U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Early Childhood Comprehensive Systems Impact (ECCS Impact)

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-16-047

Catalog of Federal Domestic Assistance (CFDA) No. 93.110

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 15, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: January 15, 2016

Issuance Date*:* January 15, 2016

MODIFIED on February 05, 2016: title correction throughout the document.

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Authority: Title V, § 501(a)(3)(C) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(C))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2016 Early Childhood Comprehensive Systems Impact (ECCS Impact). The purpose of this program is to enhance early childhood (EC) systems building and demonstrate improved outcomes in population-based children's developmental health[1] and family well-being[2] indicators using a Collaborative Innovation and Improvement Network (CoIIN)[3] approach. An additional goal of the ECCS Impact grants is the development of collective impact[4] expertise, implementation and sustainability of efforts at the state, county and community levels.

Up to 15 recipients of the ECCS Impact program will identify one to five (1-5) place-based communities[5] within their state/territory to participate in the Early Childhood Comprehensive Systems Collaborative Innovation and Improvement Network (ECCS CoIIN). At least one of the identified communities should be a community receiving state and/or tribal Maternal, Infant and Early Childhood Home Visiting (MIECHV) services. Applicants will receive priority points (See *Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) if one of the communities selected to participate is a Promise Zone and/or Rural IMPACT community as defined in *Appendix A – Glossary of Terms*.

The ECCS CoIIN will be coordinated by the ECCS CoIIN Technical Assistance Center (ECCS CoIIN TAC), which will be established through a cooperative agreement, HRSA 16-179 *Early Childhood Comprehensive Systems Collaborative Innovation and Improvement Network.* See *Appendix B* for a visual model of the working relationship between the ECCS Impact grantees and the ECCS CoIIN TAC. The ECCS CoIIN TAC will provide intensive, targeted technical assistance to the ECCS Impact recipients and their identified place-based communities on CoIIN processes. The ECCS CoIIN TAC will facilitate three successive 18-month CoIIN cohorts[6] consisting of place-based communities of ECCS Impact recipients utilizing collective impact principles to accelerate or improve results for families. (*Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) see *Appendix A – Glossary of Terms*)

The overall **aim** of the ECCS Impact and the ECCS CoIIN TAC is that within 60 months, participating communities will show a 25 percent increase from baseline in age appropriate developmental skills among their communities' three (3) year old children.

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[1] **Children's developmental health** – for the purposes of this FOA, children's developmental health includes developmental health surveillance, screening, referral if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry.

[2] **Family well-being** – for the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

[3] **Collaborative Innovation and Improvement Network (CoIIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled   by the Web to collaborate in achieving a common goal by sharing ideas, information, and work. The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative   learning, common benchmarks, coordinated strategies, rapid test cycles, and real-time data to   drive real-time improvement.

[4] **Collective impact** - organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. http://www.fsg.org/approach-areas/collective-impact.

[5] **Place-based community –** social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based communities in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children's developmental health and family well-being.

[6] **Cohort** – a group of place-based communities, selected by the ECCS Impact recipients, that participate in CoIIN improvement cycles.

The secondary aims of the ECCS Impact and ECCS CoIIN TAC are to:
   a) strengthen leadership and expertise in continuous quality improvement (CQI)[7] and support innovation among a cohort of recipients representing states/territories and their identified place-based communities. At least one community should be a community receiving state and/tribal MIECHV services. Applicants will also receive priority points (*See Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) if one of the communities selected is a Promise Zone and/or Rural IMPACT community;
   b) achieve greater collective impact in early childhood systems at the state, county, and community level with common aims, shared metrics and measurement systems, coordinated strategies, continuous communication, and a backbone organization at the state, county, and community levels;
   c) develop primarily two-generation approaches[8] to drive integration of early childhood services vertically (i.e., within a sector such as health care) and horizontally (i.e., across sectors such as between early care and education and health care);
   d) develop and adopt core sets of indicators to measure Early Childhood (EC) system processes and outcome indicators to measure population impact around children's developmental health and family well-being; and
   e) test innovative EC systems change ideas, develop spread strategies and adopt new EC policies for sustaining the systems developed during this project that improve children's developmental health and family well-being.

See *Appendix A- Glossary of Terms* for key definitions.

Funding Opportunity Title:	Early Childhood Comprehensive Systems Impact (ECCS Impact)
Funding Opportunity Number:	HRSA-16-047
Due Date for Applications:	March 15, 2016
Anticipated Total Annual Available Funding:	$6,400,000
Estimated Number and Type of Award(s):	Up to 15 grant(s)
Estimated Award Amount:	Up to $426,600 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through July 31, 2021 (five (5) years)

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[7] **Continuous Quality Improvement (CQI)** - an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

[8] **Two-Generation approaches** – Approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together.

Eligible Applicants:	As provided for in [42 CFR Part 51a.3 (a)](#), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at
http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

A Technical Assistance Webinar on the **ECCS Impact FOA** will be held:

Tuesday, February 23, 2016 from 3:30 pm - 5:00 pm ET.
Please log into https://hrsa.connectsolutions.com/eccs-ifta/ to view and use the following phone number and passcode: toll free call-in: 877-951-7311; passcode: 3988192.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is accepting applications for fiscal year (FY) 2016 Early Childhood Comprehensive Systems Impact (ECCS Impact). The purpose of this program is to enhance early childhood (EC) systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) approach. An additional goal of the ECCS Impact grants is the development of collective impact expertise, implementation and sustainability of efforts at the state, county and community levels.

