



Administration for Children and Families

Office of Family Assistance

Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program

HHS-2010-ACF-OFA-TH-0134

Application Due Date: 07/28/2010

Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program
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Department of Health & Human Services
Administration for Children & Families

Program Office: Office of Family Assistance
Funding Opportunity Title: Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program
Announcement Type: Modification
Funding Opportunity Number: HHS-2010-ACF-OFA-TH-0134
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Due Date For Letter of Intent: **07/09/2010**
Due Date for Applications: **07/28/2010**

Executive Summary:

The Administration for Children and Families (ACF), Office of Family Assistance (OFA), Child Care Bureau (CCB), in partnership with the Health Resources and Services Administration (HRSA) announces the availability of funds and requests applications for the FY 2010 Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program. The goals of the ACA Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program include both supporting the development of healthy, happy, successful American Indian/Alaska Native (AIAN) children and families through a coordinated, high-quality, evidence-based home visiting strategy and expanding the evidence base around home visiting programs for AIAN populations. Home visiting programs are intended to promote outcomes such as improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence.

ACF and HRSA, the agencies collaborating to implement the early childhood home visiting program within the Department of Health and Human Services (HHS), intend that the program will result in a coordinated system of early childhood home visiting in Tribal communities that has the capacity to provide infrastructure and supports to assure high-quality, evidence-based practice. ACF and HRSA also envision that this program will support and strengthen cooperation and coordination and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families in Tribal communities and result in high-quality, comprehensive early childhood systems in every community, assuring that all individuals can reach their full potential for health and well-being throughout the course of their lives and regardless of their societal context.

These funds will support grants (cooperative agreements) to Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct needs assessments; develop the infrastructure needed for the widespread planning, adopting, implementing, and sustaining of evidence-based maternal, infant, and early childhood home visiting programs; and provide high-quality, evidence-based home visiting services to pregnant women and families with young children aged birth to kindergarten entry. The project period for these grants is five years. Funds will be used to conduct needs assessments; plan for, develop, implement, expand, and enhance evidence-based home visiting programs; and provide services.

Funds will support:

- Conducting a needs assessment of the Tribal community that considers community characteristics and the quality and capacity of existing home visiting programs and other supportive services, is coordinated with other relevant needs assessments, and involves community stakeholders as appropriate;
- Collaborative planning efforts to address identified needs by developing capacity and infrastructure to fully plan for, adopt, implement, and sustain high-quality home visiting programs that have strong fidelity to evidence-based models;
- Providing high-quality, evidence-based home visiting services to pregnant women and families with young children aged birth to kindergarten entry; and
- Rigorous local evaluations that may include examining effectiveness of home visiting models in serving Tribal populations, adaptations of home visiting models for Tribal communities, or questions regarding implementation or infrastructure necessary to support evidence-based home visitation models in Tribal communities.

I. Funding Opportunity Description

Statutory Authority

The legislative authority for this program is Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Patient Protection and Affordable Care Act (Pub.L. 111-148) (also known as the Affordable Care Act (ACA)) at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Description

Background

Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the ACA, authorizes the Secretary of HHS to award grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct an early childhood home visiting program. The legislation sets aside 3 percent of the total Maternal, Infant, and Early Childhood Home Visiting Program appropriation (authorized in Section 511(j)) for grants to Tribal entities and requires that the Tribal grants, to the greatest extent practicable, be consistent with the requirements of the Maternal, Infant, and Early Childhood Home Visiting Program grants to States and territories (authorized in Section 511(c)), and include conducting a needs assessment and establishing benchmarks. Up to \$3,000,000 in funding is authorized by Section 511 for grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations in FY 2010; increasing to \$7,500,000 in FY 2011; \$10,500,000 in FY 2012; and \$12,000,000 in FY 2013 and FY 2014.

ACA Maternal, Infant, and Early Childhood Home Visiting Program for States

The overall goals of the ACA Maternal, Infant, and Early Childhood Home Visiting Program grants to States and territories are to strengthen and improve maternal and child health programs; improve service coordination for at-risk communities; and identify and provide comprehensive home visiting services to families who reside in at-risk communities. The program responds to the diverse needs of children and families in communities at risk and provides an unprecedented and unique opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children and families through evidence-based home visiting programs. The funds are intended to assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home visiting programs. This new program plays a crucial role in the national effort to build quality, comprehensive State- and community-wide early childhood systems for pregnant women, parents and caregivers, and young children and, ultimately, to improve health and development outcomes.

HRSA and ACF believe that evidence-based home visiting should be viewed as one of several service strategies to be embedded in a comprehensive, high-quality early childhood system that promotes optimal maternal, infant, and early childhood health and development and which relies on the best available research evidence to inform and guide practice. Although there is a range of different early childhood home visiting models, the typical home visiting program uses home visiting as the primary strategy for the delivery of services to families. These services can include providing information about parenting, health, and child development, linking families to other community services and resources, and providing social supports. Through the efforts of a home visitor such as a nurse, social worker, or paraprofessional to engage and establish a strong relationship with the family or primary caregiver, it is hoped that home visiting programs will result in short- and long-term positive outcomes for children and families.

ACF and HRSA also believe that the home visiting program established by the ACA provides an unprecedented opportunity to effect changes that will improve the health and well-being of vulnerable populations by envisioning child development within a life-course development framework and a socio-ecological framework. Life-course development points to broad social, economic, and environmental factors as underlying contributors to poor health and development outcomes for children, as well as to persistent inequalities in the health and well-being of children and families. The socio-ecological framework emphasizes that children develop within families, families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

The life-course development and socio-ecological frameworks highlight the importance of positive interventions at sensitive developmental periods and address social and environmental determinants critical in improving outcomes and reducing disparities. Ideally, such interventions begin before birth and extend throughout the life course and across multiple generations. Research and evaluation of home visiting programs shows that high-quality home visiting programs can play a critical role in optimizing life-course development as part of a comprehensive early childhood system that considers children and families within the context of the communities and society in which they live. The overall goal of this comprehensive, evidence-based service delivery system is to provide, promote, and facilitate interventions that address the diverse needs of children and families at risk - including child health, mental health, welfare, linkages to services, and education - helping to assure that all individuals can reach their full potential for health and well-being.

For States, the Maternal, Infant, and Early Childhood Home Visiting Program would enable States to utilize what is known about effective home visiting services to provide evidence-based programs to deliver services that promote outcomes such as improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence. Under the home visiting program, grants will be made to States to deliver effective evidence-based early childhood home visiting programs to pregnant women, expectant fathers, and primary caregivers of young children birth to kindergarten entry in communities identified through statewide needs assessments as being at risk.

The State program provides an exciting opportunity for States and the Federal government to work together to both deploy proven programs and continue to build upon the existing evidence base: it will allow for continued experimentation with new models and evaluation of both new and existing approaches so that, over time, policy makers and practitioners will have better information about which approaches work best; how different approaches work for different kinds of target populations or targeted outcomes; and the relative costs and benefits of different models. HRSA and ACF intend that the home visiting program will result in a coordinated system of early childhood home visiting, which has the capacity to provide infrastructure and supports to assure high-quality, evidence-based practice, in every State.

ACA Tribal Maternal, Infant, and Early Childhood Home Visiting Program

ACF and HRSA envision that the ACA Tribal Maternal, Infant, and Early Childhood Home Visiting Program will mirror the State program, with the goals of both supporting the development of healthy, happy, and successful American Indian and Alaska Native children and families through a coordinated, high-quality, evidence-based home visiting strategy that addresses critical maternal and child health; development; early learning; family support; and child abuse and neglect prevention needs; and expanding the evidence base around home visiting programs for Tribal populations. ACF and HRSA also envision that this program will support and strengthen cooperation and coordination among various programs that serve pregnant women, expectant fathers, young children, and families in Tribal communities, improving the capacity and quality of services across funding streams.

Just as the State grant program will build capacity to provide infrastructure and supports to assure high-quality, evidence-based practice, the Tribal program will support the implementation of high-quality, culturally-relevant home visiting programs using models that have demonstrated evidence of effectiveness. Based on a careful review of available research evidence on home visiting interventions with Tribal populations, HRSA and ACF will develop and submit for public comment criteria for evidence of effectiveness for home visiting models that are likely to improve outcomes for families in Tribal communities. The program models that Tribal entities choose to implement must also be linked to benchmark areas of improvement at the family and community level.

Status of Home Visiting Programs in Tribal Communities

Recognizing the potential of home visiting programs to support improved child and family outcomes in Tribal communities, many Tribal entities and communities are currently in different stages of implementing various types of home visiting programs using a variety of public and private funding streams. Some may be implementing evidence-based models that have been shown to be effective with Tribal communities. Others may be implementing programs that show effectiveness with non-Tribal communities but lack rigorous research on their effectiveness for Tribal communities. Tribes may be implementing a range of home visiting models and want support and guidance on designing or implementing the most appropriate evidence-based program to meet their local community needs. Some may want technical assistance to build capacity to select, implement, or scale-up an evidence-based home visitation program in order to provide high-quality services that meet the unique needs of their communities. Tribes may also want guidance and support to maximize and leverage all available funding streams so that investments in proven effective programs can be made. Finally, some Tribes may want technical assistance and support on how to implement and sustain evidence-based models with fidelity.

