



Coconino
Regional
Partnership
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Tribal Representative

Trudy Rogers
Regional Coordinator

Dear Community-Based Organizations and Agencies of the Coconino Region:

Arizona is facing unprecedented, tumultuous economic times. Families are facing tremendous financial and emotional stress, threatening the well-being of young children. The First Things First (FTF) Board has determined that it must take immediate and proactive actions to shore up the foundation of early childhood health and development of children birth through age five. The FTF Board has expressed a desire to help mitigate some of the economic damage and turmoil and respond immediately to the urgent needs of Arizona's young children and families and so they approved an emergency early childhood response plan that includes the following three components: child care scholarships, food box distribution, and family support programs that prevent abuse and neglect.

The First Things First Coconino Regional Partnership Council is releasing this Request for Information (RFI) to organizations and agencies in the Coconino Region (which consists of Winslow, the Hopi Tribe, the Havasupai Tribe, the Kaibab Paiute Tribe and much of Coconino County excluding Sedona and the Navajo Nation) in response to the Emergency Response Plan approved by the FTF State Board.

Specifically, the Coconino Regional Partnership Council is seeking information from organizations that could carry out services in the following areas for **children birth-5 and their families**:

- Emergency food boxes for families
- Home Visitation Programs to support families and prevent abuse and neglect

Scopes of Work and Agency Profile/Application forms are included with this letter. Please review the attached scopes of work to determine if your organization can fulfill the requirements. If your organization is able to fulfill these requirements, please complete the Agency Profile/Application for any or both of these components.

The Regional Partnership Council will review the Profiles submitted, and determine if they will make any award(s) under the emergency response plan for the Coconino Region. At minimum the Regional Council will make award(s) in the amount of \$9,583 for the distribution of 436 food boxes. Should the Regional Partnership Council decide to recommend awards for home visitation programs or additional awards for food boxes, award amounts could be made up to a total of \$495,019.

In addition, if your agency or organization is aware of a specific need for children ages birth to five years and their families that is focused around the following: 1) family support and the prevention of abuse and neglect or 2) increasing access and affordability of early care and education for children birth through age five, please attach a separate sheet describing this need in 200 words or less. This information will be used for the purpose of informing the Regional Council of the needs of families with young children in the Coconino Region.

Please review the Scopes of Work and submit your Agency Profile/Application and/or your 200 word summary of needs to Cristi Mallery by 5pm on March 25, 2009 either by fax, mail or email.

In addition, organizations may be asked to present in person and/or answer questions on the information provided. This information in the Agency Profile/Application may be used to make decisions on the selection of vendors or awards.

Thank you for considering this request.

Sincerely,

A handwritten signature in cursive script that reads "AdiShakti Khalsa".

AdiShakti Khalsa
First Things First Northeast Regional Manager

Please send information to: Cristi Mallery

Phone: 928-637-0410

Fax: 928-774-5563

Email: cmallery@azftf.gov



Dear Home Visitation Provider:

Arizona is facing unprecedented, tumultuous economic times. Families are facing tremendous financial and emotional stress, threatening the well-being of young children. The First Things First (FTF) Board has determined that it must take immediate and proactive actions to shore up the foundation of early childhood and development of children birth through age five. The FTF Board has expressed a desire to help mitigate some of the economic damage and turmoil and respond immediately to the urgent needs of Arizona's young children and families.

To respond to the dire challenges being faced by families with young children, the FTF Board has received approval from the Arizona Department of Administration (ADOA) for a bid waiver, granting authority to expedite the awarding of contracts quickly in certain strategy areas through a non-competitive process. To provide immediate supports for children and families, FTF is focusing on family support strategies that will help prevent abuse and neglect of children, which increases in times of financial and emotional stress. Families need access to supports for a safe and stable home environment.

FTF Regional Partnership Councils have been given the option to expedite the award of Family Support Strategies without FTF Board approval. The Coconino Regional Partnership Council may choose to expedite a Home Visitation Strategy.