Up to 15 recipients of the ECCS Impact program will identify one to five (1-5) place-based communities within their state/territory to participate in the Early Childhood Comprehensive Systems Collaborative Innovation and Improvement Network (ECCS CoIIN). At least one of the identified communities should be a community receiving state and/or tribal Maternal, Infant and Early Childhood Home Visiting (MIECHV) services. Applicants will receive priority points (See *Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) if one of the communities selected to participate is a Promise Zone and/or Rural IMPACT community as defined in *Appendix A – Glossary of Terms*.

The ECCS CoIIN will be coordinated by the ECCS CoIIN Technical Assistance Center (ECCS CoIIN TAC), which will be established through a cooperative agreement, HRSA 16-179 *Early Childhood Comprehensive Systems Collaborative Innovation and Improvement Network*. See *Appendix B* for a visual model of the working relationship between the ECCS Impact grantees and the ECCS CoIIN TAC. The ECCS CoIIN TAC will provide intensive, targeted technical assistance to the ECCS Impact recipients and their identified place-based communities on CoIIN processes. The ECCS CoIIN TAC will facilitate three successive 18-month CoIIN cohorts consisting of place-based communities of ECCS Impact recipients utilizing collective impact principles to accelerate or improve results for families. (*Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) see *Appendix A – Glossary of Terms*)

The overall **aim** of the ECCS Impact and the ECCS CoIIN TAC is that within 60 months, participating communities will show a 25percent increase from baseline in age appropriate developmental skills among their community's three (3) year old children.

The secondary aims of the ECCS Impact and ECCS CoIIN TAC are to:
- strengthen leadership and expertise in continuous quality improvement (CQI) and support innovation among a cohort of recipients representing states/territories and their identified place-based communities. At least one community should be a community receiving state and/or tribal MIECHV services. Applicants will also receive priority points (See *Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) if one of the communities selected is a Promise Zone and/or Rural IMPACT community

- achieve greater collective impact in early childhood systems at the state, county, and community level, with common aims, shared metrics and measurement systems, coordinated strategies, continuous communication, and a backbone organization at the state, county, and community levels;
- develop primarily two-generation approaches to drive integration of early childhood services vertically (i.e., within a sector such as health care) and horizontally (i.e., across sectors such as between early care and education and health care);
- develop and adopt core sets of indicators to measure Early Childhood (EC) system processes and outcome indicators that measure population impact around children's developmental health and family well-being; and
- test innovative EC systems change ideas, develop spread strategies and adopt new EC policies for sustaining the systems developed during this project that improve children's healthy development and family well-being.

An early childhood comprehensive system is defined as an organized, purposeful partnership of interrelated and interdependent agencies/organizations representing health, mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry. These systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way.

A Collaborative Innovation and Improvement Network, or CoIIN, is defined as a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work. The CoIIN model provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, common benchmarks, coordinated strategies, rapid tests of change, and real-time data to drive real-time improvement.

Requirements of the ECCS Impact recipients include the following:
- The recipient should have an early childhood comprehensive system[9] in place with state/territory agency, and stakeholder leadership participation. Note: Only one entity per state/territory will be chosen for this program.
- The recipient must partner with a state/territory Advisory Team that provides leadership in implementing the policies and practices necessary to carry out systems work in their respective state/territory organizations and recommends state/territorial-wide system change as a result of the ECCS CoIIN results. Key leaders represented on the state/territory Advisory Team should include:
  - The Governor's Office;
  - Maternal, Infant and Early Childhood Home Visiting Program;
  - Early Childhood Advisory Council/System;
  - Title V leadership;
  - Family engagement leadership (examples might be Family Voices; Strengthening families, etc.);

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[9] **Early childhood comprehensive system** -an organized, purposeful partnership of interrelated and interdependent agencies/organizations representing health, mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry.

- Public and private primary health care (examples might include the state/territory's Medicaid/Children's Health Insurance program or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment Program; the state/territory 's primary health care, medical home, and safety net provider organizations such as American Academy of Pediatrics; American Academy of Family Physicians, Pediatric nurse practitioners; HRSA-funded health centers, Part C, state/territory Children with Special Health Needs Division);
- Mental health service providers (examples might be the state/territory's Division of Mental Health; Project Launch grantee);
- Early childhood education representatives (examples might include state/territory Department of Early Learning; Child Care Administrator; state/territory early childhood educators association (Head Start/Association for the Education of Young Children; Family Child Care Association); School Pre-K organization; and
- Designated leader(s) from each selected place-based community.

Other desirable state/territory partners strongly recommended but not required include: trauma informed care[10] networks, The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), housing, public-private early childhood partnerships, and businesses that support children's developmental health and family well-being.

- The recipient must select at least one (1) and up to five (5) place-based communities that are willing and available for participation in ECCS CoIIN cohorts[11] (See *Appendix A – Glossary of Terms).*
    - At least one of the identified communities should be a community receiving state and/or tribal Maternal, Infant and Early Childhood Home Visiting (MIECHV) services. Applicants will also receive priority points if one of the communities selected is a Promise Zone and/or a Rural IMPACT community. The priority points for Promise Zone and Rural IMPACT communities are to encourage the leveraging and further the impact with other federal initiatives supporting place-based work. (See definitions in *Appendix A – Glossary of Terms).*
    - It is up to the applicant to decide the number of place-based communities and their CoIIN teams that it can effectively and efficiently oversee for successful implementation of the CoIIN activities and desired outcomes as outlined. Note: The flexibility of one to five communities is to allow for need identified and readiness of communities to implement CoIIN activities.
- The recipient must develop teams within its place-based communities to participate in the CoIIN activities described below. Each community team should include:
    - The ECCS Impact Project Director or his/her designee, and the following representatives from the place-based community:
        - Mayor's office; City Council office or other official governing body for the place-based community;

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[10] **Trauma informed care -** an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. (Source: http://www.traumainformedcareproject.org/)

[11] **Cohort** – a group of place-based communities, selected by the ECCS Impact recipients, that participate in CoIIN improvement cycles.

