ECCS HRSA-13-177
FAQ's

Eligibility and Number of Applications

1. Are school districts working with DSS, Head Start, Technical Colleges, and family resource centers and other community organizations, eligible to apply for this grant?

Yes, also please note in section III, page 4-Eligibility of HRSA 13-177, that "All applicants must have significant experience developing and implementing state wide early childhood comprehensive systems to build the health of young children. Applications that fail to show such experience will not be competitive." Please read the funding announcement very carefully to determine if your group meets these eligibility requirements.

2. I just wanted to clarify with you that a state that has not had an ECCS grant is an acceptable grant candidate?

Yes.

3. Can an organization/collaborative that does not currently have an award from this program apply? I am asking because we have some uncertainty concerning the meaning of "New, Competing Continuation."

Yes. For clarification, "New" indicates that the competition is open to new applicants; "Competing Continuation" indicates that current grantees may apply. Competing continuation applications compete with new applications for funding.

4. Am I correct that either the existing grantee must reapply and new applicants would be competing with them, or does the existing state grantee have the only slot in the state and no other application from states will be accepted this time around?

The existing grantee may reapply. If the existing grantee applied, their application would be reviewed by the Independent Review Panel with all other applications.

5. Can two or more applications be submitted from the same state? For instance, if two groups of ECCS partners were each pursuing a different strategy as outlined in the application, could both be funded if the applications scored well on the objective review?

Yes. Two or more applications may be submitted from the same state from different organizations. However, per the FOA modification on 3/28/2013) "Due to the reduction in the amount of available funds, no more than one grant per state/territory will be awarded. Awards will be issued to the highest ranking application in up to 53 states/territories."

7. On page 4 of the guidance it cites: 42CFR Part 51a.3 (a) - that anyone can apply for this grant- not just state agencies or MCH? Is this correct?

This is correct. See Section III of FOA; page 4 "Any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b) is eligible. Faith-based and community organizations are also eligible." Also, "All applicants must have significant experience developing and implementing state wide early childhood comprehensive systems to build the health of young children. Applications that fail to show such experience will not be competitive." Please read the funding announcement very carefully to determine if your group meets these eligibility requirements.

8. Can one state put forth multiple applications? Will only one application per state be funded?

Multiple and different organizations from the same state could submit one application each. However, per the FOA modification on 3/28/2013, "Due to the reduction in the amount of available funds, no more than one grant per state/territory will be awarded. Awards will be issued to the highest ranking application in up to 53 states/territories."

9. Can a group of child support agencies, who collaboratively serve the state, be a good candidate for this grant?

Please read the funding announcement very carefully to determine if your group meets the eligibility and program requirements.

10. Hypothetically, if 30 states submit more than one grant application from different agencies and all are very competitive, could it be possible that some states who only submit one application will not get funding?

"Due to the reduction in the amount of available funds, no more than one grant per state/territory will be awarded. Awards will be issued to the highest ranking applications in up to 53 states/territories." See page 4 of Modified FOA (Dated 03/28/2013)

11. So if you get 15 applications from 15 different agencies in ONE state- how do you choose?

No more than one grant per state/territory will be awarded. Awards will be issued to the highest ranking applications in up to 53 states/territories. See page 4 of Modified FOA (Dated 03/28/2013)

12. So you are saying that you will fund more than 1 application per state or territory.
No, no more than one grant per state/territory will be awarded. Awards will be issued to the highest ranking applications in up to 53 states/territories. See page 4 of Modified FOA (Dated 03/28/2013)

13. Just to be clear- more than 1 entity in each state can apply, however you will only fund 1. Only 1 will be funded. Is that correct?

We will only fund one application, per organization, per state. Awards will be issued to the highest ranking applications in up to 53 states/territories. See page 4 of Modified FOA (Dated 03/28/2013)

14. Will each state get at least one award, as long as the proposal meets the criteria?
Up to 53 states/territories may be funded. Awards will be issued to the highest ranking applications in up to 53 states/territories. See page 4 of Modified FOA (Dated 03/28/2013)

15. Have most states Depts. of Health applied and will be applying for continuation?

Title V and Departments of Health have applied for this funding and are current program grantees. Please see eligibility requirements for information pertaining to who can apply for this funding.

16. In researching ECCS, I saw on HRSA's website that the Maternal and Child Health Bureau does not fund projects in XXX state (where I am from). Does that exclude us from applying for this opportunity as well?

