



# FIRST THINGS FIRST

*The right system for bright futures*

**Arizona Early Childhood Development and Health Board  
Yavapai Regional Office  
1100 East Sheldon Street  
Building 30, Room 113  
Prescott, Arizona 86301**

**Prenatal Outreach Grant Program  
Yavapai Regional Partnership Council**

**Request for Grant Application (RFGA)  
FTF-RC022-12-0323-00**

<b>Deadline</b>	Grant Applications shall be submitted on or before 12:00 p.m. (Arizona MST) on April 14, 2011 at the Yavapai First Things First Office, 1100 East Sheldon Street, Building 30, Room 113, Prescott, Arizona 86301.
<b>Procurement Guidelines</b>	<p>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.</p> <p><b>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 <u>shall not</u> be considered.</b></p> <p><b>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.</b></p> <p>All Applications must be typewritten and a complete grant Application returned along with the offer by the time and date cited above. <b>Additional instructions for preparing a grant Application are included within this document.</b></p> <p>Applicants are strongly encouraged to read the entire Request for Grant Application document carefully.</p> <p><b>It is the sole responsibility of Applicants to check the First Things First website for any changes to this RFGA, <a href="http://azftf.gov">http://azftf.gov</a>.</b></p>
<b>Pre-Application Conference</b>	Prospective Applicants are encouraged to attend a Pre-Application Conference on March 10, 2011 at 9:30 a.m. at Yavapai College, 1100 East Sheldon Street, Building 32, Room 119, Prescott, Arizona 86301. The purpose of the meeting is to discuss and clarify this Request for Grant Application.
<b>Special Accommodations</b>	Persons with a disability may request reasonable accommodation such as a sign language interpreter by contacting the Grants and Contracts Procurement Specialist at <a href="mailto:grants@azftf.gov">grants@azftf.gov</a> or via Fax (602) 265-0009. Requests should be made as early as possible to allow time to arrange the accommodation.
<b>Contract Information</b>	<p><u>Service</u>: First Things First Regional Funding</p> <p><u>Contract Type</u>: Cost Reimbursement</p> <p><u>Contract Term</u>: The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form (estimated July 1, 2011) and shall remain in effect until June 30, 2012, unless terminated, cancelled or extended as otherwise provided herein.</p>
<b>Contact Information</b>	<p>Grants and Contracts Procurement Specialist</p> <p>First Things First</p> <p>Fax: (602) 265-0009</p> <p>Email: <a href="mailto:grants@azftf.gov">grants@azftf.gov</a></p>



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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.: \_\_\_\_\_ Name of Point of Contact Concerning this Application:

\_\_\_\_\_ Name: \_\_\_\_\_

Federal Employer Identification No.: \_\_\_\_\_ 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\_\_\_\_\_

\_\_\_\_\_  
Jeanne Weeks, Grants and Contracts Procurement Specialist

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## Overview of First Things First

In November 7, 2006, Arizonans made a historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children five and younger: that children would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products to provide dedicated and sustainable funding for early childhood services for our youngest children.

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure a child entering school arrives healthy and ready to succeed. The mission will be achieved through the work of the statewide FTF Board and the 31 Regional Partnership Councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for children five and younger.

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

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

### ***First Things First Goal Areas***

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

- Improve the quality of early childhood development and health programs.
- Increase the access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.

- Provide professional development and training for early childhood development and health providers.
- Increasing coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health.

## **What is the Funding Source?**

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

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

## **Who is Eligible to Apply for this Funding Opportunity?**

First Things First awards grants to:

- Non-profit 501 (c) (3) organizations providing services in Arizona (both secular and faith-based)
- Units of Arizona government (local, county and state entities as well as schools and school districts)
- Federally recognized Tribal governments or entities providing services within Arizona
- Arizona institutions of higher learning (colleges and universities)
- Private organizations providing services in Arizona

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

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

This is a twelve (12) month contract for the fiscal year ending June 30, 2012 with an option for renewal for two (2) additional twelve (12) month periods. Total funds available are approximately \$380,000 for the first funding period. 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. One or multiple awards may be made.

## Scope of Work: What Will This Grant Fund?

### Strategy Overview

The Yavapai Regional Partnership Council recognizes that there is a lack of adequate prenatal / postnatal services and support which are vital to ensure the best pregnancy outcomes. The Council seeks to address the high risk indicators using research-based prenatal and postnatal care, referral and education. The Regional Council seeks grant applicants who would engage in two or more of the following activities to connect women to prenatal and postnatal care:

- Increase access to and awareness of the importance of early prenatal care for pregnant women and women of childbearing age
- Provide culturally appropriate support and information to at-risk pregnant women facilitating access to prenatal care
- Reduce unhealthy behaviors such as smoking, alcohol use during pregnancy and encourage healthy behaviors among at-risk pregnant women
- Connect women to existing prenatal and postnatal supports and services. Such activities could include outreach or enrollment efforts to engage women in programs such as Healthy Baby Arizona (AHCCS' prenatal/postnatal program for pregnant women), nutrition classes, birthing classes, home visiting programs, etc. Emphasis should also be placed on the utilization of the Parent Kit, immunization education, and linkages to other community based information.
- Provide information resources and referral services to ensure routine and comprehensive immunization and record keeping for newborn babies.

The Council seeks an application with a service delivery approach based on a home visitation model or a community-based training model. The applicant must provide justification for the approach (home visitation v. community based training); and the approach must be based on a best practice and or evidence-based model.

### Target Population

The intended target population of this funding opportunity is pregnant women and women of child bearing age. This also includes those less likely to receive early and continuous pre-and post natal care including: Hispanic, Native American, and African American women, pregnant teens, low-income, first-time pregnant women, and women with incomes less than 100 percent of the Federal Poverty Level.

### Geographic Boundaries

The Yavapai Regional Partnership Council serves all of the communities located in Yavapai County, including the Yavapai Apache Nation, plus the portion of the City of Sedona located in Coconino County. Applicants responding to this RFGA must be able to provide services throughout the region **OR** within the target communities identified in the RFGA.

### Assessment of Need and Supportive Research

The Prenatal / Postnatal Outreach strategy will help address regional concerns raised in the 2010 Yavapai Region Needs and Assets Report. These indicators include use of alcohol and tobacco during pregnancy, the high percentage of mothers receiving an inadequate number of prenatal visits, as well as an immunization rate that is significantly lower than the state average. In terms of prenatal practices and characteristics of births, the 2008 data from the Yavapai region compares unfavorably with statewide data trends. For example, compared to the statewide average, more than twice as many women in the Yavapai region use tobacco during pregnancy; while alcohol use is 80% higher than the statewide average. Births in the region are almost twice (175%) as likely to have complications with labor and/or delivery, while abnormalities are almost three times (275%) as common. In addition, teen birth rates are relatively high for a number of Yavapai communities. Babies born to a mother under 20 years of age are identified as at being at risk. For this reason, the reduction of unhealthy behaviors and immunization education are core components of a competitive grant response.

While the Needs and Assets Report highlights a critical need in the community, current research also demonstrates a strong link between adequate prenatal care/education and healthy birth outcomes. Ethnicity and socio-economic factors are major indicators of access to care for pre-natal/postnatal services.