There is a great need to expand and strengthen the evidence base for home visiting programs targeted to Tribal populations and communities. Over the last several years, many Tribal communities and entities have demonstrated an interest in implementing evidence-based programs and practices within their systems, but have been constrained by a limited evidence base and scarce resources to allow them to both develop the knowledge base and determine how evidence-based models can fit within their early childhood systems. Given the challenges and complexities of efforts to incorporate evidence-based practices within real-world settings, research regarding the implementation and effectiveness of evidence-based programs in Tribal settings can provide a wealth of information about which home visiting models and implementation strategies work for Tribal communities.

Population of Focus

This program is meant to support critical maternal, infant, and early childhood home visiting services for American Indians/Alaska

Natives in Tribal communities, including Indian Tribes or Urban Indian Centers (as defined by Section 4 of the Indian Health Care Improvement Act, Pub.L. 94-437 at http://www.ssa.gov/OP_Home/comp2/F094-437.html). The hundreds of American Indian/Alaska Native Tribes in the United States face a unique set of challenges. Disparities in health care and education services and outcomes, and exposure to risk factors, which have an impact on Tribes' future prosperity, are prominent in Tribal communities and are especially troubling for the very youngest and most vulnerable American Indian and Alaska Native children.

American Indians and Alaska Natives are the most at-risk minority group for health problems like substance abuse and diabetes, which they suffer from at a rate 2.2 times higher than the average for non-Hispanic whites[i]. Moreover, American Indians and Alaska Natives have the nation's highest death rates for tuberculosis (6 times the national average in 2004) and suicide (1.7 times the national average in 2004)[ii]. The infant mortality rate in 2006 among Native American babies was 8.3 deaths per 1,000 live births, compared to the national average of 6.7 deaths per 1,000 live births for the U.S. population as a whole[iii], and SIDS deaths among Indian babies occur at 2.1 times the rate of non-Hispanic white babies[iv]. Native Americans are also subject to unusually harsh conditions when it comes to women's health and well-being. While the maternal mortality rate for American Indians and Alaska Natives dropped 61 percent from 28.5 (rate per 100,000 live births) in 1972-1974 to 11.1 in 2002-2004, this rate is still 2.4 points higher than the rate for white women of 8.7 in 2003.

The American Indian and Alaska Native people have long experienced lower health status when compared with the general population. Lower life expectancy and the disproportionate disease burden are related to inadequate education and broad quality of life issues rooted in poor social conditions[v]. Educational outcomes for American Indians/Alaska Natives are also alarmingly poor; Native Americans suffer from some of the lowest high school[vi] and college[vii] graduation rates in the nation, and this low achievement has roots in early childhood. The Early Childhood Longitudinal Study - 2000 Kindergarten Cohort (ECLS-K) shows that American Indian/Alaska Native children's achievement lags behind their peers' significantly, and sometimes dramatically, across child development domains at kindergarten entry, and that these early achievement gaps continue throughout elementary school. Family environments were also found in the ECLS-K to be less supportive of children's learning and development, including literacy environments and family interactions[viii]. Further, Tribal communities are not always given opportunity or support to implement culturally appropriate education services for young children.

Research has shown that disproportionately large numbers of American Indian/Alaska Native children experience factors that increase risk for child abuse and neglect. About twice as many Native American women (40.7 percent) under the age of 20 have had their first child as compared to women of all races in the United States (20.6 percent). Thirty-four and one-half percent of American Indian/Alaska Native children under 5 lived below the poverty level in 2000, almost twice the national average (18.2 percent)[ix]. The 2000 U.S. Census reported that almost 26 percent of AIAN households were headed by a single parent. Further, there are higher rates of use of public assistance in Indian families than in white families[x]. The high incidence of risk factors among Tribal populations has indeed corresponded with high rates of abuse, neglect, and involvement with the child welfare system. In 2005, American Indian/Alaska Native children experienced a rate of child abuse and neglect of 16.5 per 1,000 American Indian/Alaska Native children, compared to 10.8 for white children[xi]. American Indian/Alaska Native children are overrepresented in the population of child maltreatment victims, at more than 1.6 times the national level, and are overrepresented in both foster care (1.6 times the average) and among the children in foster care who are awaiting adoption (2 to 4 times the average). These rates are even higher in States with high American Indian/Alaska Native populations[xii].

Though Tribal communities and populations face a variety of challenges, they also have many strengths and great capacity and resources to support the healthy development and well-being of young children and families. These include strong cultural identity and traditions, sense of community, and inter-generational ties.

Eligible families in at-risk AIAN communities include pregnant women, expectant fathers, parents, and primary caregivers of children aged birth through kindergarten entry, including grandparents or other relatives of the child, foster parents who are serving as the child's primary caregiver, and non-custodial parents who have an ongoing relationship with, and at times provide physical care for, the child.

Section 511(d)(4) of Title V, as added by the ACA, requires that grantees give priority to serving high-risk groups including: eligible families who reside in communities in need of such services, as identified in the needs assessment; low-income eligible families; eligible families who are pregnant women who have not attained age 21; eligible families that have a history of child abuse or neglect or have had interactions with child welfare services; eligible families that have a history of substance abuse or need substance abuse treatment; eligible families that have users of tobacco products in the home; eligible families that are or have children with low student achievement; eligible families with children with developmental delays or disabilities; and eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

Required Grant Activities

ACF will consider proposals from eligible applicants that are interested in conducting a coordinated needs assessment to identify

at-risk Tribal communities through a collaborative process that engages all stakeholders (e.g., maternal and child health; early education and child care; child maltreatment; mental health and substance abuse; domestic violence; American Indian/Alaska Native Head Start, Tribal child care, Tribal child welfare, the Indian Health Service, and health and human service agencies as well as partners from the business community); developing the infrastructure and capacity needed to implement and sustain evidence-based maternal, infant, and early childhood home visiting programs in those communities; providing high-quality, evidence-based home visiting services to eligible families; and participating in research and evaluation activities to build the knowledge base on home visiting among Tribal populations. Home visiting services provided under this program are meant to improve child and family outcomes including: improvements in maternal and prenatal health, infant health, and child health and development; reduced incidence of child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence.

Phase 1: Needs Assessment, Planning, and Capacity-Building (Year 1)

In Phase 1 of the cooperative agreement, grantees must (1) conduct a comprehensive community needs assessment and (2) develop a plan and begin to build capacity to respond to identified needs.

The needs assessment that grantees will conduct as part of Phase 1 must, to the greatest extent possible,

A. Identify at-risk community(ies) in the grantee's target area by collecting data on the health and well-being of individuals and families in these communities, including the rates of:

1. Premature births;
2. Low birth weight;
3. Infant mortality, including infant death due to abuse and neglect and Sudden Infant Death Syndrome;
4. Other risky prenatal, maternal, newborn, or child health and mental health conditions (such as maternal depression and suicide, child developmental delays, maternal and child overweight, diabetes, and child behavioral issues);
5. Child abuse and neglect;
6. Poverty and use of public assistance;
7. Unemployment and underemployment;
8. Crime, including juvenile delinquency and incarceration;
9. Domestic violence;
10. High school drop-out and graduation; and
11. Substance abuse.

B. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the target community(ies), including existing investments in home visiting services through various funding streams; the number and characteristics of individuals and families who are receiving services through home visiting programs or initiatives; the characteristics of models or programs that are being implemented; the extent to which such programs or models are evidence-based and high-quality and meet the needs of eligible families; and the factors that limit additional investment and capacity for providing home visiting services.

C. Assess the community(ies)'s capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services, including existing investments in providing substance abuse treatment and counseling services through various funding streams; the number and characteristics of individuals and families who are receiving substance abuse treatment and counseling services; the types of service delivery strategies that are being employed; the extent to which services are high-quality and meet the needs of individuals and families; and the factors that limit additional investment and capacity for providing needed services.

This needs assessment must be coordinated with and take into account, to the greatest extent possible and as appropriate for the community(ies), other needs assessments conducted by Federal, State, Tribal, local, and private entities within the community, such as those related to maternal and child health (such as the Title V Maternal and Child Health block grant needs assessment); public health; mental health and substance abuse; child abuse and neglect; domestic violence, crime, and poverty; and those conducted by Head Start/Early Head Start and other early education and care programs in the community. The assessment must also involve and engage community stakeholders and partners.

Through the needs assessment, grantees will set the stage for strengthened cooperation and coordination and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families in Tribal communities. The needs assessment will give grantees the opportunity to consider community conditions, assess the quality and capacity of existing services to meet the needs of young children and families in the community, and identify and develop linkages with a comprehensive array of services at the community level, particularly across federal funding streams such as AIAN Head Start,

Tribal child care, Indian child welfare, and the Indian Health Service. Coordination across programs would ensure that high-quality, evidence-based home visiting programs are part of a comprehensive, aligned strategy for improving child and family well-being in Tribal communities.

For the purposes of this program, in order to reflect the diverse circumstances of Tribal populations, ACF and HRSA take a broad and inclusive view of the definition of "at-risk community." Grantees may define an at-risk community in the following ways (and each of these possible definitions has implications for the type and quality of data that will be available for the purposes of the needs assessment):

- An entire Tribe within a discrete geographic region (i.e., on a reservation) could be considered an at-risk community;
- Subgroups of a Tribe within a discrete geographic region (i.e., on a reservation) could be considered at-risk communities; or
- Members of a Tribe(s) could live scattered throughout a larger, non-Tribal geographic area interspersed with non-Tribal members (i.e., Indians living in an urban environment) and be considered an at-risk community.

