Arizona Early Childhood Development and Health Board
310 South Williams Boulevard, Suite 106
Tucson, Arizona 85711

Innovative Small Grants to Engage Hard to Reach Populations: Access to Health, Early Literacy & Family Friend and Neighbor

FTF Strategy Name: Community Partnerships

Central Pima Regional Partnership Council

Request for Grant Application (RFGA)
FTF-RC017-12-0341-00

Deadline	Grant Applications shall be submitted on or before 10:00am (Arizona MST) on October 12, 2011 at First Things First, 310 South Williams Boulevard, Suite 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 September 13, 2011 at 10:00am, at Pima Neighborhood Investment Partnership, 3810 South Evans Boulevard, Suite 103, Tucson, Arizona 85714. 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 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 January 1, 2012) and shall remain in effect until June 30, 2012, 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

FIRST THINGS FIRST
The right system for bright futures

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

_____
Address

_____
City State Zip

_____
Signature of Person Authorized to Sign Offer

_____
Printed Name

_____
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_____

_____
Jeanne Martin, Fiscal and Contracts Specialist

Request for Grant Application Table of Contents

Overview of First Things First

In November 7, 2006, Arizonans made a historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children five 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 mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure a child entering school arrives healthy and ready to succeed. The mission will be achieved through the work of the statewide FTF 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 children five and younger.

Why focus on children five and younger? Research shows that 80 percent of a child's brain is formed by age three and more than 90 percent by age five. Because of this rapid development, what happens to children in the early years lays the foundation for a lifetime. Research has proven that children with quality early childhood experiences do better in school and tend to be healthier. They are more likely to advance into college and successful careers.

Not all children have the same needs and First Things First is designed to meet the diverse needs of Arizona communities. Decisions about which early childhood development and health strategies will be funded are made by the FTF Board and 31 Regional Partnership Councils that are comprised of community volunteers. Each Regional Council member represents a specific segment of the community that has a stake in ensuring that our children grow up to be healthy productive adults, including parents, tribal representatives, educators, health professionals, business leaders, philanthropists and leaders of faith communities. The Regional Councils study the challenges faced by children in their communities and the resources and assets that exist to support their development and growth. This statewide policy and regional perspective are critical to the success of the First Things First mission.

First Things First Goal Areas

First Things First specifies that programs and services are funded by the First Things First Board and Regional Partnership Councils are to achieve outcomes in one or more of the following Goal Areas:

- 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.
- Increasing coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

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.

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 six (6) month initial contract period for the fiscal year ending June 30, 2012 with an option for renewal for three (3) additional twelve (12) month periods.

Total funds available are approximately $150,000 for the first funding period with each component having a maximum award amount of $50,000 in Fiscal Year 2012. Respondents may apply for one, two or all three of the Components outlined in this application. 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. One or multiple awards may be made.

Should the Regional Council renew this grant funded opportunity in Fiscal Year 2013, $300,000 will be made available for each twelve (12) month renewal periods with each component having a maximum award amount of $100,000 for the subsequent fiscal years.

The period for this award is anticipated to cover multiple First Things First Fiscal Years. The initial funding period is anticipated January 1, 2012 – June 30, 2012 with the 1st renewal option being July 1, 2012 – June 30, 2013. Renewal funding will be contingent upon satisfactory contract performance, evaluation and availability of funds. If awarded through this RFGA, a formal renewal application is not anticipated. Additional follow up within the initial funding period may be necessary to formalize final approval for the 1st renewal period related to program implementation and budget considerations.

Scope of Work: What Will This Grant Fund?

Assessment of Need, Strategy Overview and Implementation

The Central Pima Regional Council extensively researched the 2010 Regional Needs and Assets report and identified several gaps that would be identified as basic needs of young children, their families and caregivers. In response, the Regional Council's focus is helping the child, family and caregiver access fundamental needs related to health, early literacy, education and safety. To address these identified gaps, the Regional Council is looking for unique and creative innovation in outreach, engagement and community partnerships to ensure these hard to reach populations are connected with services and supports, which are outlined below.

There are three central service Components of this grant opportunity. Applicants who express interest in applying may respond to one, two or all three of the Components described in this Request for Grant Application.

- Component One focuses on increasing access to health services, targeting families with young children who do not access these types of supports.
- Component Two provides early literacy and language enrichment supports, targeting families with young children who do not currently access early literacy or early learning programming.
- Component Three focuses on providing educational opportunities and support to family, friend and neighbor caregivers serving young children.

The Regional Council is targeting children, birth-5 years (through their families and caregivers) who may not have adequate access to health care, early literacy and safe and stable child care. Because the targeted populations are considered to be disconnected from current services and resources offered in the region, the Regional Council is seeking proposals that demonstrate an emphasis in innovative outreach, engagement and retention approaches. The targeted populations are isolated in a variety of ways from the current service delivery continuum; therefore, a coordinated, innovative and culturally responsive approach in engaging and meeting the needs of families and their young children is emphasized.

Community Partnerships

In addition to addressing Components One, Two and/or Three, Applicants will demonstrate how their work proposed will also impact coordination/community partnerships, which will ideally lead to systems change. Coordinated efforts are essential for reaching the targeted population. It is expected that successful Applicants will work in coordinated partnerships to maximize resources and accessibility of services to these hard to reach populations. Referring to the FTF Coordination Standards of Practice: Community Partnerships (see Exhibit A), the development of community partnerships is a system-level intervention designed to establish or strengthen the working relationships of two or more family service agencies or organizations. The primary goals of community partnerships are to:

- Increase availability of services to families and children;
- Develop a strategic plan to serve the community based on identified needs and gaps;
- Foster leadership capacity among service providers; and
- Share expertise and training resources.

Applicants will propose services that address identified gaps as outlined in this funding opportunity while simultaneously building upon the early childhood education and health continuum and infrastructure in the Central Pima region in a coordinated effort. Please refer to the FTF Coordination Standards of Practice: Community Partnerships (see Exhibit A). Successful Applicants are required to follow this Standard of Practice when coordinating and collaborating with other community partners, including but not limited to the FTF Central Pima partners, as part of this and other grants.

Component One: Increase Access to Health Services

Access to medical care and a medical home is critical in the development and well-being of young children. From the 2010 Needs and Assets report, the number of young children in Central Pima receiving well child checks and immunizations is significantly low. The 2010 Central Needs and Assets report notes the following gaps that demonstrate the gaps in young children's' access to health services and in the Central Pima region:

- 55.5% of infants 16 months and younger completed a well child check.
- 57.6% of children aged three to six funded under Medicaid completed a well child check.
- 60.6% of children aged three to six funded under KidsCare completed a well child check.
- Prenatal care in the first trimester: 4,801 (68.7%) with the lowest percentage exhibited in 85705 (61.8%).
- In 2009, 4,555 (62.9%) young children aged 12-24 months received their 3:2:2:2 immunizations.
- In 2009, 4,484 (41.5%) of young children aged 19-35 months received their 4:3:1:3:3:1 immunizations.
- In 2009, 38.1% of young children aged 19-35 months received their next series of 4:3:1:3:3:1:4 immunizations.

The focus of work under Component One is to engage families in accessing health and preventative services for their children birth through five. It is important that emphasis be placed on innovative outreach, engagement and retention practices that are culturally and linguistically responsive to successfully engage families who are not accessing health services for their young children.

All Applicants will explain in detail how the proposed program for Component One will address one, two or three of the following needs:

- Increase access to prenatal care;
- Increase access to well child visits; and/or
- Increase access to immunizations.

Applicants will address at least one of the above mentioned access issues; however, proposals may propose complementary supports such as parent health education, nutrition education, health insurance enrollment, health and developmental screenings. Proposals that address resource and referral to other services, including FTF supported programs, such as family support programs, early literacy, etc. is encouraged.

The Regional Council recognizes proposals to connect disconnected families to health services may significantly vary. Depending upon what strategy is proposed by the Applicant, the Applicant will be required to follow the applicable Standards of Practice. Exhibits B through O for the following Health Standards of Practice are included as a reference:

- Exhibit B- Coalition Building- Health
- Exhibit C- Care Coordination- Health
- Exhibit D- Prenatal Outreach Strategy- Community Health Education
- Exhibit E- Prenatal Outreach Home Visitation
- Exhibit F- Prenatal Outreach, Promotora
- Exhibit G- Home Visitation
- Exhibit H- Home Visitation Child Protective Services Policy
- Exhibit I- Developmental Screening
- Exhibit J- Nutrition/Obesity/Physical Activity
- Exhibit K- High Risk Newborn/Infant Home Visitation
- Exhibit L- Health Insurance Outreach and Application Assistance
- Exhibit M- Sensory Screening

Component Two: Increase Early Literacy and Language Enrichment

The 2010 Needs and Assets denotes the Central Pima region includes families who are considered to be socially isolated or linguistically isolated. Families who experience isolation are less apt to read and engage in early literacy and language enrichment activities. When families are unable to provide early learning experiences for their children that are optimal for their development, either at home or in a care setting, disparities in achievement have the increased

propensity to continue into elementary and secondary school, and beyond.[1] Therefore, early literacy experiences have a powerful influence in a child's development. Early literacy opportunities that involve young children and their families have a significant impact on the oral development of language skills and print knowledge, which are two key indicators in reading readiness. Neuman, Copple and Bredekamp (2000) stated, "the single most important activity for building…skills essential for reading success appears to be reading aloud to children."

Also from the 2010 Needs and Assets report, the initial Arizona Instrument to Measure Standards (AIMS) scores of third grade students represent one of the first indicators of long-term student success and educational attainment. In the largest school district in Central Pima, Tucson Unified School District (TUSD), vast discrepancies in the passage of the reading portion of the AIMS test exist. Overall, TUSD third graders passed reading by 67%. In specific zip codes, such as 85711 and 85713 reading test passage rates are as low as 38% and 48% respectively.

Component Two is seeking early literacy and language enrichment approaches that are innovative and culturally and linguistically responsive to individual families. The focus of this Component is to connect and engage families who are considered to be socially and/or linguistically isolated or families who may not understand the importance of early literacy.

Recognizing there is a continuum of early literacy approaches, proposals must clearly outline the proposed early literacy program and demonstrate alignment with the FTF Standard of Practice- Early Language and Literacy Programs in Home and Community Settings (see Exhibit N). Applicants proposing home-based early language and literacy programs must also follow the First Things First Home Visitation Standards of Practice (see Exhibit G); Home Visitation Child Protective Services Policy (see Exhibit H) and Developmental Screening (see Exhibit I). Community-based early language and literacy programs will follow the First Things First Parent Education Community Based Training Standards of Practice (see Exhibit O). The proposal must also reflect innovative approaches in engaging and reaching families who are currently disconnected from early literacy and other early learning programs.

If considering Components one and/or two, should the applicant propose a Home Visitation Model, It is the grantee's responsibility to maintain their accreditation/certification with national program models. Home Visitation grantees are to include staff training, program model accreditation/certification and quality assurance and evaluation costs in budgets, as needed. Programs will need to refer to their National office and/or administrative home for cost information, if applicable.

[1] Richard N. Brandon, Ph.D., Hilary Loeb, Ph.D., and Maya Magarati, Ph.D. A Framework for an Early Learning through Postsecondary Approach to Data and Policy Analysis, Washington Kids Count/Human Services Policy Center, Daniel J. Evans School of Public Affairs, University of Washington, December, 2009.

Component Three: Outreach to Family, Friend & Neighbor Caregivers

In the Central Pima region, there is a significant population of young children and a high percentage of families in the workforce; however, the availability and number of licensed child care placements do not coincide. For example, from the 2010 Needs and Assets report, over 54% of children under six live with two parents in the household and work in the Central Pima region. In addition, 78% of children under six living with one parent have that parent in the workforce. While the majority of parents in the region are working, the region has approximately 13,546 regulated child care placements for approximately 44,447 young children in the region. From these statistics, the Regional Council concludes Family, Friend and Neighbor care is prevalent in the region.

Evidence suggests supports provided to home-based Family, Friend, and Neighbor caregivers can result in positive outcomes for children.[2] In a study including Arizona home-based providers, impact was noted in the following areas: Safety in the home environment; Establishing and maintaining a daily schedule for the children; Encouraging providers to utilize the resources of their local library; Developing a written formalized child care services agreement with parents and other forms of support.

To support Family, Friend and Neighbor caregivers, the Regional Council identified the need to provide professional development and support. Component Three focuses on engaging and connecting with a targeted population that provides unregulated care for family members and/or friends. Because many Family, Friend and Neighbor caregivers do not recognize themselves as child care providers, this Component will necessitate specialized and innovative approaches in building relationships and rapport with the targeted population prior to introducing professional development and networking opportunities. Programs or services proposed will provide professional development or training opportunities for caregivers in fulfilling their critical role in supporting the health, development and safety of the young children in their care. Proposals will align with the FTF Standard of Practice Support for Family, Friend and Neighbor Care (see Exhibit P).

Standards of Practice

The Regional Council recognizes proposals to engage the identified hard to reach populations may significantly vary. Depending upon what strategy is proposed by the Applicant, the Applicant will be required to follow the applicable Standards of Practice. As a reference, the following Standards of Practice are outlined below.

For One, Two and Three Components

- Exhibit A- Coordination- Community Partnerships

[2] ERIC Education Resource Information Center, ED496388, Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report, http://eric.ed.gov

Component One (Increase Access to Health Services)

- Exhibit B- Coalition Building- Health
- Exhibit C- Care Coordination- Health
- Exhibit D- Prenatal Outreach Strategy/Community Health Education
- Exhibit E- Prenatal Outreach Home Visitation
- Exhibit F- Prenatal Outreach Promotora
- Exhibit G- Home Visitation
- Exhibit H- Home Visitation Child Protective Services Policy
- Exhibit I- Developmental Screening
- Exhibit J- Nutrition/Obesity/Physical Activity
- Exhibit K- High Risk Newborn/Infant Home Visitation
- Exhibit L- Health Insurance Outreach and Application Assistance
- Exhibit M- Sensory Screening

Component Two (Increase Early Literacy and Language Enrichment)

- Exhibit N- Early Language and Literacy Programs in Home and Community Settings
- Exhibit O- Community-Based Training
- Exhibit G- Home Visitation
- Exhibit H- Home Visitation Child Protective Services Policy
- Exhibit I- Developmental Screening

Component Three (Family, Friend and Neighbor Caregivers)

- Exhibit P- Support for Family, Friend and Neighbor Care

Target Population

The intent of the Regional Council is to target young children, their families and Family, Friend and Neighbor caregivers who are disconnected from the current services and resources available in the region. As noted in the 2010 Needs and Assets report the 85705, 85711, 85713 zip codes exhibit extenuating needs and therefore are the prioritized areas for proposed services. The Applicant, using clear documentation and justification to demonstrate extenuating needs, may identify other Central Pima zip codes.

The Regional Council is specifically targeting families and caregivers who are considered isolated in different ways from services and supports offered in the region. Coordinated, innovative and culturally responsive approaches in engaging and working with the following target populations are critically important. Applicants are asked to describe how they will meet or exceed the following target service numbers:

- **Component One (Increase Access to Health Services):** Engaging at least 50 families who do not access health care supports for their young children.

- **Component Two (Increase Early Literacy and Language Enrichment):** Supporting at least 25-50 families (depending upon the literacy model proposed) who do not currently access early learning programming including early literacy supports.
- **Component Three (Family, Friend and Neighbor Providers):** Supporting 25 Family, Friend and Neighbor caregivers who are not currently regulated for the care of young children.

The Regional Council may consider proposals that identify a targeted service number greater than stated above. The Regional Council recognizes target service numbers may not be met in the first six-month funding period; however, these are minimum targets to be served once programs are fully implemented.

