

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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

Infant-Toddler Court Program

Funding Opportunity Number: HRSA-18-123
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: August 13, 2018

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: July 12, 2018

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Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2018 Infant-Toddler Court Program. The purpose of this cooperative agreement is to implement an Infant-Toddler Court Program to support implementation and quality improvement of infant-toddler court teams. Infant-toddler court teams provide case management and family support to infants and toddlers in the child welfare system and work to strengthen and align the child welfare, health, and early childhood and community systems to strengthen the health and well-being of infants and toddlers and their families.

The Infant-Toddler Court Program will provide training, technical assistance (TA), implementation support, and evaluation research for infant-toddler court teams. The recipient will identify and provide direct support and TA to 10 to 15 implementation sites. Each implementation site will serve as the backbone organization in the community implementing the infant-toddler court model¹. The recipient will also offer TA and disseminate resources, learnings, and training to others working to meet the needs of children and families at-risk for involvement or involved in the child welfare system. Lastly, the recipient will evaluate effectiveness and plan for ongoing improvement, sustainability, and spread of infant-toddler court teams.

The overall goal of the Infant-Toddler Court Program is to improve the health, well-being, and development of infants, toddlers, and families in the child welfare system.² Infant-toddler courts are led by a backbone organization in the community with a dedicated infant-toddler court specialist with knowledge of early childhood development, and bring together experts in areas including developmental health, judicial leadership, partnership engagement, and family advisors to address the specific needs of this at-risk population.

Funding Opportunity Title:	Infant-Toddler Court Program
Funding Opportunity Number:	HRSA-18-123
Due Date for Applications:	August 13, 2018
Anticipated Total Annual Available FY 2018 Funding:	Up to \$3,000,000
Estimated Number and Type of Award:	One cooperative agreement
Estimated Award Amount:	Up to \$3,000,000 per year dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No

¹ <http://www.qicct.org/safe-babies-court-teams>

² The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully. Child welfare systems typically receive and investigate reports of possible child abuse and neglect; provide services to families that need assistance in the protection and care of their children; arrange for children to live with kin or with foster families when they are not safe at home; and arrange for reunification, adoption, or other permanent family connections for children leaving foster care. Available at: Child Welfare Information Gateway. (2013). *How the child welfare system works*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Period of Performance:	September 30, 2018 through September 29, 2021 (3 years)
Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) 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 NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, July 25, 2018
Time: 1 p.m. – 2 p.m. ET
Call-In Number: 1-855-719-5008
Participant Code: 466850
Web link: https://hrsa.connectsolutions.com/ta_it_nof
Playback Number: 1-888-203-1112
Passcode: 4396079

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I. Program Funding Opportunity Description

1. Purpose

The purpose of this cooperative agreement is to implement an Infant-Toddler Court Program to support implementation and quality improvement of infant-toddler court teams. Infant-toddler court teams provide case management and family support to infants and toddlers in the child welfare system and work to strengthen and align the child welfare, health, and early childhood and community systems to strengthen the health and well-being of infants and toddlers and their families. The overall goal of the Infant-Toddler Court Program is to improve the health, well-being and development of infants, toddlers, and families in the child welfare system.

Through the provision of training, technical assistance (TA), direct implementation support to 10 to 15 implementation sites, development of communities of practice or other peer learning network models for stakeholders in sites, dissemination of best practices, and evaluation research of infant-toddler courts, the program will:

- Improve infant-toddler developmental health for children served through the infant-toddler court program,
- Promote the spread of evidence-based infant-toddler courts to other jurisdictions,
- Build the evidence-base for infant-toddler courts,
- Promote the implementation of two-generation, trauma-informed, evidence-based early interventions in the court and child welfare systems and across child- and family-serving systems,
- Advance the ability to address parents' past trauma and immediate service needs, and
- Strengthen child welfare practices and early childhood systems to support the parent-child relationship and optimize the well-being of infants and toddlers in the child welfare system.

Building on the science of early childhood development, lessons learned from infant-toddler court teams, and evidence-based early interventions (see resources in [Appendix A](#)), the recipient is expected to optimize the positive impact of infant-toddler court teams and outcomes related to the following (which will be referred to as developmental health impacts throughout this NOFO):

- Early childhood development
- Child abuse/child safety
- Maternal/caregiver depression
- Parenting practices and responsive caregiving
- Core life-skills of caregivers
- Substance use disorders among caregivers
- Access to primary care and mental health services (including services to address parents' past trauma) for infants, toddlers, and their caregivers
- Access to comprehensive services such as transportation, early learning and development, and family support programs
- Education and/or job opportunities for caregivers
- Permanency of home placement
- Reunification among families

Program Activities

The program is expected to serve as a central hub of expertise, best practices, resources, communities of practice, and TA activities for identified and selected implementation sites and others working to meet the needs of children and families at-risk for involvement or involved in the child welfare system. Components of the program include:

Identify Implementation Sites

Central to the initiative is the provision of financial support through subawards and TA to 10 to 15 implementation sites.

HRSA anticipates that the recipient will support at least 6 to 8 implementation sites in Year 1, expanding to 10 to 15 implementation sites in Year 2. These implementation sites will initiate and support infant-toddler court teams for children (birth to age 3) and families.

