FIRST THINGS FIRST

Ready for School. Set for Life.

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Arizona Early Childhood Development and Health Board
1600 East Ash, Suite 1
Globe, Arizona 85501

Care Coordination
Gila Regional Partnership Council

Request for Grant Application (RFGA)
FTF-RC004-13-0399-00

Deadline	Grant Applications shall be submitted on or before 10:00 a.m. (Arizona MST) on May 17, 2012 at First Things First, 1600 East Ash, Suite 1, Globe, Arizona 85501.
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 April 12, 2012 at 10:00 a.m. at Calvary Shadows Assembly of God Church, 815 South Verde Lane, Globe Arizona 85501. 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 August 1, 2012) and shall remain in effect until June 30, 2013, unless terminated, cancelled or extended as otherwise provided herein.
Contact Information	Fiscal and Contracts Specialist First Things First Fax: (602) 265-0009 Email: grants@azftf.gov

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CERTIFICATION

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

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

APPLICANT OFFER

Arizona Transaction (Sales) Privilege Tax License No.:

_____

Federal Employer Identification No.:

_____

Name of Point of Contact Concerning this Application:

Name: _____

Phone: _____ Fax: _____

E-Mail:_____

_____
Name of Applicant

_____
Signature of Person Authorized to Sign Offer

_____
Address

_____
Printed Name

_____
City State Zip

_____
Title

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

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

ACCEPTANCE OF APPLICATION

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

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

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

_____
First Things First Designated Authorizing Official

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Overview of First Things First

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

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

First Things First Strategic Direction

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

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

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

School Readiness Indicators

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

What is the Funding Source?

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

This Request for Grant Application (RFGA) is specifically dedicated to funding regional programs. The Regional Partnership Council that is involved in the release of this RFGA is the Gila 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 an eleven (11) month contract for the fiscal year ending June 30, 2013 with an option for renewal for two (2) additional twelve (12) month periods. Total funds available are approximately $150,000 to fund the Healthy Steps –Care Coordination program for the first funding period. An additional $5,000 is available to plan and implement an online Developmental Screening pilot implementation process during the first year as part of the Care Coordination Program. The total award for year one is $155,000. First Things First reserves the right not to award the entire amount of available funds or to award an amount that is greater than the posted available funds. Renewal will be contingent upon satisfactory contract performance, evaluation and availability of funds. A Single Award is anticipated to be made.

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

Statement of need

Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. It is based upon the relationship between the family, the health care providers 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 enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate manner. An important component of a Care Coordination strategy is to insure children receive regular developmental screenings at six-month intervals. Developmental screening has been a practice used in multiple settings; however, integrating the information using an online web-based system from those settings into a common database is a relatively new option.

Regional Intent: In 2010, Gila County ranked lowest in health outcomes in Arizona according to the County Health Rankings published by the Robert Woods Johnson Foundation report "Mobilizing Action Toward Community Health." While official reports show that approximately 12% of children in Gila County were uninsured, it is believed that this is significantly unreported and that many families are not accessing appropriate health care services for their young children. In the same year, 49% of all children ages 19-35 months had the recommended set of immunizations, while 96% of incoming kindergartners were fully immunized. Both facts illustrate a need for more coordinated care for this population.

Information from Gila County regional school districts reflect that many children are entering kindergarten with undiagnosed developmental delays, specifically in speech/language and social emotional domains. This phenomena creates a widely variety of readiness levels among many students in the region. In one school district, 67% of incoming pre-kindergarten children qualified for a special education pre-kindergarten program.

The Gila Regional Partnership Council feels strongly that children and families need access to coordination of services that will ensure universal preventive services are provided and have identified Care Coordination/Medical home as the mechanism to address this need.

The Gila Regional Partnership Council has also identified the need for parents to have more access to relevant and useful information about their children, as well as having someone available to answer their questions about child development, developmental concerns , discipline, well-baby visits (and getting the most out of them), nutrition, and other areas of development. The Gila Regional Partnership Council has identified the *Healthy Steps for Young Children National Model* as the mechanism to address these needs. Healthy Steps is a program model that is to be funded through the Regional Council's Care Coordination/Medical Home strategy, and through this RFGA. It will be implemented in either a community based or clinic-based model. Included in the Healthy Steps model is the possibility of doing short-term home visits with at risk families.