To be considered, home visitation programs must meet the following criteria:

- Provide comprehensive home visitation services that address the immediate health, safety and welfare of children birth to age 5. Programs will provide prevention as opposed to intervention services. (Services that provide direct cash benefits, such as emergency assistance for rent, utilities or transportation; community parent education classes; or programs providing in-home support exclusively to families involved in the child welfare system, such as family preservation, will not be eligible for funding.)
- Provide services that are in compliance with FTF Home Visitation Scope of Work and Standards of Practice
- Immediate capacity to serve families
- Is a current service provider in Arizona
- Serves the targeted geographic area or demonstrates capacity to immediately expand to that area
- Will keep administrative costs below 10%
- A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

If you are a Home Visitation provider that meets the above FTF criteria and you wish to be considered, please complete the Agency/Program Profile and submit it to 405 North Beaver Street, Suite 1, Flagstaff, AZ 86001 by 5:00 PM on March 25, 2009 for consideration. If you have any questions, please contact Cristi Mallery at 928-637-0410 or cmallery@azftf.gov.

FTF staff will notify you if additional information is needed and to inform you of the Regional Council's decision. Thank you for your willingness to serve the children of Arizona.

Sincerely,

Trudy Rogers
Coconino Regional Coordinator



Home Visitation Scope of Work

The Coconino Regional Partnership Council is requesting information on the need for the implementation of the following strategy: To support, enhance and implement home visitation programs and services that provide parents and caregivers access to information, resources and high-quality social support.

The intended target population of this funding opportunity is families with children birth to five years who experience particular risk factors related to child abuse and neglect. Service providers should target at risk and vulnerable populations, including low-income families, pregnant and parenting teens, underserved populations or those not currently served, families living in isolated geographic areas, and families with children with special needs. Service providers should also target those families not currently served through existing home visiting efforts in the Region.

A needs and assets assessment of the Region has shown that there is a lack of sufficient quality family support. There is also a lack of capacity among available programs to meet the needs of families with risk factors in the Region in addition to a limited geographic service area of available programs. To address these needs, the Coconino Regional Partnership Council is seeking information from home visitation service providers who provide home visitation in the region.

At birth, the brain is about one-quarter of the full adult size; by the age of two, the brain is not only bigger, but complex connections have been made between cells. Brain size is only a small part of the story. It is the connections between brain cells that help young children control their bodies and learn about their worlds. Young children need stimulation and interaction throughout their lives, but lack of enrichment can be most damaging in the very early years. Connections in the brain become stronger when they are used often and connections that are not used die away in childhood and early adolescence. Babies and young children need stimulation to develop socially, emotionally, and intellectually.¹ Children who experience sensitive, responsive care from a parent performs better academically and emotionally.

Research suggests that the best home visiting programs have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services.

¹ **Shonkoff, J. P. (2008). The Science of Child Development and the Future of Early Childhood Policy. Presented at the National Symposium on Early Childhood Science and Policy. June 26, 2008. <http://www.developingchild.harvard.edu/>

Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect.

Family support is the foundation for enhancing children's positive social and emotional development.² Parents and families need education and support to understand child development and health and to develop parenting skills as well as having access to resources to be the best parents possible. If not encompassed during service delivery, the rich and diverse linguistic cultural needs of families can become a barrier to the children and families receiving the necessary services they seek.

Implementation Requirements:

Service providers must address these specific Goals and Key Measures:

First Things First Goal Area to be addressed:

- Family Support.

First Things First Goals to be addressed:

- First Things First 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.
- First Things First will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.
- First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

First Things First Key Measures to be addressed:

- Percentage 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.
- Percentage 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.
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Total number and percentage of children with health insurance.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Total number and percentage of children receiving appropriate and timely well-child visits
- Ratio of children referred and found eligible for early intervention.

² Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

The primary focus of home visiting services is clearly to promote effective parenting. Home visitors may also focus on the importance of early education for young children/parent's role as a child's first teacher, positive discipline, how to develop a supportive social network, proper nutrition for all families members, encouraging families to enroll in health insurance, receive prenatal care and seek out a consistent medical home in order to receive timely medical and oral health preventive care. Families often have difficulties accessing and organizing needed community services. Families may not be aware of their eligibility or the application paperwork may be onerous. Families may struggle with the practical difficulties of using public transportation or the lack of transportation to meet service appointments.

