Administration for Children and Families

Administration on Children, Youth and Families

Promoting Well-Being and Adoption after Trauma
HHS-2013-ACF-ACYF-CO-0637
Application Due Date: 08/05/2013
Overview

Executive Summary

Section I. Funding Opportunity Description

Section II. Award Information

Section III. Eligibility Information
  1. Eligible Applicants
  2. Cost Sharing or Matching
  3. Other - (if applicable)

Section IV. Application and Submission Information
  1. Address to Request Application Package
  2. Content and Form of Application Submission
  3. Submission Dates and Times
  4. Intergovernmental Review
  5. Funding Restrictions
  6. Other Submission Requirements

Section V. Application Review Information
  1. Criteria
  2. Review and Selection Process
  3. Anticipated Announcement and Award Dates

Section VI. Award Administration Information
  1. Award Notices
  2. Administrative and National Policy Requirements
  3. Reporting

Section VII. Agency Contact(s)

Section VIII. Other Information
Executive Summary

Notices:

- On January 1, 2012, the Administration for Children and Families implemented required electronic application submission via www.grants.gov for discretionary grant applications. Please see Section III.3. Disqualification Factors, Section IV.2. Content and Form of Application Submission and Application Submission Options, and Section IV.3. Explanation of Due Dates and Times for information on electronic application submission and the availability of exemptions allowing applicants to submit applications in paper format.

- This Fiscal Year (FY 2013) ACF has implemented a new application upload requirement. Each applicant applying electronically via www.grants.gov is required to upload only two electronic files, excluding Standard Forms and OMB-approved forms. No more than two files will be accepted for the review, and additional files will be removed. Standard Forms and OMB-approved forms will not be considered additional files. Please see Section IV.2 Content and Form of Application Submission for detailed information on this requirement.

The Administration for Children, Youth and Families (ACYF), Children's Bureau (CB), announces the availability of competitive grant funds authorized by the Adoption Opportunities Program. The goal of this Funding Opportunity Announcement (FOA) is to solicit proposals for projects that will improve the social and emotional well-being and restore the developmentally appropriate functioning of targeted children and youth in child welfare systems that have mental and behavioral health needs. These grants, in the form of cooperative agreements, are designed to:

- Assist public child welfare agencies, through interagency collaboration, in improving child well-being, adoption and post-adoption outcomes by creating a flexible service array that provides early access to effective mental and behavioral health services that match the needs of children, youth, and families in the service population;
- Support the implementation of a comprehensive and integrated approach to evidence-based or evidence-informed screening and assessment of mental health and behavioral health needs and the use of functional outcome oriented case planning to ensure those needs are met;
- Support service array reconfiguration approaches at the child and systems level that are aligned and responsive to the screening and functional assessment data while simultaneously targeting and de-scaling practices and services that are not effective; and/or do not meet the assessed needs of the
target population;

- Identify factors and strategies associated with successful installation, implementation, and sustainability of service system changes; and,
- Evaluate the effect of implemented system changes on safety, permanency, well-being, adoption, and cost outcomes for children overall and for particular subgroups.

Applicants should carefully review this full FOA and consider the level of effort necessary to meet the purpose of the FOA and the evaluation-related requirements. To fully meet the intent of the FOA, grantees must adopt and implement a combination of specific, clearly-defined activities, including screening, assessment, case planning (with measurable outcomes related to improvements in social and emotional functioning), and creation of a data-driven, evidence-based service array. To do so, grantees must ensure that their proposed interventions and integrated programs are an appropriate fit for the characteristics and needs of the groups targeted for services. The grantee's approach and plan must be feasible based on the capacity, resources, collaborative infrastructure, and conditions of the systems in which the program strategies are to be delivered. Further, grantees will collaborate with other CB grant projects funded under this FOA to use the same/similar assessment tools, implementation outcomes, and cost measures whenever possible.

Grant funds may be used for the process of service transformation and alignment efforts to improve access to appropriate, evidence-based or evidence-informed mental and behavioral health services for the target population in order to improve child well-being, adoption and post-adoption outcomes. Activities may include, but are not limited to building collaborative partnerships, screening, assessment, planning, capacity-building, training, installation, implementation, data collection and tracking, evaluation, and dissemination. Successful applicants will design a plan to sustain service transformations within their child welfare service delivery systems.

This grant is not intended to be used for states and systems to purchase services at the individual child and family level. Rather, this funding will help states and systems build the capacity to develop an integrated and coherent approach to screening and assessment; functional outcome-oriented case planning; the continual identification and implementation of an aligned, evidence-based service array; and the evaluation of the impact on child functioning and adoption and post-adoption outcomes. As such, it will be important for applicants to build on and complement existing resources and activities when designing their approach (e.g., integrating Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and Part C of Individuals with Disabilities Education Act (IDEA) when developing systems for screening and assessment).

### 1. Funding Opportunity Description

#### Statutory Authority

The statutory authority is the Adoption Opportunities Program, section 203 (42 U.S.C. 5113) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, (Public Law (Pub. L.) 95-266), as amended by Pub. L. 111-320, the CAPTA Reauthorization Act of 2010, the Adoption Opportunities program, and the Abandoned Infants Assistance Act.

#### Description

#### BACKGROUND

**Ensuring the Well-Being of Vulnerable Children and Families**

ACYF is committed to facilitating healing and recovery, and promoting the social and emotional well-being of children who have experienced maltreatment, exposure to violence, and/or trauma. This FOA and other discretionary spending this fiscal year are designed to ensure that child welfare systems are able to ensure that effective interventions are in place to build skills and capacities that
contribute to the healthy, positive, and productive functioning of children and youth into adulthood.

Children who have experienced maltreatment, exposure to violence, and/or trauma are impacted along several domains, each of which must be addressed in order to foster social and emotional well-being and promote healthy, positive functioning:

- **Understanding Experiences:** A fundamental aspect of the human experience is the development of a world view through which one's experiences are understood. Whether that perspective is generally positive or negative impacts how experiences are interpreted and integrated. For example, one is more likely to approach a challenge as a surmountable, temporary obstacle if his or her frame includes a sense that "things will turn out alright." On the contrary, negative experiences can color how future experiences are understood. Ongoing experiences of abuse might lead children to believe they deserve to be maltreated and affect their ability to enter into and stay engaged in safe and healthy relationships. Interventions should seek to address how young people frame what has happened to them in the past and their beliefs about the future.

- **Developmental Tasks:** People grow physically and psychosocially along a fairly predictable course, encountering normal challenges and establishing competencies as they pass from one developmental stage to another. However, adverse events have a marked effect on the trajectory of normal social and emotional development, delaying the growth of certain capacities, and, in many cases, accelerating the maturation of others. Intervention strategies must be attuned to the developmental impact of negative experiences and address related strengths and deficits to ensure children and youth develop along a healthy trajectory.

- **Coping Strategies:** The methods that young people develop to manage challenges both large and small are learned in childhood, honed in adolescence, and practiced in adulthood. Those who have been presented with healthy stressors and opportunities to overcome them with appropriate encouragement and support are more likely to have an array of positive, productive coping strategies available to them as they go through life. For children who grow up in unsafe, unpredictable environments, the coping strategies that may have protected them in that context may not be appropriate for safer, more regulated situations. Interventions should help children and youth transform maladaptive coping methods into healthier, more productive strategies.

- **Protective Factors:** A wealth of research has demonstrated that the presence of certain contextual factors (e.g., supportive relatives, involvement in after-school activities) and characteristics (e.g., self-esteem, relationship skills) can moderate the impacts of past and future negative experiences. These protective factors are fundamental to resilience; building them is integral to successful intervention with children, youth, and families.

The skills and capacities in these areas support children and youth as challenges, risks, and opportunities arise. In particular, each domain impacts the capacity of young people to establish and maintain positive relationships with caring adults and supportive peers. The necessity of these relationships to social and emotional well-being and lifelong success in school, community, and at home cannot be overstated and should be integral to all interventions with vulnerable children and youth. Additionally, building these skills and capacities through the implementation of effective interventions will ready children, youth, and families for positive permanency outcomes.

An important component of promoting social and emotional well-being includes addressing the impact of trauma, which can have a profound effect on the overall functioning of children and youth.ACYF promotes a trauma-informed approach that involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the domains outlined in this section, as well as the behavioral and mental health consequences of trauma.

ACYF anticipates a continued focus on social and emotional well-being as a critical component of its overall mission to ensure the safety, permanency, and well-being of children. This includes an emphasis on increasing adoption and post-adoption opportunities by effectively addressing emotional, behavioral, and relational difficulties that can be barriers to successful adoption and post-adoption outcomes. For more
details about this focus, please see the newly released summary of ACYF Projects in Fiscal Year 2012 that have a focus on integrating safety, permanency and well-being for children and families in child welfare [1].

CB Discretionary Grants

CB currently funds approximately 300 discretionary grant projects in over 50 different program areas. Through their work with a broad spectrum of populations within the child welfare arena, discretionary grantees develop a wealth of knowledge across numerous program areas. The findings from these programs can be useful in informing the field. Individual grantees are strongly encouraged to utilize the knowledge being developed by other CB discretionary research and demonstration projects and other related CB Training and Technical Assistance (T/TA) Network activities. For more information on CB discretionary grant programs, please see http://www.acf.hhs.gov/programs/cb/programs_fund/index.htm#disc and http://library.childwelfare.gov/cbgrants/ws/library/docs/cb_grants/GrantHome. For more information on CB’s T/TA Network, please see http://www.acf.hhs.gov/programs/cb/tta/.

Barriers to Successful and Permanent Adoptions: Behavioral and Mental Health Needs of Children in Foster Care

Children who come to the attention of the child welfare system (of which children in foster care are a subset) have disproportionately high rates of social-emotional, behavioral, and mental health challenges. Recent studies using different samples and measurement approaches show prevalence rates among this population between 42 percent and 60 percent [2]. Findings related to these social-emotional, behavioral and mental health concerns include the following:

- Analyses of data from the National Survey of Child and Adolescent Well-Being (NSCAW) [2] reveal that approximately half of the children between the ages of 2 -14 with completed child welfare investigations have a need for mental health services [3].
- Children in foster care are more likely to have a mental health diagnosis than other children. In a study of foster youth between the ages of 14 and 17 [4], 63 percent met the criteria for at least one mental health diagnosis at some point in their life. The most common diagnoses were Oppositional Defiant Disorder/Conduct Disorder, Major Depressive Disorder/Major Depressive Episode, Attention Deficit/Hyperactivity Disorder, and Posttraumatic Stress Disorder.
- According to one study, by the time youth in foster care are age 17, 62 percent of these youth will exhibit both the symptoms of a mental health disorder and the symptoms of trauma [5].
- Data from Kansas’ implementation of their ACF-funded Permanency Innovations Initiative (PII), showed that children with Severe Emotional Disturbance (SED) were 350 percent more likely to be in long-term foster care. [6]
- Although they make up only 3 percent of the Medicaid population under age 18, children in foster care account for 32 percent of the recipients of behavioral health services in this age group [7].
- Children in in-home care (with or without services) and those in out-of-home care show little difference in the degree of mental and behavioral health problems [8].

Left unaddressed, these unmet mental and behavioral needs are likely to derail normal development, hinder healthy functioning, impede the achievement of permanency and de-stabilize adoptions post-permanency. This conclusion is supported by a 2007 study on the psychosocial functioning of adopted youth, which found that in assessments of children at 2, 4, and 8 years post-adoption, adopted foster youth had significantly more behavioral problems than their non-foster care counterparts. [9]

Since the mid-1980s, specific federal legislation has been enacted in order to ensure that children in the current foster care system have permanent homes. The number of children who are adopted following their involvement in the foster care system has steadily increased in the years since the passage of the Adoption Assistance and Child Welfare Act of 1980. Almost two decades later, the enactment of the Adoption of Safe Family Act (ASFA) Public Law 105-90 placed even greater focus on facilitating the placement of children into permanent homes as quickly as possible whenever reunification with biological
parents is not possible. Additionally, in 1993, the Adoption Incentive Program provided important incentives to states to increase the number of adoptions by providing incentive awards to states. In the years since ASFA was enacted, an overwhelming majority of all adoptions from the U.S. public child welfare system have met the requirements for special needs adoptions (U.S. General Accounting Office, 2002). The term special needs adoptions generally refers to the adoption of children who are older, belong to a sibling group, or have physical, mental or emotional problems.

Two studies conducted in 2007 illustrate the complex needs of children and families who go through the adoption process. These CB funded projects assess the barriers and successes in special needs adoptions [10]. Children in both studies presented with complex behavioral, emotional, and physical needs. The first study focused on adoptive parents in the study who finalized their adoptions. These parents reported that, at the time of placement, the most challenging issues were children’s medical needs (22 percent) and having a history of child abuse and neglect prior to adoption (22 percent). Other hurdles these families mentioned were ADHD (18 percent), educational needs (16 percent), behavioral problems (14 percent), and prenatal drug and alcohol exposure (14 percent).

The second study examined disrupted adoptions, meaning that parents who had made a permanent commitment later relinquished their children. Contributing factors associated with adoption disruption include: relational attachment problems, negative foster care experiences and history, behavior problems, mental health needs, and sparse availability of services. Children in the study exhibited an average of 10 difficult behaviors and 58 percent of the parents described their child as difficult or very difficult to parent. Over half of the sample had some type of attention deficit diagnosis and half had learning disabilities.

In summary, the two most commonly mentioned child challenges in both post-adoption studies were behavioral and emotional problems. Over three-quarters of the children were characterized by their adoptive parents as having behavioral problems, while 68 percent of the children were characterized as having emotional problems. An overwhelming majority of study participants reported that they needed additional mental health services post-adoption to help address the unique needs of these children.

**Child and Family Services Review Results (CFSR)**

Federal monitoring of child welfare systems across the nation have found that state child welfare systems often struggle to provide accessible and effective mental and behavioral health services. The CFSR is a review process that examines states’ achievement of outcomes for children and families related to safety, permanency, and child and family well-being. The CFSR process includes the review of cases involving children who are in foster care as well as children and families who receive services in their homes. The range of programs reviewed includes child protection services, foster care, adoption, family preservation and independent living services. The CFSRs also examine seven systemic factors that affect the quality of services delivered to children and families and the outcomes they experience.[11]

In 2010, the Administration for Children and Families (ACF) completed the second round of CFSRs in all 50 states, the District of Columbia, and Puerto Rico. Among the findings of both rounds of reviews is a need for enhanced focus on the case planning process, which is grounded in accurate and comprehensive assessments of the strengths and needs of the children and families that state and local child welfare agencies serve. In the CFSR performance indicator that addresses family assessments and service provision by reviewing individual cases, ACF determined that only one state among the initial 52 state reviews performed adequately; and no state did in the second round of reviews.

Reviewers observed that assessments were particularly weak in capturing mental health needs as opposed to physical or educational needs. Further, when needs were identified, there was frequently no evidence that services had been provided to address them.

When reviewing states systemic ability to provide services to meet the needs of its population, CB also identified a number of barriers. In the second round of reviews, while 32 states received a strength rating pertaining to having in place an adequate array of services, most of those states had trouble applying
array effectively. Only 18 states individualized services sufficiently to meet children’s needs, and only one state was able to adequately ensure that services were consistently accessible to families and children across all jurisdictions.

Recent Federal Legislation and Guidance Related to the Social and Emotional Needs of Children in Foster Care

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) amended title IV-B, subpart 1 of the Social Security act to require state and tribal title IV-B agencies to develop a plan for ongoing oversight and coordination of health care services. The plan must describe how it will ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and provide for continuity of health care services, which may include establishing a medical home for children who are in foster care.

The Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) further amended the law by adding to the requirements for the health care oversight and coordination plan. Among these new requirements, Pub.L. 112-34 requires that the health care oversight and coordination plans outline how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home (section 422(b)(15)(A) of the Act). The Act also requires that plans include an outline of protocols for the appropriate use and monitoring of psychotropic medications.

Unmet Behavioral and Mental Health Needs

These legislative changes reflect heightened interest and concern in the field and in ACYF about the need to address the far-reaching effects of trauma and its associated, often devastating, mental health consequences. And yet, recent examination of NSCAW II (second wave) data reveals a substantial degree of unmet treatment need with large numbers of children who meet the threshold for mental and behavioral health problems not receiving any behavioral health intervention (neither pharmacological nor psychosocial) [12]. Further, despite the efforts of many child welfare systems to increase access to mental and behavioral health services, there is no evidence that children who receive the current service array improve as a result. Indeed, NSCAW data suggest that children in foster care receiving mental health services may even show a slight worsening of symptoms over a 3 year period as compared to a matched group of children receiving no treatment [8], adding to building evidence that children may not be benefitting as intended from current approaches to intervention.

A related concern is the use of psychotropic drugs for children and youth with behavioral and mental health needs. [13] Published studies consistently reveal higher rates of psychotropic medication use for children involved in child welfare than in the general population, with usage rates between 13 and 52 percent compared to 4 percent of youth in the general population. [14] [15] [16] [17] These rates may, in part, reflect increased levels of emotional and behavioral distress in this population. However, while psychotropic medication can be an important component of a comprehensive response to the complex mental health needs of children in foster care, other published research suggests that psychotropic drugs are being used to manage emotional problems and disruptive behavior that might better be addressed by non-pharmacological treatment approaches. Of particular concern are the use of polypharmacy, use of anti-psychotic medications, and use of psychotropic medications with the very young. [18] [19]

Findings such as these have led to a growing recognition that child-serving systems, including child welfare, must be redesigned to be responsive to the complex emotional, behavioral, mental health and trauma-treatment needs of the children and families they serve. [20] [21] CB believes that children, youth, and their families will experience improved well-being, adoption and post-adoption outcomes if they receive services that are outcomes-focused and responsive to their individual needs. This would include reduced length of time in foster care with, when appropriate, quicker adoptions and more stable adoptions post-permanency.

The goal of this funding opportunity announcement is to help State and local child welfare agencies
develop and implement comprehensive, integrated and reliable continuum of screening, functional assessment, and aligned, evidence-based service delivery. Such integrated and coherent systems will help States and agencies identify and purchase the right array of services for children on ongoing basis, monitor the implementation of evidence-based practices, and evaluate and respond to trends in child well-being and functional outcomes. This holds true for families that are reunified as well as when guardianship and adoption are the best permanency options. Further, the use of screening, functional assessment and aligned service array for children waiting for adoption and post-adoption will reduce the likelihood of post-adoption disruption for those children whose mental and behavioral health needs are met. By better understanding their needs and meeting those needs effectively, children and families will be able to thrive.