Prior to the end of the 3rd quarter after the Year 1 award date, ACF and HRSA will provide grantees with detailed guidance for submitting both the needs assessment and plan for responding to identified needs. OMB approval under the Paperwork Reduction Act for this information collection has been requested and approval is pending. Grantees will be expected to submit the needs assessment and plan within 10 months of the Year 1 award date. The guidance will require that grantees include a description in their plan of how the grantee will develop and implement an evidence-based home visiting program(s) that meets criteria for evidence of effectiveness among Tribal populations, to be issued by the Secretary. ACF and HRSA expect to issue proposed criteria for evidence of effectiveness for public comment early in FY 2011 so that grantees can consider these criteria in their planning and capacity-building activities during Phase 1.

Planning and capacity-building activities during Phase 1 could include:

- Identifying the populations to be served on the basis of the needs assessment;
- Beginning to build administrative and management capacity for the program (e.g., hiring key staff and locating space);
- Building relationships and developing formal agreements with potential partners and stakeholders;
- Selecting evidence-based home visiting models for implementation;
- Collaborating with the developers of selected evidence-based home visiting model(s) to adapt or modify model(s) if needed and establish formal agreements;
- Identifying and establishing benchmarks and indicators that could demonstrate whether families served by the program show improvements in key child and family outcome areas;
- Beginning to develop a database and mechanism to track progress and report on benchmarks in key child and family outcome areas; and
- Beginning to locate and secure partners (such as local evaluators) to plan for and participate in ongoing research and program evaluation activities.

Grantees may engage in needs assessment, planning, and capacity-building activities during Phase 1, but will not fully implement their plan and/or begin serving children and families through high-quality, evidence-based home visiting programs. Pending successful Phase 1 activities and submission (within 10 months of Year 1 award date) of a non-competing continuation application that includes a needs assessment and approvable plan for responding to identified needs, funds will be provided for Phase 2 (Implementation Phase Years 2-5). It is possible that those grantees who do not submit an approvable plan and application within 10 months will be required to submit a revised plan that incorporates the recommendations of ACF and HRSA in order to receive funding for Phase 2.

Phase 2: Implementation Phase (Years 2-5)

In Phase 2, grantees will implement the various components of their approved plan to respond to identified needs (submitted at the end of Phase 1) and work closely with ACF and HRSA to ensure high-quality, evidence-based home visiting programs in their community. Phase 2 activities include:

- Building infrastructure to implement evidence-based home visiting programs in the community;
- Providing high-quality, evidence-based home visiting services to children and families in the community;
- Measuring and reporting on progress in meeting benchmarks; and
- Participating in ongoing research and program evaluation activities that will result in building the knowledge base around evidence-based home visiting services to Tribal populations.

If a grantee completes its needs assessment, submits a plan for responding to identified needs, and receives approval from ACF and HRSA to implement this plan prior to the end of Year 1, it may use the remainder of Year 1 funding to conduct Phase 2 activities, potentially including providing high-quality, evidence-based home visiting services to families. Implementation activities will

continue in Years 2-5, assuming the grantee has received continuation funding.

Travel for Conferences and Presentations

Within three months of the Year 1 grant award for conducting Phase 1 activities, the grantee's project director and/or one other key staff member must attend a 2-3 day kickoff meeting in Washington, DC. Also attending will be the other grantees awarded funds under this funding opportunity announcement, the Federal Project Officer(s), and other staff and contractors of ACF, HRSA, and other Federal agencies, as appropriate, for the purpose of discussing details of the project work plan and cooperative agreement.

The budget for Year 1 should include costs for travel to the kickoff meeting, as well as funding for two key staff persons to attend an annual grantees' meeting in Washington, DC. In each of the following grant years, the grantee must send the project director and one other key staff member to the annual grantee meeting. Grant funds should be budgeted for these travel expenses.

Post-Award Requirements for Grantees

The acceptance of Federal funds under this funding opportunity announcement will signify agreement by the grantee that it will comply with the following requirements:

1. Have the Year 1 project fully functioning within 90 days following the Notice of Award for the cooperative agreement;
2. Participate in research or evaluation activities or a technical assistance contract that relates to this funding opportunity announcement;
3. Submit in a timely manner to the Federal Project Officer and Grants Management Specialist (as requested) all performance indicator data, and program and financial reports, in recommended format (to be provided). ACF prefers and will accept the final report on disk or electronically using a standard word-processing program;
4. Submit an original and two copies of the final report and any program products to ACF within 90 days of the project period end date;
5. Allocate sufficient funds in the budget to:
 - a. Provide for the project director and other key partners to attend a 2-3 day kickoff meeting for grantees funded under this program opportunity announcement to be held within the first 90 days of the grant (Year 1 only) in Washington, DC;
 - b. Provide for the project director and one other key staff member (which may include a evaluator) to attend an annual three-day grantees' meeting in Washington, DC (Years 2-5); and
 - c. Due to the nature of the activities conducted under this program, grantees are strongly encouraged to commit a reasonable and adequate amount of Federal funds to comply with the requirement for research and evaluation. In Year 1, this could entail planning and building capacity to (1) conduct research and evaluation and (2) collect and report data around benchmarks. In Years 2-5, this could include engaging in research and evaluation activities.

[i] <http://www.cdc.gov/diabetes/pubs/estimates.htm>, 2002 statistics

[ii] <http://info.ihs.gov/Disparities.asp>

[iii] National Vital Statistics Report, Volume 58, Number 17. 32 pp. (PHS) 2010-1120, 2006

[iv] National Vital Statistics Report, Volume 58, Number 17. 32 pp. (PHS) 2010-1120, 2006

[v] <http://info.ihs.gov/Files/DisparitiesFacts-Jan2006.pdf>

[vi] <http://nces.ed.gov/pubs2010/2010313.pdf>

[vii] Indian Health Service. (2003). *Trends in Indian Health*.

[viii] <http://nces.ed.gov/pubs2001/2001023.pdf>

[ix] Indian Health Service. (2003). *Trends in Indian Health*.

[x] Earle, K. A. & Cross, A. (2001). Child abuse and neglect among American Indian/Alaska Native children: An analysis of existing data. Seattle, WA: Casey Family Programs.

[xi] US Department of Health and Human Services, National Child Abuse and Neglect Data System, 2007

[xii] Maple, C. & Hay, T., (2004). Analysis of the data from the First Round of Child and Family Services Reviews Regarding American Indian and Alaska Native Children in State Care (unpublished).

II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	\$3,000,000
Expected Number of Awards:	15
Award Ceiling:	\$500,000 Per Budget Period
Award Floor:	\$100,000 Per Budget Period
Average Projected Award Amount:	\$200,000 Per Budget Period

Length of Project Periods:

60-month project with five 12-month budget periods

Additional Information on Awards:

Awards made under this announcement are subject to the availability of Federal funds.

Applicants should provide a budget and budget justification only for the first 12-month budget period. Funds for Years 2-5 will be awarded on the basis of submission and approval of non-competing continuation applications. Given that Phase 2 activities could be more costly to conduct than Phase 1 activities, ACF anticipates that the amount of financial assistance in Years 2-5 could exceed the amount awarded in Year 1.

Description of ACF's Anticipated Substantial Involvement Under the Cooperative Agreement

A cooperative agreement is a specific method of awarding Federal assistance in which substantial Federal involvement is anticipated. Cooperative agreements defining the respective responsibilities of ACF, in consultation with HRSA, and grantees will be negotiated. ACF anticipates that agency involvement will produce programmatic benefits to the recipient otherwise unavailable to them for carrying out the project. The involvement and collaboration includes:

- ACF review and approval of the needs assessment and Phase 2 implementation plan before Phase 2 activities may begin;
- ACF involvement in the establishment of policies and procedures that maximize open competition; and rigorous and impartial development, review, and funding of grantee or sub-grantee activities, if applicable;
- ACF and grantee joint collaboration in the performance of key programmatic activities (e.g., strategic planning; implementation; information technology enhancements; training and technical assistance; publications or products; and evaluation);
- Close monitoring by ACF of the requirements stated in this funding opportunity announcement that limit the grantee's discretion with respect to scope of services offered, organizational structure, and management processes; and
- Close ACF monitoring during performance, which may, in order to ensure compliance with the intent of this funding opportunity announcement, exceed those Federal stewardship responsibilities customary for discretionary grant activities.

As part of the cooperative agreement, in accordance with the statutory requirements in Section 511 of Title V, as added by the ACA, ACF (in consultation with HRSA) anticipates providing training and technical assistance to grantees throughout the 5-year project period. The overall goals of the technical assistance are to build the capacity of grantees to complete needs assessments, planning, capacity building, implementation, and research activities and ensure that programs are implemented effectively and with fidelity to evidence-based models where appropriate. While ACF recognizes that many home visiting program models that grantees are likely to implement provide model-specific technical assistance, ACF anticipates providing technical assistance in several areas, including: identifying and accessing data sources for needs assessments; strategic planning; collaboration and partnerships; communication and marketing; fiscal leveraging; implementing and supporting home visiting programs that meet requirements for evidence of effectiveness; selecting home visiting model(s) to meet the target populations' needs; data and information systems; quality assurance; workforce issues; strategies for coordinating and providing technical assistance to programs within the community; training; outreach; sustainability; and evaluation. The above list of topics is not meant to be exhaustive and ACF intends to tailor technical assistance to meet needs identified by the grantees.