Geographic Boundaries

The Central Pima Regional Partnership Council serves, and Applications submitted in response to this RFGA must serve, the communities of South Tucson and zip codes within central Tucson including zip codes 85701, 85705, 85708, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85719, 85745, 85746 and 85757 deducting the portions of the Tohono O'odham Nation and Pascua Yaqui Tribe from the Central Pima area. As noted above, the Regional Council has prioritized 85705, 85711, 85713 zip codes, for this opportunity, which exhibit extenuating needs. Applicants may target a specific area or community within one of the prioritized zip codes. The Applicant may identify other Center Pima zip codes using clear justification and demonstration of need.

Implementation Requirements

This Request for Grant Application is seeking Applicants to address the following Goals and Measures:

First Things First Goals to be addressed: All three Components of this strategy fall under the goal area of Coordination. Each Component of the Innovative Small Grants has a specific, targeted goal identified by the Regional Council and justified as a need from the 2010 Needs and Assets report.

- **For All Components (Increase Coordination):** FTF will Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.

- **Component One (Increase Access to Quality Health Care Coverage and Services: Health):** 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

- **Component Two (Increase Early Literacy and Language Enrichment: Family Support):** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Component Three (Outreach to Family, Friend and Neighbor Providers: Quality, Access, and Affordability): FTF will improve access to quality early care and education programs and settings.

Updates to the First Things First Standards of Practice

First Things First reviews program implementation for all programs funded within a strategy and will, from time to time, update the required Standards of Practice and it is the responsibility of the grantee to understand the Standards of Practice at submission as well as check the web-based grants management system if awarded for updates to the Standards of Practice.

Coordination

First Things First 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. Successful Applicants must demonstrate capacity to work with and participate in coordination and collaboration activities occurring within the First Things First region(s) being served. This may include but is not limited to participating in regular meetings. Depending upon the strategy, there may be additional statewide meetings that the successful Applicants 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.

Program Specific Data Collection and First Things First Evaluation

Successful Applicant(s) 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 Goals, Performance Measures and Units of Service aligned to the strategy described in this RFGA.

Units 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/product that a grantee is expected to serve as a part of an agreement. The Target Service Number represents the number of unit (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 "number of families served" and a Target Service Number of 50 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 each 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/children through home visits) and/or the direct services and products delivered by a program (e.g., providing scholarships).

Successful Applicants must have 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 the contract. Additionally, they are used by FTF to determine the key impacts of the strategies, programs and approaches being implemented.

All successful Applicants 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 including the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS.

Successful Applicants are required to collaborate with the FTF external evaluation, which means the successful Applicant, must collaborate with the 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 onsite and successful Applicants must collaborate with FTF led and initiated evaluation activities to encourage parent consent for data collection.

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

Given the Regional Council is looking for innovative approaches in addressing three prioritized service areas, the Applicant is asked to identify the number and type of Unit of Service that will align with the proposed program. Depending on the proposed program, the Unit of Service will vary. Please refer to the document, Target Service Units by FTF Strategy (see Exhibit Q) for the Units of Service that are specific to each strategy.

Unit of Service: Component One Units of Service (Increase Access to Health Services)

- Number of families served
- Number of children served
- Number of children receiving care coordination services
- Number of pregnant/postpartum women attending training sessions
- Number of pregnant/postpartum women receiving home visitation services
- Number of children screened for developmental delays
- Number of children receiving vision screening
- Number of children receiving hearing screening
- Number of children attending training sessions
- Number of adults attending training sessions
- Number of children receiving immunizations
- Number of children receiving well child checks
- Number of families receiving enrollment assistance for health insurance
- Number of families receiving referrals for community based services

Component Two Units of Service (Increase Early Literacy & Language Enrichment)

- Number of adults attending family literacy trainings or literacy workshops
- Number of children attending family literacy trainings or literacy workshops
- Number of books distributed

Component Three Units of Service (Outreach to Family, Friend & Neighbor Caregivers)

- Number of family, friend and neighbor early care and education providers served

First Things First Key Measures to be addressed: Given the Regional Council is looking for innovative approaches in addressing three prioritized areas, the number and type of Key Measures may be adjusted to reflect Key Measures that align with the proposed program. As a reference, the following Key Measures have been identified:

Component One Key Measures (Increase Access to Health Services)

- Total number of children receiving immunizations
- Total number of children receiving well child checks
- Total number of children enrolled in health insurance
- Total number of families receiving referrals for community based services
- Total number of families receiving referrals for health insurance or health coverage enrollment
- Number of awareness sessions offered to families

Component Two Key Measures (Increase Early Literacy and Language Enrichment)

- Percentage of families with children birth through age five who report they maintain literacy rich environments
- Percentage of families with children birth through age five who report reading to their children daily in their primary language

- Total number of children attending family literacy activities

Component Three Key Measures (Family, Friend and Neighbor Caregivers)

- Number of family, friend and neighbor early care and education providers participating
- Number of family, friend and neighbor early care and education providers receiving professional development
- Number of family, friend and neighbor early care and education providers receiving technical assistance

Performance Measures: Given the Regional Council is looking for innovative approaches in addressing three prioritized areas, the grantee may provide additional Performance Measures that align with the proposed program. However, the following Performance Measures will also be gathered:

Component One Performance Measures (Increase Access to Health Services)

- Total number of children served/proposed service number
- Total number of families served/proposed service number
- Total number of children receiving immunizations/proposed service number
- Total number of children receiving well child checks/proposed service number
- Total number of families receiving referrals for community based services/ proposed service number
- Total number of families receiving referrals for health insurance or health coverage enrollment/proposed service number
- Total number of awareness sessions offered/proposed service number
- Total number of people reached by awareness sessions/proposed service number

Component Two Performance Measures (Increase Early Literacy & Language Enrichment)

- Number of parents participating in family education activities/proposed service number
- Number of families reporting an increase in the number of days their family reads/strategic target number (FTF provided questions on a pre/post survey)
- Number of families reporting satisfaction with family education activities and support/actual service number

Component Three Performance Measures (Outreach to Family, Friend and Neighbor Providers)

- Total number of family, friend and neighbor early care and education providers served/proposed service number
- Total number of family, friend and neighbor early care and education providers receiving professional development/ proposed service number
- Total number of professional development sessions conducted/proposed service number
- Total number of technical assistance visits conducted/proposed service number

For more information on FTF Goal Areas, Goals and Performance Measures, please visit:
http://www.azftf.gov/WhatWeDo/Impacting/Documents/azftf_Strategic_Road_Map2008.pdf

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 (10%)
- Proposed Program or Strategy (40%)
- Implementation Activities (30%)
- Resource and Budget (10%)
- Evaluation Plan (10%)

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, restate each of the questions numbered one through 25 and then provide a narrative response to each item unless noted. If the item requires a completed attachment, please reference that attachment within the narrative response when indicated.

Executive Summary (required – 1 page overview)

1. Provide a one (1) page narrative overview of the proposed project that includes a brief summary of the program or strategy, how it will be implemented, and the Applicant's capacity to implement this program and how success and outcomes will be measured.

Capacity for Addressing the Needs (10%)

This section creates a foundation for the proposal by focusing on: meeting the needs and building on assets; other individuals or groups who will play a role in the development or implementation of the program; and the capacity of the Applicant to meet the need and deliver the services.

Applicants must address Capacity for Addressing the Needs by completing the following questions and attachments, when applicable:

2. Complete the FTF Standard Data Collection Form (Attachment A). No additional narrative is required.
3. Describe how your organization or proposed program has a community presence or how you plan to establish your community presence.
4. For each Component, identify the needs and gaps to be addressed by the proposed program. Identify the sources of the data and how that data was collected.
5. Describe any prior or current experience in working with the target population.

6. Provide a brief narrative description of the organization's capacity to address the needs and improve assets with similar programs previously implemented in the Central Pima region. Provide any examples of experience implementing related programs and the outcomes of those programs. (In addition to the narrative, please complete Applicant's Experience, Attachment B.)
7. For each Component the Applicant is responding to, please describe any capacity or infrastructure building that is necessary in order to implement the proposed program. Describe any external agency partnerships, additional resources, establishing or strengthening relevant relationships with community stakeholders or providers that is necessary for successful implementation of the proposed program.
8. Provide a brief narrative description of staff accountabilities and qualifications and list how much time each person will spend on the project for each proposed Component. Further, describe how staff recruited will be geographically, culturally and linguistically responsive to the settings in which they work. Complete the Key Personnel Overview (Attachment C). You must also attach resumes for key individuals involved in the project or job descriptions for positions to be filled.
9. Provide a narrative description of the coordination and collaboration activities in which the organization is currently involved. What benefits has the organization realized because of participating in these coordination and collaboration activities? What benefits have service participants realized because of these activities?

Strategies (40%)

This section identifies and describes the Applicant's proposed program(s) chosen to reach the stated Goals and Key Measures and also addresses the targeted individuals or groups to be reached. Applicants must address Strategies by completing the following questions:

10. Provide a clear and descriptive narrative of the program being proposed for each Component (One, Two and or Three). For Applicants choosing to apply for multiple Components, please ensure all Components are clearly addressed in the response. In the descriptive narrative, please be sure to include the following information:
    - Describe how the proposed outreach for the proposed program is an innovative approach in engaging and retaining hard to reach populations.
    - Describe the proposed program to address Component One, Two or Three. If the proposed program is recognized as an evidence-based practice, please provide an explanation and research documentation. Identify the applicable Standards of Practice that align with the proposed program (see Exhibits B-M).
    - Specifically describe the targeted service delivery area within the prioritized zip code (85705, 85711, 85713) the Applicant is proposing to serve. If the Applicant will be serving an area outside the prioritized zip code, please provide clear documentation and justification to demonstrate extenuating needs.
    - Describe the population to be served by the proposed program, including the number the Applicant is proposing to serve (refer to Target Population section on page 12 and Exhibit Q). Note: The Regional Council will also give consideration to proposals that identify a target service number greater than identified in the Target Population section.

11. The populations targeted for this grant opportunity are isolated in a variety of ways from the current service delivery continuum. Providing services will require a coordinated, innovative and culturally responsive approach in meeting multiple needs of young children. Specifically describe the method that will be used to engage these identified hard to reach populations.

Implementation

This component focuses on the steps that must be taken to put the strategy(ies) into action. It should include all the elements that will be required to operationalize the program.

Applicants must address Implementation Activities and Budget by completing the following questions:

Implementation Activities (30%)

12. Sequentially list the activities needed to operationalize the program for each Component, including timelines and responsibilities using the Implementation Plan (Attachment D). Any narrative necessary to describe the Implementation Plan should be included with Question *Note: Applicants will submit an Implementation Plan for January 1, 2012-June 30, 2012 and an Implementation Plan for July 1, 2012-June 30, 2013.
13. For each Component the Applicant applies for, describe any anticipated barriers to implementation including compliance with the applicable Standards of Practice and your plans to overcome those barriers.
14. Describe any additional coordination and collaboration activities that will occur as part of the implementation of the proposed program. What agencies, organizations or partners, including other Central Pima FTF funded partners, would be involved in coordination and collaboration activities? Any coordination and collaboration activities should be identified in your implementation plan (Attachment D) and should also align with the Coordination Standard of Practice-Community Partnerships (see Exhibit A).
15. How does the proposed work impact coordination/community partnerships while simultaneously building upon the early childhood education and health continuum in the Central Pima region?

If the Applicant is applying for more than one Component, please explain if and how the Components will be coordinated and implemented in conjunction with each other.

Budget (10%)

The budget and budget narrative should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the proposed program budget. Submit both a 6 month budget and a 12 month budget for the period of time described in Attachment F and G. All budget forms must be signed by an authorized agency representative.

16. Submit the Funds Requested Form (Attachment E). No additional narrative is required.
17. Submit the Line Item Budget (Attachment F) using only the budget categories listed on the form. No additional narrative is required.
18. Submit the Budget Narrative (Attachment G) using only the budget categories listed on the form.

19. Submit the Disclosure of Other Funding (Attachment H). 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(s). Note that statute A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by FTF 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.
20. Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey (Attachment I) 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".

Evaluation Plan (10%)

This component will address questions about how the program is working and what can be done to make the program more effective. The evaluation plan should be directly connected to the Goals, Key Measures, and Performance Measures and should determine the extent to which the program has accomplished the stated goals and key measures. The evaluation should also measure implementation fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation.

Applicants must include a plan for Evaluation and Quality Improvement by completing the following questions.

21. Describe any additional program evaluation activities or data collection that will be undertaken during the implementation of the proposed strategy.
22. Who will have overall responsibility for the data collection and reporting? Be sure to include this person in your Key Personnel Overview (Attachment C).
23. How will the required data be collected? Describe how you will ensure that data entered into the First Things First web-based database after it has been collected is accurate and timely. What procedures will be in place to assure the quality of your data (e.g., training for data collectors, data collection forms, timeliness for administering tools, etc.)?
24. Complete the Evaluation Plan Overview table (Attachment J).
25. What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to the quality data input and data collection of the program? In addition to a narrative description, the funds dedicated to evaluation should be reflected in the budget.

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. Multiple Awards. In order to ensure adequate coverage of First Things First requirements, either single or multiple awards may be made (but a single award 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, 2012, 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 three (3), one-year periods 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
Regional Division – Central Pima Regional Partnership Council
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012

First Things First will post any important grantee requirement information under the Grantee Resources section of PGMS.

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
   Finance Division – Central Pima Regional Partnership Council
   4000 North Central Avenue, Suite 800
   Phoenix, Arizona 85012

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 not allowable during the six (6) month funding period but may be considered for the subsequent three (3) renewal periods.

   First Things First has established guidelines for capital expenditures. The Applicant must demonstrate strong justification to support the needs within a region. In the case for construction and renovation projects for facilities, matching funds are required and the Applicant must include costs for such items. The Board may require a deed or title restriction requiring repayment of any funds used for a capital expenditure in the event of the disposal of the asset.

   All of the following should be demonstrated:

   a. Provide evidence of strong on-going support from the community for the capital improvement
   b. Provide a description of how funding such capital improvement will enable the region to reach their pre-determined measurable outcomes
   c. Describe what funds will be available to sustain the benefits of the capital request if approved
   d. Describe other attempts to meet this need and narrative that describes how no other resources exist (other than matching funds) in the community to meet this need
   e. Describe the anticipated possible ownership and maintenance for the capital asset should the entity no longer utilize the asset for the purposes for which funding support was approved by the Board
   f. Justify how it is expected that sustainability and operational resources are available after the life of this grant award.
   g. Description of the amount and source of 50 percent matching funds for specific capital requests to First Things First that includes the purchase of property or new construction, major renovation or remodeling to existing property
   h. Submit a copy of an annual independent audit reviews.

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 or falls below a review-scoring threshold, 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.

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 – Central Pima Regional Partnership Council
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.