In particular, CB will welcome proposed approaches that include components addressing the effects of trauma and use of psychotropic medications. Increased access to timely and effective screening, assessment, and non-pharmaceutical treatment and trauma interventions will likely reduce the potential for over-reliance on psychotropic medication as a first-line treatment strategy, and increase the likelihood that children in foster care will exit to positive, permanent settings, with the skills and resources they need to be successful in life. Two recent guidance documents from CB will be of particular interest to applicants:

- Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services (ACYF-CB-IM-12-04)
- Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care (ACYF-CB-IM-12-03)

**Effective Screening and Assessment for Behavioral and Mental Health Needs**

To meet the complex special needs of children and youth waiting for adoption and post-adoption, child welfare systems must:

- **Have universal screening** for the early identification of children and youth with behavioral and mental health needs;
- Use functional assessment to **determine individual strengths and needs, refer to services that address those trauma, mental and behavioral health needs and monitor progress** over time;
- Develop **ongoing progress monitoring and data-driven tracking** of well-being outcomes at the client and system level;
- Ensure **access to effective treatments and services** by creating an overall **service array that is consistent with and meets the aggregate needs of the child welfare population**; and
- **Eliminate barriers to cross-system, multi-agency cooperation.**

Effective screening involves universal administration of a brief tool(s) with the highest possible level of reliability and validity to: 1) identify the prevalence of developmental, mental and behavioral health, and trauma-related symptoms and functional impairment within the target population; and 2) identify children and youth who may require further assessment and intervention. Screening is not diagnostic. It is used to determine if a child needs to be referred for a more comprehensive assessment [22].

Screening should occur as early as possible following contact with the child welfare agency to ensure timely and effective early interventions that address behavioral and mental health needs. Early intervention is likely to reduce symptom severity and the compounding of needs in this population, resulting in less time spent in substitute care and more success with reunification or alternative placement.

In addition to screening, systems should also incorporate periodic functional assessment for all children in foster care and those receiving services post-adoption. On-going functional assessment is used to measure improvement in skill and competencies that contribute to well-being. Several valid and reliable tools used to measure social-emotional functioning with children and adolescents have been tested and normed with representative samples of children from the general population and therefore allow for the ability to determine both: 1) changes in social-emotional functioning during and after the delivery of services; and 2) a child’s level of functioning compared with general populations of children in the same age group.
Functional assessment measures should be trauma-informed, developmentally appropriate, culturally sensitive, and capture multiple aspects of social-emotional functioning including strengths, skills and competencies, as well as potential difficulties. The measurement of child functioning across a range of social and emotional areas allows practitioners and systems to understand how close to or far away a child is from improved functioning. Similarly, some assessment tools can also be used as part of a comprehensive assessment approach to measure improvements in parenting capacities and wider family functioning over time. Improvements in child functioning, parenting capacities and family functioning are likely to promote successful, stable and permanent adoptions.

Some commonly used functional assessment measures include:

- Child and Adolescent Needs and Strengths (CANS & CANS 0-3)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child Behavior Checklist (CBCL)
- Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)
- Strengths and Difficulties Questionnaire (SDQ)

Children identified through screening and functional assessment as potentially having behavioral, mental health and trauma related symptoms should then be referred for more in-depth assessment as a first step toward effective outcome-based planning and intervention. Clinical assessments should be performed by a qualified mental health professional with expertise in child development, child mental health and trauma. These assessments, which are sometimes diagnostic in nature, are designed to ensure that the intervention proposed or chosen is a good match with the needs identified and the developmental capacities of the child.

Ensuring existing screening and assessment activities such as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and Part C of Individuals with Disabilities Education Act (IDEA) are responsive to the specific needs of the target population and integrated into the approach taken by applicants is important. Presently, data indicate that the majority of Medicaid-eligible adolescents and still many children under 6 nationwide do not receive regular EPSDT mental health screening. Increasing identification of appropriate mental health screening and assessment tools and building workforce capacity to deliver those tools could significantly reduce these gaps.

Matching the Service Array to the Needs of the Population

Conducting comprehensive screening and functional assessment of children and youth is one part of a broader set of practices that must be in place in order to realize timely and appropriate use of services. State child welfare agencies must also have effective processes for enrolling children waiting for adoption and post-adoption with identified behavioral and mental health needs in the services that match their assessed strengths and needs. This requires state child welfare agencies to ensure that the existing service array and service delivery methods match the measured needs of the children, youth, and families requiring intervention. Services need to be available, accessible, responsive, culturally competent and effective to meet behavioral/mental-health needs.

Child welfare systems that choose to pursue comprehensive, integrated, coherent and systematic approaches to screening, assessing and addressing children’s behavioral and mental health needs, including the effects of childhood traumatic experiences, are more likely to increase children's sense of safety and provide them with effective care [23]. Such an approach requires the capacity to [24]:

- Estimate the type and prevalence of intervention needs; and
- Develop mechanisms to ensure that the available service array and service delivery methods flexibly match the needs of the targeted service population.

At the individual case level, the universal and ongoing administration of functional assessment measures allows data to be used for outcomes-oriented case and treatment planning, to help track progress toward social-emotional well-being outcomes across time, and to inform decisions about the appropriateness of
services for children waiting for adoption and post-adoption. Additionally, with the help of good outcomes management systems, at the aggregate level data from these same assessments can help decision-makers at the program and systems level continually: 1) identify treatment needs within the population as a whole (type, frequency, demographics, location, etc.); 2) assess the effectiveness of the service array in meeting those needs at both the individual child and population level; 3) use data to shape the service array by providing or purchasing services that align with measured need and that ensure access to the most effective practices for all children and youth in the target population (as well as for particular subgroups); 4) inform selection of evidence-based interventions and 4) ensure that interventions are implemented and sequenced in a thoughtful manner to increase the likelihood of success.

This kind of integrated effort requires intensive capacity building of systems, coordination across systems and services, technology infrastructure, and an adequately skilled workforce to administer screening and functional assessment tools and use the data to inform services [25]. This also requires the thoughtful descaling of services that are no longer aligned with the needs identified and shifting resources to support the scale up of the new service array.

**Use of Evidence-Supported Practices**

In order to ensure that service array changes yield measurable improvements in child well-being, adoption and post-adoption outcomes, when assessing the service array and identifying interventions that match the assessed needs of the service population, it is especially important to consider the degree to which interventions have a research base. Whenever possible, grantees should select interventions with the highest level of evidence for the selected target population.

Over the last decade, there has been increasing interest in identifying and using evidence-based, evidence-informed, and promising mental health programs and practices in child welfare [26][27][28][29][30]. These interventions have been shown to produce measurable improvements or promising results in decreasing emotional/behavioral symptoms; diminishing depression and anxiety; increasing the ability to self-regulate; improving physical health; and helping traumatized children and youth form and maintain healthy attachments. In addition to being shown to improve many areas of functioning, behavioral and psychosocial interventions are considered first-line or concurrent treatments for children for whom a psychotropic medication is being considered or used.

It is important to note that many of the evidence-based and evidence informed interventions (e.g., Parent Child Interaction Therapy (PCIT), Keeping Foster and Kin Parents Supported (KEEP), and Multisystemic Therapy (MST)) that address children’s behavioral and mental health needs and improve child functioning require the involvement of caregivers. Often these interventions are also focused on increasing parenting capacities to include providing a safe and nurturing environment and consistent interactions. Caregivers receive support in managing the behaviors of children who have experienced maltreatment and in providing an environment in which healing can occur. In such supportive contexts, children can learn the value, purpose, and safety of relationships [31]. In order to achieve better adoption and post-adoption outcomes for children who have experienced maltreatment, it is essential to engage families in the intervention process to promote healing and recovery. As caregivers become better equipped to provide a safe, nurturing, and healing environment, adoption becomes far more likely and more sustainable.

In recent years, public and private sector organizations have produced extensive, publically available lists and databases of evidence-based and evidence-informed interventions for improving well-being outcomes in vulnerable children [32]. These include, among others:

- The California Evidence-Based Clearinghouse for Child Welfare [33]
- SAMHSA’s “National Registry of Evidence-Based Programs and Practices (NREPP)” [34]
- SAMHSA’s “Interventions for Disruptive Behavior Disorders Evidence-Based Practices (EBP) Kit” [35]
- U.S. Department of Justice’s “CrimeSolutions.gov” [36]
- The Institute for Education Science’s “What Works Clearinghouse” [37]
The Center for the Study of Prevention of Violence’s “Blueprints for Violence Prevention” [38]

In addition, there are a number of newly or soon to be published toolkits and evidence reviews such as the Agency for Healthcare Research and Quality’s Interventions Addressing Child Exposure to Trauma: Child Maltreatment and Family Violence [39]. Additionally, many institutions, including SAMHSA and organizations funded by the Department of Health and Human Services (HHS) including the National Child Traumatic Stress Network (NCTSN) and the National Early Childhood Technical Assistance Center (NECTAC) have published publically-accessible reviews of valid and reliable instruments for screening and assessing various aspects of social-emotional well-being with different populations and age groups. Further, based on a review of the literature and discussions with experts in the field, ACYF and ACF’s Office of Planning, Research and Evaluation compiled a list of screening and assessment instruments to measure child and adolescent well-being and trauma which are available on the Children’s Bureau website [40].

Although there are a burgeoning number of evidence-based and evidence-informed mental and behavioral health interventions for children and youth, limited resources have constrained the ability to develop knowledge about how such programs work well within child welfare systems. In particular, little is known about the how to best accomplish the challenging task of introducing new, evidence-based and evidence-informed screening, assessment and treatment practices while simultaneously descaling service array that are not supported by evidence or do not meet the needs of the service population.

**Cross-system Collaboration**

There is evidence that partnership and coordination across agencies and systems is vital in creating an effective approach to providing services and care [41]. Accessibility to appropriate referral to treatment and services for children, youth and families involved with the child welfare system may rely on collaboration with the State Medicaid Agency and Mental Health Authority, primary health care providers, mental health agencies, community-based service providers, and schools, as well as on partnerships with the courts, law enforcement, and juvenile justice [42]. Child welfare and other systems are most likely to be effective when striving individually and jointly to ensure delivery of effective trauma and mental health screening, assessment and treatment. Innovative coordination efforts within and across departments to re-tool the complement of services available to children, youth, and families involved with the child welfare system are more likely to achieve sustainable change.

One significant barrier to creating a comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery cross-system with multi-agency coordination and cooperation is the lack of ability to share relevant case information needed to coordinate services and to inform decision-making at both client and system levels (including information about well-being outcomes). Automated data systems that allow information system interoperability or data exchange are needed to integrate information from multiple sources and present that information to all those involved in service provision in a Health Insurance Portability and Accountability Act (HIPAA)-compliant, secure, and user-friendly manner to aid in coordination and data-driven decision making.

As such, CB welcomes innovative approaches to automated information sharing and data management that integrate screening, assessment and on-going progress monitoring within and across child-serving agencies.

**PROJECT REQUIREMENTS**

**NOTE:** See Section IV.2 The Project Description for additional instructions for applicants.

**Tips for Preparing a Competitive Application**

It is essential that applicants read the entire FOA package carefully before preparing an application, and that they include all of the required application forms and attachments. The application must reflect a thorough understanding of, and support for, the purpose and objectives of the FOA. Reviewers expect applicants to understand the goals of the FOA and CB’s interest in the screening and assessment of
behavioral and mental health needs, ensuring children and youth receive evidence-based and evidence-informed interventions to meet those needs and aligning the service array at the systems level to be responsive to the specific needs of the target population and follow all of the evaluation criteria in ways that demonstrate this understanding. Applications that do not clearly address the evaluation criteria or program requirements generally receive very low scores and are rarely funded.

CB's website (http://www.acf.hhs.gov/programs/cb) provides a wide range of information and links to other relevant websites. Before preparing an application, applicants can learn more about CB's mission and programs by exploring the website.

Overview

This demonstration grant is a vehicle to implement and test innovative screening, functional assessment, and measurement-driven case planning and service array reconfiguration to produce positive well-being, adoption, and post-adoption outcomes for children, youth, and families with child welfare involvement. More specifically, the goal of this initiative is to provide an opportunity for state child welfare agencies to enhance their capacity to ensure that the service array and delivery methods are evidence-based/evidence-informed, and matched to the needs of children requiring behavioral and mental health interventions.

Child welfare systems differ in their capacity to: 1) accurately identify children with behavioral and mental health needs; 2) continuously assess and monitor children’s functioning and progress to inform both clinical and systems’ level decision-making; 3) engage in effective case planning with an outcomes orientation and service referral based on the results of ongoing, high-quality, comprehensive screening and assessment; and 4) redesign the service array to ensure ready access to appropriate evidence-based or evidence-informed treatments.

Therefore, successful grantees will engage in the activities listed in this FOA. They may emphasize some combination depending upon the current strengths and needs of their service system in order to ensure that the behavioral and mental health needs of children and youth within their service population are effectively met. These activities include:

- Creating a universal screening system for the early and ongoing identification of children and youth with behavioral and mental health needs;
- Implementing a universal mechanism for ongoing, age-appropriate, functional assessment across multiple domains of social-emotional well-being using reliable and valid functional assessment tools;
- Ensuring that high-quality, functional assessments and case planning with a functional outcomes orientation and matching identified strengths and needs with effective services;
- Conducting on-going monitoring at the child and systems level to determine progress toward functional outcomes;
- Developing a flexible strategy for ensuring that the service array allows access to timely and appropriate, evidence-based or evidence-informed treatments that fit the changing needs and characteristics of the target population;
- Redesigning the service array by downscaling services that are not supported by evidence and/or do not meet the assessed needs of the target population; and
- Using outcome data and results of this demonstration to scale up approaches articulated in this FOA, both for the target population and for the broader child welfare population.

States may choose to configure, organize, and sequence screening, assessment, diagnostic assessment and progress monitoring differently based on the individualized needs of the state’s child welfare and mental health systems. However, since this grant is designed to support systems in the development of an integrated and coherent screening and assessment continuum, grantees should build on and complement existing screening and assessment activities such as EPSDT benefit and Part C of IDEA. In some cases, this may also mean coordinating with other state initiatives such as Title IV-E Waiver Demonstrative
Projects and SAMHSA System of Care Expansion Implementation Grant activities.

Further, it is important that grantees capture and use data from screening and assessment for both on-going monitoring of child progress towards a set of clearly identified outcomes and system-level decision making about service array alignment. Activities may include, but are not limited to, partnership and capacity building, screening, assessment, training, installation, implementation, data and information tracking, analysis, monitoring, contracting, evaluation, and dissemination. Beyond demonstrating improvements in children’s functioning, social and emotional well-being, adoption, and post-adoption outcomes; these projects will develop knowledge about the mechanisms and support needed for the successful installation and implementation of these practices in direct practice. Evaluations will be expected to yield information about the acceptability and outcomes of screening, assessment, functional outcomes-oriented case planning, and evidence-based service array reconfiguration in child welfare, and will contribute to the knowledge base regarding best practices in the adoption, installation, implementation, integration, and sustaining of evidence-based programs and practices.

Grant funds may not be used for direct service provision.

Target Population

The target population may include all children and youth served by the child welfare agency with a goal of adoption and those children post-adoption with trauma, mental and behavioral health needs. Grantees may choose to narrow the scope of their efforts by focusing on specific types of cases and/or on children and youth within specific age ranges or geographic service areas. However, the choice to narrow the target population must be justified and it must be clear that the ultimate goal is to create an agile and aligned service array that meets the needs of all children and youth with a goal of adoption or post-adoption with mental and behavioral health needs for whom the agency is responsible.

Grantees must justify their proposed work based on characteristics, needs, and experiences of the children and youth targeted. In particular, grantees must describe the mental and behavioral health needs of the chosen population, as well as other characteristics that may influence service needs or provision of services.

Implementation Expectations

Activities funded under this FOA are demonstration projects. For the purposes of this FOA, a demonstration project is one that puts into place and tests new, unique, or distinctive approaches for integrating screening, assessment, outcomes-oriented case planning, progress monitoring, and evidence-based service array reconfiguration. Demonstration projects may test whether a program, service, or intervention that has proven successful in one location or setting can work in a different context. Demonstration projects may test a theory, idea, or method that reflects a new and different way of thinking about meeting the behavioral, mental health, and social and emotional well-being needs and improving the functioning of children and youth. Demonstration projects may be designed to address the needs of a very specific group of clients, or focus on one service component available to all clients. The scope of these projects may be broad and comprehensive or narrow and targeted to specific populations. However, grantees that narrow or target the scope of their efforts must use the information learned in the demonstration project to reconfigure the service array system-wide within the 5 year project period (i.e., beyond the narrowed target population).

These demonstration projects must:

1. Implement screening, functional assessment and evidence-based or evidence-informed approaches with specific components or strategies that are based on theory, research, or evaluation data; or, replicate or test the transferability of successfully evaluated approaches;

2. Determine the effectiveness of the approach and its components or strategies using multiple measures of results including child level functional outcome improvements and permanency
outcomes (particularly adoption);

3. Produce detailed procedures and materials, based on the evaluation, that will contribute to and promote evidence-based strategies, practices, and programs that may be used to guide replication or testing in other settings; and

4. Undertake system-wide service alignment and transformation efforts to include de-scaling those services that are not supported by evidence or are not effectively meeting the needs of the service population and scaling up approaches articulated in this FOA (for both the target population and the broader child welfare population) as supported by the outcome data and results of this demonstration.

Successful implementation and sustainability of service system transformations require careful attention to the quality of the implementation process. Substantial evidence exists showing a strong relationship between effective implementation and program outcomes. Projects are therefore encouraged to use evidence-informed strategies for ensuring successful implementation. As such, wherever possible, findings from the field of implementation science should be used to inform and shape the implementation process. Implementation resources can be accessed at Child Welfare Information Gateway: 


Long-term sustainability of service system transformation within the demonstration and system-wide also requires special attention in the early stages of implementation to system readiness (defined as the capacity and willingness to engage in a change process). Systemic capacity, however, refers not just to the child welfare agency's internal preparedness and resources, but may also include the readiness and ability of the agency to partner successfully with the state Medicaid agency and mental health authority, law enforcement, courts, schools, health care providers, mental and behavioral health service providers, and caregivers.