The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

All service providers must demonstrate how the proposed strategy follows the First Things First Standards of Practice for Home Visitation, attached.

Home visitation programs must be comprehensive to improve parenting skills and child development and health outcomes. Programs may include various levels of intensity designed to meet the needs of the children and families. Using a family-centered, culturally-appropriate and strength-based approach in natural environments, these programs will:

1. Engage the family to assess their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or may use First Things First recommended tools including Life Skills Progression (LSP) or Infant-Toddler and Family Instrument (ITFI).
2. Help families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family. Plan should include outcomes and activities for the family, frequency and duration of home visits and a plan for transition from home visitation.
3. Conduct regular developmental screenings using a standardized or criterion-referenced tool at 9, 18 and 24 months of age for all of the following developmental domains: cognitive, language, social-emotional and motor skills. Programs will use the Ages and Stages Questionnaire (ASQ) or Parents Evaluation of Developmental Status (PEDS).
4. Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.
5. Identify outreach, engagement and retention practices with participants/families.

6. Provide program evaluation data and information to demonstrate evidence of program effectiveness and impact upon the identified performance and key measures. Pre and Post testing must be administered.

Specifically, each family must receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination.

Information and support should be tailored to the needs of the family as identified in the family service plan.

Those core areas include:

- All domains of child development (physical, cognitive, social, emotional, language, sensory).
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, showing affection, spending time together, positive discipline, parental monitoring, early reading and language experiences and communication).
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; home safety/injury prevention; developmental health, vision and hearing screening).
- 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 them to follow-through to ensure service delivery as needed.

Programs may also help families:

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

The implementation of this strategy is intended to promote effective parenting and support parents as their child's first and most important teacher. Programs must work with families to mobilize formal and informal resources to support family development, and advocate with families for services and systems that are fair, responsive and accountable to the families served. Programs will have a mechanism in place to provide families information and support in each of the core areas listed above. Program must support the social and emotional development of the children served as well as conduct screening for social and emotional

delays. Language and early literacy development can be a component of the strategy and service providers will need to address how it will be supported through their services.

Service providers are asked to build on existing home visitation programs, allowing expansion to the service areas or target populations that are not currently served. This may include expanding resources to underserved locations in the region and expanding services to rural and underserved communities within the region. A strong emphasis must be placed on collaborative partnerships among numerous community and neighborhood-based entities. Interested providers must demonstrate a history of collaboration with other service providers and community resources as well as how they will specifically serve the region in which they are receiving funding.

As part of successful program implementation, service providers should describe how they will enhance family support through programs that are both evidence-based and relevant to the community served. Interested providers must provide their plans for outreach, recruitment, family engagement and retention. Family participation in home visitation services is voluntary and must be provided free of charge to the family.

Preference will be given to approaches that are research-based and to programs that can demonstrate positive outcomes for the target population. If selected to provide services, providers must show staff qualifications, supervision and training that will support the successful implementation of the evidence-based model. All staff conducting developmental screening or other screening using standardized tools must receive training to administer these tools through a formal training program approved by the administering agency of that standardized tool.

Coordination and collaboration with all FTF grantees is critical to developing a seamless service delivery system for children and families. Services and programs cannot be implemented in isolation and coordination and collaboration must occur within a region and across regions. FTF staff and Regional Councils will identify opportunities for collaboration and coordination with successful applicants that become grantees of First Things First. Successful service providers will be required to attend meetings and workgroups in the region being served to identify, develop and implement mechanisms around coordination and collaboration. Successful service providers will also be required to share data with First Things First and the Regional Partnership Council that will be used for cross regional analysis. Successful service providers will also participate in cross regional and statewide work that may include additional workgroups and meetings. In order to accomplish these tasks, service providers should plan the appropriate budget that would include travel for monthly meetings within the regional area, four cross regional meetings/workgroups held in various locations, and one statewide meeting to be held in Phoenix, Arizona. All travel related costs for these trainings and meetings should be included

in the provider's budget and calculated using the State of Arizona travel policy as described on the budget narrative worksheet.