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. The Fiscal and Contracts Specialist shall provide written notice of the termination and the reasons for it 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. 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 25 questions
- ❒ Standard Data 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
- ❒ Applicant's Experience completed, Attachment B
- ❒ Key Personnel Overview completed, Attachment C
- ❒ Implementation Plan completed, Attachment D
- ❒ Funds Requested Page, completed and signed, Attachment E
- ❒ Standard Line Item Budget, completed and signed, Attachment F
- ❒ Budget Narrative, completed and signed, Attachment G
- ❒ Disclosure of Other Funding Sources, completed and signed, Attachment H
- ❒ Financial Systems Survey is completed and signed, Attachment I
- ❒ Evaluation Plan, Attachment J
- ❒ 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 Data Collection Form
Attachment B	Applicant's Experience
Attachment C	Key Personnel Overview
Attachment D	Implementation Plan
Attachment E	Funds Requested Page
Attachment F	Line Item Budget Form
Attachment G	Budget Narrative Explanation
Attachment H	Disclosure of Other Funding Sources
Attachment I	Financial Systems Survey
Attachment J	Evaluation Plan

Exhibit A	Coordination- Community Partnerships Standards of Practice
Exhibit B	Coalition Building- Health Standards of Practice
Exhibit C	Care Coordination- Health Standards of Practice
Exhibit D	Prenatal Outreach Strategy/Community Health Education Standards of Practice
Exhibit E	Prenatal Outreach Home Visitation Standards of Practice
Exhibit F	Prenatal Outreach, Promotora Standards of Practice
Exhibit G	Home Visitation Standards of Practice
Exhibit H	Home Visitation Child Protective Services Policy
Exhibit I	Developmental Screening Standards of Practice
Exhibit J	Nutrition/Obesity/Physical Activity Standards of Practice
Exhibit K	High Risk Newborn/Infant Home Visitation Standards of Practice
Exhibit L	Health Insurance Outreach and Application Assistance Standards of Practice
Exhibit M	Sensory Screening Standards of Practice
Exhibit N	Early Language and Literacy Programs in Home and Community Settings Standards of Practice
Exhibit O	Community-Based Training Standards of Practice
Exhibit P	Support for Family, Friend and Neighbor Care Standards of Practice

Exhibit Q	Target Service Unit Information by Strategy
Exhibit R	Standard Terms Defined
Exhibit S	Sample Certificate of Insurance
Exhibit T	Matching Line Item Budget Form – Optional, depending on if required

Attachment A

FIRST THINGS FIRST STANDARD DATA 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: Please refer to the following table and enter all numbers to be served where applicable.

Target Population of Proposed Program

Goal Area	*FTF Strategy Name*	*Standard of Practice (SOP)*	*Target Service Units 1*	*Target Service Units 2*	*Target Service Units 3*	*Proposed Number to be Served*
Coordination	Community Partnerships	SOP Community Partnerships (Exhibit A)	NA	NA	NA	NA
Health	Comprehensive Preventative Health Programs	SOP Coalition Building (Exhibit B); SOP Community Health Education (Exhibit D)	Total number of children served	Total number of families served	NA	Target Service Unit 1: _____ Target Service Unit 2: _____
Health	Care Coordination/ Medical Home	SOP Care Coordination(Exhibit C)	Total number of children receiving care coordination services	NA	NA	Target Service Unit 1: _____
Health	Prenatal Outreach	SOP Prenatal Outreach (Exhibit D); Also required: SOP Prenatal Home Visitation (Exhibit E); SOP Prenatal Outreach Promotora (Exhibit F); CPS Policy (Exhibit H); SOP Developmental Screening (Exhibit I)	Total number of pregnant/postpartum women attending training sessions	Total number of pregnant/postpartum women receiving home visitation services	NA	Target Service Unit 1: _____ Target Service Unit 2: _____
Health	Developmental & Health Screening	SOPs as appropriate to the contract: SOP Developmental Screening (Exhibit I); SOP Sensory Screening (Exhibit M); SOP Coalition Building- Used for Child Find Coalition; (Exhibit B)	Total number of children screened for developmental delays	Total number of children receiving vision screening	Total number of children receiving hearing screening	Target Service Unit 1: _____ Target Service Unit 2: _____ Target Service Unite 3: _____

Health	Nutrition/ Obesity/ Physical Activity	SOP Nutrition/Obesity/Physical Activity (Exhibit J)	Total number of children attending training sessions	Total number of adults attending training sessions	NA	Target Service Unit 1: _____ Target Service Unit 2: _____
Health	High Risk Newborn Follow Up	SOP High Risk Newborn Follow Up (Exhibit K); CPS Policy (Exhibit H)	Total number of families served	NA	NA	Target Service Unit 1: _____
Health	Health Insurance Enrollment	SOP Health Insurance Outreach and Application Assistance (Exhibit L)	Total number of families receiving enrollment assistance for health insurance	NA	NA	Target Service Unit 1: _____
Family Support	Early Language and Literacy Programs in Home and Community Settings	SOP Early Language and Literacy Programs in Home and Community Settings (Exhibit N); *IF* Home Based Early Language and Literacy Program- also refer to SOP Home Visitation (Exhibit G); CPS Policy (Exhibit H); SOP Developmental Screening (Exhibit I). *IF* Community-Based Early Language and Literacy Program-also refer to Community-Based Training (Exhibit O)	Total number of adults attending family literacy trainings or literacy workshops	Total number of children attending family literacy trainings or literacy workshops	Total number of books distributed	Target Service Unit 1: _____ Target Service Unit 2: _____ Target Service Unite 3: _____
Quality and Access	Family, Friend and Neighbors	SOP Family, Friends and Neighbors (Exhibit P)	Total number of family, friend and neighbor early care and education providers served	NA	NA	Target Service Unit 1: _____

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 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 evaluation 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 evaluation 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____________________

Collaborator

Agency____________________ Contact Person____________________

Address____________________ Position____________________

Address ____________________ Email____________________

City, State, Zip____________________ Phone__________x_____ Fax________

County____________________

Attachment B

APPLICANT'S EXPERIENCE

Name and address of organization for which the service or activity was provided:
Location where services or activities were conducted:
Dates the service or activity was conducted: (e.g., October 2007 – September 2008)
Describe the services or activities that were provided:
Describe what was achieved with the services or activities: (e.g., increased knowledge among 20% of program participants, served 100 children, etc.)

Attachment C

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 D – 6 month

January 1, 2011 – June, 30 2012 Implementation Plan

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

Attachment D – 12 month

July 1, 2012 – June, 30 2013 Implementation Plan

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

Attachment E

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 January, 2012 – June, 2012

Authorized Signature_____ Date_____

Job Title _____

Attachment F and G Instructions

How to Complete the Line Item Budget and Budget Narrative

Complete a 6-month budget for the period of January 1, 2012 through June 30, 2012 and a 12-month budget for the period July 1, 2012 through June 30, 2013 using the template provided in Attachment F. Please make sure you include a budget narrative as Attachment G.

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.

Matching Funds are not required at this time; however, if matching funds are listed and submitted to support the application, are subject to financial and programmatic monitoring by First Things First. Matching Funds budget template can be found in Exhibit D.

Attachment F – Line Item Budget

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: January 1, 2012 – June 30, 2012

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			
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 – Line Item Budget

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 G – Budget Narrative

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 6-month line item budget categories and subcategories AND for 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 H

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 I

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?	o Manual o Automated o Combination
2. How frequently do you post to the General Ledger?	o Daily o Weekly o Monthly o Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	o YES o NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	o YES o 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?	o YES o NO
6. Is your organization familiar with Federal Cost Principles (i.e., 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	o YES o 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.	o Direct Charges o 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?	o YES o NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	o YES o NO
3. Are all accounting entries and payments supported by source documentation?	o YES o NO
4. Are cash or in-kind matching funds supported by source documentation?	o YES o NO
5. Are employee time sheets supported by appropriately approved/signed documents?	o YES o NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	o YES o NO

D. PROCUREMENT

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

Data Collection and Evaluation Plan

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

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FIRST THINGS FIRST- EXHIBIT A

COORDINATION STANDARDS OF PRACTICE- Community Partnerships

In March 2008, the Early Childhood Development and Health Board defined the strategic direction of First Things First with the adoption of the Strategic Plan Roadmap. Within this comprehensive document, Coordination is identified as a one of six Goal Areas that will be accomplished by First Things First in order to build the Arizona early childhood system.

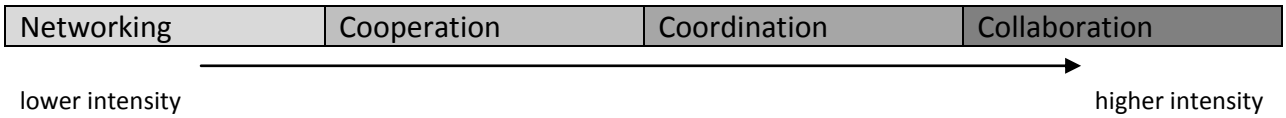
Specifically, to accomplish the Coordination goal, First Things First is directed to foster cross-system collaboration efforts among local, state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and their families.

It is generally believed that by participating in cross-system efforts, organizations will begin to look at how they can change the way they work together so that services are delivered to children and families in new, more effective and efficient ways. Service agencies that work together are often easier to access and are implemented in a manner that is more responsive to the needs of the families. Cross-system efforts may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service. Therefore, by supporting a variety of cross-system efforts, First Things First will be instrumental in creating a high quality, interconnected, and comprehensive delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing a child's overall development.

COORDINATION STANDARDS

Cross-system efforts may include a wide variety of activities. However, the desired outcome of all cross-system efforts is to support organizations to develop relationships that allow them to achieve results they would not likely have achieved alone. A number of terms can be used to label organizations that work together toward mutually beneficial goals. Among these terms are: alliances, coalitions, collaborations, cooperatives, networks and partnerships.

While all cross-system efforts involve two or more organizations working together for a common purpose, these efforts operate at varying levels of intensity. Typically, formal collaboration is viewed as most intensive, requiring the greatest amount of work, commitment and risk. It also is the level at which true system changes are most likely to occur. **The intent of coordination strategies developed by First Things First is to support participants in achieving increasingly intensive levels of coordination.**



Networking: Activities that result in bringing individuals or organizations together for relationship building and information sharing. Networking results in an increased understanding of the current system of

services. There is no effort directed at changing the existing system. There is no risk associated with networking.

Cooperation: Characterized by short-term, informal relationships that exist without a clearly defined mission, structure, or planning effort. Cooperative partners share information only about the subject at hand. Each organization retains authority and keeps resources separate. There is very little risk associated with cooperation.

Coordination: Involves more formal relationships in response to an established mission. Coordination involves some planning and division of roles and opens communication channels between organizations. Authority rests with individual organizations, however, risk increases. Resources are made available to participants and rewards are shared.

Collaboration: Collaboration is characterized by a more durable and pervasive relationship. Participants bring separate organizations into a new structure, often with a formal commitment to a common mission. The collaborative structure determines authority and leadership roles. Risk is greater. Partners pool or jointly secure resources, and share the results and rewards.

To simplify, the term c*oordination* will be used throughout this document to describe the variety of cross-system efforts, from networking through collaboration, that lead to accomplishment of the First Things First Coordination goal. When the word *collaboration* is used, it specifically refers to the highest level of coordination efforts, as described above.

To foster increased community capacity in order to provide high quality early childhood services that work together across First Things First regions and at a statewide level, First Things First Regional Partnership Councils will foster and facilitate coordination (i.e. cross-system) activities within their region. These activities may include: conducting regional needs assessments; convening regional and cross-regional meetings of First Things First grantees and other service providers; participation in interagency coordinating councils; engaging service providers to conduct strategic planning; and supporting communications and information exchange networks. These activities may be provided by Regional Partnership Councils and Regional Office staff directly or through grant agreements.

First Things First coordination strategies may occur at any level, from networking to collaboration. One approach to coordination, which is most effective in communities with little history of working together or where trust is lacking, is to first bring service providers together for networking. As successes occur, the group is able to transition to more intensive levels of working together.

COORDINATION COMPONENTS

In developing coordination strategies, Regional Partnership Councils and grantees should be cognizant of the components that lead to successful collaboration. Creating and maintaining collaborative efforts is a difficult process. In fact, poorly managed community coordination and collaboration activities can damage relationships and result in distrust and territorialism.

Research has identified six broad categories that influence the success of collaborations (Mattessich, et al, 2001). They are:

1. *Environment*: the extent to which the community has a history of collaboration and whether the community views collaboration as a legitimate effort.

2. *Membership Characteristics*: the degree to which there is mutual respect and trust among members.
3. *Process and Structure*: the presence of clearly understood roles, rights and responsibilities of members that lead to a feeling of ownership that collaboration members feel about the work.
4. *Communication*: the existence of fully developed and utilized lines of communications resulting in high interaction between individuals.
5. *Purpose*: having a shared vision, with clearly articulated goals and strategies, that is affirmed by each member. The mission, purpose and delivery system of the collaborative is distinctive from those of participating organizations.
6. *Resources*: the extent to which the collaboration has sufficient financial, human and in-kind resources to achieve its goals.

COORDINATION STRATEGIES

Specific activities can foster the development of increasingly intensive levels of coordination. In order to be successful, coordination strategies should consider incorporating a variety of these activities.

READINESS ASSESSMENT

Before beginning a coordination effort, an assessment of the community's readiness may occur. Various tools can be used to assess readiness to coordinate. Among the items evaluated in a readiness assessment are: existence of a shared vision; inclusion of key organizational and individual stakeholders; and leadership capacity. Having a clear understanding of the factors that impact successful coordination will help direct initial efforts. In fact, coordination strategies may also include capacity building that increases the readiness of individuals, organizations and communities to engage in meaningful cross-system efforts.

Formal collaboration should result in actions that change and improve services. Groups move through stages of development to arrive at effective collaboration.

POSSIBLE ACTIVITIES

Stage of coordination	**System Level**	**Family level**
Networking	• Bring people with diverse perspectives together for relationship building, and information sharing, • Increase knowledge of services	• Increasing knowledge of services • Increasing access to services • Family assessments- matching services to needs
Cooperation	• Opportunities to increase/improve communication • Create a vision and clarify expectations. • Develop cross-referral processes • Developing Leaders- identifying and supporting leaders to manage challenges, seek out opportunities, build partner commitment and cultivate crucial relationships.	• Developing an information exchange system to reduced duplication, improved delivery timeframes • Service plan coordination • Service delivery coordination

Coordination	• Develop a strategic plan, establish accountability, gather resources. • Identify needs, measure and evaluate results, assess strategies and resources, adapt to changing conditions • Asset mapping, gap analysis, and identification of actions to address gaps; • Identification of system improvement measures to be implemented • Identify and resolve "turf" issues	• Coordinated outreach • Joint family-centered service planning- services designed to meet family needs, flexibility in delivery, removing "turf" battles • Clear and consistent communication to families
Collaboration	• Make changes part of a structured system, recognize goals reached, determine whether the partnership should continue as is or move to a different level • Negotiate agreements and contracts, strengthen community support • Identify opportunities and begin shared planning • Identify opportunities and begin to share resources and risk	• Integrated seamless service planning • Seamless shared service delivery

COORDINATION OUTCOMES

Coordination efforts funded by First Things First should build on community strengths. It is recommended that coordination strategies incorporate a readiness assessment. Further, it is important that all coordination efforts include the use of outcome measures to demonstrate effectiveness and to increase accountability.

Examples of possible outcomes (and measures) that can occur as a result of coordination efforts are:

1. Minutes and attendance records of meetings held;
2. Development of partnership and governance agreements;
3. Development of a strategic plan, with action steps that result in systems change;
4. Asset mapping, gap analysis, and identification of actions to address gaps;
5. Identification of system improvement measures to be implemented, such as implementing coordinated outreach for programs of a similar type (e.g. home visitation, parent education) to help ensure that families are referred to the service that best meets their needs or developing an information exchange system to identify families served by more than one service organization to identify opportunities to coordinate and reduce duplication;
6. Increased satisfaction of families served through coordinated efforts.

Examples of possible data that can be used to demonstrate the effectiveness of cross-system efforts are:

1. Community score cards or other community–wide indicators of wellbeing that can be monitored publically and annually, including data which can be disaggregated by ethnicity and geography;
2. Budget analyses that break out all spending for children, youth, or some other identified purpose in ways that are not customarily tracked by budget offices;
3. Self-assessment tools that allow a collaborative to gauge its progress against a framework for reviewing the systems outcomes of a collaborative.
4. Client surveys to gauge changes in referral networks, ease of service access, and satisfaction with services received.

STAFF QUALIFICATIONS:

Knowledge of human services systems and community development; experience in facilitating coordination and collaboration. Knowledge of and experience with tools and resources to assess systems coordination. Typically individuals with advanced academic degrees possess these attributes.