- The Clinic-Based Healthy Steps for Young Children program implemented through the County Health Department Clinics, faith based clinics and/or Federally Qualified Healthcare Clinic (FQHC) in the region by providing care coordination services to children and families who are served by the county public health or medical clinic practices.
- The Community-Based Healthy Steps for Young Children programs that brings together partners from the health community including the regions' birthing hospital, clinic-based programs, physician's offices or community-based programs, depending on which pediatrician the parents have selected and the desire of the parent to remain in the program.
- The Ages and Stages Questionnaire (ASQ) online developmental screening system must be included in the Healthy Steps model implementation during the first year.

The Gila Regional Council has identified the following needs within the region:

1. Improve parent awareness and knowledge of the community based health and social services that are available;
2. Increase the numbers of children who are accessing a medical home;
3. Improve the rates of toddlers who are fully immunized; and
4. Decrease the numbers of children who arrive at kindergarten with newly diagnosed developmental delays.

In addition, programs implemented under this care coordination strategy will support the connection between the family and their pediatrician or medical provider, will work to establish a pediatric medical home provide additional parental support and information. The Gila

Regional Council intends to build an infrastructure of services that will be offered to all newborns and their families across the region, potentially reaching all children and their families.

The Gila Regional Council intends to fund a ***single administrative home*** that can provide Healthy Steps and the ASQ developmental screening administration in the Globe/Miami and Payson areas of the region. The Regional Council intends this strategy to be universally available for newborns, infants, toddlers, and preschoolers and their families with an emphasis on enrolling families of newborns.

Evidence based or best practice models of care coordination: There are a number of successful care coordination national models, which have demonstrated impressive health outcomes for children ages birth through five by offering high-risk families additional support to access health care and social services. Applicants are required by the Gila Regional Council to use the Healthy Steps National Model to provide care coordination services and the Ages and Stages Questionnaire (ASQ) online developmental screening tools and system to be used for the trail implementation period.

Healthy Steps: The Healthy Steps Model has been implemented nationwide and has been proven to have positive outcomes for children and families. Specifically, the Healthy Steps program encourages using a medical home model within the pediatric medical field. The program has shown to have higher rates of child immunizations, higher rates of timely and appropriate developmental screenings, as well as providing a medical environment that is supportive of parents as the experts on their child. Additionally, the Healthy Steps Model has been adopted by the Gila Regional Partnership Council, and all responses to this RFGA must align with the Healthy Steps Model.

Programs implementing care coordination will:

- Assure that all program staff has the appropriate experience and education.
- Provide ongoing training and technical assistance to program staff to assure quality and fidelity to the Healthy Steps model. Successful applicants will be asked to identify the Healthy Steps Trainer that they plan to use with their program staff, to assure program fidelity to the model and to assure that staff has the necessary level of support that they need to be effective.
- Assure that all child and family information is handled in a confidential manner.
- Develop procedures for assuring confidentiality regarding the ASQ-3 Online system.
- 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.

Care Coordinators will be asked to accomplish the following:

1. Assist the practice to identify children with special healthcare needs, establish methods for tracking, and follow up of these children.

2. Conduct timely developmental and social emotion screening at six month intervals for all children enrolled using the online screening program.
3. Assist the practice to identify other children potentially in need of care coordination services.
4. Complete an intake assessment with full 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.
5. Work with families 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 making follow up visits
   d. Assist in accessing health insurance as needed
   e. Provide information regarding community resources and linkage to those services
   f. Promote family independence by working to develop self-care skills
   g. Support care transitions
   h. 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.

Developmental Screening: The Gila Regional Partnership Council has also decided to use the Ages and Stages (ASQ) -3 online Enterprise Systems and the ASQ-Social and emotional (SE) online Enterprise system to be implemented as part of this grant. The ASQ developmental screening tools were selected by the Regional Council after reviewing the prevalence of current screening tools being used in the region and by other First Things First programs. The ASQ developmental screening tools are considered valid and reliable assessment and screening tools; and it is parent friendly.

ASQ Developmental Screening On-line System Pilot includes:

1. Purchase and implement the ASQ-3 and ASQ-SE online Enterprise Multi-site screening tool into the Healthy Steps – Care Coordination program.
2. Purchase, implement and integrate the Parent Access program to allow parents to complete the ASQ-3 and ASQ-SE online and conduct appropriate follow-up with families that use either the Parent Access Program or the paper version of the assessment tool.