The evaluation should be directly connected to the Goals, Key Measures, and the Performance Measures and should determine the extent to which the program has accomplished the stated goals and key measures. The evaluation should also measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. Successful service providers agree to participate in the First Things First evaluation and meet the requirements of the evaluation including, but not limited to, timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission (through the First Things First secure web portal) of performance measures and other evaluation data as proposed by the service provider. Performance measure data must be submitted in its raw form (e.g. number of children served/proposed service number = 52 actual children served/50 proposed service number).

Successful providers are also required to collaborate with the First Things First longitudinal evaluation. The provider must participate in child assessment activities associated with the longitudinal evaluation including tracking and reporting to First Things First data pertaining to participant attendance, enrollment, and demographic information, all of which must be maintained in a secure and anonymous manner. In addition, providers agree to allow First Things First and evaluation consultants of First Things First to observe program activities on site and obtain parent consent for data collection related to evaluation efforts.

Performance Measures are defined by First Things First to determine the key impacts of the strategies, programs and approaches being implemented. Providers are expected to collect and report data to First Things First on the progress of achieving the Performance Measures. Performance Measures for purposes of this RFGA are as follows:

Performance Measures:

- Number of families receiving home visiting/proposed service number
- Home Visitor caseload number/proposed caseload number
- Number of visits per family/proposed visit number
- Number of families recruited to participate/families enrolled and participating for at least one month
- Family attrition/target population
- Home Visitor attrition/target population
- Number of families who successfully meet family service plan outcomes/actual service number
- Number of families reported satisfaction with provided home visitation/actual service number

- Number of families showing increases in parenting knowledge and skill after receiving home visitation/actual service number-using observational pre/post measure aligned with research based program requirements
- Total number of children served/proposed service number
- Number of children with health insurance/actual service number
- Number of children with completed well-child visits/immunizations
- Number of expectant mothers receiving regular prenatal care/actual service number
- Number of children having dental visit before age one/actual service number
- Number of children screened for developmental delays/actual service number
- Number of children screened for vision and hearing/actual service number
- Number of families who report an increase in reading to their child in pre-post test/actual service number
- Number of faith-based organizations referring families for home visits in the region
- Number of child care centers/family child care homes referring families for home visits in the region
- Percent of families receiving home visits whose children have health insurance
- Percent of families receiving home visits that have a consistent medical provider

3/18/09



FIRST THINGS FIRST
Home Visitation
Standards of Practice

Home visitation programs deliver education, information and support to families where they are - in their homes. Through stand-alone programs or in partnership with center-based services, voluntary home visitation programs educate families and bring them up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that links the resources of the community with the safety of the home environment, empowering even hard-to reach parents to build a better future for themselves and their children.

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

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

As stated in the Scope of Work, it is expected that home visitation programs funded by First Things First will be comprehensive for the families they serve. These programs will:

- Engage the family to assess 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 families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family
- Conduct regular developmental screenings using a standardized or criterion-referenced tool 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

Each family must receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination. Information and support should be tailored to the needs of the family, as identified in the family service plan.

- All domains of child development (physical, cognitive, social, emotional, language, sensory)
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, positive discipline, early reading experiences and verbal and visual communications)
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening)

Programs may also help families:

- Identify their natural supports such as peer support
- Access opportunities to participate in family literacy activities
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities

When implementing the Scope of Work, programs will:

#1: Provide services to families that are based upon a culture of trust and respect

A. Create a family-centered environment

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

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

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

D. Encourage open, honest communication

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

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

A. Encourage family members to build upon their strengths

B. Publicity/outreach, literature and staff training reflect the commitment to effectively serve fathers

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

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

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

- A. Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them
- B. Strengthen parent and staff skills to advocate for themselves within institutions and agencies
- C. Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program
- D. Provide ongoing staff development on diversity issues

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

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

- C. Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
- D. Develop a collaborative, coordinated response to community needs

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

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

- C. Staff will receive training and information regarding mandatory reporting. Arizona law requires home visitation staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).
- D. Provide ongoing staff development/training
- E. Supervisors should work with home visitation program staff to prepare professional development plans

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

- A. Wages and benefits are adequate for supporting high quality staff
- B. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelors degree in early childhood development, education, family studies 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.
- C. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community
- D. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides 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.
- E. All staff work as a team, modeling respectful relationships of equality
- F. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children
- G. Structure governing bodies so that they reflect the diverse constituencies of the community and are knowledgeable about community needs
- H. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members
 1. Activities, as identified by First Things First, include pre and post testing, self-assessment and opportunities for feedback.
 2. Identify outreach, engagement and retention practices
 3. Must demonstrate program effectiveness mechanism. Programs must participate in data collection and reporting of performance measures.