CULTURAL COMPETENCY

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

TYPES OF COORDINATION STRATEGIES

Coordination strategies within First Things First generally fall within four categories which require specific considerations. These categories include:

- Capacity-Building
- Court Teams
- Community Partnerships
- Service Coordination

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COMMUNITY PARTNERSHIPS

The development of community partnerships is a system-level intervention designed to establish or strengthen the working relationship of two or more family service agencies or organizations. The primary goals of community partnerships are to:

- increase availability of services to families and children
- develop a strategic plan to serve the community based on identified needs and gaps
- foster leadership capacity among service providers
- share expertise and training resources

There is no prescribed model for community partnerships. The number of partners, tasks, structure and length of the partnership may vary depending upon the community's needs. For example, a community partnership in a region may be focused around a subject such as Early Literacy or Family Support, while in another region the partnership may be focused upon a specific community in the region. As partnerships are developed, it is important to identify a core group to begin the process. As the group develops, additional partners can be added strategically to further the partnership goals.

To be successful, partnerships should establish a shared vision and commitment to the goals and objectives identified by the partners. This includes the commitment of staff time and resources. Successful partnerships require the clear definition of roles and responsibilities for each partner. Partnerships may vary in structure but their activities generally include the following:

- Identifying key community issues for which there is shared concern
- Strategic planning
- Sharing program and service information
- Identifying the role and tasks of each partner
- Designing an operational structure that promotes communication and provides for accountability
- Regularly assessing barriers, developing action plans and charting progress
- Identifying additional partners integral in achieving needed community change and successfully reaching objectives and goals.

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FIRST THINGS FIRST- EXHIBIT B
Coalition Building- Health
Standards of Practice[3]

Every community experiences gaps in services to young children, often around the areas of prevention and intervention of developmental and health problems. Identifying and addressing those problems can happen in a variety of ways both formally and informally. Sometimes a gap may be identified through a formal community assessment, other times members of the community themselves begin to see a problem developing and want to intervene proactively. Often, multiple service agencies in a given community offer parent education, health education, prevention information and other interventions aimed at addressing the identified community concerns. Many times these agencies may be providing services to the same populations, or working to address the same problems. Though good work is being done, by collaborating together, more might be accomplished. Historically, when addressing community level problems, coalitions have been an effective way to organize and leverage resources. According to the Prevention Institute, "A coalition is a union of people and organizations working to influence outcomes on a specific problem. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization. These goals range from information sharing to coordination of services, from community education to advocacy for major environmental or policy (regulatory) changes." The benefits of forming and maintaining effective coalitions include; reducing duplication of services, leveraging resources, strengthening bargaining power, and getting "buy in" from community members.

First Things First is interested in supporting community coalition building in an effort to enhance and improve support systems for children birth through age five and their families. Specifically, First Things First would like to support coalitions working toward the improvement of prevention, intervention, and other family supports.

II. Coalition Building Standards

A variety of coalition building models and guides exist. Though they may differ in their specific steps, they do have many common guidelines that may assist those interested in forming and maintaining a coalition to

[3] The Coalition/Collaborative Building Standards of Practice includes supplemental standards to address the specific types of coalitions and/or collaborations being established such as Child Find or Preventive Health. The appropriate supplemental standards should be attached along with the general standards.

be successful. The development of preventive health and/or child find coalitions involves both coordinated and collaborative efforts. As outlined in the First Things First Coordination and Collaboration Standards of Practice, these two, integral characteristics of effective coalitions are defined as follows:

Coordination: Involves more formal relationships in response to an established mission. Coordination involves some planning and division of roles and opens communication channels between organizations. Authority rests with individual organizations, however, risk increases. Resources are made available to participants and rewards are shared.

Collaboration: A more durable and pervasive relationship marks collaboration. Participants bring separate organizations into a new structure with often a formal commitment to a common mission. The collaborative structure determines authority. Risk is greater. Partners pool or jointly secure resources, and share the results and rewards.

Coalition Planning Standards

Effective coordination and collaboration activities take careful planning and a significant investment of time. Before establishing a community coalition, assessment of the collaborating partners' readiness and determination of specific program objectives should occur. Various tools can be used to assess readiness to collaborate. Among the items evaluated in a readiness assessment are:

- existence of a shared vision and coalition objectives;
- inclusion of key organizational and individual stakeholders; and
- leadership capacity.

Having a clear understanding of the factors that impact successful collaboration will help direct initial collaboration efforts. In fact, coalition strategies may also include capacity building that increases the readiness of individuals, organizations, and communities to engage in meaningful collaboration efforts.

Coalition Recruitment

Including the people who both have the skills and the knowledge of the coalition goals as well as the capacity to effectuate change is a key component to successful coalition development. FTF coalition members will be recruited to ensure a broad membership of local level, community individuals as well as those who represent a wide array of service providers and service types. It is important to convene people with diverse perspectives who can then create a vision and clarify coalition expectations, including small neighborhood-based organizations which often help families navigate complex and fragmented service delivery systems. Coalitions should identify both the organizations and the individuals who would be best suited to the work in considering appropriate recruitment.

Establishing Coalition Objectives

Meaningful objectives and activities developed by the coalition are ones that satisfy both the community needs as well as the needs of the participating individuals and agencies. Objectives shall be established by the coalition to set direction and should arise from the shared beliefs of the group. Objectives should include both long-term goals and short-term benchmarks.

Convening a Coalition

Coalition activities shall be conducted in a way that each members' participation is valued and appreciated.

1. Members should all understand the purpose of the coalition
2. Members should understand each of their roles as participants in the coalition
3. Members should understand what resources they bring to the coalition to meet the group's goals and objectives

Structure of the Coalition

Determining how the structure of the coalition is established and maintained is integral to the coalition's success. Coalition members must agree and commit to several structural elements of the coalition. FTF funded coalitions will outline their intended structure as part of the initial planning process. The structural components included in the planning and design of coalitions are:

1. Life expectancy of the coalition: Determining a specific timeframe during which a coalition must conduct its work leads to more successful action and task completion. Coalitions determine their life expectancy based on their group's goals and desired outcomes.
2. Location, frequency and duration of meetings: Meetings occurring at locations seen as "neutral" or not belonging to a particular representation of the coalition adds to the sense of collaboration and openness among members. Coalitions should convene at locations where all members feel a sense of equity. The frequency of meetings is to be determined by the coalition, but may not be less than quarterly. Coalitions that choose to meet more than quarterly, must consider how frequency of meetings may affect members' commitment to the work. Duration of meetings should also be determined by the coalition with the consideration that members will need enough time to accomplish the work in the strategic plan developed.
3. How new members are included: Coalitions should invite and recruit members following the recruitment standards. However, no member should be excluded who shows an interest in the coalition's work and goals.
4. Decision-making processes and procedures: Decisions within the coalition should be made by consensus whenever possible. Recognizing that all members of a coalition may not always agree, coalitions will need to establish how action will be handled when consensus cannot be reached (e.g. by vote, choose not to take action, etc)
5. Meeting Agendas: Establishing meeting agendas in advance provides for structure and direction of meetings. Each meeting will require a clear agenda to be developed and distributed to coalition members in advance of meetings.
6. Participation between meetings: To move long-range goals forward quickly, sub-committees of the coalition may be established. Creating sub-committees will add to the

Ensuring Continuous Progress

To ensure the coalition's success, a process of ongoing self-assessment of the group's work should be used. Conducting a process of reflection throughout the coalition's activities allows the group to adapt and make decisions about elements that may not be working as effectively as desired. This process of monitoring of one's own progress is essential to maintaining the group's productivity and ensuring timely and effective actions.

III. Coalition Coordinator Qualifications Standards

1. Requirements of the Coalition Coordinator must hold a Bachelors degree in a field related to the purpose of the coalition (e.g. if a Child Find Coalition, degree would be in child development, early childhood special education, or other related field; if a Health Prevention Coalition, degree would be in public health, nursing, or other related field) OR have documented work experience conducting the activities of leading a coalition such as member recruitment, strategic planning, facilitation of groups and group dynamics, and evaluation OR a combination of education and experience that meets the necessary knowledge and expertise of the position.
2. Coalition Coordinators should have expertise and knowledge in the following:
    a. Community building and development;
    b. Knowledge of human services systems;
    c. Principles of advocacy and social marketing;
    d. Experience in facilitation of coordination and collaboration; and
    e. Knowledge of and experience with tools and resources to assess systems coordination.

3. 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."

IV Supervision, Quality Assurance and Evaluation Standards

1. Effective programs recognize that building and maintaining quality requires an ongoing and iterative process. Participants and their respective partners shall conduct ongoing, reflective practices that continuously assess the quality and effectiveness of the implementation of the coalition.
2. Supervision of program personnel coordinating the efforts of the coalition is conducted as a relationship-based process with mechanisms that support them in challenging situations and provides ongoing and regularly scheduled (no less than monthly) opportunities for discussion to reflect and debrief**.** Supervision will also include observation, feedback, and opportunities for peer consultation.
3. Compensation and benefits for the personnel coordinating the efforts of the coalition are adequate to support the hiring and retention of highly skilled staff.

V. Coalition Building Implementation Activities

Stakeholders in any coalition building effort will:

1. Establish the overall objectives of the coalition
2. Develop a leadership structure
3. Develop a membership structure
4. Establish a membership recruiting plan
5. Determine the specific activities the coalition will participate in
6. Assess the collective resources of the group
7. Establish a plan to communicate with members, stakeholders and the community
8. Develop a plan of accountability for members
9. Develop a brand
10. Plan to address conflict between members
11. Monitor progress through evaluation and make any necessary changes

Supplemental Implementation Activity Standards for Child Find Coalitions

1. Identify partners necessary to create a comprehensive coalition to include community early childhood programs, AzEIP providers, Head Start programs, any tribal programs within the community, health care providers, and other community based organizations that serve young children and/or families.
2. Identify current activities in the community (asset mapping) that address public awareness and marketing campaigns for locating children who may be in need of additional services.
3. Identify current screening opportunities and procedures among the districts and AzEIP providers within the region.
4. Identify any other sources of screening or public awareness and education activities occurring in the community
5. Identify remaining gaps in the public relations/marketing and screening activities occurring in the region.
6. Identify the needs around informing and educating families in the typical development of children, the availability of developmental and/or sensory screening, and the processes for referral.
7. Based on identified gaps and community needs, develop and implement a plan to address parent awareness and understanding of children's typical development and where to access screening and identification services, enhanced screening services, and/or marketing and public relations related to availability of screening and intervention services.
8. Engage local health care providers of family services such as physicians, hospitals, etc. in building their understanding of the importance of and availability of developmental screening and the process for referral.
9. Engage local early care and education providers in the process of recognizing children's developmental red flags, increasing their knowledge of developmental screening activities, and understanding the process for referral.
10. Develop strategies for transitions between and across district attendance boundaries.
11. Develop and implement recommendations for public relations activities and screening activities that increase the communities' access to services for young children.

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT C

Care Coordination-Health

Standards of Practice

The medical hoe represents a standard of primary care where children and their families receive the care they need from a family physician, pediatrician or healthcare professional that they trust. Healthcare professionals in partnership with the family work with appropriate community resources and systems to achieve the child's maximum potential and optimal health. A medical home addresses well-child care, acute care, and chronic care for all children from birth through their transition to adulthood

An important component of a medical home is service coordination and case management to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. According to the Medical Home Practice-Based Care Coordination Workbook (McAllistar, Presler, Cooley); "It has been suggested that you cannot be a strong medical home without the capacity to link families with a designated care coordinator.

Effective care coordination begins with recognizing the relationship between the family, the health care provider and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. Care is coordinated and/or integrated across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, home health agencies, home visitation services) and the patient's community (e.g., family, schools, childcare, public and private community-based services,). Care coordinators will enhance the abilities of the physician and practice to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Qualifications for a Care Coordinator include:

Minimum of a Bachelors Degree in health care, social work or related field and have experience working with children birth through five and their families.

Have excellent communication and organizational skills that promote efficiency in care coordination.

Have a comprehensive understanding of community, social and governmental resources available to support families.

Programs implementing care coordination will:

Assure that all program staff have the appropriate experience and education.

Provide ongoing training to program staff to assure quality.

Assure that all patient and family information is handled in a confidential manner.

Assure that appropriate consent is obtained for service delivery.

Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.

Collaborate with local agencies/community partners.

"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

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 health data on the reservation.

Any FTF grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among 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

Care Coordinators will:

1. Assist the practice to identify children with special healthcare needs and establish methods for tracking and follow up of these children.
2. Assist the practice to identify other children potentially in need of care coordination services.
3. Complete an intake assessment, with participation of the family. This assessment (including strengths and weaknesses) should consider medical status, developmental stage of the child and a variety of family protective factors such as parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and children's healthy social emotional development.
4. Review that intake assessment with the family and identify needs that might be addressed via care coordination.
5. Work with families and health plan, if appropriate, to develop a written plan of care. The intensity of care coordination should vary based upon identified needs/desires of the family.
6. Be able to, as appropriate but not limited to:
    a. Work with the office referral staff to identify service referral needs, ensure completion of referral visits and outcomes of those visits
    b. Assist the family in following up with referrals
    c. Educate families on the importance of follow up
    d. Assure access to care (insurance or social services)
    e. Provide information regarding community resources and linkage to those services
    f. Promote family independence by working to develop self care skills
    g. Lead or facilitate team conferences
    h. Support care transitions
    i. Advocate for the family
7. Monitor the status of the care plan, making any necessary adjustments and communicating changes to the family.
8. Seek out feedback from families on the coordination processes and decisions of the providers serving the child.
9. Participate in quality/performance measurement processes related to the care coordination/medical home model.
10. Care Coordinators will NOT be responsible for performing medical procedures or treatments, giving medical advice, writing reports generally prepared by physicians or nurses and performing routine bookkeeping, clerical or billing functions.

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT D
Prenatal Outreach Strategy/
Community Health Education
Standards of Practice

A great deal of public health research indicates that Arizona's children are not as healthy as they could be. Increased rates of obesity, diabetes, and asthma; paired with poor nutrition, a sedentary lifestyle, and a variety of economic and social factors are all contributing to a poor environment of physical, mental, and oral health for many children. Even more alarming is recent news published in the New England Journal of Medicine that life expectancy for children born today may actually be less than that of their parents. Though we have made significant progress in addressing health issues that affect children through immunization and other public health interventions, many problems remain. The unique geography and population of the state complicate addressing these health concerns.

Health educators work with individuals and communities to provide information and education on how to improve health and health outcomes. They "work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems" (U.S. Department of Labor, December 2009). There are many health education programs, on a variety of topics, designed to provide individuals and communities with the information they need to improve their health status.

In order to leverage resources and educational efforts, community health education efforts may be integrated into other public health and health programming. For example, community health education can be addressed through other early childhood programs and services, such as home visitation, parenting education or by child care providers.

First Things First Regional Partnership Councils have identified a number of health needs and disparities specific to their individual regions. To address some of these needs, they have chosen to fund community based health education programs in multiple settings. Any grantee implementing community health education on any topic must meet the following requirements:

QUALIFICATIONS FOR A COMMUNITY HEALTH EDUCATOR INCLUDE:
Minimum of a Bachelors Degree in Health Education, or another allied health profession.
Completion of training in the specific curriculum/materials being used.
Excellent communications skills and the ability to adjust to the individual learners' needs.
Have knowledge and skills in:

- Assessing individual and community needs for health education.
- Planning, implementing and administering health education strategies, interventions and programs.
- Serving as a health education resource person.

- Communicating and advocating for health and health education

PROGRAMS IMPLEMENTING COMMUNITY HEALTH EDUCATION WILL:

Address a documented health need within the target population of children birth through age five.

Choose or develop curriculum based on recognized educational principles.

Assure that the content/format of activities and materials will promote improvements in health not specific proprietary business interests of a commercial interest.

Build upon, enhance and coordinate with existing community based health education efforts in the region.

To the extent possible, work in partnership with other early childhood initiatives that provide services to the same target population.

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work.

Hire staff with the appropriate qualifications to deliver the specific services in the scope of work.

Assure that staff receive specific training to carry out community based health education activities.

Provide ongoing staff development on diversity issues.

Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders and the community.

Assure that evaluation and monitoring is a collaborative, ongoing process that includes feedback from staff, families and community members.

Assure that the content/format of activities and materials will promote improvements in health not specific proprietary business interests of a commercial interest.

Develop a post training evaluation for participant feedback if providing a series of sessions.

Programs implementing best practice models for community health education must adhere to the standards of the model, unless permission to deviate from the model has been obtained from the appropriate source.

Recognize that certain populations have health disparities due to cultural, linguistic, geographic and socioeconomic factors, and tailor interventions/curriculum and programs to address various populations.

Collaborate with existing community resources to reinforce health education messages.

Maintain confidentiality of all information obtained as part of the community based health education program.

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 health data on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among 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

"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

COMMUNITY HEALTH EDUCATORS WILL:

Develop a written program plan that includes:

- Program goals, intended audience
- Measurable objectives
- Appropriate activities to meet objectives, including timelines and responsibilities for implementation
- Description of resources necessary to conduct the program
- Comprehensive evaluation plan to measure the impact of a program, make future improvements and make decision about similar future programs

Communicate the purpose and objectives of the activity to the learner before the activity.

Identify educational needs/gaps of the learner or target audience.

Select a format and setting for the activity that are appropriate for the target audience and type of program being implemented.

Incorporate principles of adult learning into instruction.

Implement the health education program based on activities and timelines developed in the written program plan.

Utilize a variety of skills in delivering strategies, interventions and programs including effective use of instructional technology.

Incorporate demographically and culturally sensitive techniques when promoting programs.

Assess the effectiveness of the program plan and make appropriate modifications.

Maintain confidentiality of all health information obtained as part of the community based health education program.

References:

National Commission for Health Education Credentialing (NCHEC), Responsibilities and Competencies of Health Educators. 2008. Available at http://www.nchec.org/credentialing

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2/16/2010

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT E
Prenatal Outreach
Home Visitation
Standards of Practice

Home visitation programs deliver education, information and support to families where they are - in their homes. Home visiting programs have also shown positive effects in improving birth outcomes. A 2004 study of home visiting programs found that mothers visited by paraprofessionals experienced better mental health, and fewer miscarriages and fewer low birth weight newborns. Mothers and children visited by paraprofessionals displayed greater responsiveness to one another and in some cases had home environments that were more supportive of children's early learning.

The same study found that nurse-visited women reported more time between births of first and second children and lower domestic violence rates. Nurse-visited children of mothers with low psychological resource levels at onset had homes more conducive to early learning when compared with controls, more advanced language, better executive functioning and better adaptive behavior during testing. (Pediatrics, 2004)

A prenatal home-visitation program with focus on social support, health education, and access to services holds promise for reducing LBW deliveries among at-risk women and adolescents. Psychosocial support appears to be an important element of such programs. Indeed, research has indicated that the rate of LBW for black mothers is associated with aspects of the social environment that are amenable to change, including social support and neighborhood characteristics. Other important elements appear to be linkages to medical providers and health and nutrition resources, and encouraging healthy prenatal behaviors. (American Journal of Preventive Medicine, February 2009)

A variety of home visitation program models exists. They differ in many technical aspects, such as the experience and credentials of the home visitor, and the duration and intensity of the visits. Yet, common aspects unite home visitation program models focusing on improved birth outcomes, including psychosocial support for the at-risk pregnant woman, encouragement of healthy prenatal behavior, linkages to community services such nutrition and medical services, and parent education and support related to infant and child development.

Qualifications for a Prenatal Home Visitor Include:

Home visitors are required to have a minimum of a Bachelors degree in nursing, allied health, early childhood development, education, family studies, social work or a closely related field; or staff is extensively trained and can demonstrate competency in service provision (Programs must provide complete documentation).

Programs implementing Prenatal Outreach/Home Visitation will:

Conduct background checks on all staff prior to hiring, including finger printing and three professional references
Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work
While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues

- Be accessible for families. Offer extended service hours including weekend/evening hours.
- To ensure quality services caseload size for each staff person is based upon:
- How many hours per week the home visitor works
- 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)
- Where each family lives

  For example; 20 is the maximum caseload for a home visitor working entirely in homes with families assessed as high risk or with multiple risk factors at one time per week. However, adjustments may occur (in consultation with First Things First) based on unique community or client needs.

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

Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally

- Assess home visitors' skills and abilities. Home visitors must be able to engage families while keeping a professional rapport.
- Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
- Provide ongoing staff development on diversity issues

Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

Provide ongoing staff development/training

Supervisors should work with home visitation program staff to prepare professional development plans

All Standards of Practice are modeled in all activities including planning, governance, and administration

- Wages and benefits are adequate for supporting high quality staff
- The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies, social work or a closely related field; or staff is extensively trained and can demonstrate competency in service provision (Programs must provide complete

documentation). If programs experience hardship in recruitment efforts, they must notify and consult with First Things First to determine if alternative education or experience is permitted.

Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community

Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides regular discussion 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.

All staff work as a team, modeling respectful relationships of equality

Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children

Structure governing bodies so that they reflect the diverse constituencies of the community and are knowledgeable about community needs
Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members

- Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback.
- Identify outreach, engagement and retention practices
- Must demonstrate program effectiveness mechanism. Programs must participate in data collection and reporting of performance measures.
- "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

Prenatal Outreach Home Visitors will:

Engage at-risk pregnant women in home visiting services early, preferably in the first trimester of pregnancy.

Engage pregnant women and their families in assessing their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or use the Life Skills Profile

Help pregnant women and families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family

Connect eligible pregnant women to public health coverage as needed and to prenatal care services available

Monitor and encourage continued access to prenatal care throughout a woman's pregnancy

Encourage healthy prenatal behaviors, and connect women to available services that mitigate unhealthy behaviors such as smoking cessation or drug or alcohol treatment

Connect pregnant women to nutrition services such as the federal Women, Infants and Children (WIC)

Nutrition Program as needed

Provide home-visiting services post-partum for at least twelve months, supporting the mother in understanding and addressing needs and development of their infant

Refer pregnant and postpartum women for depression, using a standardized or criterion-referenced tool. Connect women to mental health resources as needed.

After the birth of a child, conduct regular developmental screenings using a standardized or criterion-referenced tool. Provide evidence that staff administering any developmental tool have received the required professional training to administer the instrument. Depending on the duration of the home visiting intervention, **s**creenings may occur at 9, 18 and 24 months of age for all of the following developmental domains: cognitive, language, social-emotional and motor skills

Provide resource & 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

Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed

Encourage and support retention of pregnant and postpartum women to follow-through with and continue involvement with family support services that support family stability and child development.

Each family must receive information and support in each of the core areas: parenting skills, prenatal health and healthy prenatal behaviors, family planning/spacing of birth of children, child health and developmental needs, resource and referral and service coordination. Information and support should be tailored to the needs of the pregnant women and family, as identified in the family service plan.

Child development includes all domains (physical, cognitive, social emotional, language, sensory)

Parenting skills should involve age-appropriate child-adult interactions and address multiple facets of parenting skills such as physical touch, positive discipline, early reading experiences and verbal and visual communications

Support for the health of the pregnant woman and young child should include information and connection to resources related to the following: proper nutrition and available nutrition resources for pregnant women and young children; obesity prevention; breastfeeding; physical activity; immunizations; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; family planning; safety; developmental health; vision and hearing screening)

Prenatal Outreach Home Visitors may also help families:

- Identify their natural supports such as peer support and natural helping networks in their neighborhoods or community.
- Access opportunities to participate in family literacy activities and reinforce reading to the child from birth.
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities

Provide services to families that are based upon a culture of trust and respect
Create a family-centered 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
- Respect the culture and heritage of the family

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, being 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
- Publicity/outreach, literature and staff training reflect the commitment to effectively serve fathers
- Help families identify & acknowledge informal networks of support and community resources
- Create opportunities to enhance parent-child and peer relationships

Affirm, strengthen & 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
- Strengthen parent skills to advocate for themselves within institutions and agencies

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FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT F
Prenatal Outreach Promotora
Standards of Practice

Partnerships between informal systems of care involving indigenous community health workers and formal care networks is a promising practice in connecting women to prenatal care and improving birth outcomes.

Use of promotoras (community health workers) in Latino communities (especially in rural communities) has shown promise when connecting women to prenatal care. For example, La Clinica del Cariño in Hood River County, Oregon has shown success in increasing access to early prenatal care. The clinic, which serves a predominantly rural Latino population, including many seasonal farm workers, began its Perinatal Health Promoter Program in 1987. In this program, *promotoras* are recruited from the community served by the clinic and are trained to both communicate the need for and to provide basic clinical prenatal services. The *promotoras* work in the communities and in the clinic. Their knowledge of, and integration within, the communities ensures that they are aware of nearly all pregnancies that occur within their communities. Nearly all pregnant women are or eventually become aware of the *promotoras,* who then become case managers for these women by providing prenatal counseling and by facilitating access to the clinic, which is a federally qualified health center. In addition to prenatal services, the *promotoras* provide early postpartum care and family planning services. They work closely with physicians in the clinic and discuss all cases, particularly high-risk pregnancies. Records from the clinic have shown that more than 85 percent of Latina mothers who accessed services at the clinic received prenatal care within the first trimester of pregnancy. (American Journal of Public Health, 2004)

First Things First is interested in implementing the promotora outreach model in rural, Latino communities as a means of improving birth outcomes. Specifically, Applicants who become successful grantees would:

Qualifications for a Promotora include:

Promotoras, who are lay practitioners, should be members of the communities in which they work and must be deeply familiar with their communities.

Have received training, formally or informally in maternal and child health.

Have excellent communication skills.

Programs implementing Prenatal Outreach/Promotora Model will:

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work.

Hire staff with the appropriate community knowledge to deliver the specific services in the scope of work.

Assure that staff receive specific training to carry out prenatal outreach/promotora model activties.

Provide ongoing staff development on diversity issues.

Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders and the community.

Assure that evaluation and monitoring is a collaborative, ongoing process that includes feedback from staff, families and community members.
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 health data on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among 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

“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

Promotoras will:

Engage at risk pregnant women in prenatal services early, preferably in the first trimester of pregnancy.

Ensure pregnant women are aware of and access formal prenatal care services.

Engage pregnant women and their families in assessing their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or use the Life Skills Profile.

Help pregnant women and families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family.

Connect eligible pregnant women to public health coverage as needed and to prenatal care services available. Provide transportation to prenatal doctor visits, as needed.

Monitor and encourage continued access to prenatal care throughout a woman's pregnancy.

Encourage healthy prenatal behaviors, and connect women to available services that mitigate unhealthy behaviors such as smoking cessation or drug or alcohol treatment.

Discuss preconception health issues.

Engage and empower members of the community in fostering support of pregnant women, preserving within the community the traditional Latino cultural context that appears to confer positive health effects. Organize community members to provide social support systems for pregnant mothers, such as those that exist in most areas of Latin America.
Connect pregnant women to nutrition services such as the federal Women, Infants and Children (WIC) Nutrition Program as needed.

Provide education on Newborn Screening and the importance of follow up.

Provide resource & 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.

Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.

Partner with lay midwives (*parteras*), health providers, and caregivers who provide support during labor and the postpartum period (*doulas*), educating women on parenting skills, the health needs of the young child, and child development.

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT G
Home Visitation
Standards of Practice

Home visitation programs deliver education, information and support to families where they are - in their homes. Through stand-alone programs or in partnership with center-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, empowering even hard-to reach parents to build a better future for themselves and their children.

A variety of home visitation program models exist and differ in many technical aspects, such as the target population, the experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention. Yet, the common ground that unites home visitation program models is the importance placed on infant and child development. Parents play a pivotal role in shaping their children's lives and often the best way to reach families with young children is by bringing services to their front door.

While each First Things First funded home visitation program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures and federal monies received for early childhood development and health programs.

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. Using a family-centered and strengths-based approach, these programs will also:

- 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.
- 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: motor, cognitive, social-emotional, language and self-help. If the home visitor is conducting the developmental screening,

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.
- 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.
- Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.

Each family must receive information and support in each of the core areas: Parental resilience, social connections, knowledge of parenting and child development, concrete support mechanisms and children's social-emotional development. Information and support should be tailored to the needs of the family, as identified in the family service plan:

- All domains of child development (cognitive, communication, physical, social/emotional, and adaptive), including understanding when to have concerns related to children's development; and
- 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); and
- 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); and
- Identify their natural support systems such as peers.

Programs may also help families:

- Access opportunities to participate in family literacy activities.
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities.
- Facilitate, arrange or organize group activities to further enhance socialization and peer support.

Programs will:

1. Provide services to families that are based upon a culture of trust and respect.
   A. Create a family-centered 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.
   B. Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services.
   C. Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making.
   D. Encourage open, honest communication.
   E. Maintain confidentiality; be respectful of family members and protective of their legal rights.
2. Support the growth and development of all family members; encourage families to be resources for themselves and others.
   A. Encourage family members to build upon their strengths.
   B. 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.

C. Help families identify and acknowledge informal networks of support and community resources.
D. Create opportunities to enhance parent-child and peer relationships.

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

   A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.

   B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies.

   C. 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.

   D. 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

4. While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues.

   A. Be accessible for families. Offer extended service hours including weekend/evening hours.

   B. 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 high risk or with multiple risk factors, at one visit per week.

   C. Engage families as partners to ensure that the program is beneficial. Families have regular

input and feedback in programmatic planning to meet their needs.

D. Develop a collaborative, coordinated response to community needs.

5. Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.

   A. Assess home visitors' skills and abilities. Home visitors must be able to engage families while maintaining professional boundaries.

   B. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.

   C. 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).

   D. 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.

   E. Provide ongoing staff development/training.

   F. Supervisors should work with home visitation program staff to prepare professional development plans.

6. All First Things First Home Visitation Standards of Practice are modeled in all activities including planning, governance, and administration.

   A. Wages and benefits are adequate for supporting high quality staff.

   B. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies, social work, nursing or a closely related field; unless a specific program model is implemented through lay-persons such as a promotora model of service delivery.

   C. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.

   D. 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.

   E. All staff work as a team, modeling respectful relationships.

   F. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.

   G. Structure governing bodies so that they reflect the diverse constituencies of the community

and are knowledgeable about community needs.

H. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.

   1. Activities, as identified by First Things First, include pre- and post- testing, self-assessment and opportunities for feedback; and

   2. Identify outreach, engagement and retention practices; and

   3. 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.

February 12, 2010

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT H

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.

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FIRST THINGS FIRST- EXHIBIT I

Developmental Screening Administration Practices

STANDARDS OF PRACTICE[4]

I. Description of Strategy

As part of a comprehensive system of services to families, some strategies may include the administration of a developmental screening to assist parents and other caregivers in identifying children who may be in need of additional intervention or support services. Developmental screening activities are an integral component of a larger early childhood system and only provide a small snapshot of children's abilities. Though brief, screening is comprehensive in that it includes a review of children's development in the cognitive, communication, physical, social-emotional and adaptive domains.

First Things First has adopted the following guidance to align with the recommended practices and support the system as a whole.

II. Developmental Screening Administration includes the following activities:

- Obtainment of parental consent.
- Administration of a developmental screening instrument.
- Observation of children in their natural setting where they are comfortable and involved in typical activities and routines such as meals, interactions with siblings, etc.
- Discussion with parents regarding their child's development.
- Interpretation and analysis of screening, observation and discussion results.
- Review of screening results with families.
- Referrals made as necessary to AzEIP, local schools, health care providers, behavioral health professionals, or other community resources.
- Coordination of services with other providers (health professionals, AzEIP providers, etc.) to ensure non-duplicative, collaborative activities.

III. Developmental Screening Administration Standards:

Screening Locations

- Screenings optimally occur in settings that are closely aligned to a child's natural environment (home, child care center, etc).