- Each implementation site will serve as the backbone organization in the community and the convener for the members of the system to come together and carry out the work.
- Eligible entities to be the recipient organization (of a subaward) to serve as an implementation site in local jurisdictions are courts, public child welfare agencies, or other entities in jurisdictions that have the infrastructure and support systems to coordinate across courts, public child welfare, health, behavioral health and early childhood systems, community organizations, and families with infants and young children. Examples of infrastructure and support systems include strong judicial leadership, a Court Improvement Program,³ a community coordinator, and an active court team that subscribes to the infant-toddler court approach. State entities that can support local implementation sites may serve as the recipient organization for a(n) implementation site(s).
- Sites previously supported by the Quality Improvement Center for Research-Based Infant-Toddler Court Teams may be included as implementation sites.⁴
- Each local implementation site is expected to include a dedicated infant-toddler court specialist with knowledge of early childhood development, judicial leadership, engaged partners, and family advisors. In addition to child welfare, courts, and health care providers, implementation sites should demonstrate evidence of partnership with a medical home⁵ focused on infant-toddler health promotion, referrals, care-coordination, and integration of evidence-based early childhood interventions and enhanced services for children and families involved with the child welfare system. The partnership should be developed to meet the unique health needs of children in the child welfare system.
- Demonstration of engagement of state health, mental health, early childhood learning and development, child welfare, and law enforcement systems by eligible entities is encouraged.

³ <https://www.acf.hhs.gov/cb/resource/court-improvement-program>.

⁴ <http://qicct.org/>

⁵ <https://medicalhomeinfo.aap.org/overview/Pages/Whatisthemedicalhome.aspx>.

You are encouraged to include sites ready to spread to additional sites (e.g., on a state or regional basis) throughout the period of performance in order to further develop knowledge on spread of the infant-toddler court approach.

You may allocate up to 60 percent of the budget for subawards to implementation sites. Implementation sites are expected to meet need and readiness criteria that you develop to enable success and impact.

Implementation sites are expected to replicate the infant-toddler court team model⁶, with the added inclusion of children at-risk for foster care placement and enhanced health components, incorporating the science of early childhood development, integrating evidence-based adaptations of the model, testing enhancements and adaptations to specific populations or needs, and implementing promising approaches. Sites should implement activities for families involved in the child welfare system.

Provide TA to Implementation Sites

You are encouraged to describe a plan to work with the implementation sites to closely monitor and provide resources, training and assistance to support the implementation process. Training and TA should include, but not be limited to:

- Basic supports, such as training of infant-toddler court team specialist and court team personnel; providing ongoing tailored TA (in person, by phone, and web-based); implementation of technology platforms and processes to support case management, community-resource referral, data collection, and integration; providing templates and materials to facilitate court-conferencing, stakeholder, and partner engagement; and connection of infant-toddler court teams to peer learning networks, in-person meetings, and subject matter expertise;
- Enhanced integration of health supports into infant-toddler courts;
- Court and child welfare system improvements including child welfare professional workforce development and training on developmentally-appropriate evidence-based practices that promote infant-toddler and family health and well-being in the child welfare system;
- Coordination, capacity, and alignment across systems, including cross-site training opportunities; and
- Site sustainability support.

Specific examples of TA under each of the above referenced areas are provided in [Appendix C](#).

Provide TA to Other Jurisdictions Interested in Infant-Toddler Courts and Child Welfare System Improvements

To accomplish this, your work plan may include:

- Development of a publicly available web-based clearinghouse of existing tools, funding opportunities, best-practices, policies, sustainability planning resources, TA and training resources, research, and subject matter expertise to support jurisdictions in implementation of infant-toddler court teams, evidence-based interventions, and best practices in child welfare;

⁶ <http://www.qicct.org/safe-babies-court-teams>

- Development and dissemination of tools and learning opportunities to enhance implementation of infant-toddler courts in other jurisdictions; and
- Engagement of other jurisdictions and interested stakeholders in communities of practice or other peer learning network models and in-person learning opportunities.

Establish Partnerships

You are encouraged to engage national organizations and stakeholders to improve quality, impact, and reach of the program. These organizations and stakeholders should have expertise in two-generation strategies, trauma-informed care, judicial system, mental health, substance use disorders, early learning and care, child welfare system, evidence-based home visiting and early childhood interventions, child health, Medicaid and early childhood systems and financing, economic self-sufficiency, family engagement and care-coordination.

Implement Quality Improvement

You should describe a plan to support implementation and quality improvement of infant-toddler court teams to optimize their developmental health impact. Include a plan to collect uniformed data across implementation sites and evaluate infant-toddler court components and developmental health impacts of implementation sites.

Evaluation Plan Development

You should present a plan for evaluation of the program and evaluation research activities that analyze the implementation process and overall performance of the program.

Dissemination

Dissemination efforts should aim to increase the spread of sustainable infant-toddler court teams to other communities across the country. Information and knowledge generated by the program will be shared with others working to meet the needs of children and families at-risk for involvement or involved in the child welfare system. Efforts will be made to integrate knowledge into policy and practice.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)), as amended. The Consolidated Appropriations Act, 2018 provided \$3,000,000 to HRSA for a contract or cooperative agreement to provide ongoing training and technical assistance, implementation support, and evaluation research to support evidence-based infant-toddler court teams. In the Explanatory Statement accompanying the appropriations act, Congress directed that these efforts shall build upon the TA and direct support of sites established through the Quality Improvement Center for Research-Based Infant-Toddler Court Teams initiative supported by the Administration for Children and Families (ACF).