3. Serve as program administrator for the enterprise system setting up appropriate policies and procedures to follow.
4. In Collaboration with First Things First Staff and the Gila Regional Partnership Council convene community stakeholders groups to discuss expansion of the Enterprise to include other First Things First programs, schools, Head Start Programs, public and private medical clinics, Physician's offices, Child Find, AzEIP and other locations where families access services in the Gila Region.
5. Within six months of the start of the Grant award, a report on the pilot implementation of the online screening process, including a plan for expanding the Enterprise system to multi sites including the community partners, is expected. Included in the report should be information required for further expansion including cost estimates.
6. Serve as ongoing Enterprise administrator of the Gila Enterprise system and coordinate with community partners and the FTF HUB to ensure the success of the program.
7. Review parent initiated developmental screenings from the on-line parent access screening tool, communicate results to parents and make appropriate referrals for follow-up. The Healthy Steps program should serve as the triage with the families by either offering enrollment into the program to families or referral to other First Things First or community programs as appropriate to the needs of the families.
8. All individuals conducting developmental screening will obtain and maintain certification and/ or required training on the ASQ-3, ASQ-SE and the on-line system implementation. Trainings must be approved by the instrument developer to provide training for the on-line version of the instruments.

The intent of the Regional Council is to fund the establishment of a region wide ASQ enterprise system that allows various programs that come in contact with children birth through five to use a common system that also connects to clinical practices electronically in the region. This aspect of program development is considered a pilot that includes a 4-6 month period of planning, training and ongoing evaluation of the process.

It is expected that the ASQ online screening and reporting system will be implemented within the ***Healthy Steps*** program connected with the care coordination strategy implementation. The location of the ***Healthy Steps*** program will purchase the ASQ online enterprise license with the funds allocated to this strategy. The remainder of the funds will be used to support ongoing community collaboration and to encourage other programs to participate in using the online ASQ tools. It is expected that after the initial implementation phase, the Enterprise system will be expanded to include other community programs that currently have ASQ licenses or that are expecting to purchase their own license. This is a capacity building and trial implementation to identify successes and challenges in implementing this system in the region.

The Gila Regional Council intends that the trial implementation period of planning and implementation will occur during the first year of the grant period. It is a trial period with the intent to link the Gila Developmental Screening Enterprise system into a centralized ASQ HUB program to allow de-identified data reporting on developmental screening and delays as a result of the trial program.

Description of strategy including Standards of Practice

Effective care coordination begins with recognizing the needs of families and the coordination between health providers and health systems. It is based upon the relationship between the family, the health care providers 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 enable medical practices to assure that their patients get the necessary services when and where they need it in a culturally and linguistically appropriate manner.

An important component of care coordination is a child having a medical home. The medical home represents a standard in primary care where children and their families receive the care they need from a family physician, pediatrician or other 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.

Operating Structure

The intent of the care coordination strategy is to:

1) Provide care coordination services as funded by First Things First Regional Councils
2) Adhere to Healthy Steps - care coordination evidence based models that lead to improved coordination of health services for children 0-5 years of age
3) Adhere to the care coordination models that lead to more children 0-5 having a medical home
4) Adhere to the Care Coordination and Developmental Screening Standards of Practice that is attached (Exhibit A and B).
5) Offer services free of charge to families. Programs implemented under this strategy are offered free of charge to all families who are interested.

Families with young children often face challenges accessing or coordinating needed care. Families in crisis, such as those experiencing homelessness, domestic violence or with chronic health care needs, often need multiple family support and health services. Referrals to such services are often quite haphazard, and families and service providers often struggle to figure out how to "piece together" a disconnected array of health resources. Families and service providers often need advice and assistance in obtaining available services, navigating complex systems and bureaucracies, and coordinating care. It is also necessary to identify and remove barriers that jeopardize care coordination for young children and prevent some families from accessing health care services that are vital to their child's overall well-being.

In order to address these issues and in collaboration with First Things First's goal to build on current efforts to collaborate to improve children's access to quality health care, and build on current efforts to increase the number of health care providers utilizing a medical home model.

First Things First School Readiness Indicators related to this strategy:

FTF is seeking successful applicants to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

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

Target Population to serve

The Regional Council targets newborns, infants, toddlers, and preschoolers and their families for these strategies. Initial focus will be on reaching 200 families accessing the Healthy Steps well-child care in community clinics and county health department services while concentrating services to low or lower income families. Priority should be given to reaching children at birth or shortly after birth.

This program will also serve families that participate in the ASQ-3 screening process and follow up will be provided regarding this screening process. Target for Developmental Screening using the online system will be at least 250 children.