[4] The Developmental Screening Administration Standards of Practice includes supplemental standards to address the unique activities of a Mobile Play Based Family Outreach program inclusive of developmental screening activities. The appropriate supplemental standards should be attached along with the general standards for those contracts implementing a Mobile Play Based Family Outreach program.

- Screening is conducted where there are minimal distractions (e.g. no television or radio playing), but in a setting where the child can be observed while participating in naturally occurring activities and routines.

Screening Tools

- Screening tools used may be either criterion or norm-referenced, but chosen because they are the most appropriate option for use with the child and/or population being screened.
- If using standardized tools (with children ages three – five), instruments must demonstrate at least a .80 reliability level.
- Screening tools used must be age and individually appropriate, ensuring that the cognitive and motor skills required for participation appropriately match the age of the child.
- Screening tools are comprehensive and assess children in all developmental domains: cognition, communication, physical, social-emotional, and adaptive.
- Screening tools for children three to five are designed to capture and hold a child's interest at an age appropriate level while minimizing distraction from other stimuli (approved tools for birth – three are parent report instruments).
- Screening tools used with children birth to three must be approved for use by DES/AzEIP (see Attachment A).

Conducting Screening

- Screening is conducted only after determining that no other screening has occurred within the last three months.
- Parent or guardian consent to screening is required before screening can occur.
- A procedure is in place to assess what other services are being received by the family and to coordinate screening with other providers that may be responsible for the same or similar activities.
- Screening is conducted only if no other entity has conducted a screening within the last three months.
- Screening must include soliciting parent and/or caregiver input beyond use of simple questionnaires.
- Screening must occur in the child and family's primary language.
- Screenings should be combined with 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.

Referral Services

- When children's screening results indicate they are suspected of having a delay, parents must be informed immediately.
- Families are provided with the contact information of the appropriate referral designation (AzEIP, health care provider, school district).

- If screening is conducted as a component of home visitation, home visitors follow up with families during each subsequent visit to track progress of referral.
- If barriers arise for the family to access additional evaluation services, the home visitor or other program specialist assesses the family needs and assists the family in identifying ways to remove such barriers.

Training and Qualification Standards

Conducting developmental screening requires specific education and skills.

- Educational level: minimum of a bachelor's degree in child development, nursing, early childhood education, child and family studies, or closely related field is ***preferred.***

- 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 preferred education level or are newly trained in developmental screening activities, may only 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.fpg.unc.edu/~inclusion/RBI.pdf)
    c. Objective child observation
    d. Appropriate assessment of 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.

- To address cultural competency objectives, programs shall ensure that providers, children and families receive from all personnel effective, understandable, and respectful services that are provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Consultants should receive ongoing education and training in culturally and linguistically appropriate service delivery. Consultants should develop participatory, collaborative partnerships with providers and their communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement in designing and implementing the National Standards on Culturally and Linguistically Appropriate Services.

- Individuals conducting screening receive training and information regarding mandatory reporting. Arizona law requires early care and education staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

Supervision, Quality Assurance and Evaluation Standards

- Supervision of individuals who administer developmental screening activities is conducted as a collaborative process with mechanisms that support them in challenging situations and provides ongoing and regularly scheduled (no less than monthly) opportunities for discussion to reflect and debrief. Supervision will also include observation, feedback and opportunities for peer consultation.
- Evaluation of home visitation and developmental screening services utilizes quantitative and qualitative process that includes measures of how effectively children are being identified as early as possible for additional intervention and/or support services.
- Compensation and benefits are adequate for supporting high quality staff and retention of that staff.

Supplemental Implementation Activity Standards for Mobile Play-Based Outreach, Education, and Screening Programs

1. Activities presented by the mobile unit are conducted using parent and child interactive learning opportunities and provide a range of developmentally appropriate materials to support children's comprehensive development in the physical, cognitive, language/communication, social-emotional, and adaptive skills domains.
2. Mobile units maintain schedules that are consistent, predictable, and planned so that families know when and where to expect the mobile unit to arrive.
3. Locations of mobile units are the same throughout the service delivery period. For example, the unit may be available at the local library every third Tuesday of the month. Both the location and the time remain consistent.
4. The mobile unit focuses on interactive learning and also provides opportunities for children to receive developmental screening before or after the planned play activities are conducted. Exceptions for conducting screening during the course of play activities are when screening includes use of observations of children in naturally occurring activities and play situations.
5. Families are provided educational opportunities regarding children's developmental milestones and age appropriate expectations.
6. Information on child development and ways to support that development through play and daily activities and routines is provided as a component of the curriculum.
7. Additional community information (e.g. location of local support groups, library programs, Quality First participating programs, etc.) is made available to parents and caregivers as needed and/or requested.
8. Families who require a referral based on developmental screening results are provided with assistance in locating and accessing sensory (hearing and vision) screening as part of the referral process.

Attachment A

Approved Tools for Screening Children Birth-Age Three

1. The core team uses screening processes, as appropriate, with an AzEIP-approved screening tool. The following screening tools are approved to determine whether a child is suspected of having a developmental delay:
   a. PEDS (Parents Evaluation of Developmental Status)
   b. Ages and Stages Questionnaire
   c. Ages and Stages Questionnaire: Social Emotional Scale (this tool would need to be supplemented by another tool to ensure all areas of development are covered)
   d. Battelle Developmental Inventory Screening Test.

Excerpt from the DES/AzEIP TBM Manual, Chapter 4

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT J
Nutrition/Obesity/Physical Activity
Standards of Practice

A great deal of public health research indicates that Arizona's children are not as healthy as they could be. Increased rates of obesity, diabetes, and asthma; paired with poor nutrition, a sedentary lifestyle, and a variety of economic and social factors are all contributing to a poor environment of physical, mental, and oral health for many children. Even more alarming is recent news published in the New England Journal of Medicine that life expectancy for children born today may actually be less than that of their parents. Though we have made significant progress in addressing health issues that affect children through immunization and other public health interventions, many problems remain. The unique geography and population of the state complicate addressing these health concerns.

Health educators work with individuals and communities to provide information and education on how to improve health and health outcomes. They "work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems" (U.S. Department of Labor, December 2009). There are many health education programs, on a variety of topics, designed to provide individuals and communities with the information they need to improve their health status.

In order to leverage resources and educational efforts, community health education efforts may be integrated into other public health and health programming. For example, community health education can be addressed through other early childhood programs and services, such as home visitation, parenting education or by child care providers.

First Things First Regional Partnership Councils have identified a number of health needs and disparities specific to their individual regions. To address some of these needs, they have chosen to fund community based health education programs in multiple settings. Any grantee implementing community health education on any topic must meet the following requirements:

QUALIFICATIONS FOR A COMMUNITY HEALTH EDUCATOR INCLUDE:

Minimum of a Bachelors Degree in Health Education, or another allied health profession.

Completion of training in the specific curriculum/materials being used.

Excellent communications skills and the ability to adjust to the individual learners' needs.

Have knowledge and skills in:

- Assessing individual and community needs for health education.
- Planning, implementing and administering health education strategies, interventions and programs.
- Serving as a health education resource person.
- Communicating and advocating for health and health education

PROGRAMS IMPLEMENTING COMMUNITY HEALTH EDUCATION WILL:

Address a documented health need within the target population of children birth through age five.

Choose or develop curriculum based on recognized educational principles.

Assure that the content/format of activities and materials will promote improvements in health not specific proprietary business interests of a commercial interest.

Build upon, enhance and coordinate with existing community based health education efforts in the region.

To the extent possible, work in partnership with other early childhood initiatives that provide services to the same target population.

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work.

Hire staff with the appropriate qualifications to deliver the specific services in the scope of work.

Assure that staff receive specific training to carry out community based health education activities.

Provide ongoing staff development on diversity issues.

Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders and the community.

Assure that evaluation and monitoring is a collaborative, ongoing process that includes feedback from staff, families and community members.

Assure that the content/format of activities and materials will promote improvements in health not specific proprietary business interests of a commercial interest.

Develop a post training evaluation for participant feedback if providing a series of sessions.

Programs implementing best practice models for community health education must adhere to the standards of the model, unless permission to deviate from the model has been obtained from the appropriate source.

Recognize that certain populations have health disparities due to cultural, linguistic, geographic and socioeconomic factors, and tailor interventions/curriculum and programs to address various populations.

Collaborate with existing community resources to reinforce health education messages.

Maintain confidentiality of all information obtained as part of the community based health education program.

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 health data on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among 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

"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

COMMUNITY HEALTH EDUCATORS WILL:
Develop a written program plan that includes:

- Program goals, intended audience
- Measurable objectives
- Appropriate activities to meet objectives, including timelines and responsibilities for implementation
- Description of resources necessary to conduct the program
- Comprehensive evaluation plan to measure the impact of a program, make future improvements and make decision about similar future programs

Communicate the purpose and objectives of the activity to the learner before the activity.

Identify educational needs/gaps of the learner or target audience.

Select a format and setting for the activity that are appropriate for the target audience and type of program being implemented.

Incorporate principles of adult learning into instruction.

Implement the health education program based on activities and timelines developed in the written program plan.

Utilize a variety of skills in delivering strategies, interventions and programs including effective use of instructional technology.

Incorporate demographically and culturally sensitive techniques when promoting programs.

Assess the effectiveness of the program plan and make appropriate modifications.

Maintain confidentiality of all health information obtained as part of the community based health education program.

ALL PROGRAMS IMPLEMENTING OBESITY PREVENTION STRATEGIES WILL:

Include strategies to address both improving eating habits and increasing physical inactivity.

Align program goals, objectives, and strategies with the goals, objectives, and strategy recommendations identified in the Arizona Nutrition and Physical Activity State Plan. Information on the Arizona Nutrition and Physical Activity State Plan is available on line at: http://www.eatsmartgetactive.org/pdf/opp6.pdf

Understanding the influence that parents and caregivers have on the behaviors of young children, all programs must provide obesity interventions that influence the healthy eating and physical activity behaviors of adults as well as children.

Collaborate with existing community resources/partners to communicate the healthy weight and physical activity message. For example, encourage child care centers and home care providers to participate in the Arizona Department of Health Services' "Empowerment Pack" program. Information on the Arizona Department of Health Services' Empowerment Pack is available on line at http://www.theempowerpack.org/

Programs targeting child care centers and home care providers will actively promote participation in the USDA Child and Adult Care Food Program to potentially eligible centers/providers. Information on the USDA Child and Adult Care Food Program is available online at http://www.fns.usda.gov/cnd/care/

Recognizing that certain populations are at greater risk, resulting in disparities in the prevalence of obesity, interventions/curriculum/programs need to be tailored appropriately for various populations and incorporate cultural, linguistic, geographic and socioeconomic factors.

References:

National Commission for Health Education Credentialing (NCHEC), Responsibilities and Competencies of Health Educators. 2008. Available at http://www.nchec.org/credentialing

California Conference on Local Directors of Health Education (CCLDHE), Standards of Practice for Public Health Education in California Local Health Departments. October, 2008. Available at www.ccldhe.org

United States Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2010-2011 edition. December, 2009. Available online at www.bls.gov/oco/ocos063.htm

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT K
High Risk Newborn/Infant Home Visitation
Standards of Practice

Prior to 1967, Arizona had one of the highest infant mortality rates in the country. That same year, in an effort to reduce the infant mortality rates, Arizona applied for and received a federal demonstration grant designed to reduce infant death by transporting critically ill newborns from rural hospitals into intensive care centers. To meet the federal grant requirements community health nurses also followed infants for five years. Between 1967 and 1971 there was a significant reduction in infant mortality. The state began funding this transport program in 1972.

In 1975 Arizona received a Robert Wood Johnson Foundation Grant to develop regionalized perinatal care. A component of that system was the follow-up of families whose infants were enrolled in the Newborn Intensive Care Program (NICP) up to the infant's first year of age. In the late l980's the Office of Women's and Children's Health (OWCH) in coordination with the County Health Departments expanded community health nursing home based services for those infants who may not have been critically ill at birth but were diagnosed with problems at a later date. The Office of Women's and Children's Health (OWCH) and the Office for Children with Special Health Care Needs (OCSHCN) have collaborated to support the home visiting program that provides assessment and intervention for eligible children.

The High-Risk Infant Home Visitation Program, an extension of the Community Health Nurse (CHN) Program, is a home-based program which includes a CHN, and other professionals, who monitor children enrolled in the NICP and other children with special health care needs. This program is an important part of ensuring that children at the highest risk are receiving the appropriate level of services for improved development and growth, which may include being part of a team of caregivers that work collaboratively.

Unfortunately, not all families who need the service qualify for the state funded High-Risk Infant Home Visitation Program. Additionally, though many children who are transported to intensive care centers including those enrolled in the state funded program, live in rural parts of Arizona, locating and linking to follow up care close to home is difficult. In some instances there are no providers, but even when there are, locating the appropriate care provider is difficult. This results in many families having to make the difficult choice to either find the time and resources to return to Phoenix for follow up care, attempt to locate local services on their own, or forego these services altogether. In an attempt to bridge the gap for those families who either do not qualify for state funded services and to help address the need to locate local follow up care, First Things First Regional Partnership Councils have developed strategies for High Risk Newborn and Infant Home Visitation.

Programs implementing this strategy must meet the following requirements:

Qualifications for High Risk Newborn/Infant Home Visitation include:

Community Health Nurse with a minimum of a Bachelors Degree.

Have completed specialized training and educational/professional competency in home visitation services for high risk newborns.

Have basic life support certification.

Have experience in pediatrics and/or in Neonatal Intensive Care.

Other team members might include:

- Social Workers with a Masters of Social Work Degree.
- Early Interventionist with a Bachelors Degree and a license in early childhood, early childhood special education or a closely related field, hold a valid Arizona license as a Speech Language Pathologist, or be certified as an Audiologist, Physical Therapist, or Occupational Therapist.

Programs implementing High Risk Newborn/Infant Home Visitation will:

Conduct background checks on all staff prior to hiring, including finger printing and three professional references.

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work.

While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues.

Be accessible for families. Offer extended service hours including weekend/evening hours.

To ensure quality services caseload size for each staff person is based upon:

- How many hours per week the home visitor works.
- 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).
- Where each family lives.

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.

Conduct outreach and education to establish formal partnerships with neonatal intensive care units around the state. These partnerships are essential to coordinate care for the infant/family.

Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.

- Assess home visitors' skills and abilities. Home visitors must be able to engage families while keeping a professional rapport.
- Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
- Provide ongoing staff development on diversity issues.

Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

Maintain confidentiality of any health information obtained during course of service delivery.

Provide ongoing staff development/training.

Supervisors should work with home visitation program staff to prepare professional development plans

All Standards of Practice are modeled in all activities including planning, governance, and administration.

Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.

Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides regular discussion 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.

All staff work as a team, modeling respectful relationships of equality.

Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.

Provide a program that ensures the first home visit shall be done by a CHN, and subsequent visits shall be made by appropriate professionals. All visits with children having on-going medical problems shall be done by a CHN.

Ensure that all newly licensed nurses shadow an experience licensed nurse for a home visit until they are qualified to complete a visit on their own.

Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.

- Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback.
- Identify outreach, engagement and retention practices.
- Must demonstrate program effectiveness mechanism. Programs must participate in data collection and reporting of performance measures.

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 health data on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive health data. Such data can include but not be limited to:

- Morbidity and mortality among 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

"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

High Risk Newborn/Infant Home Visitors will:

Complete a physical, developmental, psychosocial and environmental assessment of the enrolled infant and a post partum wellness assessment of the mother.

Contact the enrolled family within one week of receiving a referral.

Visit the enrolled infant/family within two weeks of receipt of the referral.

Visit enrolled infants a minimum of four (4) times within a year from the date of discharge.

Provide post partum wellness screening intraconception support and education to the mother.

Coordinate service area with other agencies when providing services in the same regional area.

Coordinate with other providers and make referrals to appropriate services when possible within the community and prevent duplication of services.