- Family engagement leadership (e.g., local parent organization; Family Voices; Strengthening Families, etc.);
- Public and private primary health care (e.g., pediatricians, family practice, local American Academy of Pediatrics chapter, local health centers, early intervention, etc.);
- Mental health representatives (e.g., infant/child mental health consultants; Project Launch grantee); and
- Early childhood education representatives (e.g., Head Start/Child Care/Family Home Providers; school Pre-K).

NOTE: Other representatives from the recipient organization and/or the place-based communities also may be included on the team at the discretion of the recipient.

The recipient must, during the course of the project:
- identify, implement and, if necessary, build a state/territory EC data system for collection and reporting of EC core process and outcome indicators that will be developed or integrated within an existing early childhood data system during the CoIIN process (please note: it is highly encouraged that the system to collect and report indicators for this project be compatible with or incorporated within an existing early childhood data system currently operating in a state-wide/territory-wide capacity);
- develop state-level ECCS leadership and capacity to facilitate CoIIN implementation and spread;
- participate in all CoIIN virtual sessions facilitated by the ECCS CoIIN TAC and at least one on site, in person, learning collaborative facilitated by the ECCS CoIIN TAC in person and ensure the community teams attend at least one on site, in person, learning collaborative facilitated by the ECCS CoIIN TAC in person;
- attend at least one ECCS Impact recipient annual meeting in person; and
- develop and implement a programmatic and financial sustainability plan to continue activities beyond the duration of the ECCS Impact project period and to engage additional place-based communities within the state/territory to replicate ECCS CoIIN activities for improvement in children's developmental health and family well-being.

Community CoIIN Teams will be required during the course of the award to:
- become knowledgeable with the science of continuous quality improvement(CQI)[12] and CoIIN[13] processes;
- participate in a CoIIN, committing to a working period of 48-60 months (three successive 18-month cohorts consisting of one to five communities per participating state/territory), to implement a two-generation approach to improving children's developmental health and family well-being;
- attend at least one on site, in person, CoIIN learning collaborative facilitated by the ECCS CoIIN TAC;

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[12] **Continuous Quality Improvement (CQI)** - an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

[13] **Collaborative Innovation and Improvement Network (CoIIN)** – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work[13]. The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, common benchmarks, coordinated strategies, rapid test cycles, and real-time data to drive real-time improvement.

- identify gaps and barriers to attaining the aim of this program and identify state and community policies and procedures that require immediate and longer term attention to ensure EC systems function effectively and achieve measureable outcomes in the improvement of children's healthy development and family well-being;
- adopt the ECCS Impact's aim and develop SMART Goals[14] for ECCS CoIIN work for two-generation approaches to children's developmental health and family wellbeing;
- submit monthly data and Plan, Do, Study, Act (PDSA) cycle[15] reports;
- share progress reports monthly with CoIIN peers representing other recipients and CoIIN faculty;
- participate in peer-to-peer mentoring and sharing of ideas and insights via periodic conference calls and other forms of communication (i.e. list servs; web chats, etc.); and
- explore new innovative improvement approaches as they become available (for example Pay for Success[16]).

Outcomes desired during the project period:
Overall Aim: Within 60 months, communities participating in the CoIIN will show a 25percent increase from baseline in age appropriate developmental skills of their community's three (3) year old children.

(one-three years)
- ECCS Impact recipients representing states/territories and their selected communities advance local and state coordination and integration of systems towards improving children's developmental health and family well-being.
- An established core set of process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children's developmental health and family well-being at the population level.
- ECCS Impact recipients representing states/territories adopt a core set of process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children's developmental health and family well-being at the population level for local and state CoIIN activities.
- ECCS Impact recipients utilize an existing state/territory early childhood data system to collect, store, report and analyze the new process indicators for measuring state-level EC system success and a core set of outcome indicators for improvement of children's developmental health and family well-being at the population level.

(four-five years)
- Communities, counties, and states/territories adopt and sustain collective impact and collaborative improvement and innovation efforts including policies that were demonstrative to be effective, to spread work to additional communities from this program.

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[14] **SMART Goal** - one that is specific, measurable, achievable, results-focused, and time- bound.

[15] **Plan, Do, Study, Act Cycle (PDSA)** - a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.

[16] **Pay for Success** -funding model that drives government resources toward social programs that prove effective at providing results to the people who need them most.

- Indicators developed through the CoIIN are incorporated in state/territory and public health systems (i.e. in alignment with Title V performance measurement system).
- Successful system innovations, interventions, and outcome indicators for improvement of children's developmental health and family well-being at the population level created are aligned and work in tandem with other state/territory EC initiatives to achieve school readiness.

2. Background

This program is authorized by Title V, § 501(a)(3)(C) of the Social Security Act as amended (42 U.S.C. 701(a)(3)(C)). In 2002, the MCHB-HRSA Strategic Plan for Early Childhood called on State Title V MCH programs to use their leadership and convening powers to foster cross-agency early childhood systems development planning to address health and education disparities. Over the last 14 years, HRSA has been committed to the Early Childhood Comprehensive Systems program to assist states and territories in their efforts to build and implement comprehensive statewide systems in early childhood that support family and community approaches to promote positive early development and early school success for young children. As a result, many of today's early childhood health and early initiatives are built on the foundations and successes of ECCS.