The "fit" between selected practices and the existing system should also be considered. To successfully integrate and institutionalize changes in a child welfare system's service array, the system must be a hospitable environment that is likely to be receptive to the new practices [43] [44]. Policies, practices, and existing service delivery structures must be compatible with the goals of service delivery changes [45] [46].

Further, when implementing evidence-based and evidence-informed practices, model fidelity (also referred to as adherence) is of particular importance to implementation success and there is literature related to ways in which fidelity can be improved [47] [48] [49] [50].

**Specific Tasks to be Performed by Grantees During the Planning and Implementation Phases**

This FOA allows for a 9-month Assessment and Planning Phase (Phase I). During Phase I, grantees will undertake a thorough and systematic re-evaluation of the plans previously described in their applications and, as a result, will substantially revise and/or build upon those preliminary plans. Phase I activities related to clarification of the target population, screening and assessment tools, etc., are specifically itemized on the following page under the heading "Phase I Requirements." Note: see IV.2 Project Description, Approach for instructions for applicants.

Grantees will review and revise their Phase I plan in consultation with CB and resubmit the plan for approval within 90 days after the date of award. The Phase I Plan is the project’s “plan to plan” which will act as its work plan during the remaining planning and assessment period.

Similarly, at the end of the planning phase, grantees will also review, revise, and resubmit plans described in their original applications for Phase II. Grantees' assessment and planning activities in Phase I will inform their decision-making about the populations targeted, screening and functional assessment tools to be adopted, and the strategies and activities that will be necessary to successfully install and implement the chosen screening, assessment, case planning, and evidence-based service array changes in Phase II. The Phase II Plan will serve as the project’s work plan during years 2 – 5 of the grant and will continue to be
updated and refined over time to provide a detailed overview of project activities – both current and planned.

Grantees may be at different stages of readiness for implementation. With approval from CB, each grantee will have the flexibility to proceed with assessment, planning, installation and implementation activities at a pace that is appropriate based on its needs, objectives, and readiness. All grantees, however, are required to resubmit their Phase II plans for final approval to CB no later than 9 months after the date of award.

Phase I and Phase II plans must be approved by CB before the proposed activities described under either plan can move forward.

**Phase I: Assessment and Planning Phase (First 9 Months)**

Grantees will begin their 5-year cooperative agreements by engaging in intensive assessment and planning activities prior to implementing their chosen screening, assessment, case planning, progress monitoring and service array changes. The purpose of this period is to:

- Advance efforts to establish collaborative partnerships necessary to guide and support successful planning and implementation and to finalize partnership agreements (including State Mental Health Authority and State Medicaid Agency, as indicated);
- Re-assess, and potentially redefine, the target population by further analyzing the relevant characteristics of children, youth, and families served by the child welfare system, including mental and behavioral health strengths and needs. This may require additional data mining through record review, interviews, focus groups, etc.;
- Re-assess chosen approaches for screening, assessment, outcomes oriented case planning, progress monitoring, and processes for evidence-based service array reconfiguration by continuing to explore the needs of the target population, reviewing the literature, consulting with experts, and analyzing available data. This includes re-evaluation of previously selected models and measurement tools/strategies, as well as consideration of new approaches;
- With the involvement of consumers of child welfare services, continue to inventory, the strengths and weaknesses in the current mental and behavioral health service array. This includes further assessing the system's capacity to appropriately and effectively screen, assess, refer, serve, and improve functional outcomes for children and its ability to provide evidence-based/evidence-informed treatment that meets the needs of the target population; Continue to identify existing practices and services to be replaced because they aren’t supported by evidence and/or don’t effectively meet the assessed needs of the target population;
- Further analyze the system’s capacity to align resources to increase access to services that better match the assessed needs of the service population and continue to identify potential barriers to service array changes;
- Continue to identify existing and potential funding streams that may be used to support the delivery and sustainability of adopted screening, assessment, case planning, progress monitoring and evidence-based service reconfiguration activities; and
- Elaborate upon the project’s evaluation plan, identifying constructs to be measured, specifying measurement strategies, and elaborating upon the initial logic model and theory of change.

In addition, in order to create favorable conditions and put into place institutional supports that will aid implementation and sustainability of adopted activities and interventions, grantees must assess system readiness and fit with the current service delivery system. During the assessment and planning phase, each grantee will be required to:

- Conduct an in-depth assessment of the "fit" between the existing system and the screening, assessment, outcomes oriented case planning, progress monitoring and evidence-based service purchase activities that have been selected. This assessment may include, but is not limited to, an examination of key organizational and systemic factors that could facilitate or impede implementation efforts, such as agency climate and culture; workforce qualifications, characteristics,
and trends; data system use and capacity; training accessibility and infrastructure; coaching and supervision; funding streams and mechanisms; policies and procedures; fidelity monitoring; quality improvement practices; administrative protocols and processes; performance management systems; stakeholder buy-in; collaborative partnerships (e.g., with mental and behavioral health service agencies, courts); and the involvement of leadership.

- Assess the capacity and readiness of the child welfare system and its partnering agencies for service system changes, including continuing analysis of the system's capacity to align resources to increase access to services that better match the assessed needs of the service population and continue to identify potential barriers to service array changes.

During Phase I, grantees will also collect evaluation data, capturing the assessment and planning process and completion of key activities.

Based on the results of the activities and assessments described in this section, grantees will develop and finalize sound plans for Phase II, including plans to:

1. Implement selected screening, assessment, case planning, progress monitoring and evidence-based service array change processes;
2. Rigorously evaluate the processes and outcomes of installation and implementation of these practices, as well as functional and permanency (including adoption and post-adoption) outcomes;
3. Sustain screening, assessment, case planning, progress monitoring, and evidence-supported service array change processes using resources from available funding streams; and
4. Disseminate lessons learned, products, and findings to the field over the course of the project.

The Phase II implementation plan will clearly articulate the grantee's rationale and provide a roadmap to follow as the grantee implements selected interventions, conducts a rigorous evaluation, and disseminates the project's findings to the field. The implementation plan will serve as a detailed work plan with key activities and milestones. At minimum, the plan must include the following:

- The administrative structure for the project, including the lead agency, the state and local child welfare agencies (if not the lead applicant), the roles of key partners (including consumers of child welfare services), and the proposed contents of formal agreements across agencies and service providers;
- Detailed information about the characteristics, needs and experiences of children, youth and families in the target population, including behavioral, mental health and trauma-related symptoms;
- A detailed analysis of the current service array, focusing on the existence, reach, and quality of behavioral and mental health screening, assessment, case planning and referral tools and processes, and the degree to which available services are: 1) evidence-based/evidence informed; and 2) compatible with the needs of the target population. This analysis should include identification of existing services to be replaced and the resources to be used to sustain service array changes;
- Detailed description of the screening, assessments, progress monitoring, case planning and service array reconfiguration approaches to be adopted and evidence of their appropriateness for the target population. This should include a clear description of any proposed adaptations or add-ons to proposed service system changes. Screening and assessment tools should be described both in terms of their appropriateness and their supportive evidence for valid and reliable instrument properties;
- Arrangements for training and technical assistance, including ongoing collaboration with screening, assessment and treatment model designer/developers (or those approved/recognized by the developers to provide these services) to support implementation, ensure fidelity to the model (as applicable), and provide for quality supervision and coaching for practitioners and their supervisors;
- The results of the in-depth, comprehensive assessments of readiness and fit with corresponding installation activities that will be undertaken to increase the receptivity of the child welfare system to introduction or expansion of evidence-based/evidence-informed screening, assessment, case planning, progress monitoring and evidence-supported service array changes. This will include activities necessary to increase the system's receptivity to the new practices, such as changes in
policy and procedures, casework practices, data collection and use, hiring, and contracting, training, supervision and coaching, quality improvement, communication with and meaningful engagement of stakeholders, and involvement of leadership;

- Detailed implementation strategies, timelines, and milestones for roll-out of the chosen combination of screening, assessment, case planning, progress monitoring and evidence-supported service array change strategies. Plans should clearly describe staging across providers, offices, or geographic areas, as applicable; the number of children and youth to whom services will be provided; targeted professionals to deliver services; training and supervision to be provided; and plans for recruitment and retention of clinicians and/or service providers that have the prerequisite capacity, skills, and/or necessary credentials to deliver high-quality service. Plans should also describe how data systems will be adapted or developed to ensure that important information about children’s behavioral and mental health needs is collected, analyzed, shared, and used for on-going progress monitoring. In addition, a detailed plan should be included describing how service system changes will be sustained;

- Plans for establishing or expanding quality improvement systems to monitor the ongoing quality of screening, assessment, case planning, progress monitoring and evidence-supported service array reconfiguration. Where evidence-based practices are used, fidelity to the model should also be assessed. Plans may also support the development or enhancements of management information systems that can be used for quality improvement and oversight of programs;

- As appropriate, plans for information dissemination, including fostering and strengthening communication and coordination activities with other federal grantees and with CB’s T/TA Network, including CB’s National Resource Centers, Implementation Centers, the National Data Archive on Child Abuse and Neglect, and Child Welfare Information Gateway; and,

- A well-defined evaluation plan (see section on Evaluation in Section I. The Funding Opportunity Description).

Grantees will collect evaluation data throughout Phase I, capturing the assessment and planning process, completion of key activities, and the evolving logic of their projects. Grantees will also be assessing how best to answer key evaluation questions, identifying data sources and instruments, collaborating with other grantees funded under this FOA, choosing methods and indicators, and seeking necessary Institutional Review Board (IRB) approvals.

**Phase 2: Implementation Phase (Years 2-5)**

Upon completion of the Assessment and Planning Phase, each grantee will have developed a comprehensive implementation plan to prepare its child welfare system for the introduction of integrated and cohesive screening, assessment, case planning, progress monitoring and evidence-based service array re-alignment systems and processes. The implementation plan will strategically guide the deliberate process of adoption, installation, implementation, and institutionalization of these practices during the implementation phase. In years 2 through 5, the grantee will complete each component of its implementation plan which will serve as a work plan with key activities and project milestones. Any changes to the implementation plan must be made in collaboration with, and with the approval of CB, with care taken not to deviate substantially from the funded proposal in terms of rigor or scope.

**Collaboration**

Grantees are to actively collaborate with CB and other partners to achieve the purposes of this FOA. Grantees will collaborate with agencies and organizations, including consumers or consumer organizations, with which partnerships are critical to successfully implement the proposed project. If not the lead applicant, the local and state child welfare agencies are critical partners and should have an active leadership role in the project. The relevant local child welfare agency(ies) that has jurisdiction over the target population (if not the applicant) is a required partner. Likewise, the state child welfare agency is a required partner because of its role in determining the service array (even if the initial target population has been restricted).
In many cases, strong partnerships with public mental and behavioral health departments and/or community mental health agencies and providers will be necessary, but private service providers under contract with the child welfare agency, courts, schools, law enforcement, and/or community-based organizations may be equally important to the success of the project as the transition of the service array occurs. Collaborations with state Medicaid and mental health agencies may be particularly important to aligning screening, assessment, case planning, progress monitoring, and evidence-based service delivery. The partners involved may vary significantly, depending on the children targeted for interventions and types of screening, assessment, and intervention chosen. Projects will build on third party agreements with the key partners identified in their proposals. See instructions for applicants in Section IV.2 Project Description, Approach.

In addition to child welfare, mental health and Medicaid service system partners, grantees are expected to engage with those having expertise in the particular populations and types of behavioral and mental health problems being targeted. Understanding the array of potential treatments available to address the symptoms and experiences of the children and youth targeted by the project; the strength of evidence behind available screening, assessments, and services for this particular population; and the transportability of different models for delivery in child welfare systems will provide a solid foundation for grantee decision-making. Consultation with experts in the field and/or collaborative partnerships with other systems, institutions, or community-based providers that have gone through a similar process or that are implementing the same screening, assessments, and/or treatment models can offer support and helpful mentoring, as well as opportunities to pursue complementary work and share lessons learned with each other and the field.

During the course of these projects, grantees will have opportunities to consult and/or collaborate with other grant cohorts supported by CB or other federal offices and agencies. Several federal grant cohorts are charged with implementing evidence-based or evidence-informed programs and interventions, following a similar series of steps in the adoption, installation, and implementation of previously tested models. Grantees are to participate to the extent feasible in collaborative activities to increase and disseminate knowledge about the replication and implementation of evidence-based practices in child welfare and other human and social services.

In addition, grantees will begin by building relationships with the other recipients of CB awards made under this FOA as well as previous similar cohorts. Members of this grantee cohort will serve as peers to one another, working to establish common goals and objectives, problem solve and address mutual challenges, share tools and establish common outcome measures, discuss lessons learned, and coordinate the dissemination of information.

Evaluation

NOTE: See Section IV.2 Application and Submission Information, The Project Description, Evaluation for additional instructions for applicants.

CB expects that initiatives funded under this grant will contribute to the development of a knowledge base around successful strategies for enhancing the overall system capacity needed to ensure an effective array of behavioral and mental health services is available to children and youth served by child welfare agencies. Grantees will design and implement an evaluation plan that is guided by their logic model and that focuses on implementation process and outcomes, and the intermediate results of deliberate efforts to put treatments into practice [51].

CB encourages grantees to use participatory and utilization-focused evaluation approaches that will help guide project assessment, planning, and implementation throughout the grant. The grantee's evaluation is expected to provide regular, timely, and useful feedback to support successful implementation and treatment fidelity, as well as to contribute to the developing knowledge base about successful strategies for adopting, installing, implementing, and sustaining evidence-based/evidence-informed behavioral and mental health services in child welfare.
Moreover, grantees are required to rigorously evaluate their projects. Rigorous research incorporates the four following criteria:

**Credibility:** Ensuring what is intended to be evaluated is actually what is being evaluated; that descriptions of the phenomena or experience being studied are accurate and recognizable to others; and that the method used is the most definitive and compelling approach that is available and feasible for the question being addressed. If conclusions about program efficacy are being examined, the study design should include a comparison group (i.e., randomized control trial or quasi-experimental design); see the HomVEE website for standards for study design in estimating program impacts: http://www.acf.hhs.gov/programs/opre/homvee.

**Applicability:** Generalizability of findings beyond current project (i.e., when findings fit into contexts outside the study situation). Ensuring the population being studied represents one or more of the population being served by the program.

**Consistency:** Consistently following and clearly describing processes and methods, so that someone else could replicate the approach and other studies can confirm what is found.

**Neutrality:** Producing results that are as objective as possible and acknowledge the bias brought to the collection, analysis, and interpretation of the results.

Accordingly, the grantee’s evaluation must address the factors listed in Section IV.2 Application and Submission Information, The Project Description, Evaluation.

Grantees will collaborate with other CB grant projects funded under this FOA to use the same/similar assessment tools, implementation outcomes, and cost measures whenever possible. Grantees will also use instruments, when appropriate and feasible, that allow outcomes to be compared with projects utilizing the same treatment models that have previously been implemented and evaluated. In addition, grantees will participate fully in any cross-site evaluation and/or evaluation-specific technical assistance efforts that relate to this FOA.

Grantees will be responsible for collecting and reporting detailed information about their screening, assessment, functional outcome-based case planning, progress monitoring, referral protocols and treatment models, service array reconfiguration, as well as data about the adoption, fidelity, and effectiveness of adopted activities and interventions. CB is particularly interested in:

- Factors and strategies associated with successful implementation (facilitators), including contributing organizational and system conditions;
- Implementation barriers;
- Factors related to the appropriateness of fit between the selected practices and the systems and settings into which they are introduced;
- Degrees to which implementations spread and are maintained over time;
- Sustainability of the new practices and services;
- Cost of implementation; and
- On-going service delivery changes.

Given the scarce resources available for child welfare programs and the push to establish cost efficiency measures, programs funded under this FOA are expected to conduct a cost evaluation that will provide policymakers with the information they need to make more thoughtful decisions about resource allocation in their communities. Grantees are expected to conduct a cost evaluation of chosen service delivery changes that add on to or replace, current practices. Factors that may be considered in this cost evaluation may include, but are not limited to:

- Service delivery hours;
- Rates of reimbursement;
- Staff and/or clinical caseloads;
Supervisor to worker and/or clinician ratios;
Cost per child, family, or unit of service;
Transportation costs;
Training and consultation costs;
Installation and maintenance costs;
Quality improvement costs; and
Value of the benefits derived to the alternative treatment costs avoided.

Additionally, grantees will monitor the child-level functional outcomes and parenting capacities associated with service array changes, especially as it relates to the potential for improving adoption and post-adoption outcomes. Grantees will be expected to collect information on the social and emotional well-being of children and youth within the target population across multiple dimensions across defined intervals. This information could be collected through ongoing screening and assessment activities and follow-up assessment of all individual children and adolescents seen for services. Detailed information should be collected on:

- Child trauma symptoms
- Child-level functioning on well-being indicators in social and emotional domains (see ACYF's Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services (ACYF CB IM 12-01)
- Parenting Capacities;
- Family Functioning; and
- Permanency outcomes (especially adoption and post-adoption)

Finally, in addition to screening and assessment data, grantees will be expected to collect demographic and basic background information on all children and youth impacted by the demonstration project.

Both during and at the conclusion of the 5-year projects, grantees will be expected to answer evaluation questions, including, but not limited to, the following six topical areas:

1. Implementation
2. System Integration
3. Service Delivery
4. Sustainability
5. Cost
6. Outcomes

NOTE: see Section IV.2 Application and Submission Information, The Project Description, Outcomes Expected for additional instructions for applicants.

Grantees will be expected to make project findings available, in forms that can readily be used by the CB T/TA Network in its work with state and tribal child welfare systems.

Grantees in collaboration with each other, their state and tribal partners, CB, and any applicable national evaluation contractor(s), may produce a comprehensive evaluation report at the conclusion of the project period and present findings to CB and other stakeholders.

Grantees will have a plan for addressing protection of human subjects. General information about the HHS Protection of Human Subjects regulations can be obtained using the link in the table under Section IV.2., Forms, Assurances and Certifications and in the Section VIII. Checklist.

NOTE: See Section IV.2 Application and Submission Information, The Project Description, Budget and Budget Justification for additional instructions for applicants.