Geographic Area

The Gila Regional Partnership Council provides services to the communities of Gila County and the Tribal lands of the Tonto Apache Tribe. The Gila Region does ***not*** include the portion of the Fort Apache Indian Reservation (lands of the White Mountain Apache Tribe) within Gila County, or the portion of the San Carlos Apache Indian Reservation within Gila County. Applicants must provide an implementation plan to provide services in the communities of Payson and Globe/Miami.

Coordination and Collaboration

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 being served. This may include but is not limited to participating in regular regional collaboration meetings. Depending upon the strategy, there may be additional statewide meetings, which the Applicant may be asked to attend, as noted in the Scope of Work. In order to accomplish this, Applicants should plan the appropriate staffing and budget to support travel to and attendance at monthly meetings within the regional area or statewide meetings, as appropriate.

Program Specific Data Collection and First Things First Evaluation

Successful Applicants agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with the Goals, Performance Measures and Units of Service aligned to the strategies described in this RFGA. In addition, ongoing evaluation of the ASQ implementation process should be reported in the narrative reports.

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

For example, for the FTF strategy Home Visitation the FTF Unit of Service is "number of families served" and a Target Service Number of 50 represents the number of families the 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 that 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 includes the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS.

(The FTF data reporting requirements for this strategy can be found at http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=62

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

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

Unit of Service:

- The targeted service units is 200 children birth to five for care coordination and 250 children for the online developmental screening

For **Care Coordination/Medical Home,** the Unit of Service is:
Number of children served

For **Developmental and Sensory Screening,** the Units of Service are:
Number of children screened for developmental delays
Number of children receiving vision screening
Number of children receiving hearing screening

Performance Measures

For **Care Coordination/Medical Home,** the performance measures are:
Number of children served/ proposed service number
Number of written care plans completed
Number of families receiving referrals for health insurance enrollment
Number of referrals for health and human service providers

For **Developmental & Sensory Screening,** the performance measures are:

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

For the quarterly narrative reports, the following information should be addressed: Description of the ASQ implementation into the Healthy Steps program should be reported. Challenges and successes in implementation should be addressed as well as solutions found.

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

For more information on the ASQ-3 and ASQ-SE online system please refer to the Brooks Publisher Website at:
http://www.brookespublishing.com/store/books/squires-asq/proenterprise.htm

How Will Applications be Evaluated?

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

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

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

Application: Responding to the Scope of Work

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

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

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

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

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

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

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

a) Provide a clear description of the proposed program/services.
b) Indicate whether this is a proven program or one with an evidence base and summarize the relevant research supporting it.
c) If adapting a proven effective program, explain what the adaptations are and why they are being made.
d) Describe how the proposed program aligns and builds on the early childhood system development in the Gila Regional Partnership Council region.
e) Describe how the Standards of Practice will be adhered to in program implementation. Please refer to the attached FTF Standards of Practice. Successful Applicants are required to follow this/these Standard of Practice when delivering services under this grant or contract. (Refer to the Standard of Practice in Exhibit A for guidance on best practice requirements for this strategy.)
f) Identify and describe the target population to be served by the proposed strategy, including:
    - Population demographics, i.e. all children birth through five, infants and toddlers, families of infants, early childhood professionals, etc.
    - Target Service Number based on the Unit of Service(s) included in the scope of work above.
    - How the strategy will meet the needs of the targeted population in terms of being culturally competent, linguistically appropriate, age appropriate and gender responsive.
    - Recruitment and outreach efforts, engagement and retention practices for the targeted population.
g) Describe the specific training that will be provided to existing and/or new staff, including how and when it will be delivered and how it will enhance skills necessary to implement this strategy effectively.
h) Describe the process for implementing the on-line developmental screening process including plans for implementing and marketing the Internet Parent Access System. Describe the process to bring together community partners to develop a plan for expanding the on-line developmental screening to other community partners.

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

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

D. Implementation Activities (25%)

Using Attachment C, Implementation Plan, describe the activities needed to operationalize the proposed strategy(ies), including timelines, responsibilities, and coordination activities. Include a description of planning and implementation of the ASQ online enterprise system into the care coordination strategy.