Provide assistance if requested to the ADHS Newborn Screening Program in locating families and facilitating the collection and submission of another newborn screening test for infants with a previously abnormal test result.

Maintain documentation of all activities as defined by the specific program or organization under which home visitation services are being delivered.

Note: The High Risk Newborn/Infant Home Visitation Standard of Practice also abides by the Child Protective Services (CPS) Policy. Please refer to the CPS Policy.

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FIRST THINGS FIRST- EXHIBIT L
Health Insurance Outreach and Application Assistance
Standards of Practice

Many children living in low income families qualify for publicly funded health insurance. Across the nation, as many as half the children who are uninsured qualify for publicly funded health insurance coverage (such as KidsCare or the Arizona Health Care Cost Containment System also known as AHCCCS). In Arizona, it is estimated that 16 percent of children lack health care coverage[5]. For children birth through age five this represents 80,000 children. Health insurance outreach and application assistance is a proven practice for improving and increasing health coverage in public programs. Community application assistance occurs nationally and in Arizona in a wide variety of settings, such as health clinics, child care settings, social service agencies, recreation centers, and homeless shelters. Reports based on national as well as Arizona experience indicate that such assistance can make a difference in getting children covered.

In Arizona, AHCCCS implemented an electronic application for services to make applications more accessible to families. The universal application, known as Health-e-Arizona, allows families to apply for and renew health coverage, as well as other family support programs such as Temporary Assistance for Needy Families (TANF) cash assistance, and nutrition assistance, directly over the internet.
While this application promises to make enrollment in public coverage programs for young children easier, barriers still exist. Many families are not aware of available publicly funded health insurance programs for which they may be eligible. Community-based organizations and families may be unfamiliar with the new application, and may need assistance in completing it. Other families do not have access to a computer or an internet connection. In addition, families who are applying for coverage for the first time are required to submit original documentation to an Arizona Department of Economic Security (DES) office or a community-based agency that is "certified" by AHCCCS to accept such documentation. Families may find going to a DES office intimidating or difficult due to hours of operation (8-5), long wait times or travel distance. Currently, a limited number of community organizations use the Health-e-Arizona application to enroll children in health coverage, including some community health centers and hospitals.

There are several approaches to reducing the number of children who lack health insurance coverage such as increasing awareness of available publicly funded health insurance programs; increasing awareness of

[5] U.S. Census Bureau, Annual Estimates of Population by Sex and Age for States and Fro Puerto Rico, Release data: May 1, 208. http://www.census.gov/popest/states/asrh/SC-Est207-02.html

and access to the Health-e-Arizona online application; and reducing barriers in the public health insurance application process.

Programs implementing health insurance outreach and enrollment assistance will:

- Build upon, enhance and coordinate with existing health insurance outreach and enrollment assistance efforts occurring within a region.
- Demonstrate connections to community-based organizations in the region that serve families and/or community-based organizations where the uninsured are likely to congregate or seek other services.
- Provide ongoing staff development on diversity issues.
- Be accessible for families. Some examples include offering extended service hours including weekend/evening hours or operating in locations where public transportation is accessible or where families with young children already congregate.
- Engage families as partners to ensure that the program is reaching eligible families.
- Assure that staff receive specific training to carry out outreach and enrollment activities.
- Provide ongoing staff training as necessary.
- Maintain confidentiality of all information obtained as a part of the outreach and enrollment process.
- Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
- Assure that evaluation and monitoring is a collaborative, ongoing process that includes feedback from staff, families, and community members.
- Establish a system to ensure that families are informed of all of their health insurance enrollment options and assist families in choosing the appropriate plan to meet their individual family/child's needs.
- "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

Individuals providing outreach and enrollment assistance will:

- Be adequately trained on the Health-e- Arizona application procedure, the health insurance enrollment process, and the different insurance plan options.
- Seek out families that are eligible but not enrolled in public health insurance and provide assistance for these families to enroll.

- Introduce and provide technical assistance to potential enrollees so that they have the skills to apply for services utilizing the Health-E-Arizona application.
- Provide information that parents can use about the importance of taking their children to well child and preventive health check-ups on a regular basis to receive timely, preventative health care for their children.
- Establish and maintain partnerships/relationships with local or regional AHCCCS and DES offices to remain current on eligibility or enrollment requirements that will maximize enrollment and renewal of public health insurance.
- Maintain confidentiality of all information obtained as part of the outreach and enrollment process.
- Include opportunities for feedback from families into outreach and enrollment activities.

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FIRST THINGS FIRST- EXHIBIT M
Sensory Screening
Standards of Practice

Training and Qualifications

- Maintain certification and current training for staff on the methods and tools used in screening activities throughout their contract, attending re-certification training courses at the state-approved intervals.
- Grantees may use varying methods to ensure training of staff provided they match the requirements of the tool or instrument developer/manufacturer. Grantees may incorporate use of videos, screening training kits, or interactive web training as a method of training screeners.

Screening Locations

- While screening can occur in wide variety of settings, screenings that are conducted in environments where families maintain ongoing connections (such as 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 ideally first occur in a medical home setting.
- 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).

Screening Delivery and Referral Procedures

- Screenings activities and their results must be kept confidential. Parent or guardian consent to screening is required before screening can occur. If a referral is necessary based on screening results, parental consent must be provided before results may be forwarded to another provider or agency.
- Screening must be conducted in the child's primary language.
- Grantees must maintain awareness and knowledge of local systems and available services to which children and families may need to be referred for additional evaluation or support.
- A parent or other designated guardian must be present during all screening procedures.

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.

Specific Standards Related To Types of Sensory 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 and vision 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 and gross motor skills screenings should be conducted in areas that have minimal distraction, are well lighted, and have space appropriate for the test being used.
- Hearing and vision screeners should have additional, child friendly manipulatives available to help elicit results beyond the use of hardware and charts.

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FIRST THINGS FIRST- EXHIBIT N
Early Language and Literacy Programs in Home and Community Settings
Standards of Practice

Early childhood stakeholders, families, and communities recognize that when early language and literacy development is optimized, it can be the foundation for a child's later academic success in school. "The years from birth through age five are a critical time for children's development and learning. Early childhood educators understand that at home and in early childhood education settings, young children learn important skills that can provide them with the cornerstones needed for the development of later academic skills..." (Literacy, 2009)

Literacy acquisition encompasses the four domains of language (reading, writing, speaking and listening) and numeracy. Early literacy or precursor literacy skills include the following variables that are consistently shown to predict later literacy achievement:

- alphabet knowledge: knowledge of the names and sounds associated with printed letters
- phonological awareness: the ability to detect, manipulate, or analyze the auditory aspects of spoken language (including the ability to distinguish or segment words, syllables, or phonemes), independent of meaning
- rapid automatic naming of letters or digits: the ability to rapidly name a sequence of random letters or digits
- rapid automatic naming of objects or colors: the ability to rapidly name a sequence of repeating random sets of pictures of objects (e.g., "car," "tree," "house," "man") or colors
- writing or writing name: the ability to write letters in isolation on request or to write one's own name
- phonological memory: the ability to remember spoken information for a short period of time
- concepts about print: knowledge of print conventions (e.g., left–right, front–back) and concepts (book cover, author, text)
- print knowledge: a combination of elements of alphabet knowledge, concepts about print, and early decoding
- reading readiness: usually a combination of alphabet knowledge, concepts of print, vocabulary, memory, and PA
- oral language: the ability to produce or comprehend spoken language, including vocabulary and grammar
- visual processing the ability to match or discriminate visually presented symbols

Programs that support young children's early language and literacy development are a part of the family support system in Arizona. An array of early language and literacy programs and service delivery methods may be implemented to meet the needs of families with young children. Research indicates that family literacy programs which provide learning opportunities for both the young child and his or her parents positively impact young children and their families. (Literacy N. C., 2009) According to Adult Education and Family Literacy Act (AEFLA) standards, the term "family literacy services" means programming that is of sufficient intensity in terms of hours, and of sufficient duration, to make sustainable changes in a family and that integrates all of the following core components:

- ✓ Interactive literacy activities between parents and their children, and
- ✓ Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children, and
- ✓ Parent literacy training that leads to economic self-sufficiency, and
- ✓ An age-appropriate education to prepare children for success in school and life experiences.

Family literacy programs are built on four core principles; 1) the value of education for success in life, 2) the central role of the parent in a child's development, 3) the identification of individual strengths, and 4) the value of experiential learning.

While each First Things First funded early language and literacy program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family, use approaches considered to be best practice and are responsive to the specific needs identified in each region. First Things First funded programs shall supplement, not supplant, other state expenditures on, and federal monies received for early childhood development and health programs.

It is expected that early language and literacy programs funded by First Things First will be offered at no-cost, on a voluntary basis**. Programs and service can be delivered through home visitation or community based training.** Please, also refer to the First Things First Home Visitation and/or Parent Education Community Based Training Standards of Practice documents.

Using a family-centered and strengths-based approach these programs will:

1. Provide a Focus on Literacy

    A. Inform and educate parents and families on typical early language and emergent literacy development for children ages birth through five.

    B. 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. If providing literacy services in a community based setting, it is critical that parents and families are taught to bridge classroom experiences to home environments with their own young children.

    C. 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 literacy development of their children.
        - Support parents in maintaining a literacy-rich home environment.
        - Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.

2. Use a research-based curriculum and activities to promote learning in contexts which are relevant

to the lives of participants.

3. Provide Sufficient Intensity and Duration of Services
    - For example, typical frequency and duration of family literacy programs is a minimum of 6 sessions at 2 hours per session.

Programs may also:

- Align with Arizona's Early Learning Standards/Guidelines.
  Family literacy programs across the nation also take into consideration alignment with their state's Early Learning Guidelines which describe the expectations about what children should know (understand) and do (competency and skills) across the different domains of learning. In Arizona, the Department of Education developed Early Learning Standards to provide a framework for the planning of quality learning experiences for all children 3 to 5 years of age. The document can be found here: http://www.ade.state.az.us/earlychildhood/downloads/EarlyLearningStandards.pdf
  First Things First is developing Early Learning Developmental Guidelines for infants and toddlers.
- Provide parent literacy training that leads to economic self-sufficiency.
    - Assist adults in raising their literacy levels.
    - Assist adults in gaining the knowledge and skills needed for employment and self-sufficiency.
    - Assist adults who are parents in gaining educational skills they need to be full partners in the educational development of their children.
    - Assist adults in completing their secondary school education or its equivalent (e.g., English language classes, Adult Basic Education, Adult Secondary Education, preparation for the General Education Development (GED) examination, and workplace literacy)
    - In community settings, instruction should include a combination of individual and group activities, and encourage cooperative learning.
    - Assessment, both formal and informal, should occur on an ongoing basis in order to provide adult learners with feedback about progress they have made toward goals.
    - Participants must be actively engaged in the decision-making process with regard to their education.
    - Program staff must support adult learners in being self-directed, with understanding that adult education builds upon the knowledge, experiences and roles of participating adults.

All First Things First funded Home Based Early Language and Literacy Programs must also follow the First Things First Home Visitation Standards of Practice. REFER TO EXHIBIT G.

All First Things First funded Community Based Early Language and Literacy Programs must also follow the First Things First Parent Education Community Based Training Standards of Practice. REFER TO EXHIBIT O.

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FIRST THINGS FIRST- EXHIBIT O
Parent Education Community-Based Training
Standards of Practice

Community-based family education programs work to enable families to build on their own strengths and capacities to promote the healthy development of children. Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops nurturing and attachment to support children's social-emotional development, knowledge of parenting and of child development, parental resilience, and social connections and awareness of support mechanisms available for parents. Research suggests that improving fundamental parenting practices reduces the likelihood of problem behaviors in children. Parent-child relationships can be enhanced through parent training and family strengthening programs.

While these programs come in different forms, they have a common goal of increasing the level of family functioning and promoting healthy child development. Programs are embedded in their communities and contribute to the community building process. Parents should be able to access educational information in their community on a variety of child development topics. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons.

Research indicates that programs that involve both parents and children demonstrate a positive impact upon outcomes. Effective program models may run simultaneous parent-only and child-only sessions followed by family sessions with opportunities to practice new skills. The critical element is that families have opportunities to practice skills with on-site staff guidance.

Based upon Building Bright Futures, regional needs and assets reports, and preliminary information from the Family and Community Survey, we know that Arizona's parents and families with young children need information on child development; to develop parenting skills; and have access to resources. For those who do not qualify or choose to participate in a home visitation program, community-based family education programs serve as another opportunity for Arizona's parents and families to access education, information and resources.

While each First Things First funded community-based family education program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of families and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family and use approaches considered to be best practice which are responsive to the needs identified in a specific Region. First Things First funded programs shall supplement, not supplant, other state expenditures and federal monies received for early childhood development and health programs.

It is expected that community based family education programs funded by First Things First will be offered at no-cost, on a voluntary basis. Using a family-centered and strengths-based approach these programs will offer families:

A series of classes that provide information and support in each of the core areas: child development, parenting skills, and resource and referral.

- All domains of child development (cognitive, communication, physical, social/emotional and adaptive), age appropriate expectations, developmental milestones and when to have concerns.
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, showing affection, spending time together, positive discipline, parental monitoring, early reading, language experiences, and communication)
- Resource and Referral Information-Identify supports and services available to families with young children (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; where to access developmental screening and intervention; vision and hearing screening)

Programs may also help families:

- Identify their natural supports such as peer support.
- Access opportunities to participate in family literacy activities.

Programs will:

1. Provide services to families that are based upon a culture of trust and respect.
   A. Create a family-centered environment.
      - Staff 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

   B. Clearly define program objectives with the families upon enrollment: understanding what the program will accomplish helps families become fully engaged in program services.

   C. Create opportunities for formal and informal feedback and act upon it; ensure that input shapes decision-making.

   D. Encourage open, honest communication.

   E. Maintain confidentiality; be respectful of family members and protective of their legal rights.

2. Support the growth and development of all family members; encourage families to be resources for themselves and others.

   A. Encourage family members to build upon their strengths.

   B. 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.

   C. Help families identify and acknowledge informal networks of support and community resources.

   D. Create opportunities to enhance parent-child and peer relationships.

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

A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies.
C. 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.
D. 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

4. Programs are flexible and continually responsive to emerging family and community issues.

A. Be accessible for families.
B. Ensure manageable classroom size and appropriate staffing patterns. Calculate classroom size and staffing patterns based upon:
    - Space, square footage; for adult-only sessions, there will be a maximum of 25 participants; and
    - Number of sessions held for families throughout a calendar week; and Program model. For example, for groups that involve both adults and children, staffing patterns must demonstrate appropriate staff to family ratios (e.g. lead instructor and two teachers for eight families with two year olds – while adults receive information from lead instructor, teachers provide care for the two year olds and are available to assist with facilitation of parent-child activities).
C. Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
D. Develop a collaborative, coordinated response to community needs.

5. Community-based programs provide ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.

A. Assess staff skills and abilities. Staff must be able to engage families while keeping a professional rapport.
B. Provide ongoing staff development/training on the First Things First Parent Education Community Based Training Standards of Practice principles.
C. Supervisors should work with staff to prepare professional development plans.

6. The Parent Education Community Based Training Standards of Practice are modeled in all activities including planning, governance, and administration.

A. The length of employment and experience/education are reflective of high quality staff. Parent and family educators are required to have a minimum of a Bachelors degree in early childhood development, education, family studies, social work, nursing or a closely related field.

B. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.

C. 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 parent educators 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.

D. All staff work as a team, modeling respectful relationships.

E. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.

F. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.

1. Activities, as identified by First Things First, include pre- and post-testing, self-assessment and opportunities for feedback; and
2. Identify outreach, engagement and retention practices; and
3. 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.