Early childhood is a critical period for physical, cognitive, and social-emotional growth and development, and creates the foundation for healthy development, academic success, and well-being well into adolescence and adulthood. Childhood trauma is

common; 45 percent of children in the United States have experienced at least one adverse childhood experience, a potentially traumatic experience or event, including abuse and neglect.⁷ The impact of this trauma affects individuals over a lifetime and societies over generations.

In FY 2016, more than one-quarter (28.5 percent) of child maltreatment victims in the United States were younger than 3 years. The victimization rate was highest for children under 1 year old at a rate of 24.8 per 1,000.⁸ Infants and toddlers have been identified as one of the fastest growing groups being served by child welfare and child protective services.⁹ In FY 2016, 39 percent of children who entered out-of-home care were 3 or younger. Of this group, almost half (46 percent) were under 1 year old.¹⁰

Exposure to harsh parenting practices and child abuse or neglect during the earliest years hinders the healthy social, cognitive, emotional development and life-long health of children.¹¹ Infants and toddlers in the child welfare system often have unmet health needs that are rooted in their complex trauma histories and compounded by their poor access to appropriate health care service.

Research shows that these adverse experiences do not have to dictate a child's future; when negative early experiences occur concurrently with protective factors, there is an opportunity to promote resilience.¹² The science of early development points to evidence that promoting responsive relationships, strengthening core life skills among caregivers, and reducing sources of family stress can improve the safety and responsiveness of caregiving and promote healthy development.¹³ The child welfare system offers a touchpoint through which to partner with birth and foster parents, health and social service professionals, and systems actors to improve outcomes for a high-risk population of infants and toddlers. Infant-toddler court teams are one approach that specifically targets the unique needs of infants, toddlers, and their families involved with the child welfare system.

⁷ Child Trends. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Available at <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity/>.

⁸ U.S. Department of Health & Human Services, Administration for Children & Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016. Available at <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

⁹ Wulczyn, F., Barth, R. P., Yuan, Y., Jones-Harden, B., & Landsverk, J. (2005). Beyond Common Sense: Child Welfare, Child Well-being and the Evidence for Reform. New Brunswick, NJ: Aldine Transaction.

¹⁰ U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2017). The AFCARS Report: Preliminary FY 2016 Estimates. Available at <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport24.pdf>.

¹¹ Wiggins, Fenichel, & Mann. (2007). Developmental Problems of Maltreated Children and Early Intervention Options for Maltreated Children. Available at <https://aspe.hhs.gov/report/developmental-problems-maltreated-children-and-early-intervention-options-maltreated-children>.

¹² Quality Improvement Center for Research-Based Infant-Toddler Court Teams. The Adverse Childhood Experiences of Very Young Children and Their Parents Involved in Infant-Toddler Court Teams. Available at

<http://www.qicct.org/sites/default/files/ACES%20Policy%20Brief%20%20v4%20%28003%29.pdf>.

¹³ Center on the Developing Child at Harvard University (2016). Applying the Science of Child Development in Child Welfare Systems. Available at http://www.ddcf.org/globalassets/child-well-being/16-1013-center-on-developing-child_childwelfaresystems.pdf.

Starting in 2014, ACF supported the Quality Improvement Center for Research-Based Infant-Toddler Court Teams to provide TA and implement projects to fully develop and expand research-based child welfare infant-toddler court teams. In addition, other jurisdictions implemented a variety of approaches towards meeting the unique needs of infants and toddlers in the child welfare system. These efforts produced valuable findings about elements that work best to assist jurisdictions to expand and build infrastructure capacity across the courts, child welfare agencies, and other behavioral health and early childhood systems to ensure that infants and toddlers and their caregivers have access to comprehensive, high-quality evidence-based parenting, child development, and behavioral health services.

An evaluation of an infant court team model implemented in four sites across the country found that the infants and toddlers served by the court teams achieved positive safety, permanency, and well-being outcomes.¹⁴ Of infants and toddlers served by the infant court team model, 97 percent of the identified service needs either had been fully met or were in the process of being met and 99 percent were protected from further maltreatment.¹³ Children served by the infant-toddler court team exited foster care approximately 1 year earlier than children in a matched comparison group did; and they were more likely to reach permanency with a member of their biological family.¹³ Much is also known about effective parenting interventions that can be integrated into systems to improve the well-being of infants and toddlers.¹⁵ Additionally, the growth and continual improvement of family drug courts,¹⁶ two-generation,¹⁷ trauma-informed,¹⁸ and early childhood systems efforts have yielded lessons around best practices, scaling, and sustainability planning. Drawing upon these successes, and the science of early child development, the infant-toddler court team program offers an opportunity to improve life-course health and well-being.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

¹⁴ James Bell Associates. (2009). Evaluation of the Court Teams for Maltreated Infants and Toddlers. Final Report. Office of Justice Grant No. 2006-MU-MU-65. Arlington, VA: James Bell Associates. Available at <https://www.jbassoc.com/resource/evaluation-court-teams-maltreated-infants-toddlers-executive-summary/>.

¹⁵ National Academies of Sciences, Engineering, and Medicine. (2016). Parenting Matters: Supporting Parents of Children Ages 0-8. Washington, DC: The National Academies Press. Available at <https://www.nap.edu/read/21868/chapter/1>.