Ethnicity is a factor that impacts prenatal care. In Arizona, 12 percent of Whites received no prenatal care, 24 percent of Blacks received no prenatal care, 30 percent of Hispanics received no prenatal care, and 32 percent of American Indians received no prenatal care (ADHS). Further, Arizona ranks lower than the national average number of women obtaining pre-natal/postnatal services. According to 2007 data from the Arizona Department of Health Services, Vital Statistics, 77 percent of Arizona pregnant women received care in the first trimester of pregnancy compared to 83 percent of women nationally. For these reasons, culturally appropriate education is a core activity identified to improve pre-natal/ postnatal outcomes.

In addition, socio economic factors have a direct impact as well. Recognizing the close links between low birth weight (LBW) and socioeconomic status, policymakers have expanded prenatal care eligibility and services for poor pregnant women. For this reason, outreach to poor populations is an important component of this grant application.

Beyond birth outcomes, low birth weight is an indicator for increased risk for maltreatment as the baby develops. Preterm and Low Birth Weight (LBW) babies face an elevated chance of early mortality, health problems, and developmental delays. LBW infants are twice as likely as their normal-weight peers to be placed in foster care and to be maltreated over their early years of life. In response, Healthy People 2010, the national health agenda, established a goal to reduce the prevalence of LBW to 5.0 percent.

As a result of these public policy findings, Center for Disease Control, Health People 2010-Goal 16-6 indicates that all prenatal care should include risk assessment, treatment for medical conditions or risk reduction and education. Based on these findings, client awareness, assessment and education are critical to a successful grant application.

### Implementation Requirements

This Request for Grant Application is seeking Applicants to address these specific Goals and Key Measures:

#### **First Things First Goal Area to be addressed:**

- Health

#### **First Things First Goals to be addressed:**

- Collaborate with existing early childhood health care systems to improve children's access to quality health care

#### **First Things First Key Measures to be addressed:**

- Percent of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percent of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being

### Standards of Practice

Grantees must comply with First Things First Prenatal Outreach Standards of Practice (Exhibit A), Home Visitation Standards of Practice (Exhibit B), Developmental Screening Administration (Exhibit C), Prenatal Outreach Promotora (Exhibit D), Health Insurance Enrollment and Outreach Standards of Practice (Exhibit E), and the Child Protective Services (CPS) Policy (Exhibit F).

### Coordination

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

### Program Specific Data Collection and First Things First Evaluation

Successful Applicant(s) agree to participate in the FTF evaluation and any program specific evaluation or research efforts. Data collection and FTF evaluation activities are directly connected with Goals, Performance Measures and Units of Service aligned to the strategy described in this RFGA.

Units of Service and related Target Service Number Definition:

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

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

Performance Measures Definition:

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

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

All successful Applicants will be provided with data reporting requirements by FTF and will meet the requirements of the FTF evaluation including, but not limited to, timely and regular reporting and cooperation with all FTF evaluation activities. Timely and regular reporting of all performance and evaluation data including the electronic submission of data (as identified in data reporting templates designed for each strategy) through the FTF secure web portal known as PGMS.

Successful Applicants are required to collaborate with the FTF external evaluation, which means the successful Applicant, must collaborate with the external evaluation-led child assessment activities. Collaborative activities may include tracking and reporting data pertaining to participant attendance, enrollment, and demographic information. In addition, Applicants agree to allow FTF and evaluation consultants of FTF to observe program activities onsite and successful Applicants must collaborate with FTF led and initiated evaluation activities to encourage parent consent for data collection.

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

**Unit of Service:**

- Total number of pregnant/postpartum women attending training sessions
- Total number of pregnant/postpartum women receiving home visitation services

**Performance Measures:**

- Total number of pregnant/postpartum women attending training sessions/proposed service number
- Total number of pregnant/postpartum women receiving home visitation services/proposed service number
- Total number of clients receiving home visits/proposed service number
- Total number of training sessions offered/proposed service number
- Total number of families receiving referrals for health insurance or health coverage enrollment/target service number
- Total number of families receiving referral for community based services/target service number
- Total number of awareness sessions offered/proposed service number
- Total number of people reached by awareness sessions/proposed service number
- Total number of children receiving developmental screening/target service number

For more information on FTF Goal Areas, Goals and Performance Measures, please visit:

[http://www.azftf.gov/WhatWeDo/Impacting/Documents/azftf Strategic Road Map2008.pdf](http://www.azftf.gov/WhatWeDo/Impacting/Documents/azftf_Strategic_Road_Map2008.pdf)

## How Will Applications be Evaluated?

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

- Capacity of the Applicant for Addressing Needs (25%)
- Proposed Program or Strategy (25%)
- Implementation Activities (25%)
- Resource and Budget (10%)
- Evaluation Plan (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, restate each of the questions numbered one through 27 and then provide a narrative response to each item unless noted. If the item requires a completed attachment, please reference that attachment within the narrative response when indicated.

### **Executive Summary** (required – 1 page overview)

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

### **Capacity for Addressing the Needs (25%)**

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

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

2. Identify any additional needs and assets data that supports the need/gap in service for the proposed program/strategy. Identify the sources of the data and how that data was collected.
3. Complete the First Things First Standard Data Collection Form (Attachment A). No additional narrative is required.
4. Provide a brief narrative description of your organization's capacity to address the needs and improve assets with similar programs previously implemented in the Regional Partnership Council area. 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 proposals. (In addition to the narrative, please complete Applicant's Experience, Attachment B.)
5. In order to implement the program or strategy, what capacity or infrastructure building will be needed? Describe any external agency partnerships, additional resources, establishing or strengthening relevant relationships with consultants or providers necessary for success implementation of the program or strategy.
6. Provide a brief narrative description of staff accountabilities and qualifications and list how much time each person will spend on the project. Further, describe how staff recruited will be geographically, culturally and linguistically responsive to the settings in which they work. In addition, complete Key Personnel Overview (Attachment C). You must also attach resumes for key individuals involved in the project or job descriptions for positions to be filled.
7. Provide a narrative description of the coordination and collaboration activities in which the organization is currently involved. What benefits has the organization realized because of participating in these coordination and collaboration activities? What benefits have service participants realized because of these activities?

8. Describe any additional coordination and collaboration activities that will occur as part of the implementation of the proposed strategy/program. What agencies/partners do you anticipate involving in these activities?

### **Strategies (25%)**

This component identifies and describes the Applicant's program/strategy(ies) chosen to reach the stated Goals and Key Measures and also addresses the targeted individuals or groups to be reached.

Applicants must address Strategies by completing the following questions:

9. Provide a concise and descriptive narrative of the strategy(ies) being proposed. This description should also describe how the Goal Area, Goals, and Key Measures would be improved by the proposed strategy(ies). This narrative description should match your implementation plan (Attachment D) and describe what is being proposed.
10. If adapting a proven effective program, explain what the adaptations are and why they are being made. You may attach relevant scientific research proving the effectiveness of the proposed program or strategy.
11. Describe the target population to be served by the identified program, be as specific as possible, and include targeted **125 of prenatal/postpartum women attending community – based training sessions AND/OR 100 of pregnant/postpartum women receiving home visitation services** to be served. Describe how the proposed strategy(ies) applies to the target population and how the strategy(ies) is culturally competent, age appropriate, and gender responsive.
12. Describe your organization's professional knowledge of the target population.
13. Describe how the target population will be recruited. Identify outreach, engagement and retention practices for participants/ families.
14. Describe the plan to provide services across all of the Regional Partnership Council Area.