No, that means your state does not currently have an ECCS grant.

17. We are interested in submitting an application in the area of developmental screenings and have some basic questions about our eligibility to apply. Would a cross-sector statewide team coordinated by the applicant meet the requirement to "partner with an early childhood state team?"

Please read the funding announcement carefully, to determine if your organization/proposal meets the eligibility and program requirements. See Page 6 of the FOA for specific information pertaining to Strategy 2.

Strategies

1. The Strengthening Families Protective Factors framework is being integrated across several large early care systems in our state. These systems include early care and education, CBCAP and child protection systems. For the purposes of this FOA how will the protective factors framework be encouraged and included as part of the implementation efforts?

It is up to the applicant to choose this framework for their proposed plan. However, SF is one of the recommended state team partners on our list of potential partners (see HRSA-13-177, page 2)

2. Regarding Strategy #1 Mitigation of Toxic Stress, you mentioned serving a pilot area – Any guidance about the pilot area -- size, population, criteria for choosing an area, etc.?

This determination would be based upon your needs assessment and what it tells you about addressing the criteria for this strategy. As a reminder, applicants may select a community identified as being at-risk in the MIECHV needs assessment or similar at risk population as the target/pilot area for the first years' implementation and include with their application their plan for expanding the approach to other communities across the state.

3. If a state does not officially have "child care health consultants" are they still able to apply under strategy 2 and work with individuals in related roles to accomplish the strategy?

As described on pages 6 and 7 of the FOA, the expectation is that applicants will engage child care health consultants in this strategy. In order to be competitive, applicants would need to outline how that would be accomplished.

4. To clarify, it seems like you were saying that if a state does not have child care health consultants they could not apply for strategy 2. In other words, it would not be allowable to work with individuals who have some of the functions of child care health consultants (in the absence of true "child care health consultants"). Can you confirm this?

No, it means that if the application does not employ or utilize child care health consultants, the applicant would need to describe how the roles and responsibilities of a child care health consultant would be accomplished.

5. Can you provide a definition of the term "child care health consultant"? Are there formal standards or expectations linked with the position?

Please see Caring for Our Children Standard 1.6.0.1. For definition, knowledge and skills of a child care health consultant http://cfoc.nrckids.org/StandardView/1.6.0.1

6. Can (or should) applications address more than one focus area? For instance if efforts are under way to streamline developmental screenings across system agencies and this intersects with efforts to mitigate toxic stress, should the applicant identify both of these areas of focus or choose a primary focus while explaining how a secondary focus might also be addressed?

Applicants are required to address one strategy. There are no restrictions to identifying a secondary effort, but no additional funds would be provided to accomplish the additional work.

7. One of the values of ECCS in the past has been its flexibility to respond to new opportunities and to convene interagency partners to respond to funding opportunities. Will the successful grantee have flexibility to add new opportunities to their scope of work, especially if that opportunity is outside the focus area selected?

The funds awarded under HRSA-13-177 should be directed towards accomplishing the requirements and scope of work proposed for this FOA.

8. Will this grant fund locally based projects or is it looking to fund primarily statewide programmatic efforts?

This funding announcement is to fund the development of statewide comprehensive early childhood services.

9. Can you tell us which page of the announcement says that its 0-3? We keep reading infants and young children but didn't equate that to children under three. What age group is this grant for?

The modified FOA dated 03/28/2013 clarifies on page 1, that infant and early childhood means birth to three (0-3).

10. Can you please say more about strategy 2 - what would it look like if this was done successfully? For example, are you saying that you want all referrals for 0-3 year olds to be processed through a child care health consultant? How would FERPA come into play for this?

The applicant should design their program proposal in collaboration with their early childhood state team and based upon the challenges of implementing the strategy. FERPA does not apply to the age groups specific to this FOA, birth to 3 years of age.

11. Did you just say that we need to address all strategies?

No, applicants only need to address one of the three strategies.

12. Is it acceptable to focus on the underserved sub-populations?

The results of your needs assessment is the justification for this decision.

13. I know the CFOC standards should be focused on infants and toddlers. Are we limited to the standards listed in Appendix A?

The applicant must incorporate at least 10 standards from Appendix A. Additional CFOC standards focused on infants and toddlers may be included.