February 12, 2010

FIRST THINGS FIRST

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FIRST THINGS FIRST- EXHIBIT P

Quality and Access: Support for Family, Friend and Neighbor Care

Standards of Practice

National estimates suggest that as many as 60 percent of all children need child care due to parent's employment and of these, as many as 50 percent of children ages 5 and under are cared for in home-based settings. Home-based care providers largely do not receive regular access to information, education, or training on children's health, safety and child development. In Arizona, home-based child care providers can legally care for 4 children for pay, with a maximum limit of 6 children under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children for whom they provide care. Child care provided by family, friend, and neighbor caregivers – home-based child care that is, for the most part, legally exempt from regulation—therefore, is of growing concern to parents and policymakers.

Nationally, in-home care is the most common type of child care for children under the age of 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days – and sometimes their nights – in these types of settings (Boushey & Wright, 2004). Increased availability of information, relevant trainings, and supports for providers who care for children in their homes has been identified by several Regional Councils as a strategy to both improve the quality of care being provided, and increase the over-all professional development of these care providers. Additionally, the strategies include expanding existing services of federal, state, tribal, and community agencies to provide research-based resources, seminars and hands-on training to improve basic parenting/care giving skills, knowledge and understanding.

Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children. For example, report findings from a national study involving Arizona community partners who provided training and support to family, friend, and neighbor caregivers, showed that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. The impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing and maintaining a daily schedule for the children; 3) Encouraging providers to utilize the resources of their local library; 4) Developing a written formalized child care services agreement with parents and 5) Increased knowledge regarding the Child and Adult Food Program. Participants in this program indicated interest in becoming better providers by providing a higher level of care to the children and families they serve. *(ERIC Education Resource Information Center, ED496388, Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation. Final Report, http://eric.ed.gov*)

Research has also been conducted relative to promoting the health and safety of children by increasing the knowledge base of families. In several studies regarding toddler obesity, motor vehicle restraint usage, and

increasing father participation in the child-raising process, group sessions, seminars and trainings have been shown to be effective service delivery methods.
In recent years, the question of what types of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for three and four year old children. Growing awareness of the large number of children in unregulated family, friend and neighbor care settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers and their need for professional development. (Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007).

Those who operate successful child care programs must meet the following requirements:

- Focus on building collaborative partnerships with existing programs and agencies in order to build upon current revenue and funding sources.
- Enhance and expand current training opportunities to include FFN providers.
- Develop evaluative and monitoring processes that are collaborative, ongoing and that include input from providers, program administrators and staff, families, and community members.
- Include pre and post evaluative activities that involve self-assessment by home-based providers, and opportunities for feedback conversations with their trainer/instructor.
- Identify outreach, engagement and retention practices for home-based care providers.
- Demonstrate program effectiveness by meeting and addressing First Things First performance measures, outcomes and key measures.
- Demonstrate evidence that the Grantee can retain high quality staff whose tenure ensures program integrity and consistency in home-based care provider relationships.

While each First Things First funded community-based professional development program may be uniquely designed, they all have a valuable role to play in meeting the complex needs of early care and home based care providers, families, and communities across the State of Arizona. First Things First focuses on programs and services that provide children with the best opportunities for school and life success.

First Things First funded programs may supplement but not supplant other state expenditures on, and federal monies received for early childhood development and health programs. Funding decisions are based upon a robust process of review to ensure programs are supported by research, value the family and use approaches considered to be best practice.

Qualifications for Trainers/Instructors:

- Instructors should be knowledgeable about and possess experience in working with home care providers, adult learners and young children birth to age five.

- Instructors must have experience in early childhood education, elementary education with a concentration in early childhood, child and family studies, or a closely related field. Supervisors must meet or exceed these requirements with at least two years of program management experience. If programs experience hardship in recruitment efforts, they must notify and consult with First Things First.
- Instructors should possess appropriate credentials and experience in conducting professional development activities.
- Demonstrated knowledge and skills that reflect current best practices and research that are aligned with Early Childhood Education standards for children and professionals.
- Minimum five years experience working with young children (combination of classroom and supervisory experience). If programs experience hardship in recruitment of qualified trainers/instructors, they must notify and consult with First Things First.
- Experience working with adult learners and diverse cultures.
- Knowledge of diverse populations and languages preferred.

Applicants delivering professional development opportunities to FFN providers will be required to ensure that opportunities are designed and implemented according to the following principles:

- Professional development opportunities to early care and home based care providers are based upon a culture of trust and respect.
    - Clearly define program objectives to ensure comprehension, engagement, and retention.
    - Create opportunities for and act upon formal and informal feedback ensuring that input shapes on-going decision-making.
    - Encourage honest, open communication between participants and instructors.
    - Maintain confidentiality, being respectful of program participants.
    - Is culturally responsive
- Sessions should be based on current research, core areas of competency, and early learning standards.
    - Curriculum should incorporate and reflect the theoretical framework that informs practice in the classroom/home.
- Sessions should be responsive to the needs of the region's early care and home based care providers.
- Experiences should be relevant to the participant's background and as a home based care provider.
- Sessions should involve adult active learning techniques for participants.

Providers of community-based professional development opportunities for early care and home based care providers will:

- Increase the availability of and participation of home based providers in high quality professional development opportunities for those working with or preparing to work with children birth through age five.
- Provide high quality professional development opportunities through innovative and creative approaches.
- Develop outreach and recruitment practices that engage and retain participants.
- Provide resource and referral information to participants on the healthy development of young children; and resources available in the community such as early literacy programs, family support agencies, and physical and oral health resources.

- Provide resource and referral information to participants who indicate an interest in being a regulated provider or obtaining certification or degree related to early childhood education and related fields.
- Identify and coordinate with existing training opportunities within the region.
- Conduct trainings based on best practices and research, giving consideration to:
    - Utilizing subject matter experts (Child Care Health Consultants, local physicians, published authors, researchers, etc.) to enhance training content and delivery
    - The frequency and sequence of training sessions
- Provide professional development sessions that are interactive, model desired behaviors, and address the multiple learning styles of adult learners.
    - Topics should address the core competency areas identified by the National Council for Professional Recognition At a minimum, topics must include:
        - Understanding the five domains of early childhood development (physical well being and motor development, social and emotional development, approaches to learning, language development and cognition and general knowledge), including early childhood special education
        - Observing, documenting, and assessing children's behaviors
        - Ensuring safe and healthy learning environments
        - Understanding ethical and professional issues when working with young children
        - Utilizing developmentally appropriate practices
        - Advancing physical and intellectual competence
        - Supporting social/emotional development and using positive guidance techniques
        - Establishing respectful, positive, and productive relationships with families
        - Ensuring a well-run purposeful program responsive to child and family needs
    - Additional training topics may include, but are not limited to:
        - Sensory integration, behavioral health, and special needs
        - Role of creativity in learning
        - Role of materials in the classroom
        - Role of the arts in cognitive and social emotional growth and development
        - Role of the environment and environmental design in children's learning
        - Role of the teacher/educator as researcher
        - Significance of play
        - Written and oral communication skills of providers
- Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field
        - Recruit staff from the community who has extensive knowledge of community resources
        - Recruit staff that reflect the cultural and ethnic experiences and language of the participants, and integrate their expertise into the program
        - Develop a collaborative, coordinated response to community needs.
        - Be accessible for program participants
- Ensure the provision of high-quality professional development opportunities through experienced and responsive staff.

Programs delivering professional development opportunities to support Family Friends and Neighbor Care will be required to ensure that these opportunities are designed and implemented according to the following principles:

- Create collaborations with and among agencies and other early care and education stakeholders such as Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Kith & Kin Project, Child Care Resource and Referral, Regional Libraries, Head Start Programs, School Districts, Child Care Health Consultants, Professional Development Training and Scholarship systems, and other programs working with child-care homes.
- Respond to the diversity among Family Friends & Neighbors (FFN) care providers by addressing the individual needs of home-based care providers.
- Address transportation issues or assist with access to transportation, to and from professional development sessions.
- Provide materials to home-based care providers, including safety equipment and/or safety kits, books, or educational materials that are developmentally appropriate for the children being served.
- Ensure community-based professional development seminars and hands-on training are evidence-based and relevant to the communities in which providers are working, seminars, small group sessions or other methods of gathering home-based providers together so that information and materials can be delivered, peer connections can be made, and opportunities for discussion and group learning can be accessible and available.
- Ensure CPR/First Aid certification, and/or safety training for home-based care providers is part of overall training.
- Ensure a system of support for home-based child care providers that incorporates a mentoring or coaching component, is research-based and proven to improve the quality outcomes for home-based child care, and that can be provided via a variety of service delivery methods.
- "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)

FFN services will include:

- Identification and recruitment of in-home providers caring for children birth through age five.
- Fostering professional, supportive relationships between home-based care givers and community-based coaches or mentors.
- Providing assistance, coaching, mentoring and support, by community-based coaches or mentors, to in-home care providers, as needed and appropriate, to increase the quality of child care that is provided and to help move in-home care providers toward appropriate licensure.

- Creating a program improvement plan with the provider, specific to each provider and the children they care for, that will serve as a roadmap for the provider to move towards higher quality of care and potentially towards licensure.
- Implementing a curriculum that is a strength-based approach based on the providers' needs and recommendations and will focus on safety, brain development, social-emotional developmental needs, positive guidance and discipline, nutrition, parent/caregiver relationships, language and literacy, appropriate learning activities, culture, and health and sanitary practices.
- Developing training materials for providers that identify and utilize available resources.
- Fostering partnerships between existing community agencies and entities so that training, information, services and other supports for in-home care providers can be provided at non-traditional settings and locations, such as public schools, and other "education" settings.

- Coordinating with other First Things First funded programs such as the Kith and Kin Statewide Competitive Grant Program funded through First Things First Statewide Competitive Grant and other programs providing services in the community.

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FIRST THINGS FIRST- EXHIBIT Q
TARGET SERVICE UNITS BY STRATEGY

Goal Area	***FTF Strategy Name***	***Standard of Practice (SOP)***	***Target Service Units 1***	***Target Service Units 2***	***Target Service Unit 3***
Coordination	Community Partnerships	SOP Community Partnerships (Exhibit A)	NA	NA	NA
Health	Comprehensive Preventative Health Programs	SOP Coalition Building (Exhibit B); SOP Community Health Education (Exhibit D)	Total number of children served	Total number of families served	NA
Health	Care Coordination/ Medical Home	SOP Care Coordination(Exhibit C)	Total number of children receiving care coordination services	NA	NA
Health	Prenatal Outreach	SOP Prenatal Outreach (Exhibit D); Also required: SOP Prenatal Home Visitation (Exhibit E); SOP Prenatal Outreach Promotora (Exhibit F); CPS Policy (Exhibit H); SOP Developmental Screening (Exhibit I)	Total number of pregnant/postpartum women attending training sessions	Total number of pregnant/postpartum women receiving home visitation services	NA
Health	Developmental & Health Screening	SOPs as appropriate to the contract: SOP Developmental Screening (Exhibit I); SOP Sensory Screening (Exhibit M); SOP Coalition Building- Used for Child Find Coalition; (Exhibit B)	Total number of children screened for developmental delays	Total number of children receiving vision screening	Total number of children receiving hearing screening
Health	Nutrition/ Obesity/ Physical Activity	SOP Nutrition/Obesity/Physical Activity (Exhibit J)	Total number of children attending training sessions	Total number of adults attending training sessions	NA

Health	High Risk Newborn Follow Up	SOP High Risk Newborn Follow Up (Exhibit K); CPS Policy (Exhibit H)	Total number of families served	NA	NA
Health	Health Insurance Enrollment	SOP Health Insurance Outreach and Application Assistance (Exhibit L)	Total number of families receiving enrollment assistance for health insurance	NA	NA
Family Support	Early Language and Literacy Programs in Home and Community Settings	SOP Early Language and Literacy Programs in Home and Community Settings (Exhibit N); *IF* Home Based Early Language and Literacy Program- also refer to SOP Home Visitation (Exhibit G); CPS Policy (Exhibit H); SOP Developmental Screening (Exhibit I). *IF* Community-Based Early Language and Literacy Program- also refer to Community-Based Training (Exhibit O)	Total number of adults attending family literacy trainings or literacy workshops	Total number of children attending family literacy trainings or literacy workshops	Total number of books distributed
Quality and Access	Family, Friend and Neighbors	SOP Family, Friends and Neighbors (Exhibit P)	Total number of family, friend and neighbor early care and education providers served	NA	NA

Exhibit R

STANDARD TERMS DEFINED

As used in these Instructions, Special Terms and Conditions and Uniform Terms and Conditions, the terms listed below are defined as follows:

1. *"Application"* means bid, proposal, quotation or what is submitted in response to an RFGA.
2. *"Applicant"* means a person who responds to a RFGA.
3. *"Attachment"* means any item the RFGA that requires an Applicant to submit as part of the Application.
4. *"Contract"* means the combination of the RFGA, including the Instructions to Applicants, The Uniform and Special Terms and Conditions, and the Specifications and Statement or Scope of Work; the Application and any Application Clarifications; and any RFGA Amendments or Contract Amendments.
5. "*Contract Amendment*" means a written document signed by the Grants and Contracts Procurement Officer that is issued for making changes in the Contract.
6. *"Days"* means calendar days unless otherwise specified.
7. *"Exhibit"* means any item labeled as an Exhibit in the RFGA or placed in the Exhibits section of the RFGA. Exhibits are typically resource materials.
8. *"Grantee"* means any Applicant whose Application has been accepted and has been awarded a Grant with First Things First.
9. *"Grants and Contracts Procurement Specialist"* means the person, or his or her designee, duly authorized by First Things First to enter into and administer Contracts and make written determinations with respect to the Contract.
10. *"May"* indicates something that is not mandatory but permissible
11. "*RFGA"* means an a Request for Grant Application
12. "*RFGA Amendment*" means a written document that is signed by the Grants and Contracts Procurement Specialist and issued for making changes to the RFGA.
13. *"Shall, Must"* indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an offer.
14. *"Should"* indicates something that is recommended but not mandatory. If the Applicant fails to provide recommended information, the State will evaluate the offer without the information but reserves the right to clarify the recommended information.
15. *"State"* means the State of Arizona, Early Childhood Development and Health Board also known as First Things First who executes the Contract.
16. *"State Fiscal Year"* means the period beginning with July 1 and ending June 30.
17. *"Subcontract"* means any Contract, express or implied, between the Grantee and another party delegating or assigning, in whole or in part, the furnishing of any service required for the performance of the Contract.

Exhibit S

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: _____

Exhibit T

LINE ITEM BUDGET FOR LISTING MATCHING FUNDS

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. **Limit your budget line items to the budget categories and to the budget subcategories listed.**

Budget Category	Line Item Description	Requested Funds	Matching Funds AND Source**	Total Cost
PERSONNEL SERVICES			**Personnel Services Total**	$
Salaries				
EMPLOYEE RELATED EXPENSES			**Employee Related Expenses Total**	$
Fringe Benefits or Other ERE				
PROFESSIONAL AND OUTSIDE SERVICES			**Professional and Outside Services Total**	$
Contracted Services				
TRAVEL			**Travel Total**	$
In-State Travel Out of State Travel				
AID TO ORGANIZATIONS OR INDIVIDUALS			**Total Aid to Organizations or Individuals**	$
Subgrants or Subcontracts to organizations/agencies/entities				
OTHER OPERATING EXPENSES			**Other Operating Expenses Total**	$
• Telephones/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 • Program Incentives				
CAPITAL OUTLAY			**Capital Outlay Total**	$
Construction/Land or Building Improvements/Purchase of Land or Building				
CAPITAL EQUIPMENT			**Capital Equipment Total**	$
Equipment $5,000 or greater in value				
NON-CAPITAL EQUIPMENT			**Non-Capital Total**	$
Equipment $4,999 or less in value				
Subtotal Direct Program Costs:		$	$	$
ADMINISTRATIVE/INDIRECT COSTS			**Total Admin/Indirect**	$
Indirect/Admin Costs				$
Total		$	$	$

END OF REQUEST FOR GRANT APPLICATION

FTF-RC017-12-0341-00