¹⁶ <http://www.ddcf.org/globalassets/child-well-being/17-0502-cff-national-fdc-strategic-plan.pdf>.

¹⁷ <https://www2.ed.gov/about/inits/ed/earlylearning/files/2017/2gen-toolkit-resource-for-staff-and-families.pdf>.

¹⁸ <https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems>.

HRSA Program involvement will include:

- Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls, meetings and TA/team sessions that are conducted during the period of the cooperative agreement;
- Reviewing the recipient's updated evaluation plan and data, and assisting the recipient in addressing any identified challenges;
- Establishing federal interagency partnerships, collaboration, and cooperation that may be necessary to conduct the project;
- Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to submission for publication or public dissemination; and
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the Program Activities section of this NOFO;
- Modifying and/or developing TA activities in support of the implementation sites and other jurisdictions interested in implementing infant-toddler courts;
- Informing the federal project officer of any publications, audiovisuals, and other materials produced prior to distribution under the auspices of the cooperative agreement;
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of the cooperative agreement;
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination;
- Developing and maintaining a public web-based clearinghouse with access to all tools and resources;
- Developing and submitting a performance measurement and updated evaluation plan, revised from the plan contained in the funding application to the federal project offers which considers interim evaluation findings, at the start of each subsequent project year;
- Providing leadership in data collection and analysis; and
- Convening and leading annual in person meetings of infant-toddler court teams and other stakeholders and jurisdictions.

2. Summary of Funding

HRSA expects approximately \$3,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$3,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2018 through September 29, 2021 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Infant-toddler Court Program in subsequent fiscal years, satisfactory recipient performance, and a decision

that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible to apply. See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. Any eligible applicant can submit only one application in response to this NOFO. Where appropriate, eligible applicants may elect to collaborate with each other to jointly develop, implement, and evaluate the proposed program. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed activities. In these cases, the application must be submitted by one eligible applicant that proposes to provide subawards to other eligible applicant(s) to jointly develop, implement, and evaluate this program.

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 your **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** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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 NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 6: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), 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.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need***
Briefly describe the purpose of the proposed project. Highlight the overarching problem to be addressed and the contributing factors. Specifically, you should highlight information related to your understanding of early childhood development, infant-toddler court teams, and evidence-based approaches to working with children and families involved in the child welfare system.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***
This section will help reviewers understand the health and social needs of children and their families in the child welfare system. Describe the target population and its unmet health needs, and include social determinants of health and health disparities affecting the population served. Applicants should clearly address the need for collaborative service delivery across the courts, child welfare agencies, and other relevant child and family serving agencies as a means of improving outcomes for infants and toddlers (birth to 3 years) in the child welfare system. Whenever possible, use and cite the most recent demographic data to support the information provided.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response*

Identify Implementation Sites

- List at least 6 to 8 potential implementation sites to be supported in Year 1 to bring infant-toddler court teams to children (birth to age 3) and families.
- Describe, in detail, how and why the potential implementation sites for Year 1 were selected, and how you will determine if they meet the eligibility criteria described in the Purpose section. The criteria for selection should also include for each proposed site:
 - Analysis of the size of the target population, number of infants and toddlers (ages birth to 3 years) in child welfare;
 - Analysis of the safety, permanency, developmental health, and well-being outcomes;
 - Analysis of the available services and supports for infants and toddlers and existing gaps in evidence-based programs;
 - Analysis of the infrastructure and program needs; and
 - Determination of the number of families targeted for inclusion in the infant-toddler court.
- Describe your plan to identify and increase from at least 6 to 8 implementation sites supported in Year 1 to a total of 10 to 15 implementation sites by Year 2. Describe how you will ensure these additional sites will meet the eligibility criteria described in the Purpose section, as well as the criteria for selection used in Year 1.
- Describe how you will identify sites that will be ready to spread to additional sites (e.g., on a state or regional basis) throughout the period of performance in order to further develop knowledge on the spread of infant-toddler court teams.
- Describe how you will evaluate the state of need and readiness of implementation sites that will enable success and impact.
- Describe how you will promote medical home, court, child welfare, and other partnerships for all implementation sites.
- Describe plans to provide up to 60 percent of the budget for subawards to implementation sites.

Provision of TA to Implementation Sites

- Describe how you will assist sites with determining evidence-based and evidence-informed practices that promote infant-toddler and family health and well-being in the child welfare system (see resources in [Appendix A](#)).
- Describe how you will work with sites in the core areas of: 1) basic supports, 2) enhanced integration of health, 3) court and child welfare system improvements including child welfare professional workforce development and training on developmentally-appropriate evidence-based practices that promote infant-toddler and family health and well-being in the child welfare system, 4) coordination, capacity and alignment across systems, including cross-site training opportunities, and 5) site sustainability support. (see [Appendix C](#) for strategies in core areas)
- Describe how you will work with sites to optimize their impact on developmental health, early childhood systems, and child welfare and

judicial practices, including how TA may be individualized to address local and state contexts of each implementation site.

- Describe how you will develop and facilitate communities of practice or other peer learning network model for judges, community coordinators, and other stakeholders in implementation sites, including a plan for web-based activity. This may also include the broader network of infant-toddler court teams and interested stakeholders.
- Describe how you will facilitate an annual in person meeting of infant-toddler court teams and include other stakeholders and interested jurisdictions to discuss their implementation activities, evaluation, and measurement, sustainability, and dissemination of lessons learned.