Please see *Section IV.5 Funding Restrictions* for any restrictions on the use of grant funds awarded under this announcement.

III. Eligibility Information

III.1. Eligible Applicants

Eligible applicants are Federally recognized Indian Tribes (or consortium of Tribes), Tribal Organizations, and Urban Indian Organizations. As defined by Section 4 of the Indian Health Care Improvement Act, Pub.L. 94-437 at http://www.ssa.gov/OP_Home/comp2/F094-437.html:

"*Indian tribe*" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

"*Tribal organization*" means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities; and

"*Urban Indian Organization*" means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

Applicants serving an emerging, unserved, or underserved population or remote geographic area are encouraged to apply for funding under this funding opportunity announcement. Collaborative efforts and interdisciplinary approaches are encouraged. Applications from collaborative groups (consortia) must identify a primary applicant responsible for administering the grant (cooperative agreement). Possible partners include but are not limited to American Indian/Alaska Native Head Start, Tribal child care, Tribal child welfare, and the Indian Health Service, and other health, education, or human service agencies as well as the business community. Applicants must include a fully-executed Tribal Resolution(s) (including number, voting information, and authorized signatures) from the governing body of each Tribe agreeing to participate in the project and receive services.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards made under this announcement.

Faith-based and community organizations that meet eligibility requirements are eligible to receive awards under this funding opportunity announcement.

III.2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

III.3. Other

Disqualification Factors

Applications with requests that exceed the ceiling on the amount of individual awards as stated in *Section II. Award Information*, will be deemed non-responsive and will not be considered for funding under this announcement.

Applications that fail to satisfy the due date and time deadline requirements stated in *Section IV.3. Submission Dates and Times*, will be deemed non-responsive and will not be considered for funding under this announcement.

See *Section IV.3. Submission Dates and Times* for disqualification information specific to electronically-submitted applications:

- Electronically-submitted applications that do not receive a date/time-stamp email indicating application submission on or before 4:30 p.m., eastern time, on the due date, will be disqualified and will not be considered for competition.
- Electronically-submitted applications that fail the checks and validations at www.Grants.gov because the Authorized Organization Representative (AOR) does not have a current registration at the Central Contractor Registry (CCR) at the time of application submission will be disqualified and will not be considered for competition.

Section IV. Application and Submission Information

IV.1. Address to Request Application Package

Standard Forms, assurances, and certifications are available at the ACF Forms webpage at

http://www.acf.hhs.gov/grants/grants_resources.html

Standard Forms are also available at the Grants.gov Forms Repository website at

<http://apply07.grants.gov/apply/FormLinks?family=15>.

Carol Gage

Administration for Children and Families

ANA Help Desk

ACA Tribal Home Visiting HHS-2010-ACF-OFA-TH-0134

Aerospace Building

370 L'Enfant Promenade SW

Washington, DC 20447

Phone: (877) 922-9262

Fax: (202) 690-5600

Email: tribal.homevisiting@hhs.gov

Federal Relay Service:

Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or ASCII - American Standard Code For Information Interchange).

Section IV.2. Content and Form of Application Submission

This section provides information on the required format, Standard Forms (SFs) and other forms, certifications, assurances, D-U-N-S requirement, project description, budget and budget justification, and methods of application submission. A checklist of required application elements is available for applicants' use in *Section VIII* of this announcement.

Applicants are required to submit one original and two copies of all application materials if applying in hard-copy. Applicants submitting applications electronically via www.grants.gov need not provide additional copies of their application materials. The original signature of the Authorized Organization Representative (AOR) is required only on the original copy. The AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to the grant application or awards. A point of contact on matters involving the application must also be identified on the SF-424 at 8f. This point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR.

Content and Form of Application Submission

A. Content of Application. A complete application consists of the following items:

Application for Federal Assistance (SF-424). Follow the instructions on the back of the form; the Catalog of Federal Domestic Assistance program title and number is Affordable Care Act Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program, 93.508. The SF-424 must be signed by an individual authorized to act for the applicant agency and has the authority and responsibility for the obligations imposed by the terms and conditions of the grant award.

Budget Information Non-Construction Programs (SF-424A). Follow the instructions on the back of the form.

Table of Contents. List the contents of the application including appropriate page numbers. **The Table of Contents is Page 1 of the application.**

Project Summary/Abstract. The Project Summary/Abstract **must** be double-spaced; in 12-point font; with one-inch top, bottom, and side margins; **not** exceed 250 words; and one page in length. The 250-word limit is due to character limits in certain electronic systems that are used. The Project Summary/Abstract must accurately and concisely reflect the proposed project.

Project Narrative. The applicant is strongly encouraged to use the evaluation criteria to organize its response. Specific information should be provided that addresses all components of each criterion. It is in the applicant's best interest to ensure that the project description is easy to read; logically developed in accordance with the evaluation criteria; adheres to recommended page limitations; and includes page numbers. In addition, the applicant should be mindful of the importance of using language; terms; concepts; and descriptions that are current and generally known and used in the field of child care as defined under this funding opportunity announcement.

To assist reviewers to readily locate information in the application, applicants are encouraged to organize the project description using the headings below and in the following sequence:

1. Objectives and Need for Assistance;
2. Approach;
3. Evaluation;
4. Organizational Profiles; and
5. Budget and Budget Justification.

Budget Documents. The applicant is required to provide a separate budget break-out and budget justification/narrative in accordance with the object class categories in Section B of the SF-424A. The budget and budget justification/narrative **must** reflect budget Year 1 only. The applicant is instructed **not** to include budget documents for Years 2-5. Use the guidelines in *Section V.1* for preparing the budget and budget justification.

Appendices (if applicable). These documents may include but are not limited to: composition of board of directors; required proof of non-profit status; resumes and job descriptions for key staff; letters of support; third-party agreements such as letters of commitment; audit information; and/or statistical information.

B. Form of Application. Applicants **must** limit their applications to no more than **100 pages** on white 8 ½ x 11 inch paper only; **must** be double-spaced (except for graphs/tables/charts) and in 12 point Times New Roman font; margins **must be** at least one inch on both sides, top, and bottom. All pages **must** be printed single-sided only.

Any pages with printing on both sides will have only the front page duplicated and included in the application provided to the panelists for review.

The 100-page limit applies to both narrative text and supporting materials (e.g., Appendices, attachments). Applicants **must** number the pages of their application beginning with the *Table of Contents* as Page 1. ACF will apply a conversion calculation to any application that is single-spaced to take into account non-conformance with the required double-spaced, 100-page limit. Pages in excess of 100 pages **will be** removed, **not** duplicated, and **not** provided to the panelists for review.

Each application will be duplicated, therefore, applicants **must not** use or include any of the following in their application: colored paper; colored ink; separate covers; three-ring binders; paper or binder clips; tabs; post-it notes; plastic inserts; over-sized paper; videotapes; CD/DVD's; folded brochures; or any other items that can not be easily duplicated on a photocopy machine with an automatic feed. Any of the above included in the application following the *Table of Contents*, including extraneous section dividers, title pages, and blank page inserts **will be counted** as part of the 100-page limit.

The following **will be excluded** from the 100-page limit: SF-424 Application for Federal Assistance; SF-424A Budget Information - Non-Construction Programs; Certification Regarding Lobbying; SF-LLL - Disclosure of Lobbying Activities; Survey on Ensuring Equal Opportunity for Applicants; The Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule); Proof of Non-Profit Status; and Tribal Resolution(s).

Do **not** bind, clip, staple, or fasten in any way the various sections of the application, including any supporting documentation. Applicants are advised that a copy (not the original) of the application as submitted will be reproduced by the Federal government for review by the panel of evaluators. Therefore, applicants are responsible for ensuring that the copies of their application are the same as the "original" they submit.

Forms, Assurances, and Certifications

Applicants seeking financial assistance under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications. All required Standard Forms, assurances, and certifications are available at [ACF Funding Opportunities Forms](#) or at the [Grants.gov Forms Repository](#) unless specified otherwise.

Forms / Assurances / Certifications	Submission Requirement	Notes / Description
-------------------------------------	------------------------	---------------------

SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Submission required for all applicants by the application due date.	Required for all applications.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Submission required for all applicants applying for a non-construction project by the application due date.	Required for all applications.
Certification Regarding Lobbying	Submission required of all applicants prior to award.	Required for all applications.
SF-LLL - Disclosure of Lobbying Activities, if applicable	If applicable, submission is required prior to award.	If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award.
The Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)	Submission required prior to award.	
Maintenance of Effort (MOE) Certification	Submission required of all applicants.	Required for all applications.

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting the application, applicants are making the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination.

Additional information on certifications and assurances may be found in the HHS Grants Policy Statement at: http://www.acf.hhs.gov/grants/grants_related.html.

Non-Federal Reviewers

Since ACF will be using non-Federal reviewers in the review process, applicants have the option of omitting from the application copies (not the original) specific salary rates or amounts for individuals specified in the application budget as well as Social Security Numbers, if otherwise required for individuals. The copies may include summary salary information. If applicants are submitting their application electronically, ACF will omit the same specific salary rate information from copies made for use during the review and selection process.