Since 1999, HRSA has engaged in various quality improvement collaboratives. Many of these collaboratives have utilized the Institute for Healthcare Improvement (IHI) Collaborative Model for spreading improvement across several settings.

According to data from the 2011/2012 National Survey of Children's Health, only 30.8percent of children ages 10–60 months were screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit.[17]. Common challenges that contribute to low state developmental screening rates experienced by states are: lack of coordination between state level screening efforts, lack of key stakeholders and supporters that can influence policy on advisory panels, lack of available data that can drive and support policy changes in these areas, and lack of meaningful cross agency partnerships and intentional collaboration[18]. Also, maternal depression, alone, or in combination with other risks, can pose serious but typically unrecognized barriers to healthy early development and school readiness, particularly for low-income young children. The negative effects of maternal depression on children's health and development can start before birth.[19]

Thus, this redesigned ECCS Impact program, using a collaborative innovation and improvement network model, is a new approach ideally poised to build upon ECCS's history of early childhood system leadership, vision and coordination and to advance the current Administration's breakthrough strategies in states and local communities to accelerate the nation's school readiness and place-based agenda to the next level. Utilizing CoIIN activities in a systematic way across states/territories for these issues is a new opportunity to demonstrate

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[17] https://childhealthdata.org/learn/NSCH

[18] Association of Maternal & Child Health Programs. Resources for Title V Action Planning: Developmental Screening Strategies and Measures (2015). http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING_NPM6_STRATEGIES_MEASURES.pdfhttp://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/LearningModule/Documents/TITLEV-ACTION-PLANNING_NPM6_STRATEGIES_MEASURES.pdf

[19] Knitzer, et al. Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Framework (2008). http://www.nccp.org/publications/pub_791.htmlhttp://www.nccp.org/publications/pub_791.html

measured improvements through a set of core indicators in children's developmental health and family well-being outcomes.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2020. Approximately $6,400,000 is expected to be available annually to fund up to fifteen (15) recipients. Applicants may apply for a ceiling amount of up to $426,600 per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for "Early Childhood Comprehensive Systems Impact (ECCS Impact)" in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

As provided for in 42 CFR Part 51a.3 (a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community-based organizations are also eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

   i. Project Abstract
    See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need.*

This section should briefly describe the purpose of the proposed project and the place-based communities identified. It should also highlight the overarching problem to be addressed and the contributing factors.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*

This section should help reviewers understand the needs of the communities that will be served by the proposed project. Include a letter of agreement from the communities demonstrating their willingness to enter into a Memorandum of Understanding (MOU), contract, or another formal relationship with the recipient to participate in this project (Attachment 1). At least one of the identified communities should be a community receiving state and/or tribal Maternal, Infant and Early Childhood Home Visiting (MIECHV) services. Applicants will also receive priority points if one of the communities selected is a Promise Zone and/or a Rural IMPACT community (See definitions in *Appendix A – Glossary of Terms*).

- Describe the health disparities of the place-based communities selected by the recipient related to children's developmental health (prevention, promotion, screening, referral and follow-up) and family well-being (maternal depression screening and/or trauma informed care rates) including relevant data.
- Describe the process by which place-based communities were chosen as willing and available for the next steps of EC systems development and ECCS CoIIN activities, and ability to address the ECCS Impact AIM.
- If applicable, describe the extent and level of commitment (capacity, staffing, MOU, etc.) to which a community(ies) receiving MIECHV services has/have agreed to be part of the CoIIN activities included in the application.
- If applicable, describe the extent and level of commitment (capacity, staffing, MOU, etc.) to which Promise Zone and/or Rural IMPACT communities have agreed to be part of the CoIIN activities included in the application.
- Define the reach, boundaries, zip codes and/or geography of the place-based populations within chosen communities.
- Describe the current status and gaps in state/territory and community policy development around equity in children's developmental health (prevention, promotion, screening, referral and follow-up) and family well-being (maternal depression screening and/or trauma informed care rates) within the place-based communities selected.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*
- Propose goals, objectives, and methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA. Program requirements include (See Purpose Section for more details):

- o Recipients should be able to represent the EC system and stakeholders within their state/territory. Note: one organization providing services in its only state/territory will be chosen for this program.
- o Recipients should be a part of the state/territory early childhood system with high level state/territory agency and stakeholder leadership participation. Key leaders who should participate in the state/territory Advisory Team can be found in the Purpose Section.
- o Recipients must select at least one (1) and up to five (5) place-based communities willing and able to participate in ECCS CoIIN cohorts. At least one of the communities committed should represent a community receiving state and/or tribal MIECHV services. Applicants will also receive priority points (See *Section V. Application Review Information. 2. Review and Selection Process. Funding Priorities*) if one of the communities selected is identified as a Promise Zone and/or identified as a Rural IMPACT community (See definitions in *Appendix A – Glossary of Terms*).
- o State/territory – local partnership teams (including representatives of the successful awardees and the identified place-based communities) will be required during the course of the award to participate in the activities outlined in the Purpose section.