E. 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. All budget forms must be signed by an authorized agency representative.

a) Submit the Funds Requested Form (Attachment D). No additional narrative is required.
b) Submit the Line Item Budget (Attachment E) using only the budget categories listed on the form. No additional narrative is required.
c) Submit the Budget Narrative (Attachment F) using only the budget categories listed on the form. Provide specific budget information on the implementation of the on-line ASQ-3 and ASQ-SE process. This should include the Enterprise purchase cost estimated to be approximately $500 and the ASQ Family Access annual subscription estimated to be approximately $350. If the program does not already have the ASQ-3 and ASQ-SE print version at each screening site, additional costs should be included to cover purchase of this program. Please identify staff time needed to implement the developmental screening collaborative.
d) Submit the Disclosure of Other Funding (Attachment G). This list should include all other sources of funding currently received from other State or public agencies, Federal agencies, non-profit organizations and other sources that will be applied to the proposed program/strategy(ies). Note that statute A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.
e) Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey (Attachment H) to capture basic financial system/operational information to assess financial capacity early in the process. No additional narrative is required. As noted in the financial system survey, you are required to submit a complete copy of the most recent audited, reviewed or compiled financial statements as well as management letters and a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. NOTE THAT ONLY ONE COPY OF EACH OF THESE DOCUMENTS NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".

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

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

a) Who will have overall responsibility for the data collection, maintenance, and reporting? Be sure to include this person in your Key Personnel Overview, Attachment B.
b) How will the required data be collected, maintained, and aggregated? 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, oversight of data entry, timeliness for administering tools, etc.)?
c) If applicable, what is the anticipated approval process to collect and report data from tribal government programs?
d) What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to data collection, maintenance, and security as well as the assurance of quality data input and data collection for the program? In addition to this narrative description, the funds dedicated to evaluation should be reflected in the budget and budget narrative in Section D above.
e) Complete the Data Collection Form, Attachment I.

Instructions to Applicants

A. Inquiries

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

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

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

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

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

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

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

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

B. Application Preparation

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

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

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

3. Evidence of Intent to be Bound. The Applicant Offer and Acceptance Form within the RFGA shall be submitted with the Application and shall include a signature by a person authorized to sign

the Application. The signature shall signify the Applicant's intent to be bound by the Application, the terms of the RFGA and that the information provided is true, accurate and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, shall result in rejection of the Application.

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

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

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

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

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

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

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

11. RFGA Order of Precedence. In the event of a conflict in the provisions of this RFGA, the following shall prevail in the order set forth below:
    11.1 First Things First Special Terms and Conditions

11.2 State of Arizona Uniform Terms and Conditions
11.3 Scope of Work
11.4 Attachments
11.5 Exhibits
11.6 Instructions to Applicants
11.7 Other documents referenced or included in the RFGA

C. Submission of Application

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

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

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

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

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

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

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

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

origin, sexual orientation or disability, and that it complies with all applicable Federal, state and local laws and executive orders regarding employment.

9. Budget Limitations. In the event that the Applications received exceed the budget limitations, First Things First reserves the option to request a reduction in the scope of the Applicant's proposed program. Revised budget documents will be required. First Things First reserves the right to award contracts for less than the proposed amount and/or less than the available funds or make awards that exceed the posted available funds as additional funds become available.

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

D. Award

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

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

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

E. Protests

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

F. Comments Welcome

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

Terms and Conditions

FIRST THINGS FIRST SPECIAL TERMS AND CONDITIONS

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

2. Contract Renewal/Contract Amendment. This Contract shall not bind nor purport to bind First Things First for any contractual commitment in excess of the original contract period. First Things First shall have the right, with consult of the awardee, to issue a written contract amendment to expand services and increase funding awarded to compensate for the agreed upon service expansion. First Things First shall have the right, at its sole option, to renew the contract for two (2) 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 designated staff. First Things First will post any important grantee requirement information under the Grantee Resources section of PGMS and this can include updates to Standards of Practice, Units of Service or other day to day operational updates that relate to any awarded grants.

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

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

5. Confidentiality of Records. The Grantee shall establish and maintain procedures and controls

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

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

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

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

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

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

STATE OF ARIZONA UNIFORM TERMS AND CONDITIONS

1. Contract Interpretation

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

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

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

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

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

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

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

2. Contract Administration and Operation

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

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

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

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

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

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

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

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

A system is adequate if it is: 1) written; 2) consistently followed – it applies in all similar circumstances; and 3) consistently applied – it applies to all sources of funds.

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

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

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

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. <u>ADDITIONAL INSURANCE REQUIREMENTS:</u> The policies shall include, or be endorsed to include, the following provisions:
   1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such

additional insured shall be covered to the full limits of liability purchased by the Grantee, even if those limits of liability are in excess of those required by this Contract.

2. The Grantee's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Grantee shall not be limited to the liability assumed under the indemnification provisions of this Contract.