D-U-N-S Requirement

All applicants must have a D&B Data Universal Numbering System (D-U-N-S) number. A D-U-N-S number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, Grants.gov. A D-U-N-S number is required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs. A D-U-N-S number may be acquired at no cost online at <http://www.dnb.com>. To acquire a D-U-N-S number by phone, contact the D&B Government Customer Response Center:

U.S. and U.S Virgin Islands: 1-866-705-5711

Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)

Monday - Friday 7 AM to 8 PM C.S.T.

The process to request a D-U-N-S® Number by telephone takes between 5 and 10 minutes.

You will need to provide the following information:

- Legal Name
- Tradestyle, Doing Business As (DBA), or other name by which your organization is commonly recognized
- Physical Address, City, State and Zip Code
- Mailing Address (if separate)
- Telephone Number
- Contact Name
- SIC Code (Line of Business)
- Number of Employees at your location
- Headquarters name and address (if there is a reporting relationship to a parent corporate entity)
- Is this a home-based business?

The Project Description

Part I: The Project Description Overview

The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should address the activity for which Federal funds are being requested. Supporting documents should be included where they can present information clearly and succinctly. In preparing the project description, information that is responsive to each of the requested evaluation criteria must be provided. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application in a manner that is clear and complete.

General Expectations and Instructions

ACF is particularly interested in specific project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.

Part II: General Instructions for Preparing a Full Project Description

Introduction

Applicants that are required to submit a full project description shall prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria. The topics listed in this section provide a broad overview of what the project description should include while the Criteria in *Section V.I* identify the measures that will be used to evaluate applications.

Letter of Intent

Applicants are strongly encouraged to notify ACF of their intention to submit an application under this announcement. Please submit the letter of intent by the deadline date listed in Section IV.3 Submission Dates and Times. The letter of intent should include the following information: number and title of this announcement; the name and address of the applicant organization; and/or Fiscal Agent (if known); and the name, phone number, fax number and email address of a contact person. Letter of intent information will be used to determine the number of expert reviewers needed to evaluate applications. The letter of intent is **optional**. Failure to submit a letter of intent will not impact eligibility to submit an application and will not disqualify an application from competitive review.

Letters of intent may be submitted either by fax to 202-690-5600, Attn: ACA Tribal Home Visiting, or by email to tribal.homevisiting@hhs.gov.

Table of Contents

List the contents of the application including corresponding page numbers.

Project Summary/Abstract

Provide a summary of the application's project description. The summary must be clear, accurate, concise, and without reference to other parts of the application. The abstract must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

Objectives And Need For Assistance

Clearly identify the physical, economic, social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance including the nature and scope of the problem must be demonstrated, and the principal and subordinate objectives of the project must be clearly and concisely stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies or needs assessments should be included or referred to in the endnotes/footnotes. Incorporate demographic data and participant/beneficiary information, as needed. In developing the project description, the applicant may volunteer or be requested to provide information on the total range of projects currently being conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

Outcomes Expected

Identify the outcomes to be derived from the project.

Expected outcomes for the project are described in *Section 1. Funding Opportunity Description*.

Approach

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors that might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of activities accomplished. Data may be organized and presented as project tasks and subtasks with their corresponding timelines during the project period. For example, each project task could be assigned to a row in the first column of a grid. Then, a unit of time could be assigned to each subsequent column, beginning with the first unit (i.e., week, month, quarter) of the project and ending with the last. Shading, arrows, or other markings could be used across the applicable grid boxes or cells, representing units of time, to indicate the approximate duration and/or frequency of each task and its start and end dates within the project period.

When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

Provide a list of organizations, cooperating entities, consultants, or other key individuals who will work on the project, along with a short description of the nature of their effort or contribution.

The application for funding under this funding opportunity announcement should describe the approach the applicant proposes to take in Phase 1 to conduct a comprehensive community needs assessment and develop a plan and build capacity to respond to identified needs. The description of the Phase 1 approach should include, at a minimum, but is not limited to, the following elements:

1. Identification of the lead entity that will be responsible for conducting Phase 1 activities, including collecting data and coordinating with other partner entities, and its organizational capacity to conduct the activities involved in developing and carrying out an evidence-based home visiting program;
2. A plan for identifying and developing formal agreements with potential partner agencies and stakeholders, including a preliminary list and description of agencies and stakeholders that will be involved during Phase 1. Possible programs and partners with which to coordinate and collaborate could include, but are not limited to, AIAN Head Start, Tribal child care, Tribal child welfare, and the Indian Health Service;
3. A plan for providing management and oversight for this project, including methodology for ensuring that key staff possess the necessary education, experience, and/or resources to successfully complete Phase 1 activities (e.g., collecting and organizing needs assessment data, selecting evidence-based home visiting models, and beginning to develop benchmark data systems);
4. A plan and detailed timeline for conducting a comprehensive needs assessment that meets the requirements described in *Section 1. Funding Opportunity Description, Grant Program Requirements*: Phase 1, including:
 - a. A preliminary description or definition of the "at-risk community(ies)" to be assessed;
 - b. A preliminary list and basic description of the information or data sources currently readily available to the applicant for the purposes of conducting the needs assessment. This list should not include actual data about at-risk communities, but instead must name and describe the existing data sources available including: recency or timeliness of the data; geographic boundaries of the data; and stability or reliability of the data at the community level^[xiii];
 - c. A discussion of the gaps in the currently available information (i.e., which required data are not readily available to the applicant). ACF and HRSA recognize that, while some data elements will be readily available at the community level, others will be more challenging to collect at a geographic level that will be useful in assessing community needs;
 - d. A discussion of the applicant's capacity to locate, gather, and assemble the information or data required for the needs assessment, including any expected obstacles to and opportunities for comprehensive, timely, quality data collection;
 - e. A preliminary list of other needs assessments the applicant anticipates that this assessment may be coordinated with and

considered. These assessments could be conducted by Federal, State, Tribal, local, and private entities within the community, including those related to maternal and child health (such as the Title V maternal and child health needs assessment); public health; mental health and substance abuse; child maltreatment; domestic violence; crime; and poverty; and those conducted by Head Start/Early Head Start and other early education and care programs in the community;

f. A discussion of the barriers to and opportunities for ensuring that the needs assessment is coordinated and considered with these other assessments; and

g. Based on currently available information, a general description of the applicant's anticipated approach to conducting the assessment of needs and available resources during Phase 1. It is expected that grantees will use partnerships, collaborations, and culturally relevant strategies to seek out and gather relevant data as they conduct their assessments. Items for consideration include:

- How will the applicant collect data and information to measure each of the needs assessment data elements, and what strategies might the applicant use to gather hard-to-find data?
- Which stakeholders and partners does the applicant expect to collaborate with to gather and assemble information? How will the applicant ensure effective and efficient collaboration among these potential partners?
- What process will be used to ensure coordination with other needs assessments conducted within the area or community?

5. An anticipated process and timeline for developing a plan and building capacity during Phase 1 to respond to identified needs, including:

a. A description of the applicant's anticipated approach to identifying the populations to be served on the basis of the needs assessment, with a statement that priority will be given to serving high-risk groups as defined in section 511(d)(4) of Title V and the entity will establish procedures to ensure that the participation of each family in any home visiting services provided will be voluntary and based on the individual needs of that family;

b. A description of the applicant's anticipated approach to building relationships and developing formal agreements with partners and stakeholders in order to build capacity to facilitate successful planning for the adoption, implementation, and sustainability of evidence-based programs;

c. A description of the applicant's anticipated approach to selecting the most effective model(s) to be implemented, enhanced, or expanded, including a statement that the service delivery model(s) will be selected in response to identified needs, will be consistent with the evidence-based criteria to be established by HHS, and will be implemented with fidelity to the model.

- Where appropriate, the planning and capacity building process may include collaborating with the developers of evidence-based home visiting model(s) and establishing formal agreements to ensure that the original model developers support the plan;

6. A description of the applicant's anticipated approach to identifying, establishing, and building capacity to collect data and track progress on quantifiable, measurable benchmarks to demonstrate that the program contributes to improving the outcomes of participating families in EACH of the outcome areas below, including a statement that the applicant agrees to report on progress toward meeting benchmarks in the 3rd and 5th years of the program. Applicants should describe how they plan to ensure that they select benchmark measures that are able to measure child and family outcomes with reliability and validity; how they intend to begin to build a data system and mechanism to track progress; and report on these benchmarks:

a. Improved maternal and newborn health;

b. Prevention of child injuries, child abuse, neglect or maltreatment, and reduction of emergency room visits;

c. Improvements in school readiness and child academic achievement;

d. Reductions in crime or domestic violence;

e. Improvements in family economic self-sufficiency; and

f. Improvements in the coordination and referrals for other community resources and supports;

7. Anticipated technical assistance needs related to conducting the needs assessment; developing the plan for responding to needs; and building capacity to implement this plan, including locating data sources, determining data quality, identifying and involving stakeholders, collaborating to reach consensus, identifying and selecting models for implementation, and strengthening capability to effectively implement and evaluate the chosen program;

8. A plan for beginning to locate and secure partners (such as evaluators) to plan for and participate in ongoing research and program evaluation activities that will result in building the knowledge base around successful strategies for implementing, adopting, providing, and sustaining high-quality, evidence-based home visiting services to Tribal populations. Research and evaluation activities could include examining effectiveness of home visiting models in serving Tribal populations; adaptations of home visiting models for Tribal communities; or questions regarding implementation or infrastructure necessary to support evidence-based home visitation models for Tribal populations; and

9. A statement that the applicant agrees to submit the needs assessment and a plan at the end of Phase 1 to ACF for approval, as a condition of funding for Phase 2 activities to be conducted during Years 2-5 of the grant.