### **Implementation**

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

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

### **Implementation Activities (25%)**

15. Sequentially list the activities needed to operationalize the strategy(ies), including timelines and responsibilities using the Implementation Plan (Attachment D). Any narrative necessary to describe the Implementation Plan should be included with Question 9.
16. Describe any anticipated barriers to implementation and your plans to overcome those barriers.
17. Is there specific training that might be needed for existing and/or new staff. Describe how and when this training will be delivered and how the training will enhance professional development of staff specific to this project. This should also be included in the implementation plan (Attachment D).

### **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.

18. Submit the Funds Requested Form (Attachment E). No additional narrative is required.
19. Submit the Line Item Budget (Attachment F) using only the budget categories listed on the form. No additional narrative is required.
20. Submit the Budget Narrative (Attachment G) using only the budget categories listed on the form.
21. Submit the Disclosure of Other Funding (Attachment H). This list should include all other sources of funding currently received from other State or public agencies, Federal agencies, non-profit organizations and other sources that will be applied to the proposed program/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 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.
22. Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey (Attachment I) to capture basic financial system/operational information to assess financial capacity early in the process. No additional narrative is required. As noted in the financial system survey, you are required to submit a complete copy of the most recent audited, reviewed or compiled financial statements as well as management letters and a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. NOTE THAT ONLY ONE COPY OF EACH OF THESE DOCUMENTS NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".

### **Evaluation Plan (15%)**

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

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

23. Describe any additional program evaluation activities or data collection that will be undertaken during the implementation of the proposed strategy.
24. Who will have overall responsibility for the data collection and reporting? Be sure to include this person in your Key Personnel Overview (Attachment C).
25. How will the required data be collected? Describe how you will ensure that data entered into the First Things First web-based database after it has been collected is accurate and timely. What procedures will be in place to assure the quality of your data (e.g., training for data collectors, data collection forms, timeliness for administering tools, etc.)?

26. Complete the Evaluation Plan Overview table (Attachment J).
27. What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to the quality data input and data collection of the program? In addition to a narrative description, the funds dedicated to evaluation should be reflected in the budget.

## Instructions to Applicants

### A. Inquiries

1. Duty to Examine. It is the responsibility of each Applicant to examine the entire RFGA, seek clarification in writing (inquiries), and examine its' Application for accuracy before submitting the Application. Lack of care in preparing an Application shall not be grounds for modifying or withdrawing the Application after the Application due date and time, nor shall it give rise to any Contract claim.
2. RFGA Contact Person. Any inquiry related to an RFGA, including any requests for or inquiries regarding standards referenced in the RFGA shall be directed solely to the RFGA contact person. The Applicant shall not contact or direct inquiries concerning this RFGA to any other State employee unless the RFGA specifically identifies a person other than the RFGA contact person as a contact.
3. Submission of Inquiries. The Grants and Contracts Procurement 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](http://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 Grants and Contracts Procurement Specialist in a written statement. The Applicant’s preprinted or standard terms will not be considered by First Things First as a part of any resulting Contract. All exceptions that are

contained in the Application may negatively affect First Things First's proposal evaluation based on the evaluation criteria stated in the RFGA or result in rejection of the Application.

5. Subcontracts. Applicant shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Application.
6. Cost of Application Preparation. First Things First will not reimburse any Applicant the cost of responding to an RFGA.
7. RFGA Amendments. Each RFGA Amendment shall be signed with an original signature by the person signing the Application, and shall be submitted no later than the Application due date and time. Failure to return a signed copy of a RFGA Amendment may result in rejection of the Application.
8. Additional Materials. Additional materials such as promotional brochures or examples of other programs should not be submitted unless they directly relate to the information required in the Application.
9. Provision of Tax Identification Numbers. Applicants are required to provide their Arizona Transaction Privilege Tax Number and/or Federal Tax Identification number in the space provided on the Offer and Acceptance Form.
10. Disclosure. If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with any Federal, state or local government; or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided.
11. RFGA Order of Precedence. In the event of a conflict in the provisions of this RFGA, the following shall prevail in the order set forth below:
  - 11.1 First Things First Special Terms and Conditions
  - 11.2 State of Arizona Uniform Terms and Conditions
  - 11.3 Scope of Work
  - 11.4 Attachments
  - 11.5 Exhibits
  - 11.6 Instructions to Applicants
  - 11.7 Other documents referenced or included in the RFGA

### **C. Submission of Application**

1. Sealed Envelope or Package. One (1) original (clearly marked "original") Application and nine (9) copies shall be submitted to the submittal location identified in this RFGA. Applications must be submitted in a sealed envelope or container. The envelope or container should be clearly

identified with name of the Applicant and RFGA number. First Things First may open envelopes or containers to identify contents if the envelope or container is not clearly identified.

2. Late Applications. An Application submitted after the exact Application due date and time shall be rejected. Applications **must** be received by First Things First at the designated due date and time.
3. Application Amendment or Withdrawal. An Application may not be amended or withdrawn after the Application due date and time except as otherwise provided under applicable law.
4. Application Opening. Applications shall be opened publicly at the time and place identified in this RFGA. The name of each Applicant shall be read publicly and recorded.
5. Disqualification. An Applicant (including each of its principals) who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall have its Application rejected.
6. Public Record. All Applications submitted and opened are public records and must be retained by First Things First. Applications shall be open to public inspection no later than 30 days after Contract award pursuant to A.R.S. §41-2702 (E), except for such Applications deemed to be confidential by First Things First. If an Applicant believes that information in its Application should remain confidential, it shall indicate as confidential the specific information and submit a statement with its Application detailing the reasons that the information should not be disclosed. Such reasons shall include the specific harm or prejudice which may arise. First Things First, pursuant to A.C.R.R. R2-7-104, shall review all requests for confidentiality and provide a written determination. If the confidential request is denied, such information shall be disclosed as public information, unless the person utilizes the "Protest" provision as noted in A.R.S. §41-2611 through §41-2616.
7. Application Acceptance Period. Applications shall be irrevocable for 120 days after the RFGA due date and time.
8. Non-collusion, Employment, and Services. By signing the Offer and Acceptance Form, the Applicant certifies that:
  - a. The Applicant did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of its Application; and
  - b. The Applicant does not discriminate against any employee or applicant for employment or person to whom it provides services because of race, color, religion, sex, national origin, sexual orientation or disability, and that it complies with all applicable Federal, state and local laws and executive orders regarding employment.
9. Budget Limitations. In the event that the Applications received exceed the budget limitations, First Things First reserves the option to request a reduction in the scope of the Applicant's proposed program. Revised budget documents will be required. First Things First reserves the right to award contracts for less than the proposed amount and/or less than the available funds or make awards that exceed the posted available funds as additional funds become available.
10. Waiver and Rejection Rights. Notwithstanding any other provision of the RFGA, the State reserves the right to:

- 10.1 Waive any minor informality,
- 10.2 Reject any and all Applications or portions thereof, or
- 10.3 Cancel the RFGA.