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

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

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

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

G. All certificates required by this Contract shall be sent directly to (First Things First, Fiscal and Contracts Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012). The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

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

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

J. EXCEPTIONS: In the event the Grantee or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the

Grantee or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

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

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

6. Compliance

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

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

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

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

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

This Contract may be cancelled or terminated if the fingerprint check or the certified form of any person who is employed by a provider, whether paid or not, and who is required or allowed to provide services directly to children, discloses that a person has committed any act of sexual abuse of a child, including sexual exploitation or commercial sexual exploitation, or any act of child abuse or that the person has been convicted of or awaiting trial on any criminal offenses in this state or similar offenses in another state or jurisdiction.

7. State's Contractual Remedies

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

7.2 Cancellation for Failure to Perform. Failure by the Grantee to adhere to any provision of this Agreement or its Attachments in the time and manner provided by this Contract or its

Attachments shall constitute a material default and breach of this Contract and First Things First may cancel, at its option, this Agreement upon prior written notice.

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

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

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

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

8. Contract Termination

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

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

8.3 Termination for Convenience. First Things First reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of First Things First without penalty or recourse. Upon receipt of the written notice, the Grantee shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to First Things First. In the event of termination

under this paragraph, all documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First upon demand. The Grantee shall be entitled to receive just, equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.

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

9. Contract Claims

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

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

First Things First follows all State of Arizona and Federal laws, State of Arizona Uniform Terms and Conditions. These laws include Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to immigration status of its employees. First Things First may request verification for any Grantee, Contractor, or Subcontractor performing work under the agreement. Grantees are required to follow any and all State laws around immigration and English only. Should First Things First suspect that a grantee is not in compliance with state or federal laws and First Things First may pursue any and all remedies allowed by law, including but not limited to: suspension of work, termination, and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

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

Checklist

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

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

Attachments and Exhibits

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

Exhibit A	Care Coordination/Medical Home Standards of Practice
Exhibit B	Developmental and Sensory Screening Standards of Practice
Exhibit C	Care Coordination/Medical Home Target Service Unit Information
Exhibit D	Developmental and Sensory Screening Target Service Unit Information
Exhibit E	Data Security Guidelines
Exhibit F	Sample Certificate of Insurance

Attachment A

FIRST THINGS FIRST STANDARD AGENCY INFORMATION COLLECTION FORM

A. Agency Information:

Program Name (if applicable)_____

Agency_____ Contact Person_____

Address_____ Position_____

Address_____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

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

Agency Classification: _____State Agency _____County Government _____Local Government _____Schools

_____Tribal _____Faith Based _____Other

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

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

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

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

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

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

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

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

Accounting Method: _____Cash _____Accrual

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

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

Agency _____

Address _____

Phone Number _____

B. Proposed Program Information / Description:

Amount requested: _____

Service area of proposed program: _____

Target population of proposed program: _____

Number of children to be served: _____

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

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

C. Contact Information

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

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

Main Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

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

Program Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

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

Financial Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

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

Evaluation Contact Person_____

Position _____

Address _____

City, State, Zip _____

Email _____

Phone _____x_____ Fax_____

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

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Collaborator

Agency_____ Contact Person_____

Address_____ Position_____

Address _____ Email_____

City, State, Zip_____ Phone_____x_____ Fax_____

County_____

Attachment B

KEY PERSONNEL OVERVIEW*

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

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

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

Attachment C

August 1, 2012 – June, 30 2013 Implementation Plan

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

Attachment D

FUNDS REQUESTED PAGE

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

$_____Total Funds Requested

Authorized Signature_____ Date_____

Job Title _____

Attachment E and F Instructions

How to Complete the Line Item Budget and Budget Narrative

Complete an 11-month budget for the period August 1, 2012 through June 30, 2013 using the template provided in Attachment E. Please make sure you include a budget narrative as Attachment F.

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

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

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

Attachment E – Line Item Budget

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: August 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			
NON-CAPITAL EQUIPMENT		**Non-Capital Sub Total**	**$**
Equipment $4,999 or less in value			
Subtotal Direct Program Costs:			**$**
ADMINISTRATIVE/INDIRECT COSTS		**Total Admin/Indirect**	**$**
Indirect/Admin Costs		$	**$**
Total		**$**	**$**

Authorized signature_____ Date_____

Attachment F – Budget Narrative

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 11-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

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

Administrative/Indirect Costs: *Administrative costs are general or centralized expenses of overall*

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

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

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

OR

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

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

Authorized signature_____ Date_____

Attachment G

DISCLOSURE OF OTHER FUNDING SOURCES

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

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

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

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

Authorized signature_____ Date_____

Job Title _____

Attachment H

FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY

Name of Applicant:_____

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

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

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

A. GENERAL INFORMATION

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

B. FUNDS MANAGEMENT

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

C. INTERNAL CONTROLS

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

D. PROCUREMENT

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

E. CONTACT INFORMATION

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

Prepared By:_____

Job Title:_____

Date:_____

Phone/Fax/Email:_____

F. CERTIFICATION

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

_____
Authorized Signature

G. COMMENT AND ATTACHMENTS

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

COMMENTS:

Attachment I

Data Collection Form

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

Exhibit A

FIRST THINGS FIRST

Ready for School. Set for Life.