[xiii] Possible data source characteristics:

Recency or timeliness of data: Data sources are updated on different schedules, some annually and others much less frequently. The most recently updated data sources may be preferred to more outdated sources, even if the estimates may be less precise.

Geographic boundaries of data: Grantees have discretion in how they geographically define "community(ies)." However, whenever possible, needs assessment data should be aggregated at the same or similar geographic level (e.g., Tribal reservations, counties, cities, neighborhoods, zip codes, census tracts, etc.) as the communities being described. Thus, when choosing between data sources, grantees should make careful note of the geographic units for which the data are available.

Stability of data: While it may be possible to disaggregate some national, Tribal, and State data into community level data, this does not mean that the data indicators will be stable or reliable at that level. For many assessments, the sub-sample of residents from a specific community will be too small to be a trustworthy representation of the characteristic of that community and its residents.

Evaluation

Provide a narrative addressing how the conduct of the project and its results will be evaluated. In addressing the evaluation of results, state what measures will be used to determine the extent to which the project has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the project. Discuss the criteria to be used to evaluate results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the project results and benefits are being achieved. With respect to the conduct of the project, define the procedures to be employed to determine whether the project is being conducted in a manner consistent with the work plan presented and discuss the impact of the project's various activities that address the project's effectiveness.

Geographic Location

Describe the precise location of the project and boundaries of the area to be served by the proposed project. Maps or other graphic aids may be attached.

Project Sustainability Plan

Provide a plan for sustainability that details how the proposed project approach will create project self-sufficiency and help to ensure that the impact of the project will continue after Federal assistance has ended. The applicant may include information on plans to secure additional financial resources.

Organizational Capacity

- Organizational charts
- Board of Directors
- Contact persons and telephone numbers
- Documentation of experience in the program area

Provide a biographical sketch or resume for each key person appointed. Resumes should be no more than two pages in length. Job descriptions for each vacant key position should be included as well. As new key staff are appointed, biographical sketches or resumes will also be required.

Protection of Sensitive and/or Confidential Information

If any confidential or sensitive information will be collected during the course of the project, whether from staff (e.g., background investigations) or project participants and/or project beneficiaries, provide a description of the methods that will be used to ensure that confidential and/or sensitive information is properly handled and safeguarded. Also provide a plan for the disposition of such information at the end of the project period.

Third-Party Agreements

Provide written and signed agreements between grantees and subgrantees, or subcontractors, or other cooperating entities. These agreements must detail the scope of work to be performed, work schedules, remuneration, and other terms and conditions that structure or define the relationship.

Letters Of Support

Provide statements from community, public, and commercial leaders that support the project proposed for funding. All submissions should be included in the application package or by the application deadline.

Budget and Budget Justification

Provide a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information Form (SF-424A or SF-424C). Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching is a requirement, include a breakout by the funding sources identified in Block 18 of the SF-424.

Provide a narrative budget justification for the first year of the proposed project. The narrative budget justification should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

General

Use the following guidelines for preparing the budget and budget justification. Both Federal and non-Federal resources (when required) shall be detailed and justified in the budget and budget narrative justification. "Federal resources" refers only to the ACF grant funds for which you are applying. "Non-Federal resources" are all other non-ACF Federal and non-Federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, Federal budget; next column(s), non-Federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

Personnel

Description: Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known at the time of application. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent; annual salary; grant salary; wage rates; etc. Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant.

Fringe Benefits

Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, taxes, etc.

Travel

Description: Costs of project-related travel by employees of the applicant organization. (This item does not include costs of consultant travel).

Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used to travel out of town; and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key staff to attend ACF-sponsored workshops should be detailed in the budget.

Equipment

Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the organization's regular written accounting practices.)

Justification: For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

Supplies

Description: Costs of all tangible personal property other than that included under the Equipment category.

Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description: Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include thirdparty evaluation contracts, if applicable, and contracts with secondary recipient organizations, including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open and free competition. Recipients and subrecipients, other than States that are required to use 45 CFR Part 92 procedures, must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed at 41 U.S.C. 403(11), currently set at \$100,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc. available to ACF.

Note: Whenever the applicant intends to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each delegate agency, by agency title, along with the same supporting information referred to in these instructions.

Other

Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: local travel; insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.

Justification: Provide computations, a narrative description and a justification for each cost under this category.

Indirect Charges

Description: Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant Federal agency.

Justification: An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year, in accordance with the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Paperwork Reduction Disclaimer

As required by the Paperwork Reduction Act of 1995, Pub.L. 104-13, the public reporting burden for the Project Description is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection information. The Project Description information collection is approved under OMB control number 0970-0139, which expires 11/30/2012. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Application Submission Options

Electronic Submission via www.Grants.gov

- ACF will not accept applications via facsimile or email.
- The Funding Opportunity Announcement is found on the Grants.gov website at <http://www.grants.gov> where the electronic application can be downloaded for completion.
- To apply electronically, applicants must be registered with Grants.gov, Dun and Bradstreet, and the Central Contractor Registry (CCR).
- Electronically submitted applications must be submitted and time/date stamped by the due date and receipt time described in *Section IV.3. Submission Dates and Times*, of this announcement.
- To submit an application through Grants.gov, the applicant must be an Authorized Organization Representative (AOR) for their organization and must have a current registration with the Central Contractor Registry (CCR).
- **Central Contractor Registry (CCR) registration must be updated annually.** Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.
- Applications rejected by Grants.gov for an unregistered AOR will be disqualified and will not be considered for competition.

- Additional guidance on the submission of electronic applications can be found at http://www.acf.hhs.gov/grants/registration_checklist.html
- If difficulties are encountered in using Grants.gov, applicants must contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance.
- Applicants are advised to retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.
- Applicants that submit their applications electronically are encouraged to retain a hard copy of their application.
- It is to an applicant's advantage to submit their applications 24 hours in advance of the closing date and time.

Contact with the Grants.gov Contact Center prior to the listed due date and time does not ensure acceptance of your application. If difficulties are encountered, the Grants Management Officer (GMO) will make a determination whether the issues are due to system errors or user error.

Hard Copy Submission

Applicants that are submitting their application in paper format should submit one original and two copies of the complete application with all attachments. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by the Authorized Organization Representative (AOR), and be unbound. The original copy of the application must have original signature(s). See *Section IV.6* of this announcement for address information for hard copy application submissions.

Applicants may refer to *Section VIII. Other Information* for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

IV.3. Submission Dates and Times

Due Date for Letter of Intent: **07/09/2010**

Due Date for Applications: **07/28/2010**

Explanation of Due Dates

The due date for receipt of applications is listed in this section. Applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will not be considered in the current competition.

Applicants are responsible for ensuring that applications are received by mail, hand-delivery, or submitted electronically well in advance of the application due date and time.

Mailed Applications

Mailed applications must be **received** no later than 4:30 p.m., eastern time, at the address provided in *Section IV.6* of this announcement on the due date listed in this section.

Hand-Delivered Applications

Applications hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on, or before, the due date listed in this section, between the hours of 8:00 a.m. and 4:30 p.m., eastern time, Monday through Friday (excluding Federal holidays). Applications should be delivered to the address provided in *Section IV.6* of this announcement.

Electronically-Submitted Applications

ACF cannot accommodate transmission of applications by facsimile or email. Instructions for electronic submission through www.Grants.gov may be found at http://www.acf.hhs.gov/grants/registration_checklist.html.

After the application is submitted electronically via Grants.gov, the applicant will receive three emails. The following emails will be sent to the applicant from Grants.gov:

1. An automatic acknowledgement from Grants.gov of the application's submission that provides a Grants.gov tracking number.
The date/time-stamp in this email serves as the official record of your application submission. The date/time-stamp must reflect a submission time on or before 4:30 p.m., eastern time, on the application due date for the application to be considered as meeting the due date and to be considered for competition.
2. An acknowledgement from Grants.gov that the submitted application package has passed or failed a series of checks and validations.
Applications that fail the validation check at Grants.gov because the Authorized Organization Representative (AOR) is not currently registered with the Central Contractor Registry (CCR) will be disqualified and will not be considered for competition.
3. An additional email from the Administration for Children and Families (ACF) will be sent to the applicant indicating that the application has been retrieved from Grants.gov and received by ACF.

Late Applications

No appeals will be considered for applications classified as late under the three cited circumstances:

- **Hard-copy applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will be disqualified.**
- **Electronically-submitted applications are considered late and are disqualified when the date/time-stamp received by email from www.Grants.gov is after 4:30 p.m., eastern time, on the due date.**
- **Electronically-submitted applications submitted by an AOR that does not have a current registration with the Central Contractor Registry (CCR) will be rejected by Grants.gov. Although the applicant may have an acceptable dated and time-stamped email from Grants.gov, these applications are considered late and are disqualified and will not be considered for competition.**

Extension/Waiver of Due Date and Receipt Time

ACF may extend an application due date and receipt time when circumstances such as natural disasters occur (floods, hurricanes, etc.); when there are widespread disruptions of mail service; or in other rare cases. The determination to extend or waive due date and receipt time requirements rests with ACF's Chief Grants Management Officer.