2/09/09



Food Assistance Scope of Work for Statewide and/or Any Portion of the State

First Things First has determined that it wishes to address food insecurity among families with children ages birth to five years.

Research has shown that even moderate under-nutrition, the type seen most frequently in the United States, can have lasting effects on the brain development of children. According to the Center on Hunger and Poverty, inadequate nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure among impoverished children.

In Arizona, fifteen percent of families report that their children skipped meals because there was not enough money for food. Twenty-eight percent of the families within the past year had to choose between buying food and paying for medical care. Forty-one percent of the families within the past year had to choose between buying food and paying for utilities.

Demand for emergency food assistance is growing during these tough economic times. Many food banks are reporting that an increasing number of middle income families are seeking food assistance for their families as the economy becomes increasingly unstable and job loss grows. The demand for such assistance is not keeping pace with the growing demand. In 2007, more than 1,250 food banks, pantries and other agencies provided first-line defenses against hunger for Arizona's children, yet 36 percent of pantry programs reported lack of food as the most frequent reason for having to turn families away. According to the Arizona Association of Food Banks, demand for emergency food boxes grew by over 40 percent in the last quarter of 2008 from the previous year.

At the same time that demand is increasing, emergency food resources appear to be static or declining. Arizona food banks are reporting decreases in corporate contributions, and \$62,251 was cut from the FY 09 budget that is typically directed towards the purchase of food for these emergency food boxes. Currently, many food banks are placing quotas on the amount of food families are able to receive. Other food pantries and agencies, such as those operated by St. Vincent de Paul, have shortened their hours of operation due to insufficient amounts of food for those seeking assistance.

FTF is seeking applications from providers aimed at addressing food insecurity among families with children ages birth to five years who are at risk for hunger. Different food banks across the state currently use varying methods and criteria for determining eligibility for food assistance. Generally, food assistance is not limited to families living in poverty. It is also available to low income families and to families experiencing crises such as unemployment. Applicants are required to identify existing eligibility criteria and how eligibility is determined. It is not the intent of FTF to establish new eligibility requirements beyond those currently used by providers. However, FTF is only interested in applicants who propose strategies aimed at addressing the hunger needs of families with children ages birth to five years who are at-risk of hunger. Evidence of how applicants will ensure that such a population is targeted must be present in the proposal in order for it to be considered.

While some people receiving food boxes might also be receiving resources from Food Stamps or WIC, it is recognized that the amount of food available through these existing programs is inadequate to meet the needs of children and families. In addition, we recognize that many middle class families are struggling in today's economy, and food boxes may be needed by many more families than those typically served by providers serving low-income families.

FTF is interested in a variety of proposals aimed at addressing food insecurity among families of children ages birth to five years at risk for hunger. Expanded provision of emergency food boxes for families of children ages birth to five years are one such strategy. Approximately 9,200 families of children ages birth to five years are served through emergency food assistance in Arizona each week – eleven percent of the 82,000 Arizonans who seek such assistance weekly. However, other potential strategies will also be considered. These include, but are not limited to:

- Distribution of supplemental food packages for children ages birth to five years to accompany existing food box distribution to families of children ages birth to five years;
- Bulk purchases of food products or products such as diapers that can be distributed to families through existing distribution efforts, such as provision of emergency food boxes;
- Expansion of voucher programs that enable families with children ages birth to five years to purchase nutritious food;
- Distribution of infant boxes containing formula, diapers, infant food, or other such commodities to families with young children.