Standards of Practice
Care Coordination/Medical Home

I. Description of Health Issue

Data shows that primary care physicians struggle to fulfill the care-coordination needs of children, youth, and families. The medical home model 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.

A medical home is a building block needed to ensure accessible, patient-centered, and coordinated primary care for children. The medical home model is an approach to providing primary care that is focused on the relationship between the patient and the personal clinician. Championed by the American Academy of Pediatrics, the medical home is broadly defined as primary care that is "accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective." A medical home does not refer to an actual physical place but to an approach to providing health care that assures that patients have access to care, that their care is well coordinated, and that they are engaged in their care, patient centered care.

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.

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.

The non-profit health membership organization, National Quality Forum (NQF), has defined care coordination as a "function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time." In September 2010, NQF endorsed 10 performance measures and 24 preferred practices for care coordination. They can be found at:
http://www.qualityforum.org/projects/care_coordination.aspx

II. Implementation Standards

A. Programs implementing care coordination will:

1. Assure that all program staff has the appropriate experience and education.
2. Provide ongoing training to program staff to assure quality.
3. Assure that all patient and family information is handled in a confidential manner.
4. Assure that appropriate consent is obtained for service delivery.
5. Assure that the intake process assesses the strengths and needs of the child and family by utilizing standardized methods and procedures.
6. Collaborate with local agencies/community partners.

B. Individuals delivering care coordination services 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. Facilitate 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.

It is recommended that well child visits for children age 0-5 years follow the standards for well child visits based upon Early Periodic Screening Diagnostic and Treatment (EPSDT) guidelines. EPSDT funds well-child visits that provide comprehensive health care through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for enrolled AHCCCS members less than 21 years of age. Standardized forms and guidelines for all EPSDT providers can be found at: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixB.pdf

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.

III. Training and Qualifications Standards

Qualifications for a Care Coordinator include:

- Minimum of a Bachelor's Degree in health care, social work, nursing 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.

IV. Cultural Competencies

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

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."
  http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
  http://www.naeyc.org/positionstatements/linguistic
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe's/Nation's cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe's/Nation's laws, policies and procedures. The effectiveness of services is directly related to the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Coordinator, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

- Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities. Such data can include but not be limited to:

    - Morbidity and mortality among children members of their communities
    - Information regarding child safety and welfare
    - Information regarding children in foster care
    - Infectious and chronic disease information among members of their communities
    - BMI and healthy weight information beginning at age 2 years and each year after that

V. References and Resources

Antonelli, R., Stille, C., and Freeman, L. Enhancing Collaboration Between Primary and Subspecialty Care Providers for Children and Youth With Special Health Care Needs, Georgetown University Center for Child and Human Development, Washington, DC, 2005.

Antonelli, R., McAllister, J.W., and Popp, J. (2009, May). Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework, The Commonwealth Fund.

Kurt, C., Stange, K.C., Nutting, P.A. , Miller, W.L. , Jaén, C.R. , Crabtree, B.F. , Flocke, S.A. and Gill, J.M. (2010). Defining and Measuring the Patient-Centered Medical Home. *J Gen Intern Med.* 2010 June; 25(6): 601–612. Published online 2010 May 14. doi: 10.1007/s11606-010-1291-3.

McAllister, J.W., Cooley, W.C, Presler, E., Medical Home Practice-Based Care Coordination: A workbook. Center for Medical Home Improvement (CMHI), Crotched Mountain Foundation and Rehabilitation Center; Greenfield, New Hampshire.