Dissemination

CB expects that information and knowledge generated by these projects will be shared with the field and efforts will be made to integrate project knowledge into policy and practice. Grantees are expected to
disseminate strategically and incorporate dissemination activities into their work. Their dissemination activities will focus on key target audiences to accomplish specific goals, understanding what they need to know, and effectively getting this information to them. Projects will disseminate their individual project products and findings and work with the other projects in this grant cluster to disseminate cross-cluster products and findings. Projects will disseminate at appropriate times. They will evaluate the extent to which their target audiences have received project knowledge and used it as intended, and assess the impact of dissemination. They will allocate sufficient staff time for dissemination.

Grantees will be expected to work throughout the course of their projects with Federal Project Officers, the CB T/TA Network, and other projects in this grant cluster to:

- Finalize individual and cluster-wide dissemination goals and objectives;
- Identify and engage with target audiences for dissemination;
- Produce detailed procedures, materials, and other products based on the program evaluation; and
- Develop and disseminate summarized/synthesized information about the project.

Additional Project Requirements

The applicant's signature on the application constitutes its assurance that it will comply with the requirements stated in Section IV.2 under Additional Assurances and Certifications.

Use of Funds

Grantees must adhere to the Funding Restrictions as noted in Section IV.5.

NOTE: See Section IV.2, The Project Description, Approach, for additional instructions for the applicants.

Endnotes


[34] SAMHSA’s “National Registry of Evidence-Based Programs and Practices (NREPP).” Available at: http://www.nrepp.samhsa.gov/.


[38] The Center for the Study of Prevention of Violence’s “Blueprints for Violence Prevention.” Available at: http://www.colorado.edu/cspv/blueprints/


[42] Rapp, (2005). The Role of State Mental Health Authorities in Promoting Improved Client Outcomes through Evidence-based Practice. Community Mental Health Journal,


II. Award Information

Funding Instrument Type: Cooperative Agreement
Estimated Total Funding: $4,000,000
Expected Number of Awards: 8
Award Ceiling: $500,000 Per Budget Period
Award Floor: $250,000 Per Budget Period
Average Projected Award Amount: $500,000 Per Budget Period

Length of Project Periods:
60-month project with five 12-month budget periods

Additional Information on Awards:
Awards made under this announcement are subject to the availability of federal funds.

Applications requesting an award amount that exceeds the Award Ceiling per budget period or per project period, as stated in this section, will be disqualified from competitive review and from funding under this announcement. This disqualification applies only to the Award Ceiling listed for the first 12-month budget period for projects with multiple budget periods. If the project and budget period are the same, the
disqualification applies to the *Award Ceiling* listed for the project period. Please see Section III.3. *Application Disqualification Factors*.

**Note:** For those programs that require matching or cost sharing, grantees will be held accountable for projected commitments of non-federal resources in their application budgets and budget justifications by budget period or by project period for fully funded awards, even if the projected commitment exceeds the required amount of match or cost share. A *grantee’s failure to provide the required matching amount may result in the disallowance of federal funds*.

The initial award will be for a 12-month budget period. The award of continuation beyond each 12-month budget period will be subject to the availability of funds, satisfactory progress on the part of the grantee, and a determination that continued funding would be in the best interest of the federal government.

**Description of ACF’s Anticipated Substantial Involvement Under the Cooperative Agreement**

A cooperative agreement is a specific method of awarding federal assistance in which substantial federal involvement is anticipated. A cooperative agreement clearly defines the respective responsibilities of CB and the awardee prior to the award. CB anticipates that agency involvement will produce programmatic benefits to the recipient otherwise unavailable to them for carrying out the project. The involvement and collaboration includes:

- CB will review and approve planning stages of the activities before implementation phases may begin;
- CB and recipient will jointly collaborate in the performance of key programmatic activities (i.e., strategic planning, implementation, information technology enhancements, T/TA, publications or products, and evaluation);
- CB will closely monitor the requirements stated in this announcement that limit the awardee’s discretion with respect to scope of services offered; and
- CB will closely monitor performance. This may, in order to ensure compliance with the intent of this funding, exceed those federal stewardship responsibilities customary for grant activities.

Please see Section IV.5 *Funding Restrictions* for limitations on the use of federal funds awarded under this announcement.

**III. Eligibility Information**

**III.1. Eligible Applicants**

Eligible applicants are public and private agencies and organizations.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards under this announcement. See Section III.3. *Other*.

Faith-based and community organizations that meet the eligibility requirements are eligible to receive awards under this funding opportunity announcement. Faith-based organizations are encouraged to review the ACF Policy on Grants to Faith-Based Organizations at:  

See "Legal Status of Applicant Entity" in Section IV.2 for documentation required to support eligibility.

**III.2. Cost Sharing or Matching**
III.3. Other

DUNS Number and System for Award Management Eligibility Requirements (SAM.gov)

All applicants must have a DUNS number (www.dnb.com) and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Finalize a new, or renew an existing, registration at least two weeks before the application deadline. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf.

HHS requires all entities that plan to apply for, and ultimately receive, federal grant funds from any HHS Agency, or receive subawards directly from recipients of those grant funds to:

- Be registered in the SAM prior to submitting an application or plan;
- Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its active DUNS number in each application or plan it submits to the OPDIV.

ACF is prohibited from making an award until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, ACF:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Requirements for Applicants That Are Not Public Child Welfare Agencies

Collaborative efforts are strongly encouraged, but applicants must identify a primary applicant responsible for administering the grant.

If the primary applicant responsible for administering the cooperative agreement funded under this FOA is not the state or local child welfare agency, there should be a strong partnership with the state and local child welfare agencies with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and courts having jurisdiction over the targeted child welfare population. This documentation should include the following:

- Third party agreements with the relevant state and local child welfare agencies and courts, which describe, in detail, the roles and responsibilities of the project partners;
- Evidence that the relevant state and local child welfare agencies and courts fully understand, are fully committed to the proposed project, and demonstrate a willingness to be fully engaged in the activities that are described in the application;
- Evidence that the relevant state and local child welfare agencies and court(s) will follow through on these commitments, regardless of changes in administration, economic status, or other foreseeable factors; and
- Any other evidence that would demonstrate the full commitment of the relevant state and local child welfare agencies and court(s) to making the proposed project a success.

Applicants are required to partner with the state and local child welfare agency (if not the applicant), with consumers, and with other key agencies, e.g., a university, medical center, mental health agency, and/or community-based provider with experience with the population(s) that the applicant proposes to serve.
APPLICATION DISQUALIFICATION FACTORS

Applications from individuals, foreign entities, or sole proprietorship organizations will be disqualified from competitive review and from funding under this announcement.

Award Ceiling Disqualification

Applications that request an award amount exceeding the Award Ceiling per budget period, or per project period, as stated in Section II. Award Information, will be disqualified from competitive review and from funding under this announcement. This disqualification applies only to the Award Ceiling listed for first 12-month budget period for projects with multiple budget periods. If the project and budget period are the same, the disqualification applies to the Award Ceiling listed for the project period.

Application Submission Disqualifications

ACF requires electronic submission of applications at www.Grants.gov. Applicants that do not have an Internet connection or sufficient computing capacity to upload large documents to the Internet may contact ACF for an exemption that will allow these applicants to submit an application in paper format. Information on requesting an exemption from electronic application submission is found in Section IV.2. Application Submission Options.

The deadline for electronic application submission is 11:59 p.m., ET, on the due date listed in the Overview and in Section IV.3. Submission Dates and Times. Electronic applications submitted to www.Grants.gov after 11:59 p.m., ET, on the due date, as indicated by a dated and time-stamped email from www.Grants.gov, will be disqualified from competitive review and from funding under this announcement. That is, applications submitted to www.Grants.gov, on or after 12:00 a.m., ET, on the day after the due date will be disqualified from competitive review and from funding under this announcement.

Applications submitted to www.Grants.gov at any time during the open application period, and prior to the due date and time, which fail the Grants.gov validation check, will not be received at or acknowledged by ACF.

Each time an application is submitted via www.Grants.gov, the application will receive a new date and time-stamp email. Only those applications with on-time date and time stamps that result in a validated application, which is transmitted to ACF, will be acknowledged.

The deadline for receipt of paper applications is 4:30 p.m., ET, on the due date listed in the Overview and in Section IV.3. Submission Dates and Times. Paper applications received after 4:30 p.m., ET, on the due date will be disqualified from competitive review and from funding under this announcement. Paper applications received from applicants that have not received approval of an exemption from required electronic submission will be disqualified from competitive review and from funding under this announcement. See "Request an Exemption from Required Electronic Application Submission" in Section IV.2. Content and Form of Application Submission.

Applications that are disqualified under any of these circumstances will receive written notification by letter or by email.

IV. Application and Submission Information

IV.1. Address to Request Application Package

CB Operations Center
Electronic Application Submission:
The electronic application submission package is available at www.Grants.gov.

Applications in Paper Format:
For applicants that have received an exemption to submit applications in paper format, Standard Forms, assurances, and certifications are available at the ACF Funding Opportunities Forms webpage at http://www acf.hhs.gov/grants-forms. See Section IV.2. Request an Exemption from Required Electronic Application Submission if applicants do not have an Internet connection or sufficient computing capacity to upload large documents (files) to www.Grants.gov.

Standard Forms that are compliant with Section 508 of the Rehabilitation Act (29 U.S.C. § 794d):
Available at the Grants.gov Forms Repository website and at http://www.whitehouse.gov/omb/grants_forms.

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

Section IV.2. Content and Form of Application Submission

FORMATTING ACF APPLICATIONS

FOR ALL ACF APPLICATIONS:

Authorized Organizational Representative (AOR)
The AOR is an individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards. Each applicant must designate an AOR.

AOR authorization is part of the registration process at www.Grants.gov, where the AOR will create a short profile and obtain a username and password from the Grants.gov Credential Provider. AORs will only be authorized for the DUNS number registered in the System for Award Management (SAM).

Point of Contact
In addition to the AOR, a point of contact on matters involving the application must also be identified. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR. The point of contact must be available to answer any questions pertaining to the application.

Application Checklist
Applicants may refer to Section VIII. Other Information for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in Section IV.3. Submission Dates and Times of this announcement.
Follow the instructions provided in this application formatting section to ensure that your application does not exceed the page limitations and can be printed efficiently and consistently for the competitive review.

**Accepted Font Styles:**

All applicants must use 12-point font in Times New Roman (TNR).

**Page Limitations for Application Submissions**

Applicants must observe the page limitations listed later in this section. Page limitations do not include OMB-approved Standard Forms (SFs) and OMB-approved forms.

All applications must be double-spaced and in Times New Roman, 12-point font. An application that exceeds the cited page limitation for double-spaced pages in the Project Description file or the Appendices file will have the extra pages removed and these pages will not be reviewed.

Page limitations apply to electronically submitted and paper format applications. For applications that are single-spaced and/or one-and-a-half spaced (in whole or in part, except for the exempted elements listed later in this section) and/or use a font smaller than TNR, 12-point, ACF will use a formula to determine the actual number of pages. The formula counts the number of characters an applicant uses when following the instructions and using 12-point TNR and then compares the resulting number with that of the submitted application. For example, an applicant using TNR, 11-point font, with 1-inch margins all around, and single-spacing, would have an additional 26 lines, or 1500 characters, which is equal to 4/5 of an additional page. Extra pages resulting from this formula will be removed and will not be reviewed.

Be sure to print the Project Description and Appendices documents on paper and count the number of pages for each file before submission. Keep the printed copy as a hard copy of your application for your files.

**Copies Required**

Applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application package. Applicants submitting applications in paper format must submit one original and two copies of the complete application, including all Standard Forms and OMB-approved forms. The original copy must have original signatures.

**Signatures**

Applicants submitting electronic applications must follow the AOR Authorization and E-Biz POC instructions provided at [www.Grants.gov](http://www.Grants.gov). The original of a paper format application must include original signatures.

**Accepted Application Format**

With the exception of the required Standard Forms and OMB-approved forms, all application materials must be formatted so that they will print out onto 8 1/2" x 11" white paper with 1-inch margins all around. The Project Description and Appendices files must be numbered separately. The font size on any scanned documents must be large enough so that it is readable. Do not scan more than one page of a document on a single page. Application pages with two or more pages of a document scanned to it will be removed and will not be reviewed.

**Elements Exempted from Double-Spacing Requirements**

The following elements of the application submission are exempt from the double-spacing requirements listed earlier in this section: the one-page Project Summary/Abstract, required Assurances and Certifications, required Standard Forms, required OMB-approved forms, resumes, logic models, proof of legal status/non-profit status, contracts, and the Budget Justification. These items may be single-spaced.
The Project Summary/Abstract is required to be one single-spaced page in 12-point font with 1-inch margins. The Budget Justification may be single-spaced but must be in 12-point font. Resumes must be in 12-point font, but are not required to be double-spaced. The font size on any scanned documents must be large enough so that it is readable.

ELECTRONIC APPLICATION SUBMISSION INSTRUCTIONS

Applicants are required to submit their applications electronically unless they have requested and received an exemption that will allow submission in paper format. See Section IV.2. Application Submission Options for information about requesting an exemption.

Electronic applications will only be accepted via www.Grants.gov. ACF will not accept applications submitted via email or via facsimile.

Application Upload Requirements

Each applicant is required to upload ONLY two electronic files, excluding Standard Forms and OMB-approved forms. No more than two files will be accepted for the review, and additional files will be removed. Standard Forms and OMB-approved forms will not be considered additional files.

ACF strongly recommends that electronic applications be uploaded as Portable Document Files (PDFs). One file must contain the entire Project Description and Budget Justification; the other file must contain all documents required in the Appendices. Details on the content of each of the two files, as well as page limitations for each, are listed later in this section.

To adhere to the two file requirement, applicants may need to convert and/or merge documents together using a PDF converter software. Many recent versions of Microsoft Office include the ability to save documents to the PDF format without need of additional software. Applicants using the Adobe Professional software suite will be able to merge these documents together. ACF recommends merging documents electronically rather than scanning multiple documents into one document manually, as scanned documents may have reduced clarity and readability.

However, ACF understands that all applicants may not have access to this software. Grants.gov offers a listing of several free PDF conversion programs. These programs can be found on Grants.gov by clicking on ‘Applicant Resources’ on the far left side of the home page, and then by following the link to ‘Download Software’ near the top of the screen, or by clicking HERE. Free PDF software is available on this page that will allow users to convert and merge PDF documents. As an example, ACF is providing written instructions on downloading and using one type of free software listed at Grants.gov at the following link: https://www.acf.hhs.gov/sites/default/files/assets/pdf995_instructions_for_video.pdf. A video demonstrating this process is also available at: http://www.youtube.com/watch?v=1Oly0HwXPsA. ACF does not endorse any of the software listed on Grants.gov, and applicants are not required to use a specific type of PDF conversion software to submit an application.

NOTE: Applications submitted via www.Grants.gov will undergo a validation check. See Section IV.2. Application Submission Options for more information. The validation check can affect whether the application is accepted for review. If an application fails the Grants.gov validation check and is not resubmitted by 11:59 p.m., ET, on the due date, it will not be transmitted to ACF and will be excluded from the review. If an applicant resubmits their application to Grants.gov by 11:59 p.m., ET, on the due date and the application does not pass the validation check, it will not be transmitted to ACF and will be excluded from the review.

Required Standard Forms (SFs) and OMB-approved Forms

Standard Forms (SFs) and OMB-approved forms, such as the SF-424 application and budget forms and the SF-P/PSL (Project/Performance Site Location), are uploaded separately at Grants.gov. These forms are submitted separately from the Project Description and Appendices files. See Section IV.2. Required
**Forms, Assurances, and Certifications** for the listing of required Standard Forms, OMB-approved forms, and required assurances and certifications.

**Carefully observe the file naming conventions required by [www.Grants.gov](http://www.Grants.gov)**
Limit file names to 50 characters and do not use special characters (example: &,-,*,%,/,#) including periods (.), blank spaces, and accent marks, within application form fields, and file attachment names. An underscore (_) may be used to separate a file name.

**Use only file formats supported by ACF**
It is critical that applicants submit applications using only the supported file formats listed here. While ACF supports all of the following file formats, we strongly recommend that the two application submission files (Project Description and Appendices) are uploaded as PDF documents in order to comply with the two file upload limitation. Documents in file formats that are not supported by ACF will be removed from the application and will not be used in the competitive review. This may make the application incomplete and ACF will not make any awards based on an incomplete application.

ACF supports the following file formats:
- Adobe PDF – Portable Document Format (.pdf)
- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- Microsoft PowerPoint (.ppt)
- Corel WordPerfect (.wpd)
- Image Formats (.JPG, .GIF, .TIFF, or .BMP only)

**Do Not Encrypt or Password-Protect the Electronic Application Files**
If ACF cannot access submitted electronic files because they are encrypted or password protected, the affected file will be removed from the application and will not be reviewed. This removal may make the application incomplete and ACF will not make awards based on an incomplete application.

**FORMATTING FOR PAPER APPLICATION SUBMISSIONS:**
The following requirements are only applicable to applications submitted in paper format. Applicants must receive an exemption from ACF in order for a paper format application to be accepted for review. See Section IV.2. Request an Exemption from Required Electronic Application Submission later in this section under Application Submission Options for more information.

**Signatures**
An original signature of the AOR is required only on the original copy of paper format application submissions. A point of contact on matters involving the application must be identified on the SF-424 at item 8f. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR.

**Format Requirements for Paper Applications**
All application materials must be submitted on 8 ½" x 11" white paper with 1-inch margins. Applications must be in two sections. The first section must contain the entire Project Description and Budget Justification, and the second section must contain all required Appendices. The pages of the two sections must be separately and sequentially numbered.

All copies of mailed or hand-delivered paper applications must be submitted in a single package. If an applicant is submitting multiple applications under a single FOA, or multiple applications under separate FOAs, each application submission must be packaged separately. The package(s) must be clearly labeled for the specific FOA it addresses by FOA title and by Funding Opportunity Number (FON).

Because each application will be duplicated, do not use or include separate covers, binders, clips, tabs,
plastic inserts, maps, brochures, or any other items that cannot be processed easily on a photocopy machine with an automatic feed. Do not bind, clip, staple, or fasten in any way separate sections of the application. Applicants are advised that the copies of the application submitted, not the original, will be reproduced by the federal government for review. All application materials must be one-sided for duplication purposes.