#### **D. Award**

1. Multiple Awards. In order to ensure adequate coverage of First Things First requirements, either single or multiple awards may be made (but a single award may be considered).
2. Contract Inception. An Application does not constitute a Contract nor does it confer any rights on the Applicant to the award of a Contract. A Contract is not created until the Application is accepted in writing by the First Things First designee's signature on the Offer and Acceptance Form. A notice of award or of the intent to award shall not constitute acceptance of the Application.
3. Effective Date. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form, unless another date is specifically stated in the Contract.

#### **E. Protests**

1. A protest shall comply with and be resolved according to A.R.S. §41-2611. Protests shall be in writing and filed with the Executive Director, Arizona Early Childhood Development and Health Board. A protest of an RFGA shall be received by the Grants and Contracts Procurement 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 Grants and Contracts Procurement Specialist, grants@azftf.gov

## **Terms and Conditions**

#### **FIRST THINGS FIRST SPECIAL TERMS AND CONDITIONS**

1. Term of Contract. The effective date of this Contract shall be the date that the First Things First designee signs the Offer and Acceptance form or other official contract form and shall remain in effect until June 30, 2012, unless terminated, cancelled or extended as otherwise provided herein.
2. Contract Renewal/Contract Amendment. This Contract shall not bind nor purport to bind First Things First for any contractual commitment in excess of the original contract period. First Things First shall have the right, with consult of the awardee, to issue a written contract amendment to expand services and increase funding awarded to compensate for the agreed

upon service expansion. First Things First shall have the right, at its sole option, to renew the contract 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 20<sup>th</sup> of the month following the quarter and will submit evaluation data reports and enter data into the First Things First Partners in Grants Management System (PGMS). Program narrative reports shall also be submitted via the First Things First PGMS. Failure to submit timely reports will result in suspension of reimbursement. The report shall contain such information as deemed necessary by First Things First.

Requests for program and budget changes must be sent to:  
First Things First  
Regional Division – Yavapai Regional Partnership Council  
4000 N. Central Avenue, Suite 800  
Phoenix, AZ 85012

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

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

Financial budget modification requests must be sent to:  
First Things First  
Finance Division - Yavapai Regional Partnership Council  
4000 North Central Avenue, Suite 800  
Phoenix, Arizona 85012

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

otherwise agreed to in writing by First Things First.

6. Key Personnel. It is essential that the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this contract. The Grantee must assign specific individuals to the key positions, when possible or submit an official position description for which candidates must qualify. **Once assigned to work under the contract, if key personnel are removed or replaced, written notification shall be sent to First Things First.**
7. Orientation. A mandatory Orientation Meeting will be scheduled during the first quarter after awards are made and will provide all awarded grantees the information required to manage the contract.
8. Non-Capital Expenditures. Items over \$5,000 with a life of more than one (1) year are allowable.
9. Working with Tribal Regional Partnership Council(s). A grantee must comply with requirements set forth by the Tribal Government in relation to essential functions of the grants operation including data collection. It is the responsibility of the grantee to follow appropriate policy and procedures, complete IRB, parent consent, and appropriate tribal approvals as designated by tribal authorities.
10. Geographic Distribution. If Applications are not received from geographic areas within the region or if an Application submitted is not deemed applicable to funding by the review committee or falls below a review-scoring threshold, all funding may not be awarded or could be awarded to meet disparate geographic need for services. First Things First also reserves the right to fund more than one program in an area, to not award the entire amount of available funds, or to award an amount that is greater than the posted available funds.

## STATE OF ARIZONA UNIFORM TERMS AND CONDITIONS

### 1. Contract Interpretation

- 1.1 Arizona Law. This Contract shall be governed and interpreted by the laws of the State of Arizona. The venue for any proceedings, actions, or suits arising from this Contract shall be in Maricopa County, Arizona.
- 1.2 Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- 1.3 Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by First Things First and as they may be amended, the following shall prevail in the order set forth below:
  - 1.3.1. First Things First Special Terms and Conditions
  - 1.3.2. State of Arizona Uniform Terms and Conditions
  - 1.3.3. Statement or Scope of Work
  - 1.3.4. Attachments/Exhibits
  - 1.3.5. Documents referenced or included in the RFGA
- 1.4 Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.

- 1.5 No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their contract. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- 1.6 No Waiver. Party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

## 2. **Contract Administration and Operation**

- 2.1 Records. Pursuant to A.R.S. §35-214 and §35-215, the Grantee shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by First Things First at reasonable times. Upon request, the Grantee shall produce a legible copy of any or all such records.
- 2.2 Non-Discrimination. The Grantee shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities and all applicable provisions and regulations relating to Executive Order No. 13279 – Equal Protection of the Laws for Faith-based and Community Organizations.
- 2.3 Audit. Pursuant to A.R.S. §35-214, at any time during the term of this Contract and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by First Things First and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or subcontract.
- 2.4 Financial Audit. In compliance with the Federal Single Audit Act (31 U.S.C. par., 7501-7507), as amended by the Single Audit Act Amendments of 1996 (P.L. 104 to 156), grant sub-recipients, as prescribed by the President's Council on Integrity and Efficiency Position #6, expending Federal Grants from all sources totaling \$500,000 or more, must have an annual audit conducted in accordance with OMB Circular #A-133, "Audits of States, Local Governments and Non-profit Organizations." **If you have expended more than \$500,000 in federal dollars, a copy of your audit report for the previous fiscal year must be submitted with your Application.**
- 2.5 Audit Trails. Grantee shall maintain proper audit trails for all reports related to this contract. First Things First reserves the right to review all program records.
- 2.6 Fund Management. The Grantee must maintain funds received under this contract in separate ledger accounts and cannot mix these funds with other sources. Grantee must manage funds according to applicable regulations for administrative requirements, cost principles and audits.

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

- a. Financial Management
- b. Procurement

- c. Personnel
- d. Property
- e. Travel

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

- 2.7 Notices. All notices, requests, demands or communications by either party to this Agreement, pursuant to or in connection with this Agreement shall be in writing and shall be delivered in person or shall be sent by the United States Postal Service, certified mail, return receipt requested, to the respective parties at the following addresses:

First Things First  
Finance Division – Yavapai Regional Partnership Council  
4000 N. Central Avenue, Suite 800  
Phoenix, AZ 85012

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



the State of Arizona. Such notice shall be sent directly to (First Things First, Grants and Contracts Procurement 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, Grants and Contracts Procurement 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 Grants and Contracts Procurement Specialist may demand in writing that the Grantee give a written assurance of intent to perform. Failure by the Grantee to provide written assurance within the number of Days specified in the demand may be, at First Things First's discretion, the basis for terminating the Contract under the First Things First Uniform Terms and Conditions or other rights and remedies available by law or provided by the contract.
- 7.2 Cancellation for Failure to Perform. Failure by the Grantee to adhere to any provision of this Agreement or its Attachments in the time and manner provided by this Contract or its Attachments shall constitute a material default and breach of this Contract and First Things First may cancel, at its option, this Agreement upon prior written notice.