Applications proposing other strategies supporting the provision of food to children ages birth to five years and their families facing food insecurity are also welcome. However, applicants will

be required to describe how they could ensure funding would serve the target population of children ages birth to five years. Some providers, such as those who operate dining halls, may find it challenging to identify how they can ensure that the target population is served.

The purpose of this funding is to address the immediate and emergency need for food faced by families with children ages birth to five years. While First Things First funding may, at some later time, support strategies such as expansion of summer food programs or community gardens, this funding will not be used to support programs that do not address emergent food needs. This funding will also not be used to start new food programs, or address capital or other infrastructure needs that exist.

While WIC and Food Stamps are two other strategies that address hunger among the target population, these resources will not be used to support these programs directly. (Example: we will not accommodate caseload growth for WIC through this strategy.) It is recognized that WIC and Food Stamps are the responsibility of the federal and state governments. In addition, it is recognized that increased funding for WIC and Food Stamps has been included in the federal stimulus package. However, we WILL consider strategies that work in tandem with the Food Stamps and WIC programs. For example, we would entertain applications to provide supplemental food boxes through WIC providers.

The purchase of non-food related items typically included in food boxes for families of children ages birth to five years will also be considered. This includes the purchase of diapers, diaper ointment, diaper wipes, and baby formula.

First Things First wishes to encourage healthy eating among families. Applicants are encouraged to identify the types and quantities of nutritious foods that would be purchased or included in food distribution efforts as a result of FTF funding. Applicants are encouraged to refer to new WIC food package (see www.azdhs.gov/azwic/documents/FFY2010FinalFoodList.pdf) for listings of foods deemed nutritious for children in this age group. Applicants should also identify and address any unique nutritional needs among families living in the region where services are proposed to be delivered.

Applicants proposing purchase of perishable foods should ensure that foods are stored and or distributed in a timely manner to ensure food safety and minimize food waste.

First Things First funding cannot be used to supplant other funding. A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs. In addition, potential applicants from

tribal communities should be apprised that allocations from the state may cause a reduction in federal monies (Food Distribution Program on Indian Reservation monies).

The intent of these monies is to purchase food and related commodities that will be distributed to families of children ages birth to five years. Proposals will not be considered where administrative costs exceed 10 percent.

Contracts with awarded organizations may go through June 15, 2010. Contract duration will be based on local considerations, the amount of money available (including regional monies added), and discussions with local providers on implementation considerations.

Each of First Things First's thirty-one regions has been allocated money by the First Things First Board for the purpose of implementing this food insecurity strategy. (The allocation was made based largely on the number of children ages birth to five years living in poverty in the region. See enclosed document.) The Coconino Regional Partnership Council is considering increasing the funds for this strategy and will be reviewing applications submitted by 5:00 PM on March 25, 2009 to the regional office located at 405 North Beaver Street, Suite 1, Flagstaff, AZ 86001. First Things First statewide will be accepting the same application until 5:00 PM on March 27, 2009. If further clarification is required, please contact Cristi Mallery at 928-637-0413. A regional review committee will review applications received for its region, and make decisions on how dollars will be allocated locally. Allocations for regions located in Maricopa and Pima counties will be combined, so that one review will be responsible for making funding decisions for each of those counties.

Review committees will make decisions on how monies are allocated based on the following factors:

- Experience and capacity to address the hunger needs of children ages birth to five years in the region.
- Geographic location and reach of current services. (Regions may want to ensure that funded providers exist in communities across the region.)
- Ability of the proposed strategy to meet the nutritional needs or basic needs of children ages birth to five years and their families.
- Type of service provider. Regions may want to ensure that funding is spread across a variety of types of service providers – faith-based, non-profit, etc.
- System- building potential. The ability of the potential applicant to link families to other systems (example: referrals to WIC, Food Stamps) or provides educational materials related to FTF goals (examples: nutrition or literacy information) as part of this process.

- Efficacy and cost effectiveness of the proposed strategy.

Applicants who become successful grantees will be required to monitor and report the provision of food units or other materials to families of children ages birth to five years. Performance measures and reporting requirements will be developed and agreed upon between FTF and Applicant during the contracting process.

3/18/09