McCarthy, D. , Nuzum, R., Mika, S. et al. (2008). The North Dakota Experience: Achieving High-Performance Health Care Through Rural Innovation and Cooperation. May 15, 2008 | Volume 93. The Commonwealth Fund. **Contact:** dm@cmwf.org http://www.commonwealthfund.org/Publications/Fund-Reports/2008/May/The-North-Dakota-Experience--Achieving-High-Performance-Health-Care-Through-Rural-Innovation-and-Coo.aspx

National Committee for Quality Assurance (NCQA) in 2011. Patient Centered Medical Home. Found at: http://www.ncqa.org/tabid/631/default.aspx

National Quality Forum standards for Care Coordination; can be found at: http://www.qualityforum.org/projects/care_coordination.aspx

Exhibit B

FIRST THINGS FIRST

Ready for School. Set for Life.

Standards of Practice

Developmental and Sensory Screening

Administration Services

VI. Description of Strategy Health Issue

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

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

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

Screening is comprehensive in that it includes a review of children's development in the cognitive, communication, physical development, sensory deficits, social-emotional and adaptive domains. The results of the screening process can lead to further screening and diagnostic testing and early interventions.

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

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

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

VII. Implementation Standards

All developmental or sensory screening administration includes the following standards:

Screening services should include the following:

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

Screening Locations:

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

or other location with which the child has familiarity and is comfortable).

Developmental Screening Administration Standards:

Screening Tools

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

Suggested developmental assessment tools for screening children birth-age three

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

Conducting Screening

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

Sensory Screening Administration Standards

Screening Tools

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

- Screening tools must be free from bias and appropriate to the population on which they are used.

Conducting Screening

Hearing

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

Vision

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

VIII. Training and Qualifications Standards

Conducting developmental screening requires specific education and skills.

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

program specialist is able to consistently conduct screening in a reliable manner. This can be documented in staff's personnel file and family files.

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

Conducting sensory screening requires specific education, equipment and skills.

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

IX. Cultural Competencies

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

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

the Education of Young Children."
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
http://www.naeyc.org/positionstatements/linguistic

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

        - Morbidity and mortality among children members of their communities
        - Information regarding child safety and welfare
        - Information regarding children in foster care
        - Infectious and chronic disease information among members of their communities
        - BMI and healthy weight information beginning at age 2 years and each year after that

X. References and Resources:

Ages and Stages Resources found at: http://agesandstages.com/

CDC Developmental Screening guidelines and tools found at:
http://www.cdc.gov/ncbddd/child/devtool.htm and
http://www.cdc.gov/ncbddd/child/improve.htm

Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org) found at: http://www.healthychildcare.org/pdf/DSECSreport.pdf

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

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

Appendix A

Resource for PEDs tool to be used in clinical settings:

DEVELOPMENTAL SCREENING USING THE PEDS TOOL
(Parents' Assessment of Developmental Status)

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

Frequently asked questions regarding PEDS TOOL

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

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

4. What does this mean to me as a provider?
   a. Providers must order hard copies of the PEDS tools for use in the office. These can be obtained on line at www.pedstest.com or www.forepath.com. Please be aware that making photocopies of

the PEDS tools is a violation of copyright law. The cost of ordering the PEDS forms considered when developing the reimbursement rates.

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

Exhibit C

First Things First Target Service Unit Information

Care Coordination/Medical Home

Unit of Service and related Target Service Number

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

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

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

For **Care Coordination/Medical Home,** the Unit of Service is:

Number of children served

Determining and Interpreting Target Service Numbers

Number of children served should reflect all children proposed to receive services for one grant contract period (in most cases, one year). This number should reflect a total headcount (aggregate) of children to receive services, including current caseload and potential enrollment within the contract period. Please note this may be a **duplicated** count since it is possible for a child to discontinue (disenroll) and re-enroll to receive services during the same grant contract period.

Performance Measures

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

For **Care Coordination/Medical Home,** the performance measures are:

Number of children served/ proposed service number
Number of written care plans completed
Number of families receiving referrals for health insurance enrollment
Number of referrals for health and human service providers

Exhibit D

First Things First Target Service Unit Information

Developmental and Sensory Screening

Unit of Service and related Target Service Number

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

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

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

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

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

Determining and Interpreting Target Service Numbers

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

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

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

Performance Measures

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice,

(4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g. providing scholarships).
For **Developmental & Sensory Screening,** the performance measures are:

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

Exhibit E

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

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

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

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

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

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

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

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

Data Security Guidelines for Grantee Maintenance of Data

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

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

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

Exhibit F

SAMPLE CERTIFICATE OF INSURANCE

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

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

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

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

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

Name and Address of Certificate Holder:

_____

_____

Date Issued: _____

Authorized Representative: _____

END OF REQUEST FOR GRANT APPLICATION

FTF-RC004-13-0399-00