Instructions on the order of assembly for paper application submissions are available later in this formatting section.

Addresses for Submission of Paper Applications
See Section IV.6. Other Submission Requirements for addresses for paper format application submissions.

Page Limitations and Content of the Application for All Submission Formats:

Note: Additional CB-Specific Instructions for All Applications Under this FOA

The Project Description file is limited to 75 pages and must include these items in this order:

1. Table of Contents
2. Abstract
3. Objectives and Need for Assistance
4. Approach
5. Evaluation
6. Organizational Capacity
7. Logic Model
8. Line Item Budget and Budget Justification

The Appendices file is limited to 50 pages and must include these items in this order:

1. Certifications and Assurances
2. Proof of Legal Status (if applicable)
3. Third-party agreements
4. Staff and Position Data (e.g., resumes, job descriptions, organizational charts)
5. Indirect Cost Rate Letter (if applicable)

Do not include Standard Forms or OMB-approved forms as part of the Project Description file or the Appendices file. For electronic applicants, Standard Forms are submitted separately at Grants.gov. Standard Forms and OMB-approved forms are not included in the page limitations.

ORGANIZING THE PROJECT DESCRIPTION AND APPENDICES. The applicant must address all requirements listed in Section IV.2 in their project description. Reviewers will use the specific evaluation criteria in Section V.1. Application Review Information of this FOA to review and evaluate each application. Therefore, applicants must organize their Project Description and Appendices in the sequence used in Section V.1 so that reviewers can readily find information that directly addresses each of the specific review criteria.

Required Forms, Assurances, and Certifications
Applicants seeking grant or cooperative agreement awards under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications with the application. All required Standard Forms, assurances, and certifications are available at ACF Funding Opportunities Forms or at the Grants.gov Forms Repository unless specified otherwise.

<table>
<thead>
<tr>
<th>Forms / Assurances / Certifications</th>
<th>Submission Requirement</th>
<th>Notes / Description</th>
</tr>
</thead>
</table>

31 of 68
| DUNS Number (Universal Identifier) and Systems for Award Management (SAM) registration. | A DUNS number is required of all applicants. To obtain a DUNS number, go to [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform). Active registration at the Systems Award Management (SAM) website must be maintained throughout the application and project award period. SAM registration is available at [http://www.sam.gov](http://www.sam.gov). | A DUNS number and SAM registration are eligibility requirements for all applicants. See Section III.3. Other for information on obtaining a DUNS number at [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform) and registration at SAM.gov at [http://www.sam.gov](http://www.sam.gov). |
| SF-424 - Application for Federal Assistance and SF-P/PSL - Project/Performance Site Location(s) | Submission is required for all applicants by the application due date. | Required for all applications. |
| SF-424A - Budget Information - Non-Construction Programs and SF-424B - Assurances - Non-Construction Programs | Submission is required for all applicants when applying for a non-construction project. Standard Forms must be used. Forms must be submitted by the application due date. | Required for all applications when applying for a non-construction project. By signing and submitting the SF-424B, applicants are making the appropriate certification of their compliance with all federal statutes relating to nondiscrimination. |
| Certification of Filing and Payment of Federal Taxes | Submission of a certification is required prior to award for grantees receiving more than $5,000,000 in Federal funding for the first budget year of a multi-year project; or for grantees receiving more than $5,000,000 in Federal funding for a one-year (12 months) project period; or for grantees receiving more than $5,000,000 in Federal funding for a one-year (12 months) project period; or for grantees receiving more than $5,000,000 in Federal funding for a one-year (12 months) project period. | Applicants are advised of the following requirement contained in Section 523 of the "Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, 2008," (P.L. 110-161, Division G). This requirement remains in effect: Sec. 523. None of the funds appropriated or otherwise made available by this Act may be used to enter into a contract in an amount greater than $5,000,000 or... |
funding for a multiyear project to be fully funded.

to award a grant in excess of such amount unless the prospective contractor or grantee certifies in writing to the agency awarding the contract or grant that, to the best of its knowledge and belief, the contractor or grantee has filed all Federal tax returns required during the three years preceding the certification, has not been convicted of a criminal offense under the Internal Revenue Code of 1986, and has not, more than 90 days prior to certification, been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding. [Emphasis Added]

Accordingly, if applicants request more than $5 million in Federal funds for the first budget year of a multiyear project to be funded in FY 2010, or as a multiyear project to be fully funded in FY 2010, the applicant will be required to submit a certification complying with the requirements, prior to receiving an award.

<p>| SF-LLL - Disclosure of Lobbying Activities | If applicable, submission of this form is due at the time of application. | If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, &quot;Disclosure Form to Report Lobbying,” in accordance with its instructions. |</p>
<table>
<thead>
<tr>
<th><strong>Survey on Ensuring Equal Opportunity for Applicants</strong></th>
<th><strong>Submission is voluntary.</strong> Submission may be made with the application by the application due date listed in the <em>Overview</em> and <em>Section IV.3. Submission Dates and Times</em>. Or, it may be submitted prior to the award of a grant.</th>
<th>Private, non-profit organizations (not including private universities) are encouraged to submit the survey with their applications. Submission of the survey is voluntary. Applicants applying electronically may submit the survey along with the application as part of an appendix or as a separate document. Hard copy submissions should include the survey in a separate envelope.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)</strong></td>
<td>Submission of the required information and forms is due with the application package by the due date listed in the <em>Overview</em> and <em>Section IV.3. Submission Dates and Times</em>. If the information is not available at the time of application, it must be submitted prior to the award of a grant.</td>
<td>Form is available at <a href="http://www.hhs.gov/ohrp/assurances/forms/index.html">http://www.hhs.gov/ohrp/assurances/forms/index.html</a>. General information about the HHS Protection of Human Subjects regulations can be obtained at <a href="http://www.hhs.gov/ohrp/">http://www.hhs.gov/ohrp/</a>. Applicants may also contact OHRP by email (<a href="mailto:ohrp@csophs.dhhs.gov">ohrp@csophs.dhhs.gov</a>) or by phone (240-453-6900).</td>
</tr>
<tr>
<td><strong>Certification Regarding Lobbying</strong></td>
<td>Submission required of all applicants with the application package. If it is not submitted with the application package, it may also be submitted prior to the award of a grant.</td>
<td>Submission of this Certification is required for all applications.</td>
</tr>
</tbody>
</table>

**Note: Additional CB-Specific Assurances**

The applicant's signature on the application constitutes its assurance that it will comply with the following requirements:

- Have the project fully functioning within 90 days following the notification of the award.
- Review and revise the Phase I plan in consultation with CB and resubmit the plan for approval within 90 days after the date of award.
- Resubmit the Phase II plan for final approval to CB no later than 9 months after the date of award.
- Participate if CB chooses to do a cross-site evaluation or a technical assistance contract that relates to this FOA.
- Submit all performance indicator data, program, evaluation, and financial reports in a timely manner (see *Section VI.3 Reporting*), in the recommended formats (to be provided). CB prefers and will accept the interim and final reports and attachments on disk or electronically using a standard word processing program; however, projects are required to provide the original and two copies of performance progress and final reports.
- Submit an original and two copies of the final program/evaluation report and any program products.
to CB within 90 days of project end date.

- Acknowledge that CB reserves the right to secure and distribute grantee products and materials, including copies of journal articles written by grantees about their grant projects.
- Archive data from the program evaluation with the National Data Archive on Child Abuse and Neglect within 90 days of the termination of federal funding for the project. The applicant's IRB and research participants should be made aware that the data from the project will be archived and made available to other researchers after personal identifiers have been removed. Archiving will involve providing individual respondent data in electronic form and the accompanying documentation, including the codebook, the final report, and copies of the research instruments, as appropriate. A manual describing the guidelines of the Archive is available from the Archive directly at the Family Life Development Center, MVR Hall, Cornell University, Ithaca, NY 14853 (phone: (607) 255-7799), from the Archive website at http://www.ndacan.cornell.edu, or from the Child Welfare Information Gateway website at https://www.childwelfare.gov/.
- Include the following notice with all grantee materials, products, publications, news releases, etc.: Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #______. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ____________.

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

The Project Description

Part I: The Project Description Overview

Purpose
The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. It should address the activity for which federal funds are being requested, and should be consistent with the goals and objectives of the program as described in Section I. Funding Opportunity Description. Supporting documents should be included where they can present information clearly and succinctly. When appropriate, applicants should cite the evaluation criteria that are relevant to specific components of their project description. Awarding offices use this and other information in making their funding recommendations. It is important, therefore, that this information be included in the application in a manner that is clear and complete.

General Expectations and Instructions
Applicants should develop project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.
Part II: General Instructions for Preparing a Full Project Description

Introduction
Applicants must prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria in Section V.1. Criteria. The text options give a broad overview of what the project description should include while the evaluation criteria identify the measures that will be used to evaluate applications.

Table of Contents
List the contents of the application including corresponding page numbers. The table of contents must be single spaced and will be counted against the total page limitations.

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

Please place the following at the top of the abstract:
- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced, in Times New Roman 12-point font, and limited to one page in length. Additional pages will be removed and will not be reviewed.

Objectives And Need For Assistance
Clearly identify the physical, economic, social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance including the nature and scope of the problem must be demonstrated, and the principal and subordinate objectives of the project must be clearly and concisely stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies should be included or referred to in the endnotes/footnotes. Incorporate demographic data and participant/beneficiary information, as well as data describing the needs of the target population and the proposed service area as needed. When appropriate, a literature review should be used to support the objectives and needs described in this section.

Outcomes Expected
Identify the outcomes to be derived from the project. Outcomes should relate to the overall goals of the project as described in Section I. Funding Opportunity Description. If research is part of the proposed work, outcomes must include hypothesized results and implications of the proposed research.

NOTE - CB-SPECIFIC REQUIREMENTS OF ALL APPLICANTS UNDER THIS FOA
Applicants must propose and justify a feasible plan to produce, evaluate, and disseminate information on each of these outcomes:
- Increase the social-emotional well-being of the target population, decreasing trauma, behavioral, and
mental health symptoms and restoring developmentally appropriate functioning;
- Increase parenting capacity and family functioning;
- Establish responsive, accessible, effective service arrays that match the identified needs of the target population and can be deployed to meet individual (and family) needs;
- Establish partnerships and collaborations that will facilitate access to needed services;
- Based on a comprehensive assessment of needs within the existing service delivery system, successfully implement the following: 1) universal screening for trauma, and mental and behavioral health needs; 2) universal and continuous assessment and monitoring of well-being across the target population using reliable and valid functional assessment measures; 3) high-quality, on-going comprehensive assessment consistent with the existing guidelines; 4) functional outcome oriented case planning, 5) on-going progress monitoring of functional outcomes; and 6) a responsive system for ensuring that the treatment service array is evidence-based or evidence-informed and matches the assessed needs of targeted children, youth, and families in contact with the child welfare system;
- Effectively target and transition existing services and resources in order to implement and/or expand effective screening, assessment, case planning, progress monitoring, and evidence-based service array changes while simultaneously de-scaling and replacing services already in place that are not 1) evidence-based or evidence-informed, and 2) do not meet the assessed needs of the target population;
- Further develop child welfare systems that promote safety, permanency, well-being, and positive adoption and post-adoption outcomes by taking the steps necessary for the system to become more receptive to the introduction or expansion of evidence-based/evidence-informed screening, assessment, case planning, and treatment;
- Identify factors and strategies associated with successful installation and implementation of evidence-based/evidence-informed screening, assessment, case planning, progress monitoring, and service array re-alignment in child welfare systems; and
- Put into place those supports necessary to successfully implement and sustain service system changes.

Approach

Outline a plan of action that describes the scope and detail of how the proposed project will be accomplished. Applicants must account for all functions or activities identified in the application. Describe any design or technological innovations, reductions in cost or time, or extraordinary social and/or community involvement in the project. Provide a list of organizations, cooperating entities, consultants, or other key individuals that will work on the project, along with a short description of the nature of their effort or contribution.

Cite potential obstacles and challenges to accomplishing project goals and explain strategies that will be used to address these challenges.

NOTE - CB-SPECIFIC REQUIREMENTS OF ALL APPLICANTS UNDER THIS FOA

Applicants must:
- Define the target population, and, if the choice has been made to narrow the population, justify the choice and clearly show that the ultimate goal is to create an agile and aligned service array that meets the needs of all children and youth pre- and post-adoption with mental health, behavioral health, and trauma related needs for whom the agency is responsible.
- In those instances in which a narrowed target population is proposed, present a clear plan for how information from the demonstration project will be used to reconfigure and align the service array on a system-wide basis by the end of the demonstration project.
- Present a thorough analysis of local data describing the proposed target population, including
demographic data, trauma/mental/ behavioral health needs, and other population characteristics that may influence service needs or provision of services.

- Conduct a comprehensive inventory of trauma, mental and behavioral health services currently available to the target population, including an analysis of the system's capacity to appropriately and effectively screen, assess, refer, serve and monitor progress of children and youth requiring interventions to meet their needs. The inventory should also assess the match between treatment services currently available pre- and post-adoption within the service array and the needs of children, youth, and families within the identified target population. This should include special attention to the degree that current treatments are evidence-based or evidence-informed, geographic accessibility, and mode of service delivery. A description of the processes used for conducting the inventory should be included.

- Present a strong rationale and sound justification for the choice of proposed service system changes pre- and post-adoption, including convincing linkages between the chosen strategies and the system’s current capacity to meet the assessed needs of targeted children, youth, and families. This rationale should be based on in-depth analysis of the system’s own existing data and a thorough review of available research and evaluation evidence, with consultation with experts (including measure and treatment developers) as necessary.

- Sufficient justification should be provided that the proposed project will positively affect adoption and post-adoption outcomes by: 1) increasing the social and emotional well-being of children and youth targeted for the treatment(s,) reducing symptoms and restoring developmentally appropriate functioning; 2) enhancing protective factors that build resilience and increase the capacity to cope with future challenges; 3) increasing parenting capacities and family functioning; and 4) reducing the potential for the child welfare system to exacerbate stress symptoms and protect against future trauma exposure.

- Analyze the system's capacity to re-align resources to increase access to services that better match the assessed needs of the service population. This analysis should include a thorough description of the proposed strategy for effectively transitioning existing practices and services that are ineffective and/or do not meet the assessed needs of the target population. Potential facilitators and barriers to service array reconfiguration should also be identified and existing and potential funding streams that may be used to support the delivery and sustainability of proposed service delivery system changes should be investigated. In addition, applicants should describe any previous or continuing efforts to implement these service system components, their degrees of success, lessons learned, and a description of how they will build on existing efforts. In particular, applicants must document their community's interest in, experience with, and commitment to evidence-based trauma, behavioral, and mental health practices and treatments.

- Clearly articulate plans for establishing and building upon collaborative partnerships needed to guide and support successful implementation, including the meaningful involvement of consumers. Applicants must identify those agencies and organizations with whom partnerships are critical to successfully implement chosen screening, assessment, case planning, progress monitoring, and evidence-based service array reconfiguration activities in their child welfare systems. The relevant local child welfare agency(ies) that has jurisdiction over the target population (if not the applicant) is a required partner, and convincing evidence of their participation must be presented in the application. Likewise, the state child welfare agency, because of its role in determining the service array, is a required partner, and convincing evidence of their participation must be presented in the application. In many cases, strong partnerships with the mental health authority and state Medicaid agency, the public mental and behavioral health department and/or community mental health agencies and private service providers under contract with the child welfare agency will be necessary. Partnerships with courts, schools, law enforcement, and/or community-based organizations may be equally important to the success of the project as the transition of the service array occurs. The partners involved may vary significantly, depending on the children and youth targeted and the combination of service system changes proposed. Applicants must develop third
party agreements with the key partners identified in their proposals and include copies of these agreements in their application materials.

- Present an overview of activities to be completed during Phase 1. This should include a detailed plan for carrying out required planning and assessment activities defined in the “Project Requirements” section. Present a preliminary plan describing specific steps needed to successfully install and implement the proposed combination of trauma, mental, and behavioral health service delivery enhancements. At minimum, plans should clearly describe methods to be used for universal screening, ongoing functional assessment, case planning, progress monitoring, and measurement-driven service array reconfiguration; the number of children and youth to whom services will be provided; targeted professionals to deliver services; training and supervision to be provided; plans for recruitment and retention of clinicians and service providers that have the prerequisite capacity, skills, and/or necessary credentials to deliver high-quality service; and implementation staging across providers, offices, or geographic areas, as applicable.

- Describe how data systems will be adapted or developed to ensure that important information about children’s trauma, behavioral, and mental health needs is collected, analyzed, shared, and used.

- Describe how sustainability of the service system changes will be accomplished using existing or potential funding streams and by targeting and replacing existing practices and services that are not effective and/or do not match the assessed needs of the target population.

- If the project serves a subset of the target population describe how it will use the information learned in the demonstration project to reconfigure the service array system-wide for children pre- and post adoption within the 5 year project period.

The applicant must affirm the willingness to participate in all aspects of any federally-sponsored evaluation or technical assistance contract as a condition of acceptance of funding, as detailed in the FOA.

**Project Timeline and Milestones**

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

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

**Program Performance Evaluation Plan**

Applicants must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. 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. The plan must be supported by a logic model and must explain how the inputs, processes and outcomes will be measured, and how the resulting information will be used to inform improvement of funded activities.

Applicants must describe the systems and processes 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., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those
obstacles will be addressed.

**Funded Activities Evaluation Plan**

Applicants must describe the plan for rigorous evaluation of funded activities. The evaluation must be supported by a logic model. The evaluation must assess processes and progress towards the goals and objectives of the project, and whether the project is having the expected effects and impacts. The evaluation plan must specify expected outcomes and any research questions. The plan must discuss how the results of this evaluation will provide greater understanding and improvement of the funded activities. The plan must include a valid and reliable measurement plan and sound methodological design. Details regarding the proposed data collection activities, the participants, and data management, and analyses plans must be described. Applicants must describe any potential obstacles foreseen in implementation of the planned evaluation and how those obstacles will be addressed.