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

- The Grantee provides personnel that do not meet the requirements of this Agreement or are of an unacceptable quality.
- The Grantee fails to perform adequately the services required in this Agreement.

- The Grantee fails to furnish the required product or services within the time stipulated in this Agreement.
- The Grantee fails to make progress in the performance of the requirements of the Agreement and/or gives a positive indication that the Grantee will not or cannot perform to the requirements of this Agreement.

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

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

## 8. **Contract Termination**

- 8.1 Cancellation for Conflict of Interest. Pursuant to A.R.S. §38-511, First Things First may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of First Things First is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State of Arizona, it may also cancel this Contract as provided in A.R.S. §38-511.
- 8.2 Suspension or Debarment. First Things First may, by written notice to the Grantee, immediately terminate this Contract if First Things First determines that the Grantee has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an Application or execution of a contract shall attest that the Grantee is not currently suspended or debarred. If the Grantee becomes suspended or debarred, the Grantee shall immediately notify First Things First.
- 8.3 Termination for Convenience. First Things First reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of First Things First without penalty or recourse. Upon receipt of the written notice, the Grantee shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to First Things First. In the event of termination under this paragraph, all documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First upon demand. The Grantee shall be entitled to receive just, equitable compensation for work in progress, work completed, and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.
- 8.4 Termination for Default. In addition to the rights reserved in the contract, First Things First may terminate the Contract in whole or in part due to the failure of the Grantee to comply

with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Grants and Contracts Procurement Specialist shall provide written notice of the termination and the reasons for it to the Grantee. Upon termination under this paragraph, all materials, documents, data and reports prepared by the Grantee under the Contract shall become the property of and be delivered to First Things First on demand. Upon termination of this Contract, First Things First may procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Grantee shall be liable to First Things First for any excess costs incurred by First Things First in procuring services in substitution for those due from the Grantee.

**9. Contract Claims**

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

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

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

The latest edition of the Arizona Uniform General Terms and Conditions and Uniform Instructions to Applicants is incorporated into this Request for Grant Application by reference. Copies may be obtained from the Arizona State Procurement Office at (602) 542-5511 or at: [http://spo.az.gov/Admin\\_Policy/SPM/Forms/default.asp](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 27 questions
- Standard Data Collection Form completed, Attachment A
- State of Arizona Substitute W-9 Form (must be downloaded and printed) signed, if applicable, [http://www.gao.az.gov/onlineforms/forms/AZ\\_subw-9\\_010410.pdf](http://www.gao.az.gov/onlineforms/forms/AZ_subw-9_010410.pdf)
- Applicant’s Experience completed, Attachment B
- Key Personnel Overview completed, Attachment C
- Implementation Plan completed, Attachment D
- Funds Requested Page, completed and signed, Attachment E
- Standard Line Item Budget, completed and signed, Attachment F
- Budget Narrative, completed and signed, Attachment G
- Disclosure of Other Funding Sources, completed and signed, Attachment H
- Financial Systems Survey is completed and signed, Attachment I
- Evaluation Plan, Attachment J
- Resumes for all personnel listed in the budget
- One copy of your agency’s most recent audited, reviewed or compiled financial statements as well as a schedule showing the total federal funds (by granting agency) expended by your agency for the most recent fiscal year included with the Application marked Original.
- Page numbers are included on all pages, in sequence, twelve point font or larger and single-spaced, with one inch margins or wider.
- In the original application, documents requiring signatures should have **ORIGINAL** signatures.
- Do **NOT** bind your Application in spiral binders or in 3-ring notebooks. Please submit your Applications either stapled in the upper left-hand corner or use a binder clip.
- When submitting your Application, insure your organization name and the Request for Grant Application Number (**found on Page 1 of this RFGA**) is CLEARLY marked on the outside of the SEALED envelope/package.
- It is the responsibility of each Applicant to insure their Application is delivered to First Things First by the due date and time listed on Page 2 of this RFGA. Please allow for such contingencies as heavy traffic, weather, directions, parking, security, etc.

## Attachments and Exhibits

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

Exhibit A	Community Health Education Standards of Practice
Exhibit B	Prenatal Home Visitation Standards of Practice
Exhibit C	Developmental Screening Administration Standards of Practice
Exhibit D	Prenatal Outreach Promotora Standards of Practice
Exhibit E	Health Insurance Enrollment Standards of Practice
Exhibit F	Child Protective Services (CPS) Policy
Exhibit G	First Things First Target Service Unit Information
Exhibit H	Standard Terms Defined
Exhibit I	Sample Certificate of Insurance



Total number of pregnant/postpartum women receiving home visitation services: \_\_\_\_\_

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).

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

Main Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

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

Program Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

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

Financial Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

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

Evaluation Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_

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

**Collaborator**

Agency_____	Contact Person_____
Address_____	Position_____
Address_____	Email_____
City, State, Zip_____	Phone_____x_____Fax_____
County_____	

**Collaborator**

Agency_____	Contact Person_____
Address_____	Position_____
Address_____	Email_____
City, State, Zip_____	Phone_____x_____Fax_____
County_____	

**Collaborator**

Agency_____	Contact Person_____
Address_____	Position_____
Address_____	Email_____
City, State, Zip_____	Phone_____x_____Fax_____
County_____	

**Collaborator**

Agency_____	Contact Person_____
Address_____	Position_____
Address_____	Email_____
City, State, Zip_____	Phone_____x_____Fax_____
County_____	

**Attachment B**

**APPLICANT'S EXPERIENCE**

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

## Attachment C

### KEY PERSONNEL OVERVIEW\*

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

**\*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.**

**Attachment D**

**July 1, 2011 – June, 30 2012 Implementation Plan**

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

**Attachment E**

**FUNDS REQUESTED PAGE**

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

\$\_\_\_\_\_ Total Funds Requested

Authorized Signature\_\_\_\_\_

Date\_\_\_\_\_

Job Title \_\_\_\_\_

## **Attachment F and G Instructions**

### **How to Complete the Line Item Budget and Budget Narrative**

Complete a 12-month budget for the period of July 1, 2011 through June 30, 2012 using the template provided in Attachment F. Please make sure you include a budget narrative as Attachment G.