Provide TA to Other Jurisdictions Interested in Infant-Toddler Courts and Child Welfare System Improvements

- Describe your plan to provide TA to other jurisdictions interested in infant-toddler courts. Describe the activities that are included in your plan.

Establish Partnerships

Describe how you will identify and engage national organizations and stakeholders to improve quality, impact, and reach of the program. This may include partnerships with HHS-funded early childhood and child welfare TA providers and judicial and legal professional association, court innovation, maternal and child health and fatherhood organizations, among others.

Dissemination

- Describe your strategy to share information and knowledge generated by the program with the others working to meet the needs of children and families at-risk for involvement or involved in the child welfare system, including how to integrate knowledge into policy and practice to achieve identified dissemination goals.
- Describe plans to evaluate the extent to which the target audiences have received project knowledge and used it as intended, and how you will assess the relative success of the dissemination efforts.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. 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. Describe how the organization will ensure that the funds for the subawards to the implementation sites will be properly monitored and documented.

The work plan must be submitted in table format as *Attachment 1*, and include all of the information detailed in this narrative.

Submit a logic model for designing and managing the project in *Attachment 1*. 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 notice, 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 support resources. Base assumptions 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 you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*

Implement Quality Improvement

- Describe how you will support implementation and continuous quality improvement of infant-toddler court teams to optimize their developmental health impact.
- Describe, in detail, standardized process and outcome measures, as well as systems measures (i.e. components of the system such as partnerships, processes, and policies that drive quality outcomes) that may be used for assessment. Numerators and denominators should be specified as well as a rationale provided for each measure selected.
- Describe how the measures will be aligned, as feasible and appropriate, with performance measures established for child welfare agencies, court programs, and the Maternal, Infant, and Early Childhood Home Visiting Program¹⁹ and informed by the early childhood development evidence base.
- Describe the strategy to collect, analyze, clean, and track data to track standardized process and outcome measures, and explain how the data will be used to inform program development and service delivery.
- Describe how you will work with implementation sites to help them build capacity to identify and track data that will support continuous quality improvement efforts.
- Describe how you will assess the impact of the training and TA provided to

¹⁹https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf

the implementation sites, and other jurisdictions interested in implementing infant-toddler courts.

- Describe how you will use information from the assessments to guide the strategies implemented throughout the 3 years of the program.

Evaluate

- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement.
 - Describe how your evaluation plan will contribute to the evidence-base for infant-toddler courts and improve early childhood systems and child welfare practices.
 - Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.
 - Describe how you will evaluate impact and continually monitor and improve performance.
 - Describe short and intermediate outcome measures as well as data sources and how and how frequently they will be collected across implementation sites.
 - Describe any potential obstacles for implementing the program performance evaluation, and your plan to address those obstacles.
 - Describe your plan to disseminate findings to key stakeholders including evaluation findings, barriers encountered, and noted successes, as well as a comprehensive evaluation report and presentation of findings to HRSA and other stakeholders.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds including awarding and monitoring subawards and other contracts, and document all costs to avoid audit findings.
 - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this national-level project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key staff in *Attachment 3*.
 - Succinctly describe your organization's current mission and structure, scope of current activities, including an organizational chart as *Attachment 4* and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
 - Describe any national, substantive child welfare legal expertise.
 - Demonstrate that the organization has or is able to obtain the expertise on key topics areas such as early childhood development, health of infants and children, the child welfare system, and infant-toddler court teams.
 - Describe your organization's experience collaborating with relevant entities

working to improve the health of young children and families in the child welfare system.

- Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting these project activities. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts in *Attachment 5*.
- Demonstrate how your organization has adequate experience, infrastructure, and staffing in place to provide coaching, TA, and training to jurisdictions to implement strategies outlined in the work plan. Discuss experience in providing both widespread and individual TA and training on early childhood development and systems, implementing two-generational approaches, and implementing infant-toddler court teams. This includes employing adult-learning theory and instructional design in TA development and monitoring.
- Describe your organization’s relevant experience and expertise with providing TA and the administration, development, implementation, management, and evaluation of similar projects related to infants and toddlers (ages birth to 3 years) and their caregivers, and in supporting collaboration among the courts, child welfare, health, behavioral health, early education, early intervention, and other relevant child and family serving agencies.
- Describe your organization’s experience in providing direct TA to state and tribal courts and the legal community, as well as any experience in working closely with and leading legal and judicial research and reform activities.
- Describe your organization’s experience partnering with the health sector and enhancing health partnerships around infant-toddler well-being.
- Describe your experience providing TA to integrate behavioral health in the medical home and foster collaboration between the medical home and child welfare and other systems.
- Describe your experience working with the range of entities involved in infant-toddler court teams, including administrative office of the courts; Court Improvement Programs; state, local, or tribal child welfare agencies; and other primary service providers expected to be involved.
- Describe any experience facilitating sustainability planning in early childhood systems and child welfare.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
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	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(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 may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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.

Include within the budget proposal the level of support, expected to be up to 60 percent of the budget, for subawards to implementation sites, including convening and participating in an annual meeting.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202 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.” 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 may apply in FY 2019, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

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. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also, include the required logic model in this attachment. Describe how the organization will ensure that the funds for the subawards to the implementation sites will be properly monitored and documented.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including where this project will fit within the organization.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable(s). Letters of agreement must be signed and dated.