- As appropriate, include development of effective tools and strategies for ongoing outreach, collaborations, clear communication, and information sharing of the results of the CoIIN activities, best practices, and outcomes from those activities. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- Applicants must also propose a plan for project financial and programmatic sustainability after the period of federal funding ends. Recipients are expected to sustain both financially and programmatically key elements of their projects, e.g., strategies or services and interventions that have been effective in improving practices and those that have led to improved outcomes for the target population.
  - o Describe proposed plan for financial and programmatic sustainability of the state/territory EC data platform(s) housing EC core indicators that will begin or utilize and integrate into an existing system during the project period.
  - o Describe plans for leadership continuity and organizational support for CoIIN activities beyond the project period.
- Describe the plan by which the applicant will facilitate collective impact at the 1) state, 2) county, and 3) community levels, as well as 4) across all three levels. Specifically, describe the process by which the applicant will facilitate:
  - o a common agenda with a common aim (25percent increase in developmental skills in five years) at each of the three levels and across levels;
  - o development of data collection and reporting capacity at each of the three levels and across levels. Collection and reporting of data to a shared measurement;
  - o development of mutually-reinforcing activities at each of the three levels and across levels to "move the needle" on early childhood development;
  - o continuous communication at each of the three levels and across levels;
  - o development of a backbone organization at each of the three levels, including capacity for project management, data management, and facilitation at each level and across levels.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*
  - Describe the activities or steps that will be used to achieve each of the goals and objectives proposed during the entire project period. Use a time line that includes each activity and identifies responsible staff.
    - As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served.
  - Describe communication plans and outreach with the place-based communities throughout the project.
  - Describe a plan(s) and platform for spreading the findings from the CoIIN throughout the project period to other place-based communities throughout the state/territory represented by the recipient.
  - Describe the ability of the applicant and process to be used to integrate indicators developed during the CoIIN process into their state/territory early childhood data system.

In addition to a narrative, applicants may display this information in a table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes (Attachment 2). A one page logic model is required (Attachment 2). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:
  - goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
  - inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - target population (e.g., the individuals to be served);
  - activities (e.g., approach, listing key intervention, if applicable);
  - outputs (i.e., the direct products or deliverables of program activities); and
  - outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) Response*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY AND PERFORMANCE MANAGEMENT -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (5) Resources/Capabilities*

Applicants must propose an implementation evaluation that will contribute to continuous quality improvement (CQI)[20]. The implementation evaluation should include appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, Institutional Review Board (IRB) review, and data analysis. The applicant must include a logic model or theory of change that describes the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. The applicant should describe how evaluation data and findings will be used to support CQI activities, including how program weaknesses will be identified and processes will be modified to support continuous improvement. Applicants must describe any potential obstacles anticipated for planning and executing the implementation evaluation and how those obstacles will be addressed.

Applicants must describe a plan that will support the recipient organization's performance management requirements through effective tracking of performance outcomes. The applicant should include a description of how the organization will collect and manage data (e.g., assign skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. The applicant must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy and frequency to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the performance management plan and how those obstacles will be addressed.

Along with the organizational capacity, the applicant must describe their selected communities' data collection strategy to collect, analyze and track data to measure process and impact/outcomes of the CoIIN activities they participate in and explain how the data will be used to inform program development and service delivery.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) Resources/Capabilities*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. The applicant should be a part of the state/territory early childhood system and must be able to represent the EC system within the state/territory, identify and address the EC needs within the state/territory, and influence the state/territory EC policies and practices. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

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[20] **Continuous Quality Improvement (CQI)** - an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. Source: HRSA http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqiplan/part4.html).

Include a staffing plan, job descriptions, brief biographical sketches, and an organizational chart in Attachments 3, 4, and 5.

The applicant should describe the following:
- the existence of qualified staff with a history of early childhood systems development and leadership;
- a history of representing the EC system within the state/territory as well as experience with continuous quality improvement activities in their state/territory EC work; and
- past experience, qualifications, and skills related to early childhood systems development leadership, children's developmental health, family well-being, and place-based community involvement.

The applicant should clearly describe the leadership and commitment of the state/territory Advisory Team members from the Governor's Office, Maternal, Infant and Early Childhood Home Visiting Program, Early Childhood Advisory Council/System, Title V, family engagement organizations, public and private primary health care mental health service provider representatives , and early childhood education leadership. The applicant should describe the plan to involve other key partners in their work including Early Head Start-Child Care Partnerships, trauma informed care networks, WIC, housing, public private early childhood partnerships, and businesses that support children's developmental health and family well-being. Include letters of support from each of the state/territory Advisory Team members (Attachment 1).

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity and Performance Management	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Justification Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." 2016, Title II, General Provisions1 114-113 Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Program-Specific Forms

1) *Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects*

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) *Performance Measures for the "Early Childhood Comprehensive Systems Impact (ECCS Impact)"*

To inform successful applicants of their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information will be due to HRSA within 120 days after the Notice of Award.

NOTE: *In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), the Maternal and Child Health Bureau (MCHB) will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary award, performance measures and administrative forms for this discretionary award program will be assigned to the ECCS Impact award program.*

vi.   *Attachments.*

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Letters of Agreement from the Place-Based Communities.
   Include a letter of agreement from the place-based communities demonstrating their willingness to enter into a Memorandum of Understanding (MOU), contract, or another formal relationship with the recipient to participate in this project. The MOU, contract or other formal document is to be submitted to HRSA within 90 days of the award notice. The letter of agreement should confirm actual or pending contractual agreements and should clearly describe the roles of the contractors and any deliverable.

Attachment 2: Work Plan and Logic Model
   Attach the Work Plan and Logic Model for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*
   Include a staffing plan for the program including job descriptions of key personnel. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Biographical Sketches of Key Personnel
   Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 5: Project Organizational Chart
   Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Letters of Support from State/Territory Advisory Team Members
   Include letters of support from the State/Territory Advisory Team members that indicate their commitment and the roles/responsibilities they plan to play in the program.