**NOTE - CB-SPECIFIC REQUIREMENTS OF ALL APPLICANTS UNDER THIS FOA**

Applicants must present a rigorous evaluation plan that will contribute to developing the knowledge base about successful strategies for adopting, installing, implementing, and sustaining evidence-based/evidence-informed screening, assessment, case planning, progress monitoring, and service array reconfiguration in child welfare and will measure the effect of these treatments on safety, permanency, well-being outcomes, and adoption outcomes. For each of the three sets of questions to be answered by these demonstration projects (i.e., implementation, cost and outcomes), where applicable, the applicant's evaluation plan must:

- Discuss how the evaluation will be conducted.
- Articulate the proposed evaluation methods, measurement, data collection, data management system, sample and sampling (if appropriate), timeline for activities, plan for securing IRB review, and analysis.
- Identify the evaluator, cost of the evaluation, and the source of funds. If the applicant does not have the in-house capacity to conduct an objective, comprehensive evaluation, then CB advises that the grantee subcontract with an institution of higher education, or a third-party evaluator specializing in social sciences research and evaluation to conduct the evaluation. In either case, it is important that the evaluators have the necessary independence from the project to assure objectivity. A skilled evaluator can help develop a logic model and assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project.
- Use an appropriate comparison condition if the research is measuring the impact of the service system changes on participant outcomes or to compare various implementation strategies and their potential connection with implementation outcomes (e.g., grantees may choose to test different implementation approaches with the same service system changes, with different providers, or in different service areas.)
- Include a logic model or conceptual framework that shows the linkages between the proposed planning and implementation activities, and the outcomes that these are designed to achieve. Information on the development of logic models is available at https://www.childwelfare.gov/management/effectiveness/logic_model.cfm.

Applicants must propose and justify a feasible plan to rigorously evaluate processes and outcomes, and effectively disseminate products and findings that answer the questions listed under these 3 areas:

1. **Implementation**
   - **Adoption, Installation and Implementation**
     - What factors and strategies were associated with successful adoption, installation, and implementation of (a) screening, (b) assessment, (c) case planning, (d) progress monitoring, and (e) service array reconfiguration in child welfare?
What were the key facilitators and barriers during implementation?
What implementation approaches/strategies were most successful?
How did the staging and/or timing of particular installation and implementation activities (and their completion) affect adoption, fidelity, and spread of the new practice over the course of the project?
If the project focuses on a sub-set of the target population, how was the information learned in the demonstration project used to reconfigure the service array system-wide for children pre- and post- adoption within the five year project period?

**System Integration**
- How compatible were the selected (a) screening, (b) assessment, (c) case planning, (d) progress monitoring, and (e) service array re-alignment activities with the service system into which they were integrated?
- What activities were undertaken to prepare the system for implementation and increase its receptivity to service system changes?
- To what degree did the system's readiness for implementation of service system changes improve?

**Sustainability**
- Is the current level of utilization and fidelity to the screening, assessment, case planning, progress monitoring, and service array reconfiguration practices likely to be sustained beyond the project period?
- How successful was the system overall at transitioning resources to ensure sustainability of selected pre and post-adoption practices? How successful was the grantee in institutionalizing necessary changes in organizational policy and infrastructure (e.g., policy changes, recruitment and retention strategies, quality improvement measures, etc.)?
- How successful was the grantee in establishing and maintaining key collaborative partnerships?

2. Cost
- What are the costs associated with the implementation and maintenance of the chosen practices? Factors that may be considered in this cost evaluation may include, but are not limited to:
  - Service delivery hours;
  - Rates of reimbursement;
  - Staff and/or clinical caseloads;
  - Supervisor to worker and/or clinician ratios;
  - Cost per child, family, or unit of service;
  - Transportation costs;
  - Training and consultation costs;
  - Installation and maintenance costs;
  - Quality improvement costs; and value of the benefits derived compared with the alternative treatment costs avoided
- How much would it cost to continue key components of the project after the period of federal funding?
- How much would it cost to replicate key components of the project?
- How much would it cost to take this project to scale?

3. Outcomes
**Child Outcomes**
- To what degree did indicators and functional outcomes related to social and emotional well-being improve for children served by the project?
- What effect did service system changes have on psychotropic medication use?
- What was the effect on safety and permanency?
- How were adoption and post-adoption outcomes affected?

**Service Delivery Outcomes**
- What, if any, adaptations were made to the (a) screening, (b) assessment, (c) case planning, (d) progress monitoring, and (e) service array reconfiguration activities?
- How successful was the system at screening, assessing, and referring the targeted children for appropriate treatment pre and post-adoption?
- How successful was the system at delivering services to the targeted children that matched their needs?
- To what degree were evidence-based (a) screening, (b) assessment, (c) case planning, and (d) progress monitoring approaches implemented; and were they delivered with fidelity to the model or as intended?
- To what degree did the treatments spread with fidelity to their intended scale?
- If evidence based practices were implemented, in which core elements of the model's structure, delivery, and/or content was fidelity measured?
- Does the grantee anticipate making any adaptations to the adopted screening, assessment, and treatments after the project period concludes?

**Geographic Location**
Describe the precise location of the project and boundaries of the area to be served by the proposed project.

**Legal Status of Applicant Entity**
Applicants must provide the following documentation:

Non-profit organizations applying for funding are required to submit proof of their non-profit status. Proof of non-profit status is any one of the following:

- A reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code.
- A copy of a currently valid IRS tax-exemption certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that the applicant organization has non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.
- Any of the items in the subparagraphs immediately above for a state or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

When applying electronically, it is strongly suggested that the applicant attach proof of non-profit status with the electronic application.

**Logic Model**
Applicants must submit a logic model for designing and managing their project. A logic model is a tool that presents the conceptual framework for a proposed project and explains the linkages among program elements. While there are many versions of the logic model, they generally summarize the logical connections among the needs that are the focus of the project, project goals and objectives, the target population, project inputs (resources), the proposed activities/processes/outputs directed toward the target population, the expected short- and long-term outcomes the initiative is designed to achieve, and the evaluation plan for measuring the extent to which proposed processes and outcomes actually occur.

**Project Sustainability Plan**
Applicants must propose a plan for project sustainability after the period of federal funding ends. Grantees are expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for children and families.

Describe the approach to project sustainment that will be most effective and feasible. Describe the key individuals and/or organizations whose support will be required in order to sustain program activities. Describe the types of alternative support that will be required to sustain the planned program. If the proposed project involves key project partners, describe how their cooperation and/or collaboration will be maintained after the end of federal funding.

**Organizational Capacity**
Provide the following information on the applicant organization and, if applicable, on any cooperating partners:

- Organizational charts;
- Resumes (no more than two single-spaced pages in length);
- Curricula Vitae (CV);
- Biographical Sketches (short narrative description);
- Copy or description of the applicant organization’s fiscal control and accountability procedures;
- Evidence that the applicant organization, and any partnering organizations, have relevant experience and expertise with administration, development, implementation, management, and evaluation of programs similar to that offered under this announcement;
- Evidence that each participating organization, including partners and/or subcontracts, possess the organizational capability to fulfill their role(s) and function(s) effectively;
- Job descriptions for each vacant key position.

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

**Dissemination Plan**
Applicants must propose a plan to disseminate reports, products, and/or grant project outputs so that project information is provided to key target audiences. Dissemination plans must include:

- Dissemination goals and objectives;
- Strategies to identify and engage with target audiences;
- Allocation of sufficient staff time and budget for dissemination purposes;
- A preliminary plan to evaluate the extent to which target audiences have received project information and have used it as intended.
Third-Party Agreements

Third-party agreements include Memoranda of Understanding (MOU) and Letters of Commitment. General letters of support are not considered to be third-party agreements. Third-party agreements must clearly describe the project activities and support to which the third party is committing. Third-party agreements must be signed by the person in the third-party organization with the authority to make such commitments on behalf of their organization.

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

Collaboration/consortia applicants must provide letters of commitment or MOU identifying the primary applicant that is responsible for administering the grant. The primary applicant must provide documentation of the commitments made by partnering organizations and describe in detail their roles and responsibilities as partners in the collaboration/consortia.

The Project Budget and Budget Justification

All applicants are required to submit a project budget and budget justification with their application. The project budget is entered on the Budget Information Standard Form, either SF-424A or SF-424C, according to the directions provided with the SFs. The budget justification consists of a budget narrative and a line-item budget detail that includes detailed calculations for "object class categories" identified on the Budget Information Standard Form.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching or cost sharing is a requirement, applicants must include a detailed listing of any funding sources identified in Block 18 of the SF-424 (Application for Federal Assistance). See the table in Section IV.2. Required Forms, Assurances, and Certifications listing the appropriate budget forms to use in this application.

Special Note: The Consolidated Appropriations Act, 2012 (Pub.L. 112-74), enacted December 23, 2011, limits the salary amount that may be awarded and charged to ACF grants and cooperative agreements. Award funds issued under this announcement may not be used to pay the salary, or any percentage of salary, to an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is $179,700 (http://www.opm.gov/oca/12tables/html/ex.asp). This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a ACF grant or cooperative agreement.

Provide a budget justification using the 424A and/or 424C, as applicable, for each year of the proposed project. Provide a budget justification, which includes a budget narrative and a line-item detail, for each year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

NOTE - CB-SPECIFIC REQUIREMENTS OF ALL APPLICANTS UNDER THIS FOA

Applicants must designate a specific percentage of their budget for evaluation and demonstrate that there are sufficient funds in their project budgets each year to support evaluation, data collection and dissemination activities and related staff time.

The application must make it clear that grant funds will not be used for direct service delivery.
The application must include funds for all required items for the project, including travel to attend the entrance conference and annual meeting in Washington, DC.

General
Use the following guidelines for preparing the budget and budget justification. When a match or cost share is required, both federal and non-federal resources must be detailed and justified in the budget and budget narrative justification. "Federal resources" refers only to the ACF grant funds for which the applicant is applying. “Non-federal resources” are all other non-ACF federal and non-federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, federal budget; next column(s), non-federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

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

Fringe Benefits
Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.
Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel
Description: Costs of out-of-state or overnight project-related travel by employees of the applicant organization. Do not include in-state travel or consultant travel.
Justification: For each trip show the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used to travel out of town; and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key project staff to attend ACF-sponsored workshops/conferences/grantee orientations should be detailed in the budget.

Equipment
Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the applicant organization's regular written accounting practices.)
Justification: For each type of equipment requested applicants must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the
project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

**Supplies**

Description: Costs of all tangible personal property other than that included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than $5,000.

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

**Contractual**

Description: Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts with secondary recipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This area is not for individual consultants.

Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients, other than states that are required to use 45 CFR Part 92 procedures, must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at $100,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to ACF.

Note: Whenever the applicant intends to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each contractor/sub-contractor, by agency title, along with the same supporting information referred to in these instructions. If the applicant plans to select the contractors/sub-contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

**Other**

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

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

**Indirect Charges**

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

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

Paperwork Reduction Disclaimer
As required by the Paperwork Reduction Act of 1995, 44 U.S.C. §§ 3501-3521, the public reporting burden for the Project Description is estimated to average 60 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection information. The Project Description information collection is approved under OMB control number 0970-0139, which expires 10/31/2015. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Application Submission Options

- Additional guidance on the submission of electronic applications can be found at http://www.grants.gov/applicants/get_registered.jsp.
- If applicants encounter any technical difficulties in using www.Grants.gov, contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on federal holidays.
- Applicants should always retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.
- Contact with the Grants.gov Contact Center prior to the listed application due date and time does not ensure acceptance of an application. If difficulties are encountered, the Grants Management Officer listed in Section VII. Agency Contacts will determine whether the submission issues are due to Grants.gov system errors or user error.

Application Validation at www.Grants.gov
After an application has been successfully submitted to www.Grants.gov, it still must pass a series of validation checks. After an application is submitted, Grants.gov generates a submission receipt via email and also sets the application status to "Received." This receipt verifies that the application has been successfully delivered to the Grants.gov system.

Next, Grants.gov verifies the submission is valid by ensuring it does not contain viruses, the opportunity is still open, and the applicant login and applicant DUNS number match. If the submission is valid, Grants.gov generates a submission validation receipt via email and sets the application status to "Validated."

If the application is not validated, the application status is set to "Rejected." The system sends a rejection email notification to the applicant and the applicant must re-submit the application package. See "What to Expect After Submitting" at www.Grants.gov for more information.

Each time an application is submitted, or resubmitted, via www.Grants.gov, the application will receive a new date and time stamp. Only those applications with on-time date and time stamps that result in a validated application, which are transmitted to ACF, will be acknowledged.

Applicants will be provided with an acknowledgement from Grants.gov that the submitted application package has passed, or failed, a series of checks and validations. Applications that are submitted on time
that fail the validation check will not be transmitted to ACF and will not be acknowledged.

Request an Exemption from Required Electronic Application Submission

ACF recognizes that some applicants may have limited or no Internet access, and/or limited computer capacity, which may prohibit them from uploading large files at www.Grants.gov. To accommodate such applicants, ACF offers an exemption from required electronic submission. The exemption will allow applicants to submit hard copy, paper applications by hand-delivery, applicant courier, overnight/express mail couriers, or by other representatives of the applicant.

To receive an exemption from required electronic application submission, applicants must submit a written request to ACF that must state that the applicant qualifies for the exemption for one of the two following reasons:

- Lack of Internet access or Internet connection, or
- Limited computer capacity that prevents the uploading of large documents (files) at www.Grants.gov.

Applicants may request and receive the exemption from required electronic application submission by either:

- Submitting an email request to electronicappexemption@acf.hhs.gov, or
- Sending a written request to the Office of Grants Management Contact listed in Section VII. Agency Contacts in this announcement.

Requests for exemption from required electronic application submission will be acknowledged with an approval or disapproval.

Requests that do not state one of the two listed reasons will not be approved.

An exemption is applicable to all applications submitted by the applicant organization during the Federal Fiscal Year (FFY) in which it is received. Applicants need only request an exemption once in a FFY. Applicants must request a new exemption from required electronic submission for any succeeding FFY.

Please Note: electronicappexemption@acf.hhs.gov may only be used to request an exemption from required electronic submission. All other inquiries must be directed to the appropriate Agency Contact listed in Section VII. of this announcement. Queries or requests submitted to this email address for any reason other than a request for an exemption from electronic application submission will not be acknowledged or answered.

All exemption requests must include the following information:

- Funding Opportunity Announcement Title,
- Funding Opportunity Number (FON),
- The listed Catalog of Federal Domestic Assistance (CFDA) number,
- Name of Applicant Organization and DUNS Number,
- AOR name and contact information,
- Name and contact information of person to be contacted on matters involving the application (i.e., the Point of Contact), and
- The reason for which the applicant is requesting an exemption from electronic application submission. The request for exemption must state one of the following two reasons: 1) lack of Internet access or Internet connection; or 2) lack of computer capacity that prevents uploading large documents (files) to the Internet.

Exemption requests must be received by ACF no later than two weeks before the application due date, that is, 14 calendar days prior to the application due date listed in the Overview and in Section IV.3. Submission Dates and Times. If the fourteenth calendar day falls on a weekend or federal holiday, the due date for receipt of an exemption request will move to the next federal business day that follows the
weekend or federal holiday.

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

Paper Format Application Submission

An exemption is now required for the submission of paper applications. See the preceding section on "Request an Exemption from Required Electronic Application Submission."

Applicants with exemptions that submit their applications in paper format, by mail or delivery, must submit one original and two copies of the complete application with all attachments. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by the AOR, and be unbound. The original copy of the application must have original signature(s). See Section IV.6 of this announcement for address information for paper format application submissions.

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

IV.3. Submission Dates and Times

Due Date for Applications: 08/05/2013

Explanation of Due Dates

The due date for receipt of applications is listed in the Overview section and in this section. See Section III.3. Application Disqualification Factors.

Electronic Applications

The deadline for submission of electronic applications via www.Grants.gov is 11:59 p.m., ET, on the due date. Electronic applications submitted at 12:00 a.m., ET, on the day after the due date will be considered late and will be disqualified from competitive review and from funding under this announcement.

Applicants are required to submit their applications electronically via www.Grants.gov unless they received an exemption through the process described in Section IV.2. Request an Exemption from Required Electronic Application Submission.

ACF does not accommodate transmission of applications by email or facsimile.


Applications submitted to www.Grants.gov at any time during the open application period prior to the due date and time that fail the Grants.gov validation check will not be received at ACF. These applications will not be acknowledged.

Mailed Paper Format Applications

The deadline for mailed paper applications is 4:30 p.m., ET, on the due date. Mailed paper applications received after the due date and deadline time will be considered late and will be disqualified from competitive review and from funding under this announcement.

Paper format application submissions will be disqualified if the applicant organization has not received an exemption through the process described in Section IV.2. Request an Exemption from Required Electronic Application Submission.

Hand-Delivered Paper Format Applications
Applications that are hand-delivered by applicants, applicant couriers, by overnight/express mail couriers, or other representatives of the applicant must be received on, or before, the due date listed in the Overview and in this section. These applications must be delivered between the hours of 8:00 a.m. and 4:30 p.m., ET, Monday through Friday (excluding federal holidays). Applications should be delivered to the address provided in Section IV.6. Other Submission Requirements.

Hand-delivered paper applications received after the due date and deadline time will be considered late and will be disqualified from competitive review and from funding under this announcement.

Hand-delivered paper format application submissions will be disqualified if the applicant organization has not received an exemption through the process described in Section IV.2. Request an Exemption from Required Electronic Application Submission.

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

- Applications submitted electronically via www.Grants.gov are considered late when they are dated and time-stamped after the deadline of 11:59 p.m., ET, on the due date.
- Paper format applications received by mail or hand-delivery after 4:30 p.m., ET, on the due date will be classified as late and will be disqualified.
- Paper format applications received from applicant organizations that were not approved for an exemption from required electronic application submission under the process described in Section IV.2. Request an Exemption from Required Electronic Submission will be disqualified.

Extensions and/or Waiving Due Date and Receipt Time Requirements

ACF may extend an application due date and receipt time when circumstances make it impossible for applicants to submit their applications on time. These events include natural disasters (floods, hurricanes, tornados, etc.), or when there are widespread disruptions of electrical service, or mail service, or in other rare cases. The determination to extend or waive due date and/or receipt time requirements rests with the Grants Management Officer listed as the Office of Grants Management Contact in Section VII. Agency Contacts.