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

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

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

## Attachment F – Line Item Budget

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

**Budget period: July 1, 2011 – June 30, 2012**

Budget Category	Line Item Description	Requested Funds	Total Cost
<b>PERSONNEL SERVICES</b>		<b>Personnel Services Sub Total</b>	<b>\$</b>
Salaries			
<b>EMPLOYEE RELATED EXPENSES</b>		<b>Employee Related Expenses Sub Total</b>	<b>\$</b>
Fringe Benefits or Other ERE			
<b>PROFESSIONAL AND OUTSIDE SERVICES</b>		<b>Professional &amp; Outside Services Sub Total</b>	<b>\$</b>
Contracted Services			
<b>TRAVEL</b>		<b>Travel Sub Total</b>	<b>\$</b>
In-State Travel			
Out of State Travel			
<b>AID TO ORGANIZATIONS OR INDIVIDUALS</b>		<b>Aid to Organizations or Individuals Sub Total</b>	<b>\$</b>
Subgrants or Subcontracts to organizations/agencies/entities			
<b>OTHER OPERATING EXPENSES</b>		<b>Other Operating Expenses Sub Total</b>	<b>\$</b>
<ul style="list-style-type: none"> <li>• Telephones/Communications Services</li> <li>• Internet Access</li> <li>• General Office Supplies</li> <li>• Food</li> <li>• Rent/Occupancy</li> <li>• Evaluation (non-contracted &amp; non-personnel expenses)</li> <li>• Utilities</li> <li>• Furniture</li> <li>• Postage</li> <li>• Software (including IT supplies)</li> <li>• Dues/Subscriptions</li> <li>• Advertising</li> <li>• Printing/Copying</li> <li>• Equipment Maintenance</li> <li>• Professional Development/Staff Training</li> <li>• Conference Workshops/ Training Fees for Staff</li> <li>• Insurance</li> <li>• Program Materials</li> <li>• Program Supplies</li> <li>• Scholarships</li> <li>• Program Incentives</li> </ul>			
<b>NON-CAPITAL EQUIPMENT</b>		<b>Non-Capital Sub Total</b>	<b>\$</b>
Equipment \$4,999 or less in value			
<b>Subtotal Direct Program Costs:</b>			<b>\$</b>
<b>ADMINISTRATIVE/INDIRECT COSTS</b>		<b>Total Admin/Indirect</b>	<b>\$</b>
Indirect/Admin Costs		\$	\$
<b>Total</b>		<b>\$</b>	<b>\$</b>

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

## **Attachment G – Budget Narrative**

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

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

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

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

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

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

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

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

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment H**

**DISCLOSURE OF OTHER FUNDING SOURCES**

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

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

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

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

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_

**Attachment I**

**FIRST THINGS FIRST FINANCIAL SYSTEMS SURVEY**

Name of Applicant: \_\_\_\_\_

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

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

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

**A. GENERAL INFORMATION**

1. Has your organization received a Federal or State Grant within the last two years?	<input type="radio"/> YES <input type="radio"/> NO
2. Has your organization completed an A-133 Single Audit within the past two years? If yes, please <b>attach</b> a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	<input type="radio"/> YES <input type="radio"/> 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 <b>attach</b> 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.	<input type="radio"/> YES <input type="radio"/> NO
4. Please <b>attach</b> 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"	<input type="radio"/> Not applicable for State of Arizona agencies
5. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
6. If you answered YES to question #5, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other  Specify: _____	
7. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input type="radio"/> YES <input type="radio"/> NO

**B. FUNDS MANAGEMENT**

1. Which of the following describes your organization’s accounting system?	<input type="radio"/> Manual <input type="radio"/> Automated <input type="radio"/> Combination
2. How frequently do you post to the General Ledger?	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input type="radio"/> YES <input type="radio"/> 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?	<input type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e., 2 CFR 220, 2 CFR 225, and 2 CFR 230)?	<input type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant?  <b>NOTE:</b> Those organizations using allocable direct charges <b>must attach</b> a copy of the methodology and calculations in determining those charges. Those organizations using a federally approved indirect cost rate <b>must attach</b> a copy of the approval documentation issued by the federal government.	<input type="radio"/> Direct Charges <input type="radio"/> 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?	<input type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input type="radio"/> YES <input type="radio"/> NO

**D. PROCUREMENT**

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





## **Exhibit A**

# **FIRST THINGS FIRST Prenatal Outreach Strategy**

## **Community Health Education Standards of Practice**

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

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

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

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

### **QUALIFICATIONS FOR A COMMUNITY HEALTH EDUCATOR INCLUDE:**

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

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

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

Have knowledge and skills in:

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

### **PROGRAMS IMPLEMENTING COMMUNITY HEALTH EDUCATION WILL:**

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

Choose or develop curriculum based on recognized educational principles.

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

Build upon, enhance and coordinate with existing community based health education efforts in the region. To the extent possible, work in partnership with other early childhood initiatives that provide services to the same target population.

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work. Hire staff with the appropriate qualifications to deliver the specific services in the scope of work.

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

Provide ongoing staff development on diversity issues.

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

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

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

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

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

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

Collaborate with existing community resources to reinforce health education messages.

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

In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect health data on the reservation.

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

- Morbidity and mortality among members of their communities
- Information regarding child safety and welfare
- Information regarding children in foster care
- Infectious and chronic disease information among members of their communities
- BMI and healthy weight information

“To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and

respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;

<http://www.naeyc.org/positionstatements/linguistic>

### **COMMUNITY HEALTH EDUCATORS WILL:**

Develop a written program plan that includes:

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

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

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

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

Incorporate principles of adult learning into instruction.

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

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

Incorporate demographically and culturally sensitive techniques when promoting programs.

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

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

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## **Exhibit B**

# **FIRST THINGS FIRST Prenatal Outreach, Home Visitation Standards of Practice**

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

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

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

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

### **Qualifications for a Prenatal Home Visitor Include:**

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

### **Programs implementing Prenatal Outreach/Home Visitation will:**

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

Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work  
While ensuring model fidelity, programs are flexible and continually responsive to emerging family and community issues

- Be accessible for families. Offer extended service hours including weekend/evening hours.
- To ensure quality services caseload size for each staff person is based upon:

- How many hours per week the home visitor works
- Family need and intensity of services provided (for example, for families with high risk or multiple risk factors, frequency and intensity of programming can increase to allow for more time to build relationships, modify maladaptive behaviors or attitudes or practice newly learned parenting skills)
- Where each family lives

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

Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.

Develop a collaborative, coordinated response to community needs

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

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

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

Provide ongoing staff development/training

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

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

- Wages and benefits are adequate for supporting high quality staff
- The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies, social work or a closely related field; or staff is extensively trained and can demonstrate competency in service provision (Programs must provide complete documentation). If programs experience hardship in recruitment efforts, they must notify and consult with First Things First to determine if alternative education or experience is permitted.

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

Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides regular discussion to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with home visitors in the field to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.

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

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

Structure governing bodies so that they reflect the diverse constituencies of the community and are knowledgeable about community needs

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

- Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback.
- Identify outreach, engagement and retention practices
- Must demonstrate program effectiveness mechanism. Programs must participate in data collection and reporting of performance measures.
- “To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young

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

**Prenatal Outreach Home Visitors will:**

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

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

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

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

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

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

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

Nutrition Program as needed

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

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

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

Provide resource & referral Information-Identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services, and help the families to follow-through to ensure service delivery as needed

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

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

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

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

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

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

Prenatal Outreach Home Visitors may also help families:

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

**Provide services to families that are based upon a culture of trust and respect**

Create a family-centered environment

- Home visitors are from the community and have extensive knowledge of community resources
- Structure activities compatible with the family's availability and accessibility.
- Demonstrate genuine interest in and concern for families

- Respect the culture and heritage of the family

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

Create opportunities for formal and informal feedback regarding services delivered and act upon it; ensure that input shapes decision-making

Encourage open, honest communication

Maintain confidentiality, being respectful of family members and protective of their legal rights

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

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

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

- Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them
- Strengthen parent skills to advocate for themselves within institutions and agencies

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Ian T. Hill. "The Role of Medicaid and Other Government Programs in Providing Medical Care for Children and Pregnant Women." *The Future of Children*, Winter 1992. [The Woodrow Wilson School of Public and International Affairs at Princeton University](#) and [The Brookings Institution](#).