Attachment 7: For Multi-Year Budgets--Fifth Year Budget (NOT counted in page limit)
> After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budget for year 5 as an attachment. The applicant should use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Request for Funding Priority
> The recipient is eligible for a funding priority. Describe the involvement/selection of one or more of these priority communities: Promise Zones, Rural IMPACT.

Attachment 9: Summary Progress Report
> **ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)**
>
> A well planned ECCS accomplishment summary can be of great value by providing a record of program progress and accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating ECCS program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated ECCS goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as competing continuation applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: RESOURCES/CAPABILITIES.
>
> The accomplishment summary should be a brief presentation of your ECCS program progress and accomplishments, in relation to the objectives of the program during the current project period. The report should include:
>
> 1. the period covered is August 1, 2013 to the present.
> 2. specific objectives - briefly summarize the specific objectives of the project since August 1, 2013. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
> 3. results – summarize the program activities and accomplishments to date. Include both positive and negative results or challenges or barriers that may be important.

Attachments 10-13: Other Relevant Documents
> Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. **Dun and Bradstreet Universal Numbering System Number and System for Award Management**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements

under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide.*

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *March 15, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

ECCS Impact is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years. The ECCS Impact applicants may apply at no more than $426,600 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for construction.

The General Provisions in Division H of the Consolidated and Further Continuing Appropriations Act, 2016, Title II, General Provisions, § 201 (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Early Childhood Comprehensive Systems Impact (ECCS Impact) has six (6)* review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
Describe the extent to which the application:
- demonstrates the problem and associated contributing factors to the problem;
- describes the health disparities of the place-based communities selected by the recipient related to children's developmental health (prevention, promotion, screening, referral and follow-up) and family well-being (maternal depression screening and/or trauma informed care rates) including relevant data, including the community(ies) receiving state and/or tribal MIECHV services;
- describes the process by which place-based communities, including the community(ies) receiving state and/or tribal MIECHV services, were chosen for the next steps of EC systems development, ECCS CoIIN activities and to address the ECCS AIM;
- discusses how the community(ies) serving state and/or tribal MIECHV (if applicable) has/have demonstrated the level of commitment and engagement to be part of the CoIIN activities included in the application;
- discusses how the Promise Zone, Rural IMPACT (if applicable) and other state/territory EC community(ies) has/ have demonstrated the level of commitment and engagement to be part of the CoIIN activities included in the application;
- describes the current status and gaps in state/territory and community policy development around health equity and children's developmental health and family well-being.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolutions of Challenges

The extent to which the application describes:
- the "Purpose" included in the program description;
- the proposed goals and objectives and their relationship to the identified project;
- the activities and their ability to address the problem and attain the project objectives;
- a plan for development and/or integration and sustainability of the EC core indicators on a state/territory early childhood data platform(s);
- plans for leadership commitment, continuity and organizational support for CoIIN activities beyond the project period;
- the logic model with clear, concise and achievable inputs, activities, outputs, and outcomes of the project;
- methodology for communication, outreach, and engaging families within the place-based communities throughout the project;
- the plan for scaling to broader populations and spreading the findings from the CoIIN throughout the project period to other place-based communities throughout the state/territory;
- plans for interfacing effectively with the ECCS CoIIN TAC to ensure CoIIN activities are carried out by the selected place-based communities;
- the plan by which the applicant will facilitate collective impact at the 1) state, 2) county, and 3) community levels, as well as 4) across all three levels. Specifically, describe the process by which the applicant will facilitate:
  - a common agenda with a common aim (25 percent increase in developmental skills in five years) at each of the three levels and across levels;
  - development of data collection and reporting capacity at each of the three levels and across levels. Collection and reporting of data to a shared measurement;
  - development of mutually-reinforcing activities at each of the three levels and across levels to "move the needle" on early childhood development;
  - continuous communication at each of the three levels and across levels;
  - development of a backbone organization at each of the three levels, including capacity for project management, data management, and facilitation at each level and across levels.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Performance Management
The strength and effectiveness of the evaluation method proposed to monitor progress toward achieving project objectives. Evidence that the evaluative measures are appropriate to monitor ongoing progress toward meeting objectives and contribute to CQI.

The extent to which the application describes:
- the capacity of the organization to meet the data system development/integration required;
- the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project;
- a description of how evaluation data and findings will contribute to CQI activities;
- the plan that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the

organization will collect and manage data (e.g., assign skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes;

- the data collection strategy to collect, analyze and track data to measure process and impact/outcomes of the CoIIN activities and explain how the data will be used to inform program development and service delivery; and
- any potential obstacles for implementing the implementation evaluation and the performance management plan and how those obstacles will be addressed.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan
The feasibility and effectiveness of plans for dissemination and scaling of project results; the extent to which project results may drive the public health agenda for improving population health and development and address equity; and the degree to which the project activities are replicable to additional communities, with financial and programmatic sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Performance Management, and Organizational Information
This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- the qualifications of the project personnel (by training and/or experience) to implement and carry out the project;
- an early childhood system in place with high level state/territory agency, stakeholder and organizational leadership;
- a commitment and participation of the following key leadership on its advisory team for this project: Governor's Office, Maternal, Infant and Early Childhood Home Visiting Program; Early Childhood Leadership Advisory Council/System; Title V leadership; family engagement leadership; public and private primary health care; mental health representatives; and early childhood education;
- participation of other partners in the project, Head Start-Child Care partnerships; trauma-informed care networks; WIC; housing; public-private early childhood partnerships; and businesses that support children's developmental health and family well-being;
- the experience of project personnel with early childhood systems development and leadership; children's developmental health, family well-being, and place-based community involvement;
- the experience of the applicant with EC system within the state/territory, and the capacity and ability to identify and address the EC needs within the state/territory, and influence the state/territory EC policies and practices; and
- their experience and the experience of the communities in continuous quality improvement activities in their state/territory EC work.

