	Companies Affording Coverage:
	A	
	B	
Name and Address of Insured:	C	
	D	

LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE		COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury Per Person Each Occurrence Property Damage OR			Comprehensive General Liability Form Premises Operations Contractual Independent Contractors Products/Completed Operations Hazard		
Bodily Injury and Property Damage Combined			Personal Injury Broad Form Property Damage Explosion & Collapse (If Applicable) Underground Hazard (If Applicable)		
Same as Above			Comprehensive Auto Liability Including Non-Owned (If Applicable)		
Necessary if underlying is not above minimum			Umbrella Liability		
Statutory Limits			Workmen's Compensation and Employer's Liability		
			Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty- (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Name and Address of Certificate Holder:

_____

_____

Date Issued: _____

Authorized Representative: _____

END OF REQUEST FOR GRANT APPLICATION

FTF-RC017-13-0392-00