Attachments 6 – 15: 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 Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have 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 you have 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://www.dnb.com/duns-number.html>)
- 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](#).

UPDATED [SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 NOFO is *August 13, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Infant-Toddler Court Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$3,000,000 per year (inclusive of direct **and** indirect costs). 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.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) 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 2019, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The Infant-Toddler Court Program has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the application describes the purpose of the project, and demonstrates the problem and associated contributing factors to the problem.
- The extent to which the applicant discusses the health and social needs of children and their families involved in the child welfare system, including the socioeconomic and cultural determinants of health and health disparities affecting the population served.
- The extent to which the application demonstrates a thorough understanding of the need for agencies to develop and implement partnerships to support the target population specified in this NOFO.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Identify Implementation Sites (5 points)

- The extent to which the applicant provided at least 6 to 8 potential implementation sites to be supported in Year 1. This should include a description of how and why the potential sites were selected, and the plan to determine if the sites will meet the eligibility criteria described in the Purpose section, as well as an analysis of specified criteria for selection.
- The extent to which the applicant describes a plan to identify and increase to a total of 10 to 15 implementation sites by Year 2.
- The extent to which the applicant describes a process to identify sites that will be ready to spread to additional sites (e.g., on a state or regional basis) throughout the project period in order to further develop knowledge on spread of infant-toddler courts.
- The extent to which the applicant describes a process to promote medical home, court, child welfare, and other partnerships for each of the implementation sites.
- The extent to which the applicant describes a plan to evaluate the state of need and readiness of implementation sites that will enable success and impact.
- The extent to which the applicant describes plans to provide up to 60 percent of the budget for subawards to implementation sites.

Provision of TA to Implementation Sites (8 points)

- The extent to which the applicant describes their plan to provide TA in the core areas of: 1) basic supports, 2) enhanced integration of health, 3) court and child welfare system improvements including child welfare professional workforce development and training on developmentally-appropriate evidence-based practices that promote infant-toddler and family health and well-being in the child welfare system, 4) coordination, capacity and alignment across systems, including cross-site training opportunities, and 5) site sustainability support.
- The extent to which the intensity and processes for providing TA are expected to optimize impact on developmental health, early childhood systems, and child welfare practices, and plans to individualize TA may take into account the state and local contexts of each implementation site.
- The extent to which the applicant describes how they will develop and facilitate communities of practice or other peer learning network model for judges, community coordinators, and other stakeholders in implementation sites, including a plan for web-based activity.

- The extent to which the applicant describes a plan for annual in person meetings of infant-toddler court teams and other stakeholders and jurisdictions.

Provide TA to Other Jurisdictions Interested in Infant-Toddler Courts and Child Welfare System Improvements (3 points)

- The extent to which the applicant describes an effective plan for providing TA to other jurisdictions interested in infant-toddler courts.

Establish Partnerships (3 points)

- The extent to which the applicant describes an effective strategy to identify and engage national organizations and stakeholders to improve quality, impact, and reach of the program.

Dissemination (3 points)

- The effectiveness of the applicant's strategy to share information and knowledge generated by the program with others working to meet the needs of children and families at-risk for involvement or involved in the child welfare system, including how to integrate knowledge into policy and practice to achieve identified dissemination goals.
- The extent to which the applicant describes a plan to evaluate receipt and use of project knowledge by target audiences, and how the relative success of the dissemination efforts will be assessed.

Other Criteria (3 points)

- The extent to which the applicant provides a logic model for designing and managing an effective project.
- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

These criteria assess the strength and effectiveness of the proposed methods to monitor performance and evaluate the project processes, performance, outcomes/results, and impact. Specifically, the applicant should describe:

General Performance Management and Continuous Quality Improvement (4 points)

- The extent to which the program performance evaluation will ensure continuous quality improvement of infant-toddler court teams to optimize their developmental health impact.
- The extent to which the applicant describes how they will work with sites to help them build capacity to identify and track data that will support continuous quality improvement efforts.
- The extent to which the applicant describes potential obstacles for implementing the program performance evaluation, and their plan to address those obstacles.
- The extent to which the evaluation findings will inform progress towards project goals and objectives.

- The extent to which the applicant described the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Implementation Site Evaluation (3 points)

- The extent to which the applicant describes the strategy to collect, analyze and track data from the implementation sites to measure process and outcomes, and explains how these data will be used to inform program development and service delivery.
- The extent to which the applicant describes how they will identify and finalize common process and short/intermediate term measures.
- The extent to which the applicant describes how measures will be aligned, as feasible and appropriate, with performance measures established for child welfare agencies, court programs, and the Maternal, Infant, and Early Childhood Home Visiting Program and informed by the early childhood development evidence base.
- The extent to which the evaluation plan is expected to contribute to the evidence-base for infant-toddler courts and improve early childhood systems and child welfare practices.
- The extent to which the applicant describes how they will evaluate the reach and impact of TA to other jurisdictions interested in infant-toddler court teams.