For competing continuations, the extent to which current ECCS grantees describe past performance and accomplishments (please note: New applicants will not be reviewed on this specific point).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification Narrative
The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

HRSA will use other factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use funding priorities.

Funding Priorities
This program includes a funding priority. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by the HRSA Staff. The ECCS Impact has one (1) funding priority:

Priority 1: Priority Communities (Five (5) Points for a Promise Zone Community as one of the identified place-based communities or five (5) points for a Rural IMPACT community as one of the place-based communities). An applicant will be granted a funding priority if at least one of the place-based communities is a Promise Zone or Rural IMPACT Community. The maximum amount of priority points that an applicant can receive is five (5) points, regardless of the number of Promise Zone or Rural IMPACT communities identified. The Priority points for Promise Zone or Rural IMPACT communities are to encourage the leveraging and further the impact with other Administration federal initiatives around place-based work.

3. Assessment of Risk

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

MCHB intends to update the Discretionary Grant Information System with new Discretionary Grant Performance Measures. As announced in the Federal Register on November 6, 2015 (https://www.gpo.gov/fdsys/pkg/FR-2015-11-06/pdf/2015-28264.pdf), the DRAFT Performance measures introduce a new performance measure framework and structure that will better measure the various models of MCHB grant programs and the services each funded program provides. The performance data will serve several purposes, including grantee monitoring, performance reporting, MCHB program planning, and the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program. This revision will allow a more accurate and detailed picture of the full scope of activities supported by MCHB-administered grant programs, while reducing the overall number of performance measures from what is currently used. The proposed performance measures can be reviewed at: http://mchb.hrsa.gov/dgis.pdf. In addition to the reporting on the new performance measures, grantees will continue to provide financial and program data, if assigned.

Pending approval from the Office of Management and Budget (OMB), the new package will apply to all MCHB discretionary grantees. New and existing grants awarded on or after October 1, 2016, will be required to report on measures assigned by their Project Officer. Additional instructions will be provided on how to access the new DGIS once it becomes available for grantee reporting. For grant activities funded with 2015 dollars, grantees will continue to report on their currently assigned measures in DGIS.

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

    1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) **Performance Measures and Program Data**
To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML.

Please Note In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), the Maternal and Child Health Bureau (MCHB) will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary award, performance measures and administrative forms for this discretionary award program will be assigned to the ECCS Impact program.

b) **Performance Reporting**
Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other award summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and award agreement summary data as well as finalizing indicators/scores for the performance measures.

c) **Project Period End Performance Reporting**
Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H25_2.HTML The requirement includes providing expenditure data for the final year of the project period, the project abstract and award summary data as well as final indicators/scores for the performance measures.

3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

LaToya Ferguson Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10W-42
Rockville, MD 20857
Telephone: (301) 443-1440
Fax: (301) 443-6343
E-mail: lferguson@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Barbara U. Hamilton
Public Health Analyst
Maternal and Child Health Bureau
Attn: ECCS
Health Resources and Services Administration
5600 Fishers Lane, Room 10-86
Rockville, MD 20857
Telephone: (301) 443-8939
Fax: (301) 443-8919
Email: bhamilton@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

    HRSA Contact Center
    Telephone: (877) 464-4772
    TTY: (877) 897-9910
    Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A Technical Assistance Webinar on the **ECCS Impact FOA** will be held:

    Tuesday, February 23, 2016 from 3:30 pm - 5:00pm ET
    Please log into https://hrsa.connectsolutions.com/eccs-ifta/ to view and use the following phone number and passcode: toll free call-in: 877-951-7311; passcode: 3988192

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A – Glossary of Terms

Children's developmental health – for the purposes of this FOA, children's developmental health includes developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry.

Cohort – a group of place-based communities, selected by the ECCS Impact recipients, that participate in CoIIN improvement cycles.

Collaborative Innovation and Improvement Network (CoIIN) – a group of self-motivated people (or organizations) with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work[21].   The CoIIN provides a platform for collaborative learning and quality improvement toward common goals and benchmarks using rapid cycles of change. Key features include collaborative learning, common benchmarks, coordinated strategies, rapid test cycles, and real-time data to   drive real-time improvement.

Collective impact -- organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. http://www.fsg.org/approach-areas/collective-impact.

Continuous Quality Improvement (CQI) -- an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. Source: HRSA http://www.hrsa.gov/quality/toolbox/methodology/developingandimplementingaqiplan/part4.html).

Early childhood comprehensive systems – an organized, purposeful group that consists of interrelated and interdependent partners representing health, mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry. These systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way.

Family well-being – for the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

Health equity -- the attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires "valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." (MCHB proposed definition)

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[21] 1Gloor P. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York, NY: Oxford University Press, 2005.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) state/tribal communities – MIECHV supports pregnant women and families and helps at-risk parents of children, from birth to kindergarten entry, tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. HRSA, in close partnership with the Administration for Children and Families (ACF), funds states, territories and tribal entities to develop and implement voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. These programs improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. ACF administers the Tribal Home Visiting Program, which funds 25 American Indian and Alaska Native organizations to develop, implement and evaluate home visiting programs that serve Native children and their families. All HRSA-supported home visiting programs are locally managed; each state chooses the home visiting models that best meet the needs of its own at-risk communities, and then supports local agencies in providing the home visiting services to families in their own communities. For MIECHV communities by state, see
http://mchb.hrsa.gov/programs/homevisiting/states/index.html.
For MIECHV communities by tribe, see http://www.acf.hhs.gov/programs/ecd/home-visiting/tribal-home-visiting/grantees

Pay for Success --funding model that drives government resources toward social programs that prove effective at providing results to the people who need them most.