Applicants will receive an initial email upon submission of their application to www.Grants.gov. This email will provide a Grants.gov Tracking Number. Applicants should refer to this tracking number in all communication with Grants.gov. The email will also provide a date and time stamp, which serves as the official record of application's submission. Receipt of this email does not indicate that the application is accepted or that is has passed the validation check.

Applicants will be provided with an acknowledgement from www.Grants.gov that the submitted application package has passed, or failed, a series of checks and validations. Applications that are submitted on time that fail the validation check will not be transmitted to ACF and will not be acknowledged.


Acknowledgement from ACF of an electronic application's submission:

Applicants will be sent additional email(s) from ACF acknowledging that the application has been retrieved from www.Grants.gov by ACF. Receipt of these emails is not an indication that the application is accepted for competition.

Acknowledgement from ACF of receipt of a paper format application

ACF will not provide acknowledgement of receipt of hard copy application packages submitted via mail or courier services.
IV.4. Intergovernmental Review of Federal Programs

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

IV.5. Funding Restrictions

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

Note: Costs incurred for grant application preparation are not considered allowable costs under an award and may not be included in the project budget or budget justification.

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

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

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

Grant funds may not be used for direct service provision.

IV.6. Other Submission Requirements

Submit paper applications to one of the following addresses. See Section IV.2. Request an Exemption from Required Electronic Application Submission.

Submission By Mail
CB Operations Center
c/o Lux Consulting Group
8405 Colesville Road, Suite 600
Silver Spring, MD 20910

Hand Delivery
CB Operations Center
c/o Lux Consulting Group
8405 Colesville Road, Suite 600
Silver Spring, MD 20910

Electronic Submission
See Section IV.2 for application requirements and for guidance when submitting applications electronically via http://www.Grants.gov.
For all submissions, see Section IV.3 for information on due dates and times.

V. Application Review Information

V.1. Criteria
Please note: Reviewers will not access, or review, any materials that are not part of the application documents. This includes information accessible on websites via hyperlinks that are referenced, or embedded, in the application. Though an application may include web links, or embedded hyperlinks, reviewers will not review this information as it is not considered to be part of the application documents. Nor will the information on websites be taken into consideration in scoring of evaluation criteria presented in this section. Reviewers will evaluate and score an application based on the documents that are presented in the application and will not refer to, or access, external links during the objective review.

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

<table>
<thead>
<tr>
<th>Objectives and Need for Assistance</th>
<th>Maximum Points: 15</th>
</tr>
</thead>
</table>

The application demonstrates an understanding of issues relevant to this FOA (0-15 points).

- The application demonstrates a clear linkage between project activities and the authorizing legislation (Adoption Opportunities).
- The application presents a compelling demonstration of need for the child welfare system to develop a new approach to providing screening, assessment, outcomes-oriented case planning, progress monitoring, and a measurement-driven, flexible, and aligned array of trauma, behavioral, and mental health services for the target population pre- and post-adoption as specified in this FOA; and clearly demonstrates how implementation of these changes will improve the system’s capacity to positively affect child well-being, adoption and post-adoption outcomes.
- The application demonstrates a thorough understanding of how the proposed project would fit in with the state's ongoing system improvement initiatives.
- The application clearly defines the geographic and demographic characteristics of the agency's service population and the target population, including estimated numbers of children to be affected by the implementation of the proposed project. In addition to including information on age, race, ethnicity, sibling status, connection to the community, and adoption status; the application clearly demonstrates a thorough understanding of the mental and behavioral health, developmental, and trauma-related service needs of this population and community, and the status of existing pre- and post-adoption services – especially as it relates to adoption and post-adoption outcomes.
- The proposed target population meets the requirements described in this FOA. In particular, if the applicant proposes to limit the scope of the target population, they clearly articulate how they plan to spread the proposed interventions and system changes to all children waiting for adoption and those post-adoption with mental health, behavioral health, or trauma related needs.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Maximum Points: 35</th>
</tr>
</thead>
</table>

1. The application presents a clear description of the proposed project which is responsive to this FOA (0-10 points)

- The application includes a clear statement of the goals (i.e., the intended end products of an effective project) and objectives (i.e., measurable steps for reaching these goals) of the proposed project. The proposed project would clearly address each of the items listed in the Project
Requirements section of this FOA (see Section I Funding Opportunity Description Project Requirements and the applicant's goals and objectives clearly address each of the items in Section IV.2 The Project Description).

- The application provides a detailed plan for conversion to a needs- and functional outcomes-driven mental and behavioral health system. This plan clearly addresses current capacity and changes needed in policy, practice and budgets to support and sustain the transformation.
- The application describes how necessary partners will be fully engaged in creating systematic changes to new approaches to providing screening, assessment, outcomes-oriented case planning, progress monitoring and development of an aligned, evidence-based mental/behavioral health service array.
- A well-defined logic model guides the proposed project. The logic model demonstrates strong links between proposed inputs and activities and intended short-term, intermediate, and long-term outcomes. This includes a clear articulation of the connection between the needs of the target population, the core components of the selected evidence-based or evidence-informed screening, assessment, and intervention approach, and desired outcomes to include functional improvements in the lives of children and increased parenting capacities and family functioning (i.e., theory of change).

2. The application demonstrates that the proposed project would include ALL SIX of these Key Components (0-10 points)

- Create a universal screening system for the early and ongoing identification of children and youth with behavioral/mental health and trauma-related needs;
- Implement a universal mechanism for ongoing, age-appropriate, functional assessment across multiple domains of social-emotional well-being using reliable and valid functional assessment tools;
- Ensure that high-quality clinical assessment and case planning with a functional outcomes orientation occurs over the life of a case, and that identified strengths and needs are matched with effective services;
- Conduct on-going monitoring to at the child and systems level to determine progress toward functional outcomes;
- Develop a flexible, measurement-driven strategy for ensuring that the service array allows access to timely and appropriate, evidence-based or evidence-informed treatments that fit the changing needs and characteristics of the target population; and
- If the primary applicant responsible for administering the cooperative agreement funded under this FOA is not the state or local child welfare agency, there is a strong partnership with the state and local child welfare agencies with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and courts having jurisdiction over the targeted child welfare population. Further, if the primary applicant responsible for administering the cooperative agreement funded under this FOA is a local child welfare agency, there is a strong partnership with the state child welfare agency.

3. The applicant proposes a sound technical approach (0-10 points).

- The proposed project would address each of the items listed in Section I. Funding Opportunity Description, Project Requirements. The application clearly addresses each of the items listed in Section IV.2 The Project Description of this FOA, including a detailed description of the activities the program proposes to undertake during both the planning and implementation periods. In particular, the application provides a detailed plan for how the project will effectively use the grant’s assessment and planning phase (Phase I) to accomplish all the required tasks outlined in the FOA to develop a comprehensive and feasible plan (Phase II Plan).
The application provides a reasonable timeline for implementing the proposed project, including major milestones and target dates related to project implementation. The application clearly describes factors that could speed or hinder implementation and convincingly explains how these factors would be managed. However, the applicant also makes it clear that their Phase I assessment and planning activities could result in the need to make substantial changes to the plan outlined in the proposal.

The proposed project is a strong partnership between knowledgeable behavioral and mental health entities and the child welfare agency.

The application clearly describes the resources that will be accessed to sustain screening, assessment, case planning, progress monitoring, service delivery and evidence-based service array alignment and proposes a feasible plan to enhance child welfare agency capacity to serve the target population in order to improve processes, practices, and functional outcomes and an emphasis on adoption and post-adoption outcomes.

The proposed project would be fully integrated into the grantee's ongoing practices and there is a sound plan for continuing this project beyond the period of federal funding under this FOA.

If the project serves a subset of the population, the applicant describes how it will use the information learned in the demonstration project to reconfigure the mental and behavioral health service array system-wide for children waiting for adoption and those children post-adoption with mental health, behavioral health and trauma related needs within the 5 year project period.

The application provides a thorough overview of the supporting research and an accurate assessment of the strength of the evidence base (i.e., the degree to which the activity(s) is/are evidence-based and/or evidence-informed).

The proposed project would be culturally responsive to the target population.

The applicant affirms the commitment to engage in an active partnership with CB consistent with the terms of the cooperative agreement.

The applicant affirms a willingness to participate in all aspects of any federally-sponsored evaluation or technical assistance contract as a condition of acceptance of funding, as detailed in the FOA.

The applicant proposes a project that would inform and positively impact the field (0-5 points).

- The design of the proposed project clearly reflects up-to-date knowledge from the research and literature on the social and emotional effects of maltreatment and known effective practices. It builds on current theory, research, evaluation data, and best practices (including implementation science). The project is clearly innovative and would definitely increase knowledge or understanding of the problems and issues addressed by this FOA.
- The applicant proposes a feasible plan to produce findings or results about effective strategies and contribute to and promote evaluation research and evidence-based practices that may be used to guide replication or testing in other settings.
- The proposed project would develop into a model site for other jurisdictions to look to in developing the ability to implement similar programs as an ongoing part of agency functions. The project would develop high-quality products and provide detailed information on strategies used and the outcomes achieved that would support evidence-based improvements of practices in the field. The schedule for developing these products is clearly appropriate in scope and budget.
- The intended audience (e.g., researchers, policymakers, practitioners) for dissemination of products and findings is clearly appropriate to the goals of the proposed project. The project's products and findings would be very useful to the identified audiences; the plan for disseminating information is clearly appropriate; and the mechanisms and forums that would be used to convey the information and support replication by other interested agencies are clearly appropriate. The proposed dissemination plan is clearly appropriate in scope and budget.
1. The applicant proposes a strong evaluation plan (0-8 points).

- The application describes a clear and convincing plan for evaluating the project and satisfies the evaluation requirements published in this FOA. The methods of evaluation are clearly feasible, comprehensive, and appropriate to the goals, objectives, and context of the project. The evaluation plan is strongly guided by the project's logic model.
- The proposed evaluation would provide detailed answers to relevant evaluation questions such as those listed in the Evaluation section of this FOA (see Section I. Funding Opportunity Description). The application clearly addresses the Outcome and Evaluation items listed in Section IV.2 The Project Description. It would rigorously measure achievement of project objectives, provider acquisition of competencies, acceptability and effectiveness of program services and project strategies, the efficiency and fidelity of the implementation processes, changes in services, and the impact of the project on outcomes for the target population.
- The plan would evaluate the integrated system, not just components of the system (e.g., it would evaluate how one component of the system informs another component; strength of feedback loops in modification of practices, policies, systems).
- The plan clearly outlines an appropriate sampling plan that ensures sample sizes sufficient to detect significant effects. The target sample represents the intended recipients of the services to the greatest extent possible given the project's structure and resources.
- The plan clearly includes an appropriate control or comparison group for determining the influence of the project activities on outcomes and includes a system to track and assess the control or comparison group. If a comparison group is not proposed, the applicant provides a very reasonable explanation for not using a comparison group and offers another, rigorous approach to evaluating the influence of the program on outcomes. This comparison group and the program/treatment group are clearly assigned at random or matched on key characteristics. If not assigned at random or matched on key characteristics, the applicant provides a very reasonable explanation of how it will identify and address any pre-existing differences between the comparison group and the program/treatment group.

2. The applicant proposes a strong plan for data collection, management, analysis, and reporting (0-7 points).

- The application describes a sound plan for collecting high-quality data on the screening, assessment, and services provided; the costs of these services; and the outcomes of these services. The methods of evaluation include the use of strong measures that are clearly related to the intended outcomes of the program as identified in the project logic model. The evaluation includes measures of outcomes, in addition to measures of inputs and outputs. The measures are objective and have strong reliability, validity, and internal consistency. There is a sound plan for securing informed consent and implementing an IRB review.
- The proposed evaluation examines the effectiveness of the planning process and of installation and implementation processes and outcomes related to the integration of mental and behavioral health services within the specific child welfare population.
- The applicant proposes a feasible plan to produce data that can be compared to and contrasted with regional, state, and national level data. The applicant proposes a sound plan for collecting, managing, and analyzing data. The proposed evaluation plan would rigorously measure the effects of the proposed project on safety, permanency, well-being, adoption and post-adoption, psychotropic medication use, and other outcomes of value to the child welfare field.
- The application provides an appropriate, feasible, and realistic plan for using evaluation findings to produce ongoing documentation of project activities and results. The evaluation plan includes performance feedback and periodic assessment of program progress that can be used to modify the program, as necessary, and serve as a basis for program adjustments. The applicant describes how measures may be adapted, if necessary, to assess particular target populations.
The application clearly describes a sound plan for conducting a cost evaluation of the proposed program, lists the factors that would be considered in this evaluation, and describes the plan for comparing the program to other similar programs with respect to these factors. The application clearly describes a continuous quality improvement process to ensure ongoing improvement and refinement of the integrated system.

3. The applicant demonstrates capacity to conduct a rigorous evaluation (0-5 points).

- The applicant either demonstrates that the applicant has the in-house capacity to conduct an objective and rigorous evaluation of the project or presents a sound plan for contracting with a third-party evaluator. The proposed evaluator has extensive experience with research and/or evaluation, clearly understands the population of interest, and demonstrates the necessary independence from the project to assure objectivity.

### Organizational Capacity

<table>
<thead>
<tr>
<th>Maximum Points: 25</th>
</tr>
</thead>
</table>

1. The application demonstrates the qualifications and capacity of the applicant organization and any partnering organizations, and their staff (0-10 points).

- These organizations collectively have extensive relevant experience and expertise with administration, development, implementation, management, and evaluation of similar programs. Each participating organization (including partners and/or subcontractors) clearly possesses the organizational capability to fulfill its assigned roles and functions effectively.
- The proposed project director and key project staff demonstrate the extensive relevant knowledge, experience, and capabilities (e.g., resume) needed to effectively institute and manage a project of this size, scope, and complexity. The roles, responsibilities, and time commitments of each proposed project staff position, including consultants, subcontractors, and/or partners, are clearly defined (e.g., job description) and appropriate to the successful implementation of the proposed project.

2. The applicant demonstrates systemic capacity (0-15 points).

- The application clearly demonstrates the capacity of the applicant's child welfare system, and/or in partnership with mental health agencies and contractors, to offer accessible and individualized behavioral and mental health services to children involved with the child welfare system.
- The state, county, or tribal child welfare agency is the lead agency or a key partner and will take an active role in the project throughout the entire length of the project. If the primary applicant responsible for administering the cooperative agreement is not the state or local child welfare agency, there is documentation of a strong partnership with the state and local child welfare agencies with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and court(s) having jurisdiction over the targeted child welfare population. This documentation includes the following:
  - Third-party agreements with the relevant state and local child welfare agencies and court(s), which describe, in detail, the roles and responsibilities of the project partners;
  - Evidence that the relevant state and local child welfare agencies and court(s) fully understand and are fully committed to the proposed project and demonstrate a willingness to be fully engaged in the activities that are described in the application;
  - Evidence that the relevant state and local child welfare agencies and court(s) will follow through on these commitments, regardless of changes in administration, economic status, or other foreseeable factors; and
  - Any other evidence that would demonstrate the full commitment of the relevant state and local child welfare agencies and court(s) to making the proposed project a success.
- The proposed services would involve the active collaboration of appropriate partners, including...
meaningful involvement of consumers, for maximizing the effectiveness of service delivery. There are strong third-party agreements with organizations, agencies, and consultants that will be partners, subcontractors, or collaborators in the proposed project. These documents clearly describe the role of the agency, organization, or consultant and detail specific tasks to be performed.

- The application clearly demonstrates that efforts to integrate behavioral and mental health practices into the provision of child welfare services have already been undertaken prior to reviewing and responding to this FOA, or it demonstrates that there is considerable community interest and commitment to developing these practices.
- The applicant clearly demonstrates that there would be a mutually beneficial relationship between the proposed project and other work planned, anticipated, or underway with federal assistance by the applicant.

3. There is a sound management plan (0-5 points).

- The plan clearly shows how the project would accomplish its objectives on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing project tasks and ensuring quality.
- The plan clearly defines the role and responsibilities of the lead agency.
- The plan clearly describes the effective management and coordination of activities carried out by any partners, subcontractors, and consultants.

<table>
<thead>
<tr>
<th>Budget and Budget Justification</th>
<th>Maximum Points: 5</th>
</tr>
</thead>
</table>

1. There is a detailed narrative budget justification for each year of the project (0-4 points).

- The costs of the project are reasonable and program-related and are commensurate with the types and range of activities and services to be conducted, the number of participants to be served, and the expected goals and objectives.
- The application includes funds for all required items for the project budget, including travel to attend the entrance conference and annual meeting in Washington, DC.
- The budget includes a specific percentage for evaluation and the applicant demonstrates that there are sufficient funds in their project budgets each year to support evaluation and data collection activities.
- The application makes it clear that grant funds will not be used for service delivery, but rather for the process of developing integrated and cohesive screening, assessment, outcomes-oriented case planning, progress monitoring, and service array alignment systems, as well as training, implementation, and evaluation related to these developments.

2. The applicant's fiscal controls and accounting procedures would ensure prudent use, proper and timely disbursement, and accurate accounting of funds received under this FOA (0-1 points).

V.2. Review and Selection Process

No grant award will be made under this announcement on the basis of an incomplete application. No grant award will be made to an applicant or sub-recipient that does not have a DUNS number (www.dbn.com) and an active registration at SAM (www.sam.gov). See Section III.3. Other.

Initial ACF Screening

Each application will be screened to determine whether it meets one of the following disqualification criteria as described in Section III.3. Application Disqualification Factors:

- Applications that are designated as late according to Section IV.3. Submission Dates and Times,
Applications that are submitted in paper format without prior approval of an exemption from required electronic submission (Section IV.2. Request an Exemption from Required Electronic Application Submission), or Applications with requests that exceed the award ceiling stated in Section II. Award Information.

For those applications that have been disqualified under the initial ACF screening, notice will be provided by postal mail or by email. See Section IV.3. Explanation of Due Dates for information on Grants.gov's and ACF’s acknowledgment of received applications.

Objective Review and Results

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

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

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

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

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

Approved but Unfunded Applications

Applications recommended for approval that were not funded under the competition because of the lack of available funds may be held over by ACF and reconsidered in a subsequent review cycle if a future competition under the program area is planned. These applications will be held over for a period of up to one year and will be re-competed for funding with all other competing applications in the next available review cycle. For those applications that have been deemed as approved but unfunded, notice will be given of such determination by postal mail.