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Olds DL, Robinson J, Pettitt L, Luckey DW, Holmberg J, Ng RK, Isacks K, Sheff K and Henderson CR. "Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-up Results of a Randomized Trial." *Pediatrics*, December 2004.

Eunju Lee, PhD, Susan D. Mitchell-Herzfeld, MA, Ann A. Lowenfels, MPH, Rose Greene, MA, Vajeera Dorabawila, PhD, Kimberly A. DuMont, PhD. "Reducing Low Birth Weight Through Home Visitation A Randomized Controlled Trial." *American Journal of Preventive Medicine*, February 2009.

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## **Exhibit C**

### **STANDARDS OF PRACTICE<sup>1</sup>**

#### **Developmental Screening Administration Practices**

##### **I. Description of Strategy**

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

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

##### **II. Developmental Screening Administration includes the following activities:**

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

##### **III. Developmental Screening Administration Standards:**

###### **Screening Locations**

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

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<sup>1</sup> The Developmental Screening Administration Standards of Practice includes supplemental standards to address the unique activities of a Mobile Play Based Family Outreach program inclusive of developmental screening activities. The appropriate supplemental standards should be attached along with the general standards for those contracts implementing a Mobile Play Based Family Outreach program.

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

#### **Screening Tools**

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

#### **Conducting Screening**

- Screening is conducted only after determining that no other screening has occurred within the last three months.
- Parent or guardian consent to screening is required before screening can occur.
- A procedure is in place to assess what other services are being received by the family and to coordinate screening with other providers that may be responsible for the same or similar activities.
- Screening is conducted only if no other entity has conducted a screening within the last three months.
- Screening must include soliciting parent and/or caregiver input beyond use of simple questionnaires.
- Screening must occur in the child and family’s primary language.
- Screenings should be combined with additional confirmatory information (parent input, observations, etc).
- A parent or other designated caretaker is present for all screening procedures conducted through home visitation or mobile screening activities.

## Referral Services

- When children’s screening results indicate they are suspected of having a delay, parents must be informed immediately.
- Families are provided with the contact information of the appropriate referral designation (AzEIP, health care provider, school district).
- If screening is conducted as a component of home visitation, home visitors follow up with families during each subsequent visit to track progress of referral.
- If barriers arise for the family to access additional evaluation services, the home visitor or other program specialist assesses the family needs and assists the family in identifying ways to remove such barriers.

## Training and Qualification Standards

Conducting developmental screening requires specific education and skills.

- Educational level: minimum of a bachelor’s degree in child development, nursing, early childhood education, child and family studies, or closely related field is ***preferred***.
- All individuals conducting developmental screening will obtain and maintain certification and/or required training on all of the chosen methods and tools used in screening activities and attend re-certification or additional training courses as required by the tool, the instrument developers, and as it is determined necessary through supervision.
- Personnel who do not meet the preferred education level or are newly trained in developmental screening activities, may only administer developmental screening under the direct supervision of an individual who does meet the training and qualifications standards until it can be documented that the person conducting screening can do so in a reliable manner. This level of supervision is above and beyond the regular supervision activities required in the First Things First Home Visitation or other Standards of Practice. The supervisor will participate with the home visitor or program specialist in conducting screenings and review all completed screening instruments until the home visitor or program specialist is able to consistently conduct screening in a reliable manner. This can be documented in staff’s personnel file and family files.
- Areas of knowledge and competencies must be demonstrated in:
  - a. Typical and atypical child development
  - b. Routines based interviewing practices (see <http://www.fpg.unc.edu/~inclusion/RBI.pdf>)
  - c. Objective child observation
  - d. Appropriate assessment of young children

- Individuals conducting screening will participate in continuing education to remain current and update skills and knowledge regarding developmental screening procedures and child development to meet the requirements of this scope of work.
- To address cultural competency objectives, programs shall ensure that providers, children and families receive from all personnel effective, understandable, and respectful services that are provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Consultants should receive ongoing education and training in culturally and linguistically appropriate service delivery. Consultants should develop participatory, collaborative partnerships with providers and their communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement in designing and implementing the National Standards on Culturally and Linguistically Appropriate Services.
- Individuals conducting screening receive training and information regarding mandatory reporting. Arizona law requires early care and education staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

#### **Supervision, Quality Assurance and Evaluation Standards**

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

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

1. Activities presented by the mobile unit are conducted using parent and child interactive learning opportunities and provide a range of developmentally appropriate materials to support children's comprehensive development in the physical, cognitive, language/communication, social-emotional, and adaptive skills domains.
2. Mobile units maintain schedules that are consistent, predictable, and planned so that families know when and where to expect the mobile unit to arrive.
3. Locations of mobile units are the same throughout the service delivery period. For example, the unit may be available at the local library every third Tuesday of the month. Both the location and the time remain consistent.

4. The mobile unit focuses on interactive learning and also provides opportunities for children to receive developmental screening before or after the planned play activities are conducted. Exceptions for conducting screening during the course of play activities are when screening includes use of observations of children in naturally occurring activities and play situations.
5. Families are provided educational opportunities regarding children's developmental milestones and age appropriate expectations.
6. Information on child development and ways to support that development through play and daily activities and routines is provided as a component of the curriculum.
7. Additional community information (e.g. location of local support groups, library programs, Quality First participating programs, etc.) is made available to parents and caregivers as needed and/or requested.
8. Families who require a referral based on developmental screening results are provided with assistance in locating and accessing sensory (hearing and vision) screening as part of the referral process.

#### Approved Tools for Screening Children Birth-Age Three

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

Excerpt from the DES/AzEIP TBM Manual, Chapter 4

## **Exhibit D**

### **FIRST THINGS FIRST Prenatal Outreach, Promotora Standards of Practice**

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

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

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

#### **Qualifications for a Promotora include:**

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

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

Have excellent communication skills.

#### **Programs implementing Prenatal Outreach/Promotora Model will:**

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

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

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

Provide ongoing staff development on diversity issues.

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

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

In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect health data on the reservation.

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

- Morbidity and mortality among members of their communities
- Information regarding child safety and welfare
- Information regarding children in foster care
- Infectious and chronic disease information among members of their communities
- BMI and healthy weight information

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

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;

<http://www.naeyc.org/positionstatements/linguistic>

**Promotoras will:**

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

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

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

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

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

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

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

Discuss preconception health issues.

Engage and empower members of the community in fostering support of pregnant women, preserving within the community the traditional Latino cultural context that appears to confer positive health effects. Organize community members to provide social support systems for pregnant mothers, such as those that exist in most areas of Latin America.