Acknowledgement of Received Application

ACF will not provide acknowledgement of receipt of hard copy application packages submitted via mail or courier services.

Applicants who submit their application packages electronically via <http://www.Grants.gov> will receive two email acknowledgements from that website:

1. Your application has been submitted and provides a Time/Date Stamp. **This is considered the official submission time.**
2. Your application has been validated and provides a Time/Date Stamp. See the previous section on **disqualification for failing validation check because of an unregistered Authorized Organization Representative.**

An acknowledgement email from the Administration on Children and Families (ACF) indicating that the application has been retrieved and received by ACF will be sent to applicants that apply via <http://www.Grants.gov>

IV.4. Intergovernmental Review of Federal Programs

This program is not subject to Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," or 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." No action is required of applicants under this announcement with regard to E.O. 12372.

IV.5. Funding Restrictions

Costs of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions, are considered unallowable costs under grants awarded under this announcement.

Grant awards will not allow reimbursement of pre-award costs.

Construction is not an allowable activity or expenditure under this grant award.

Purchase of real property is not an allowable activity or expenditure under this grant award.

IV.6. Other Submission Requirements

Submit applications to one of the following addresses:

Submission By Mail

Administration for Children and Families Office of Family Assistance, Child Care Bureau
ANA Help Desk
ACA Tribal Home Visiting HHS-2010-ACF-OFA-TH-0134
Aerospace Building - 2nd floor West
901 D Street SW
Washington, DC 20447

Hand Delivery

Administration for Children and Families Office of Family Assistance, Child Care Bureau
ANA Help Desk
ACA Tribal Home Visiting HHS-2010-ACF-OFA-TH-0134
Aerospace Building - 2nd floor West
901 D Street SW
Washington, DC 20447

Electronic Submission

See *Section IV.2* for application requirements and for guidance when submitting applications electronically via <http://www.Grants.gov>.

For all submissions, see *Section IV.3* for information on due dates and times.

V. Application Review Information

V.1. Criteria

Applications competing for financial assistance will be reviewed and evaluated using the criteria described in this section. The corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed. Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review. The required elements of the project description and budget justification may be found in *Section IV.2* of this announcement.

Objectives and Need for Assistance

Maximum Points: 25

In reviewing the objectives and need for assistance, reviewers will consider:

- A. The extent to which the applicant demonstrates an understanding of the goals and objectives of the relevant legislation and this funding opportunity announcement.
- B. The extent to which the proposed project will contribute to achieving legislative goals and objectives, and the goals stated in this funding opportunity announcement.
- C. The extent to which the applicant presents a clear description of the proposed project, including a clear statement of the goals (i.e., the intended end products of an effective project) and objectives (i.e., measurable steps for reaching these goals) of the proposed project.
- D. The extent to which the applicant clearly identifies and justifies the target population to be served under the proposed project.
- E. The extent to which the applicant demonstrates a thorough understanding of the characteristics of the Tribal jurisdiction and the service needs of this population and community.
- F. The extent to which the applicant demonstrates a thorough understanding of maternal, infant, and early childhood home visiting programs.
- G. The extent to which the applicant demonstrates a thorough understanding of the principles underlying "evidence-based policy" with regard to home visiting programs in Tribal communities.

Approach

Maximum Points: 40

In reviewing the approach, reviewers will consider:

- A. The extent to which the applicant provides a clear and reasonable process and timeline for conducting the proposed activities, including major milestones and target dates.
- B. The extent to which the applicant describes the factors that could speed or hinder completion of activities and explains how these factors would be managed.
- C. The extent to which the applicant addresses in its approach all requirements described in *Section I, Funding Opportunity Description, Application Requirements*.
- D. The extent to which the applicant demonstrates that its proposed approach is likely to result in the establishment of a high-quality, evidence-based home visiting program that is culturally responsive to the target population.
- E. The extent to which the applicant describes an approach that will contribute to increased knowledge or understanding of the problems and issues addressed by this funding opportunity announcement.
- F. The extent to which the applicant demonstrates a clear understanding of issues associated with conducting a comprehensive needs assessment.
- G. The extent to which the applicant demonstrates a clear understanding of the issues associated with engaging in planning and capacity-building activities to address identified needs of at-risk communities.
- H. The extent to which the applicant demonstrates a clear understanding of issues associated with seeking out, collaborating, and coordinating with diverse stakeholders and partners to conduct activities under this grant, including programs such as AIAN Head Start, Tribal child care, Tribal child welfare, and the Indian Health Service.
- I. The extent to which the applicant demonstrates a clear understanding of issues associated with establishing a mechanism for ensuring that the program prioritizes high-risk groups and ensures that all services to an individual or family will be voluntary and based on the individual needs of that family.
- J. The extent to which the applicant demonstrates a clear understanding of the issues associated with establishing a program that is evidence-based; reflects up-to-date knowledge from the research and literature on known effective practices; and builds on current theory, research, evaluation data and best practices
- K. The extent to which the applicant demonstrates understanding of the issues associated with implementing with fidelity to an evidence-based model.

L. The extent to which the applicant demonstrates a clear understanding of issues associated with identifying, establishing, collecting, and maintaining data, tracking progress on, and reporting on quantifiable, measurable benchmarks that demonstrate that the program contributes to improved outcomes for children and families.

M. The extent to which the applicant demonstrates a clear understanding of the issues associated with planning for and building capacity to engage in research and evaluation activities that will result in building the knowledge base around evidence-based home visiting.

Organizational Profile

Maximum Points: 20

In reviewing the organizational profiles, reviewers will consider:

A. The extent to which the applicant identifies the lead entity that will be responsible for conducting activities under this funding opportunity announcement.

B. The extent to which the applicant demonstrates relevant experience and expertise among Tribal populations. This includes expertise, experience, and organizational capacity (or ability to develop capacity) to administer the proposed project and implement, manage, and evaluate evidence-based programs of similar size, scope, and complexity. For example, the entity or entities selected to administer the program funds should demonstrate experience administering early childhood home visiting programs or other programs serving young children and families in Tribal communities; as well as working across systems and in partnership with diverse Tribal and non-Tribal stakeholders to plan, implement, and sustain programs for children and families. Applicants should also demonstrate the capacity to review the evidence criteria that will be established by HHS and to determine how evidence-based requirements will be met.

C. The extent to which the applicant demonstrates the organizational capacity of each participating organization (including partners, subgrantees, contractors) to fulfill its assigned roles and functions effectively.

D. The extent to which the applicant demonstrates that the proposed project director and key project staff demonstrate sufficient relevant knowledge, experience, and capabilities (as demonstrated by a resume or curriculum vitae) to institute and manage a project of this topic, size, scope, and complexity effectively; and review the criteria for evidence of effectiveness to determine how evidence-based requirements will be met.

E. The extent to which the applicant clearly describes the role and responsibilities (e.g., job description) and time commitments for each proposed project staff position, including sub-grantees, consultants, contractors and subcontractors, and/or partners, is clearly defined; and are appropriate and relevant to the successful implementation of the proposed project.

F. The extent to which the applicant describes a sound oversight and management plan for achieving the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing project tasks and ensuring quality.

G. The extent to which the applicant clearly defines its management plan and the role and responsibilities of the lead agency/organization.

H. The extent to which the applicant clearly describes in its plan how the effective management and coordination of activities by any partners, subgrantees, contractors and subcontractors, and consultants (if applicable) will be ensured.

I. The extent to which the applicant submits a fully-executed Tribal Resolution (including Resolution number, voting information, and authorized signatures) from the governing body of each Tribe agreeing to participate in the project and receive services.

Budget and Budget Justification

Maximum Points: 15

In reviewing the Year 1 budget and budget justification, reviewers will consider:

A. The extent to which the applicant demonstrates that Year 1 costs are reasonable, thoroughly justified, and appropriate in view of the activities to be conducted and expected results and benefits.

B. The extent to which the applicant demonstrates that its fiscal controls and accounting procedures will ensure prudent use, proper and timely disbursement, and accurate accounting of Federal funds received under this funding opportunity announcement.

C. The extent to which the applicant demonstrates it has committed a reasonable amount of the Year 1 project budget to planning

and building capacity to (1) conduct research and evaluation and (2) collect and report data around benchmarks.

V.2. Review and Selection Process

No grant award will be made under this announcement on the basis of an incomplete application.

Initial ACF Screening

Each application will be screened to determine whether it was received by the closing date and time and whether the requested amount exceeds the award ceiling. Applications that are designated as late according to *Section IV.3. Submission Dates and Times* or those with requests that exceed the award ceiling, stated in *Section II. Award Information* will be returned to the applicant with a notation that they were deemed non-responsive and will not be reviewed.

Objective Review and Results

Applications competing for financial assistance will be reviewed and evaluated by objective review panels using the criteria described in *Section V.1* of this announcement. Each panel is made up of experts with knowledge and experience in the area under review. Generally, review panels are composed of three reviewers and one chairperson.

Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding and are one element of the decision-making process.