PDSA – Plan, Do, Study, Act Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.

Place-based community – social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based communities in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children's developmental health and family well-being.

Population Health Indicator -- quantifiable characteristics of a population which researchers use as supporting evidence for describing the health of a population.

Promise Zones – The Promise Zone initiative designates a number of high-poverty urban, rural and tribal communities where the federal government will partner with and invest in communities to accomplish the following goals: create jobs, leverage private investment, increase economic activity, expand educational opportunities, and reduce violent crime. A community must compete in a transparent application process and demonstrate the strength and effectiveness of their local partners' commitment in order to become a Promise Zone. The first five Zones were announced in 2014, and in 2015, eight additional Zones were designated. For Promise Zone communities, see https://www.hudexchange.info/programs/promise-zones/promise-zones-overview/.

Rural Integration Models for Parents and Children to Thrive (Rural IMPACT) -- HHS demonstration project to help communities adopt a two-generation approach that address the needs of both vulnerable children and their parents with the goal of increasing parents' employment and education and while simultaneously improving the health and well-being of their children and families. The Rural IMPACT Demonstration will help communities adopt

comprehensive, whole-family frameworks for addressing child poverty, such as through facilitating activities such as physical colocation of services, universal "no wrong door" intake, referral networks, shared measurement systems, and use of technology to deliver services. Ten rural communities have been selected, and will receive intensive technical assistance from HHS and expert consultants in a collaborative learning structure for one year. For Rural IMPACT communities, see http://www.usda.gov/wps/portal/usda/usdahome?contentid=2015/09/0267.xml.

SMART Goal -- one that is specific, measurable, achievable, results-focused, and time- bound.
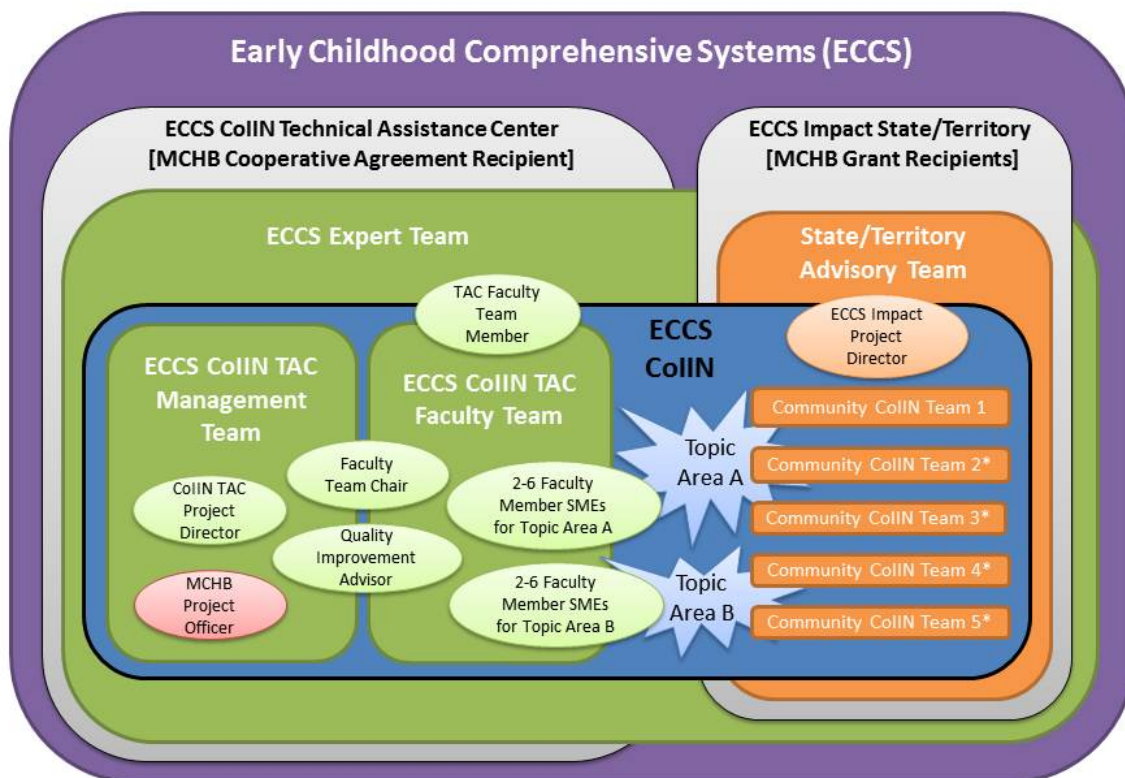
Systems Indicator -- quantifiable characteristics of a system that researchers use as supporting evidence for describing the success or improvement of an activity and/or process attributed to the presence of the system.

Trauma informed care – an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It also emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. (Source: http://www.traumainformedcareproject.org/)

Two-Generation approaches – Approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together. (Source: http://ascend.aspeninstitute.org/pages/the-two-generation-approach#sthash.4p7oM9SJ.dpuf.)

Appendix B – ECCS IMPACT and ECCS CoIIN TAC Structure

ECCS CoIIN TAC and ECCS Impact

*More than 1 Community CoIIN team per ECCS Impact State/Territory is strictly *optional*.