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

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

Provide resource & referral information. Identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services, and help the families to follow-through to ensure service delivery as needed.

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

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

## **Exhibit E**

### **FIRST THINGS FIRST Health Insurance Enrollment Standards of Practice**

Many children living in low income families qualify for publicly funded health insurance. Across the nation, as many as half the children who are uninsured qualify for publicly funded health insurance coverage (such as KidsCare or the Arizona Health Care Cost Containment System also known as AHCCCS). In Arizona, it is estimated that 16 percent of children lack health care coverage<sup>1</sup>. For children birth through age five this represents 80,000 children. Health insurance outreach and application assistance is a proven practice for improving and increasing health coverage in public programs. Community application assistance occurs nationally and in Arizona in a wide variety of settings, such as health clinics, child care settings, social service agencies, recreation centers, and homeless shelters. Reports based on national as well as Arizona experience indicate that such assistance can make a difference in getting children covered.

In Arizona, AHCCCS implemented an electronic application for services to make applications more accessible to families. The universal application, known as Health-e-Arizona, allows families to apply for and renew health coverage, as well as other family support programs such as Temporary Assistance for Needy Families (TANF) cash assistance, and nutrition assistance, directly over the internet.

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

There are several approaches to reducing the number of children who lack health insurance coverage such as increasing awareness of available publicly funded health insurance programs; increasing awareness of and access to the Health-e-Arizona online application; and reducing barriers in the public health insurance application process.

<sup>1</sup> U.S. Census Bureau, Annual Estimates of Population by Sex and Age for States and Fro Puerto Rico, Release data: May 1, 2008. <http://www.census.gov/popest/states/asrh/SC-Est207-02.html>

Reviewed: 08/26/2010

**Programs implementing health insurance outreach and enrollment assistance will:**

- Build upon, enhance and coordinate with existing health insurance outreach and enrollment assistance efforts occurring within a region.
- Demonstrate connections to community-based organizations in the region that serve families and/or community-based organizations where the uninsured are likely to congregate or seek other services.
- Provide ongoing staff development on diversity issues.
- Be accessible for families. Some examples include offering extended service hours including weekend/evening hours or operating in locations where public transportation is accessible or where families with young children already congregate.
- Engage families as partners to ensure that the program is reaching eligible families.
- Assure that staff receive specific training to carry out outreach and enrollment activities.
- Provide ongoing staff training as necessary.
- Maintain confidentiality of all information obtained as a part of the outreach and enrollment process.
- Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
- Assure that evaluation and monitoring is a collaborative, ongoing process that includes feedback from staff, families, and community members.
- Establish a system to ensure that families are informed of all of their health insurance enrollment options and assist families in choosing the appropriate plan to meet their individual family/child's needs.
- "To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children."  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;  
<http://www.naeyc.org/positionstatements/linguistic>

**Individuals providing outreach and enrollment assistance will:**

- Be adequately trained on the Health-e- Arizona application procedure, the health insurance enrollment process, and the different insurance plan options.
- Seek out families that are eligible but not enrolled in public health insurance and provide assistance for these families to enroll.
- Introduce and provide technical assistance to potential enrollees so that they have the skills to apply for services utilizing the Health-E-Arizona application.
- Provide information that parents can use about the importance of taking their children to well child and preventive health check-ups on a regular basis to receive timely, preventative health care for their children.
- Establish and maintain partnerships/relationships with local or regional AHCCCS and DES offices to remain current on eligibility or enrollment requirements that will maximize enrollment and renewal of public health insurance.
- Maintain confidentiality of all information obtained as part of the outreach and enrollment process.
- Include opportunities for feedback from families into outreach and enrollment activities.

Reviewed: 08/26/2010

## Exhibit F

### **FIRST THINGS FIRST Home Visitation Child Protective Services Policy**

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

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

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

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

In the two scenarios described above, the First Things First home visitation provider is encouraged to attempt to participate in a case plan staffing or Team Decision-Making meeting (Child Protective Services' case manager, the First Things First funded home visitation program staff, the family and other service providers) to ensure that a case plan is in place to most effectively meet the needs of the family. Family assessment, case plan development and service coordination is critical to effective service provision.

If a grantee is currently providing FTF funded Home Visitation services to a family with an open CPS case when this policy is implemented, the services will be grandfathered in and the grantee will continue to provide services as appropriate.

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

12/24/09

## **Exhibit G**

### **First Things First Target Service Unit Information**

#### **Prenatal Outreach**

##### **Definitions:**

##### **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 **Prenatal Outreach**, the units of service are:

**Total number of pregnant/postpartum women attending training sessions**

**Total number of pregnant/postpartum women receiving home visitation services**

**Please note**, in some FTF reporting and contractual documentation, these units of service will be shorted to read:

**Number of adults attending training sessions**

**Number of adults receiving home visitation services**

##### **Determining and Interpreting Target Service Numbers**

**Total number of pregnant/postpartum women attending training sessions** is determined by the type of program proposed and will likely reflect a duplicated count of adults attending the proposed education sessions for one grant contract period (in most cases, one year). For example, if the program proposes to enroll 20 women in a series of five education sessions, the total target service number should be 100 rather than 20. The body of the proposal is to reflect that the program is intended to provide repeated service to individuals over time (such as targeting 20 adults to attend five consecutive sessions), however, for the target service unit, reflect the total **duplicated** count. In an alternate example, if the program does not provide a series of sessions (for instance a drop-in parenting session), the total target service unit should reflect all adults

proposed to attend all trainings; if an individual attends more than once they are counted for each time they attend.

Children are not included in the proposed number of adults attending sessions; children's attendance will be reported and reviewed, but it is not part of the target service number. For programs serving families, for the purpose of the target service number, count each adult separately, rather than counting family units.

Finally, if the target audience of the program is teen mothers or another audience that may be minors, for the purposes of target service numbers, count minors who are the target of the education sessions (such as a teen parenting program) as adults.

**Total number of pregnant/postpartum women receiving home visitation services** should reflect the total number of women to receive proposed services for one grant contract period (in most cases, one year). Total number of women should not be the proposed caseload to be carried at any period; rather it should reflect a total headcount of all families to receive services and therefore anticipate client turnover.

#### **Performance Measures**

Performance Measures measure (1) key indicators of performance (i.e. Unit of Service, in bold); (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 **Prenatal Outreach Community Based Training and Home Visitation**, performance measures are:

**Total number of pregnant/postpartum women attending training sessions / proposed service number**

**Total number of pregnant/postpartum women receiving home visitation services / proposed service number**

Total number of home visits/proposed service number

Total number of training sessions offered/proposed service number

Total number of families receiving referrals for health insurance or health coverage enrollment/ target service number

Total number of families receiving referrals for community based services/ target service number

Total number of awareness sessions offered/proposed service number

Total number of people reached by awareness sessions/proposed service number

Total number of children receiving developmental screening/target service number

## **Exhibit H**

### **STANDARD TERMS DEFINED**

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

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

**Exhibit I**

**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 Bodily Injury and Property Damage Combined			Comprehensive General Liability Form Premises Operations Contractual Independent Contractors Products/Completed Operations Hazard 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-RC022-12-0323-00**