Dissemination of Evaluation Findings (3 points)

The extent to which the applicant includes a plan to disseminate findings to key stakeholders including evaluation findings, barriers encountered, and noted successes, as well as a comprehensive evaluation report and presentation of findings to HRSA and other stakeholders.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan, and Evaluation and Technical Support Capacity

These criteria assess the feasibility and effectiveness of the applicant’s work plan/methodologies for developing and leading the national partnership and implementation sites towards achieving the project goals. Specifically, the review should ascertain:

- The feasibility and effectiveness of the applicant’s plan to direct technical and financial support to the implementation sites.
- The feasibility and effectiveness of the processes, timelines, and monitoring practices provided by the applicant for managing subawards under the cooperative agreement.
- The feasibility and effectiveness of the applicant’s plan to ensure that implementation sites will monitor progress towards project goals and objectives.
- The feasibility and effectiveness of the applicant’s plan for continuing the proposed project beyond the period of federal funding under this NOFO.
- The feasibility and effectiveness of the applicant’s plan to strategically and effectively disseminate project information and findings.

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV’s Organizational Information

The extent to which project personnel are qualified by training and/or experience to

implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. This includes:

Organizational Capacity (15 points)

- The extent to which the applicant discusses how they will follow the approved plan, as outlined in the application, properly account for the federal funds including awarding and monitoring subawards and other contracts, and document all costs in order to avoid audit findings.
- The extent to which the applicant describes the project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project.
- The extent to which the applicant describes their current mission and structure, scope of current activities and describes how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations.
- The extent to which the applicant demonstrates that they have adequate experience, infrastructure, and staffing in place to provide coaching, TA, and training to jurisdictions to implement strategies outlined in the work plan. This should include experience in providing both widespread and individual TA and training on early childhood development and systems, implementing two-generational approaches, and implementing infant-toddler court teams.

Organizational Expertise and Experience (20 points)

- The extent to which the applicant describes any national, substantive child welfare legal expertise.
- The extent to which the applicant describes experience in providing direct TA to state and tribal courts and the legal community, as well as any experience in working closely with and leading legal and judicial research and reform activities.
- The extent of the organization's relevant experience and expertise with providing TA and the administration, development, implementation, management, and evaluation of similar projects related to infants and toddlers (ages birth to 3 years) and their caregivers, and in supporting collaboration among the courts, child welfare, health, behavioral health, early education, early intervention, and other relevant child and family serving agencies.
- The extent to which the organization has or is able to obtain the expertise on key topics areas such as early childhood development, health of infants and children, the child welfare system, and infant-toddler court teams.
- The extent to which the applicant describes their experience collaborating with relevant entities working to improve the health of young children and families involved in the child welfare system.
- The extent to which the applicant's organization has experience partnering with the health sector and enhancing health partnerships around infant-toddler well-being.
- The extent to which the organization has experience providing TA to integrate behavioral health in the medical home and foster collaboration between the medical home and child- welfare and other systems.

- The extent to which the applicant effectively describes relationships with any organizations with which they intend to partner, collaborate, coordinate efforts, or receive assistance from, while conducting these project activities.
- The extent to which the applicant demonstrates experience working with the range of entities involved in infant-toddler court teams, including administrative office of the courts; Court Improvement Programs; state, local, or tribal child welfare agencies; and other primary service providers that will be involved in projects supported by the recipient.
- The extent to which the applicant's organization has experience facilitating sustainability planning in early childhood systems and child welfare.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity and timing of the proposed activities, and the anticipated results.

- The extent to which the applicant describes the funding to be provided to the implementation sites.
- The extent to which the applicant provides adequate funding to the 10 to 15 implementation sites (up to 60 percent of the budget).
- 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.
- The extent to which the applicant provides adequate support for annual in-person meeting.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA 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](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications the cooperative agreement recipient develops or purchases with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the cooperative agreement recipient owns the copyright for materials that it develops under this cooperative agreement, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this cooperative agreement and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. The specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the Notice of Award (NoA). Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

The new Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting as of October 1, 2017. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients 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, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs 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). GPRA 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.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U2D_2.HTML and below.

Administrative Forms			
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project Products, Publications and Submissions Data Collection Form			
Updated DGIS Performance Measures, Numbering by Domain			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 2	New	N/A	Technical Assistance
CB 3	New	N/A	Impact Measurement
CB 4	Revised	5	Sustainability

Women's/ Maternal Health			
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care
WMH 4	New	N/A	Depression Screening
Perinatal Infant Health			
PIH 1	New	N/A	Safe Sleep
Child Health			
CH 1	New	N/A	Well Child Visit
CH 2	New	N/A	Quality of Well Child Visit
CH 3	New	N/A	Developmental Screening
CH 4	New	N/A	Injury Prevention
Children With Special Health Care Needs			
CSHN 1			Family Engagement
CSHN 2			Medical Home
Life Course/ Cross Cutting			
LC 1	New	N/A	Adequate Health Insurance Coverage

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

c) Period of Performance End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete

the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7858
Email: DColwander@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Dina Joy Lieser, MD, FAAP
Senior Advisor
Division of Home Visiting and Early Childhood Systems
Attn: Infant-Toddler Court Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N182
Rockville, MD 20857
Telephone: (240) 463-7726
Email: DLieser@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base: <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 a.m. to 8 p.m. ET, excluding federal holidays at:

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

You can find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, July 25, 2018
Time: 1 p.m – 2 p.m. ET
Call-In Number: 1-855-719-5008
Participant Code: 466850
Web link: https://hrsa.connectsolutions.com/ta_it_nof

Playback Number: 1888-203-1112
Passcode: 4396079

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Appendix A: Early Childhood Evidence-based Practices and Programs