ACF may elect to not fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. ACF reserves the right to consider a preference to fund organizations serving emerging, unserved, or under-served populations, including those located in pockets of poverty, and to consider the geographic distribution of Federal funds in its funding decisions.

ACF may refuse funding for projects with what it regards as unreasonably high start-up costs for facilities or equipment, or for projects with unreasonably high operating costs.

In addition, Federal staff will conduct an administrative review of the applications and the results of the competitive review and will make recommendations for funding to the Acting Director, Office of Family Assistance (OFA).

With the results of the competitive review and information from Federal staff, the Acting Director of OFA, in consultation with Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development, will make the final funding decisions.

Please refer to *Section IV.2.* of this announcement for information on non-Federal reviewers in the review process.

Approved but Unfunded Applications

Applications that are approved but unfunded may be held over for funding in the next funding cycle, pending the availability of funds, for a period not to exceed one year.

V.3. Anticipated Announcement and Award Dates

All awards will be made by September 30, 2010.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will be notified through the issuance of a Financial Assistance Award (FAA) document that sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. The FAA will be signed by the Grants Officer and transmitted via postal mail. Following the finalization of funding decisions, organizations whose applications will not be funded will be notified by letter, signed by the Program Office head.

VI.2. Administrative and National Policy Requirements

Awards issued under this announcement are subject to the uniform administrative requirements and cost principles of 45 CFR Part 74 (Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations), or 45 CFR Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments).

An application funded with the release of Federal funds through a grant award, does not constitute, or imply, compliance with Federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable Federal regulations.

Grantees are subject to the limitations set forth in 45 CFR Part 74, Subpart E-Special Provisions for Awards to Commercial Organizations (45 CFR §74.81_Prohibition against profit), which states that, "... no HHS funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs."

Grantees are also subject to the requirements of 45 CFR Part 87, Equal Treatment for Faith-Based Organizations: "Direct Federal grants, sub-award funds, or contracts under this ACF program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program. Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at the HHS web site at: <http://www.hhs.gov/fbci/waisgate21.pdf>.

A faith-based organization receiving HHS funds retains its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with Federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives Federal funds retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of HHS funded activities." Additional information on "Understanding the Regulations Related to the Faith-Based and Community Initiative" can be found at: <http://www.hhs.gov/fbci/regulations/index.html>.

The Code of Federal Regulations (CFR) is available at <http://www.gpoaccess.gov/CFR/>.

Award Term and Condition for Trafficking in Persons

Awards issued under this announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html. If you are unable to access this link, please contact the Grants Management Contact identified in Section VII. Agency Contacts of this announcement to obtain a copy of the Term.

HHS Grants Policy Statement

The HHS Grants Policy Statement (HHS GPS) is the Department of Health and Human Services' single policy guide for discretionary grants and cooperative agreements. ACF grant awards are subject to the requirements of the HHS GPS, which covers basic grants processes, standard terms and conditions, and points of contact, as well as important agency-specific requirements. Appendices to the HHS GPS include a glossary of terms and a list of standard abbreviations for ease of reference. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary that are specified in the Financial Assistance Award (FAA). The HHS GPS is available at http://www.acf.hhs.gov/grants/grants_related.html.

VI.3. Reporting

Grantees under this announcement will be required to submit performance progress and financial reports periodically throughout the project period. The frequency of required reporting is listed later in this section.

In FY 2009, most ACF grantees began using a standard form for required performance progress reporting (PPR). Use of the new standard form, the ACF-OGM SF-PPR, began for new awards and continuation awards made by ACF in FY 2009. At a minimum, grantees are required to submit the ACF-OGM SF-PPR, which consists of the ACF-OGM SF-PPR Cover Page and the Program Indicators-Attachment B. ACF Programs that utilize reporting forms or formats in addition to, or instead of, the ACF-OGM SF-PPR have listed the reporting requirements later in this section.

Grant award documents will inform grantees of the appropriate performance progress report form or format to use beginning in FY 2009. Grantees should consult their award documents to determine the appropriate performance progress report format required under their award.

Grantees will continue to use the Financial Status Report (FSR) SF-269 (long form) for required financial reporting.

Performance progress and financial reports are due 30 days after the end of the reporting period. Final program performance and financial reports are due 90 days after the close of the project period. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VII. Agency Contacts* of this announcement.

The SF-269 (long form) and the ACF-OGM-SF-PPR may be found at http://www.acf.hhs.gov/grants/grants_resources.html.

Program Progress Reports:	Semi-Annually
Financial Reports:	Semi-Annually

VII. Agency Contacts

Program Office Contact

Carol Gage
Administration for Children and Families
Office of Family Assistance
Child Care Bureau
Aerospace Building
901 D Street SW
WASHINGTON, DC 20447
Phone: 1-877-922-9262
Fax: (202) 690-6200
Email: tribal.homevisiting@hhs.gov

Office of Grants Management Contact

Tim Chappelle
Administration for Children and Families
Office of Administration
Office of Grants Management
Aerospace Building
901 D Street SW
WASHINGTON, DC 20447
Phone: (202) 401-4855
Email: tichappelle@acf.hhs.gov

Federal Relay Service:

Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

VIII. Other Information

Reference Websites

U.S. Department of Health and Human Services (HHS) on the Internet <http://www.hhs.gov/>.

Administration for Children and Families (ACF) on the Internet <http://www.acf.hhs.gov/>.

Administration for Children and Families - Funding Opportunities homepage <http://www.acf.hhs.gov/grants/>.

Catalog of Federal Domestic Assistance (CFDA) <https://www.cfda.gov/>.

Code of Federal Regulations (C.F.R.) <http://www.gpoaccess.gov/cfr/index.html>.

United States Code (U.S.C) <http://www.gpoaccess.gov/uscode/>.

Sign up to receive notification of ACF Funding Opportunities at www.Grants.gov
http://www.grants.gov/applicants/email_subscription.jsp.

Checklist

All required Standard Forms, assurances, and certifications are available on the ACF Forms page at http://www.acf.hhs.gov/grants/grants_resources.html and on the Grants.gov Forms Repository webpage at <http://apply07.grants.gov/apply/FormLinks?family=15>.

Versions of other Standard Forms (SFs) are available on the Office of Management and Budget (OMB) Grants Management Forms web site at http://www.whitehouse.gov/omb/grants_forms/.

For information regarding accessibility issues, visit the Grants.gov Accessibility Compliance Page at http://www07.grants.gov/aboutgrants/accessibility_compliance.jsp

Applicants may use the checklist below as a guide when preparing your application package.

What to Submit	Where Found	When to Submit
Letter of Intent	Referenced in Section IV.2 of the announcement under "Project Description."	Submit by the Letter of Intent due date found in Overview and Section IV.3.
SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Referenced in Section IV.2 and found at http://www.acf.hhs.gov/grants/grants_resources.html and at the Grants.gov Forms Repository at http://apply07.grants.gov/apply/FormLinks?family=15 .	Submission due by application due date found in Overview and Section IV.3.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Referenced in Section IV.2 and found at http://www.acf.hhs.gov/grants/grants_resources.html .	Submission due by application due date found in Overview and Section IV.3.

Certification Regarding Lobbying	Referenced in Section IV.2 of the announcement and found at http://www.acf.hhs.gov/grants/grants_resources.html .	Submission due by date of award.
SF-LLL - Disclosure of Lobbying Activities, if applicable	"Disclosure Form to Report Lobbying" is referenced in Section IV.2 and found at http://www.acf.hhs.gov/grants/grants_resources.html . Submission of this form is required if any funds have been paid, or will be paid, to any person for influencing, or attempting to influence, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan.	Submission due by application due date found in Overview and Section IV.3.
The Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)	Referenced in Section IV.2 of the announcement and found at http://www.acf.hhs.gov/grants/grants_resources.html .	Submission due by date of award.
Maintenance of Effort (MOE) Certification	Referenced in Section IV.2 and found at http://www.acf.hhs.gov/programs/ofs/grants/maintain.htm	Submission due by application due date found in Overview and Section IV.3
Tribal Resolution(s)	Referenced in Section III.1 under "Eligible Applicants."	Submission due by application due date found in Overview and Section IV.3.
Table of Contents	Referenced in Section IV.2 of the announcement under "Project Description."	Submission due by application due date found in Overview and Section IV.3.
Project Summary/Abstract	Referenced in Section IV.2 of the announcement under "Project Description."	Submission due by application due date found in Overview and Section IV.3.
Project Description	Referenced in Section IV.2 of the announcement.	Submission due by application due date found in Overview and Section IV.3.
Project Sustainability Plan	Referenced in Section IV.2 of the announcement under "Project Description."	Required of all applicants for projects of three years (36 months) or more in length. By application due date found in Overview and Section IV.3.

Letters of Support	Referenced in Section IV.2 of the announcement under "Project Description."	Submission due by application due date found in Overview and Section IV.3.
Third-Party Agreements	Referenced in Section IV.2 of the announcement under "Project Description."	If available, submission is due by application due date found in Overview and Section IV.3. or by time of award.
Budget and Budget Justification	Referenced in Section IV.2 of the announcement under "Project Description."	Submission due by application due date found in Overview and Section IV.3.

Signature

Date: 07/01/2010

Ann H. Barbagallo
Acting Director
Office of Family Assistance