V.3. Anticipated Announcement and Award Dates

Announcement of awards and the disposition of applications will be provided to applicants at a later date.

VI. Award Administration Information

VI.1. Award Notices
Successful applicants will be notified through the issuance of a Notice of Award (NOA) that sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. The NOA will be signed by the Grants Officer and transmitted via postal mail or email. Following the finalization of funding decisions, organizations whose applications will not be funded will be notified by letter signed by the cognizant Program Office head. Any other correspondence that announces to a Principal Investigator, or a Project Director, that an application was selected is not an authorization to begin performance.

Project costs that are incurred prior to the receipt of the NOA are at the recipient's risk and may be reimbursed only to the extent that they are considered allowable as approved pre-award costs. Information on allowable pre-award costs and the time period under which they may be incurred is available in Section IV.5. Funding Restrictions.

### VI.2. Administrative and National Policy Requirements

Awards issued under this announcement are subject to the uniform administrative requirements and cost principles of 45 CFR Part 74 (Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations) or 45 CFR Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments). The Code of Federal Regulations (CFR) is available at [http://www.gpo.gov](http://www.gpo.gov).

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

#### Prohibition Against Profit

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

#### Equal Treatment for Faith-Based Organizations

Grantees are also subject to the requirements of 45 CFR § 87.1(c), Equal Treatment for Faith-Based Organizations, which says, "Organizations that receive direct financial assistance from the [Health and Human Services] Department under any Department program may not engage in inherently religious activities such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department." Therefore, organizations must take steps to completely separate the presentation of any program with religious content from the presentation of the Federally funded program by time or location in such a way that it is clear that the two programs are separate and distinct. If separating the two programs by time but presenting them in the same location, one program must completely end before the other program begins.

A faith-based organization receiving HHS funds retains its independence from federal, state, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives federal funds retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its
board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of HHS-funded activities.

Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against federal funding of inherently religious activities, Understanding the Regulations Related to the Faith-Based and Neighborhood Partnerships Initiative" are available at [http://www.hhs.gov/partnerships/about/regulations/](http://www.hhs.gov/partnerships/about/regulations/). Additional information, resources, and tools for faith-based organizations is available through The Center for Faith-based and Neighborhood Partnerships website at [http://www.hhs.gov/partnerships/index.html](http://www.hhs.gov/partnerships/index.html) and at the [Capacity Building Toolkits for Faith-based and Community Organizations](http://www.hhs.gov/partnerships/index.html).

**Award Term and Condition under the Trafficking Victims Protection Act of 2000**

Awards issued under this announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to [http://www.acf.hhs.gov/grants/award-term-and-condition-for-trafficking-in-persons](http://www.acf.hhs.gov/grants/award-term-and-condition-for-trafficking-in-persons). If you are unable to access this link, please contact the Grants Management Contact identified in Section VII.

**Agency Contacts** of this announcement to obtain a copy of the term.

**Requirements for Drug-Free Workplace**

The Drug-Free Workplace Act of 1988 (41 U.S.C. §§ 8101-8106) requires that all organizations receiving grants from any federal agency agree to maintain a drug-free workplace. By signing the application, the Authorizing Official agrees that the grantee will provide a drug-free workplace and will comply with the requirement to notify ACF if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government-wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR part 182; HHS implementing regulations are set forth in 2 CFR § 382.400. All recipients of ACF grant funds must comply with the requirements in Subpart B - Requirements for Recipients Other Than Individuals, 2 CFR § 382.225. The rule is available at [Requirements for Drug-Free Workplace](https://www.acf.hhs.gov/grants-forms).

**Debarment and Suspension**

HHS regulations published in 2 CFR Part 376 implement the governmentwide debarment and suspension system guidance (2 CFR Part 180) for HHS' non-procurement programs and activities. "Non-procurement transactions" include, among other things, grants, cooperative agreements, scholarships, fellowships, and loans. ACF implements the HHS Debarment and Suspension regulations as a term and condition of award. Grantees may decide the method and frequency by which this determination is made and may check the Excluded Parties List System (EPLS) located at [https://www.sam.gov/](https://www.sam.gov/), although checking the EPLS is not required. More information is available at [https://www.acf.hhs.gov/grants-forms](https://www.acf.hhs.gov/grants-forms).

**Pro-Children Act**

The Pro-Children Act of 2001, 20 U.S.C. §§ 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood programs.
development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

**HHS Grants Policy Statement**

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

**Freedom of Information Act (FOIA)**

Applications funded by federal grant programs are subject to disclosure under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and are frequently requested under the FOIA. In accordance with the FOIA requirement to proactively disclose frequently requested materials at 5 U.S.C. § 552(a)(2)(D), and as part of on-going efforts to promote openness in government programs, ACF will post some of the top-ranked applications funded under this FOA in its online FOIA Reading Room at [http://www.acf.hhs.gov/e-reading-room](http://www.acf.hhs.gov/e-reading-room). As required under the FOIA, each of the top-ranked applications will receive appropriate redaction of specific information to protect personal privacy and competitively sensitive commercial information. Applications chosen for posting to the FOIA Reading Room will be placed on the internet website without further notice to the applicants.

**VI.3. Reporting**

Grantees under this funding opportunity announcement will be required to submit performance progress and financial reports periodically throughout the project period. The frequency of required reporting is listed later in this section. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VII. Agency Contacts* of this announcement. Instructions on submission of reports electronically will be provided with award documents.

**Performance Progress Reports (PPR)**

Notice of Award documents will inform grantees of the appropriate performance progress report form or format to use. Grantees should consult their Notice of Award documents to determine the appropriate performance progress report format required under their award. Performance progress reports are due 30 days after the end of the reporting period.

Final program performance reports are due 90 days after the close of the project period. For awards that implement the use of the SF-PPR, that form may be found under "Reporting" at [https://www.acf.hhs.gov/grants-forms](https://www.acf.hhs.gov/grants-forms).

**Federal Financial Reports (FFR)**
As of February 1, 2011, HHS began the transition from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted for expenditure reports due after that date. If an SF-269 is submitted, the ACF will return it and require the recipient to complete the SF-425.

The transition strategy is allowing individual HHS Operating Divisions to select--from a limited number of options--the approach that best fits their programs and business process. This transition does not affect completion or submission of the cash reporting to the HHS Division of Payment Management's Payment Management System (PMS). The primary features of this transition for recipients are that OPDIVs that previously required electronic submission of the SF-269 will receive the SF-425 expenditure reports electronically and, until further notice, OPDIVs that have been receiving expenditure reports in hard copy will continue to do so.

All expenditure reports will be due on one of the standard due dates by which cash reporting is required to be submitted to PMS or at the end of a calendar quarter as determined by the Operating Division. As a result, a recipient that receives awards from more than one OPDIV may be subject to more than one approach, but will not be required to change its current means of submission or be subjected to more than eight standard due dates.

Beginning with budget periods which end from January 1 - March 31, 2011, and for all budget periods thereafter, all affected ACF grantees will be required to submit an SF-425 report as frequently as is required in the terms and conditions of their award using due dates for reports to PMS.

<table>
<thead>
<tr>
<th>For budget periods ending in the months of:</th>
<th>The FFR (SF-425) is due to ACF on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 01 through March 31</td>
<td>April 30</td>
</tr>
<tr>
<td>April 01 through June 30</td>
<td>July 30</td>
</tr>
<tr>
<td>July 01 through September 30</td>
<td>October 30</td>
</tr>
<tr>
<td>October 01 through December 31</td>
<td>January 30</td>
</tr>
</tbody>
</table>

Fillable versions of the SF-425 form in Adobe PDF and MS-Excel formats, along with instructions, are available at [http://www.whitehouse.gov/omb/grants_forms](http://www.whitehouse.gov/omb/grants_forms), [www.forms.gov](http://www.forms.gov), and on at [https://www.acf.hhs.gov/grants-forms](https://www.acf.hhs.gov/grants-forms). Further instructions will be provided, as necessary, with award terms and conditions that will address specific reporting periods and due dates on an award-by-award basis.

For planning purposes, ACF reporting periods for awards made under this announcement are as follows:

- **Program Progress Reports:** Semi-Anually
- **Financial Reports:** Semi-Anually

Awards issued as a result of this funding opportunity may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR Part 170. See ACF's Award Term for Federal Financial Accountability and Transparency Act (FFATA) Subaward and Executive Compensation Reporting Requirement implementing this requirement and additional award applicability information at [https://www.acf.hhs.gov/grants/discretionary-competitive-grants](https://www.acf.hhs.gov/grants/discretionary-competitive-grants).
SF-428 Tangible Property Report and SF-429 Real Property Status Report

As of April 1, 2012, the Administration for Children and Families has been requiring the use of the SF-428 (Tangible Personal Property Form) as well as the SF-429 (Real Property Status Report).

The **SF-428** is a standard form used by awarding agencies to collect information related to tangible personal property (equipment and supplies) when required by a federal financial assistance award. The form consists of the cover sheet, SF-428, and three attachments to be used as required: Annual Report; Final (Award Closeout) Report and a Disposition Request/Report. A Supplemental Sheet, SF-428S, may be used to provide detailed individual item information.

The **SF-429** is a standard report used by recipients of federal financial assistance to report real property status (Attachment A) or to request agency instructions on real property (Attachments B, C) that has been/will be provided as Government Furnished Property (GFP) or acquired (i.e., purchased or constructed) in whole or in part under a federal financial assistance award (i.e., grant, cooperative agreement, etc.). This includes real property that was improved using federal funds and real property that was donated to a federal project in the form of a match or cost share donation. This report is used for awards that establish a federal Interest on real property.

Beginning with budget periods ending September 30, 2012, and for all budget periods thereafter, all ACF grantees are required to submit (as applicable) an SF-428 and SF-429 report as frequently as required in the terms and conditions of their award(s).

The forms are available at [http://www.whitehouse.gov/omb/grants_forms](http://www.whitehouse.gov/omb/grants_forms).

**VII. Agency Contacts**

**Program Office Contact**

Joyce Pfennig  
Children's Bureau  
Administration on Children, Youth and Families  
Administration for Children and Families  
Portals Building  
1250 Maryland Ave SW  
Washington, DC 20024  
Phone: (202) 205-8632  
Email: joyce.pfennig@acf.hhs.gov

**Office of Grants Management Contact**

Robin Bunch  
CB Operations Center  
c/o Lux Consulting Group  
8405 Colesville Road, Suite 600  
Silver Spring, MD 20910  
Phone: (866) 796-1591  
Email: cb@luxcg.com
Federal Relay Service:
Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (TTY - Text Telephone or ASCII - American Standard Code For Information Interchange).

VIII. Other Information

Reference Websites


All required Standard Forms (SF), assurances, and certifications are available on the ACF Grants-Forms page at https://www.acf.hhs.gov/grants-forms.


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

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


Application Checklist

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

<table>
<thead>
<tr>
<th>What to Submit</th>
<th>Where Found</th>
<th>When to Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Project Budget and Budget Justification</td>
<td>Referenced in Section IV.2. The Project Budget and Budget Justification of the announcement.</td>
<td>Submission of the Project Budget is required on the appropriate Standard Form (424A or 424C) is due by the application due date</td>
</tr>
<tr>
<td>DUNS Number (Universal Identifier) and Systems for Award Management (SAM) registration.</td>
<td>Referenced in Section III.3. Other in the announcement. To obtain a DUNS number, go to <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>. To register at SAM, go to <a href="http://www.sam.gov">http://www.sam.gov</a>.</td>
<td>A DUNS number and registration at SAM.gov are required for all applicants. Active registration at SAM must be maintained throughout the application and project award period.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>SF-424 - Application for Federal Assistance and SF-P/PSL - Project/Performance Site Location(s)</td>
<td>Referenced in Section IV.2. Required Forms, Assurances, and Certifications. Found at <a href="http://www.acf.hhs.gov/grants-forms">http://www.acf.hhs.gov/grants-forms</a> and at the Grants.gov Forms Repository at <a href="http://www.grants.gov/agencies/aforms_repository_information.jsp">http://www.grants.gov/agencies/aforms_repository_information.jsp</a>.</td>
<td>Submission is due by the application due date found in the <em>Overview</em> and in Section IV.3. Submission Dates and Times.</td>
</tr>
</tbody>
</table>
| SF-424A - Budget Information - Non-Construction Programs and SF-424B - Assurances - Non-Construction Programs | Referenced in Section IV.2. Required Forms, Assurances, and Certifications. Found at [http://www.acf.hhs.gov/grants-forms](http://www.acf.hhs.gov/grants-forms). For electronic application submission, these forms are available on the FOA's Grants.gov "Download Opportunity Instructions and Application" page under "Download Application Package" in the section entitled, "Optional Documents." These forms are required for applications under this FOA:  
- Projects that include only non-construction activities must submit the SF-424A and SF-424B, along with the SF-424 and SF-P/PSL. | Submission is due by the application due date found in the *Overview* and in Section IV.3. Submission Dates and Times. |
<p>| Certification Regarding Lobbying | Referenced in <em>Section IV.2. Required Forms, Assurances, and Certifications</em>. Found at <a href="http://www.acf.hhs.gov/grants-forms">http://www.acf.hhs.gov/grants-forms</a>. | Submission is due with the application package. If it is not submitted with the application package, it may also be submitted prior to the award of a grant. |
| SF-LLL - Disclosure of Lobbying Activities | &quot;Disclosure Form to Report Lobbying&quot; is referenced in <em>Section IV.2. Required Forms, Assurances, and Certifications</em>. Found at <a href="http://www.acf.hhs.gov/grants-forms">http://www.acf.hhs.gov/grants-forms</a>. If applicable, submission of this form is required if any funds have been paid, or will be paid, to any person for influencing, or attempting to influence, an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan. | If applicable, submission of this form is applicable, it is due prior at the time of application. It may also be submitted prior to the award of a grant. |
| Survey on Ensuring Equal Opportunity for Applicants | Private, non-profit organizations (not including private universities) are encouraged to submit the survey with their applications. Applicants applying electronically, may submit this survey along with the application as part of the appendix or as a separate document. Applicants submitting in paper, please place the completed survey in an envelope labeled &quot;Applicant Survey.&quot; Seal the envelope and include it along with the application package. The survey is referenced in <em>Section IV.2</em>. The survey may be found at <a href="https://www.acf.hhs.gov/grants-forms">https://www.acf.hhs.gov/grants-forms</a>. The survey will not count in the page limitations. | Submission is voluntary. Submission may be made with the application by the application due date listed in the <em>Overview</em> and <em>Section IV.3. Submission Dates and Times</em>. Or, it may be submitted prior to the award of a grant. |</p>
<table>
<thead>
<tr>
<th>Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)</th>
<th>Referenced in <em>Section IV.2. Forms, Assurances, and Certifications</em>. Additional information and necessary forms are available at <a href="http://www.hhs.gov/ohrp/assurances/forms/index.html">http://www.hhs.gov/ohrp/assurances/forms/index.html</a>.</th>
<th>Submission of the required information and forms is due with the application package by the due date listed in the <em>Overview</em> and <em>Section IV.3. Submission Dates and Times</em>. If the information is not available at the time of application, it must be submitted prior to the award of a grant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification of Filing and Payment of Federal Taxes</td>
<td>Referenced in <em>Section IV.2. Forms, Assurances, and Certifications</em> of the announcement. The Certification may be found at <a href="http://www.acf.hhs.gov/grants-forms">http://www.acf.hhs.gov/grants-forms</a>.</td>
<td>If applicable to the applicant, it must be submitted prior to the award of a grant.</td>
</tr>
<tr>
<td>The Project Description</td>
<td>Referenced in <em>Section IV.2. The Project Description</em>. This is the title for the project narrative that describes the applicant's plan for the project.</td>
<td>Submission is due by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and Times</em>.</td>
</tr>
</tbody>
</table>
| SF-424A Budget Information - Non-Construction Programs / SF-424B Assurances - Non-Construction Programs and SF-424C - Budget Information Construction Programs / SF-424D - Assurances Construction Programs | Referenced in *Section IV.2. Required Forms, Assurances, and Certifications*. Available at [http://www.acf.hhs.gov/grants-forms](http://www.acf.hhs.gov/grants-forms). For electronic application submission, these forms are available on the FOA's Grants.gov "Download Opportunity Instructions and Application" page under "Download Application Package" in the section entitled, "Optional Documents." These forms are **required** for applications under this FOA:  
- Projects that include **non-construction and construction** activities must submit the SF-424A, B, C, and D, along with the SF-424 and SF-P/PSL. | Submission is due by the application due date found in the *Overview* and in *Section IV.3. Submission Dates and Times*. |
<table>
<thead>
<tr>
<th>Component</th>
<th>Reference</th>
<th>Submission Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Summary/Abstract</td>
<td>Referenced in <em>Section IV.2. The Project Description</em>. The Project Summary/Abstract is limited to one single-spaced page.</td>
<td>Submission is due by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and Times</em>.</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>Referenced in <em>Section IV.2. The Project Description</em>.</td>
<td>Submission is due as part of the Project Description by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and Times</em>.</td>
</tr>
<tr>
<td>Logic Model</td>
<td>Referenced in <em>Section IV.2. The Project Description</em>.</td>
<td>Submission is due with the application package by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and Times</em>.</td>
</tr>
<tr>
<td>Third-Party Agreements</td>
<td>Referenced in <em>Section IV.2. Project Description</em>.</td>
<td>If available, submission is due by the application due date found in the <em>Overview</em> and in <em>Section IV.3</em>. If not available at the time of application submission, due by the time of award.</td>
</tr>
<tr>
<td>Project Sustainability Plan</td>
<td>Referenced in <em>Section IV.2. The Project Description</em>.</td>
<td>Submission is due by the application due date found in the <em>Overview</em> and in <em>Section IV.3. Submission Dates and Times</em>.</td>
</tr>
<tr>
<td>Proof of Non-Profit Status</td>
<td>Referenced in <em>Section IV.2. The Project Description, Legal Status of Applicant Entity</em>.</td>
<td>Proof of non-profit status should be submitted with the application package by the due date listed in the <em>Overview</em> and <em>Section IV.3. Submission Dates and Times</em>. If it is not available at the time of application submission, it must be submitted prior to the award of a grant.</td>
</tr>
</tbody>
</table>