The evidence-base in early childhood developmental promotion, trauma informed, two-generation strategies and screening, assessment, and intervention continues to deepen. Similarly, there are a growing number of effective interventions to address parental issues that result in the family's involvement in the child welfare system, including substance abuse treatment, behavioral health interventions, and domestic violence programs. There are a number of evidence-based registries and resources on evidence-based practices and programs, including but not limited to:

- Quality Improvement Center for Research-Based Infant-Toddler Court Teams: Evidence-Based and Evidence-Informed Practices²⁰
- Review of Evidence-Based Interventions for Families Served by Infant-Toddler Court Teams²¹
- Evidence Based Parenting Interventions for 0-8²²
- Evidence Based Parenting Interventions To Promote Secure Attachment²³
- Compendium of Parenting Interventions²⁴
- Primary Care Interventions for Early Childhood Development: a Systematic Review²⁵
- California Evidence-based Clearinghouse for Child Welfare²⁶
- Home Visiting Evidence of Effectiveness²⁷
- Department of Education's Early Childhood Technical Assistance Center²⁸

²⁰ <http://www.qicct.org/evidence-based>

²¹ <http://www.qicct.org/sites/default/files/AReviewOfEvidenceBasedInterventions080615.pdf>

²² <https://www.nap.edu/read/21868/chapter/13>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4995667/>

²⁴ https://www.acf.hhs.gov/sites/default/files/e.cd/compendium_of_parenting_interventions_911_508.pdf

²⁵ <https://www.ncbi.nlm.nih.gov/pubmed/29138363>

²⁶ [http:// https://www.ncbi.nlm.nih.gov/pubmed/29138363](http://https://www.ncbi.nlm.nih.gov/pubmed/29138363) www.cebc4cw.org/.

²⁷ <https://homvee.acf.hhs.gov/>.

²⁸ http://ectacenter.org/implement_ebp/implement_ebp.asp

Appendix B: Other Child Welfare Linkages

The Keeping Children and Families Safe Act of 2003, June 25, 2003, (Public Law 108-36), which reauthorized the Child Abuse Prevention and Treatment Act (CAPTA), encourages federal support of child protective services (CPS) linkages with developmental, mental health, early intervention, and health services related to the evaluation and treatment of maltreated children.

Specifically, CAPTA requires CPS to refer all cases involving substantiated victims of child maltreatment under the age of 3 to services funded under Part C of the Federal Individuals with Disabilities Education Act (IDEA) to be evaluated for the receipt of early intervention services such as speech, language, and physical therapy; family counseling and home visits; medical care; nursing; and nutrition services. For more information, see <https://www.childwelfare.gov/pubs/partc/>.

The Family First Prevention Services Act was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care. For more information see <https://campaignforchildren.org/resources/fact-sheet/fact-sheet-family-first-prevention-services-act/>.

The Regional Partnership Grant program awards competitive, targeted grants to regional partnerships that provide integrated activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse.

The Children's Justice Act provides grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. State and local examples are available at <https://www.childwelfare.gov/topics/systemwide/courts/reform/cja/>.

State Fact Sheets on Child Welfare Financing are available at <https://www.childtrends.org/research/research-by-topic/child-welfare-financing-survey-sfy-2014/>.

Appendix C: Infant-Toddler Court Team TA Examples

Basic Supports:

- Training of infant-toddler court team specialist and court team personnel
- Ongoing tailored TA (in person, by phone, and web-based)
- Technology platforms and processes to support case management, community-resource referral, data collection, and integration
- Templates and materials to facilitate court-conferencing, stakeholder, and partner engagement
- Connection of infant-toddler court team to peer learning network, in-person meetings, and subject matter expertise

Enhanced Integration of Health:

- Medical Home partnership for health promotion, enhanced care management for child welfare involved families, referrals, collaboration, co-location of services, integration, and shared management
- Meeting the complex health including physical, developmental, mental, psycho-social, trauma, and dental health needs of infants and toddlers and addressing parental trauma
- Assuring comprehensive health assessments, access and continuity of care, and linkage to medical home for infants and toddlers
- Assessment of caregiver depression, substance use, early developmental risks, basic family needs, developmental delays, and linkage to services
- Partnerships with health systems, population health, and health reform initiatives

Court and Child Welfare System Improvements:

- Integration of parenting, developmental, relational health promotion, prevention, and early interventions
- Awareness of, coordination, linkage, and partnership with early childhood services and interventions
- Integration of two-generation, trauma-informed practices
- Judicial leadership
- Facilitation of frequent case conferencing and family team meetings

Coordination, Capacity and Alignment across Systems:

- Identifying and addressing gaps in early childhood systems to improve infant-toddler well-being
- Cross-systems workforce training, coaching, and integration of trauma-informed, two-generation, protective factors frameworks
- Infant and early childhood mental health consultation
- Centralized access points for developmental promotion, and two-generation screening, education, and resource referral
- Developing a system of peer-to-peer support and family leadership
- Integrating and coordinating data systems

Site Sustainability Support:

- Leveraging public and private funding streams for infant-toddler court teams, early childhood, and family support interventions
- Health care financing and reform strategies to meet the unique needs of infants and toddlers involved in the child welfare system
- Developing state, local, and judicial leadership
- Developing a sustainability and scaling plan
- Effectively engaging early childhood, health, child welfare, and law enforcement state leaders to facilitate systems change