14. Needs assessments have been conducted by MIECHV, Title V and State Licensing.Is there a time gap restriction? If it was done 5 years ago, would that still be ok?

You have the option of conducting a SWOT analysis, or utilizing your MIECHV or Title V needs assessment to determine your needs; to be competitive, you may want to utilize data reflecting your states' most recent assessment.

15. Can strategy 3 be implemented at the local level with the state as a partner? I am a local health department that has started a similar recognition program based on health and safety standards, but we are doing this as a local agency and it is voluntary. Could we

possibly include your program as part of our local health permitting process or does this need to come down through our states?

Please read the funding announcement carefully, to determine if your organization/proposal meets the program requirements (for strategy 3, see pages 7-8).

Funding Questions

1. Will there be any cuts to current or future ECCS funding due to sequestration? What % reduction should we expect to see in FFY 13 and FFY 14 due to the sequestration?

We anticipate a 5% decrease in funding in FFY 13. The amount of available funding has been reduced to an estimated $7,410,000. The number of grantees has been reduced to 53. (See page 4 of the modified FOA dated 03/28/2013) The impact on FFY 14 is not yet known.

2. Am I correct in my understanding that no budget is required to be planned for out-of-state travel to national or regional grantee meetings during any of the three grant years?

Yes, that is correct that no budget is required for out-of-state travel to national or regional grantee meetings during any of the three grant years.

3. Is this funding primarily "glue" money, meaning funding to link existing, funded programs together? (because the funding is not very large) If you have a very large state or a very small state, is it possible that the funding could be adjusted (more than, or less than $140k) and would that be seen as acceptable?

Grantees may receive up to $140,000 each per year (see page 4 in FOA regarding Summary of Funding and page 14 regarding Funding Restrictions**)**

4. There are no indications of a special or limited rate for this program. The HRSA Grants Policy Statement indicates that institutions should use their Federally-Negotiated Rate. In XXX's case that is XX%, negotiated with the Dept. of Health and Human Services, of which HRSA is a part.

We will honor the Federally-negotiated indirect cost rate.

Benchmarks/Data

1a. Looking at the Strategies, it is unclear how we can effectively report on 'performance' for all 6 Benchmarks, if we choose one Strategy for the application, for example choosing Strategy 2- Developmental Screening- it is unclear how we would address Benchmarks 1,2,4 or 5?

1b. The MIECHV program strongly supports the infrastructure that is needed in order to collect the benchmark data. Are you expecting states to report on the benchmarks for programs outside of home visiting?

1c.It is unclear how an applicant choosing an individual Strategy (1, 2 or 3) can effectively report on 'performance' for all 6 Benchmarks. Please provide some guidance.

1d.Can you speak about the MIECHV benchmark indicators? Are we required to report on indicators that have already been defined as part of the home visiting grant, or can we define new indicators for the benchmark areas?

1e. Some of the MIECHV indicators (e.g. Family economic self-sufficiency) do not lend themselves clearly to CFOC standards as the standards address themselves to child care providers in the child care setting. I am looking for CFOC standards that may impact the indicator. Am I interpreting the RFA correctly?

Questions 1a – 1e: The data reporting requirement to measure statewide early childhood data that aligns with the benchmark areas as identified in the MIECHV legislation at section 511(d)(1)(A) of the Social Security Act, AND, the selection and implementation of a program strategy are two different and separate requirements for this funding announcement.

In addition to implementing a strategy, all applicants must report on the statewide early childhood data that aligns with the benchmark areas as identified in the MIECHV legislation at section 511(d)(1)(A) of the Social Security Act. This statewide early childhood data will be derived from the systems work of the applicant and their partners or other systems work within their statewide system, and not necessarily as a result of the work accomplished through the strategy chosen.

The data collection requirement for Strategy 2 can be found on page 6 and 7 of the FOA. For all strategies, applicants must describe the data collection strategy to be used to collect, analyze and track data to measure process, outcomes, and impact, and explain how the data will be used to inform program development, quality improvement and service delivery in the *EVALUATION AND TECHNICAL SUPPORT CAPACITY SECTION OF THE APPLICATION PROGRAM NARRATIVE*.

2. Are the indicators reflected in Appendix B the measures we are required to report on as part of this grant, or do we have flexibility to define indicators that fit under the Benchmark areas?

You may report on other indicators if you so desire, but you must report on the indicator measures that align with the benchmark areas listed in the FOA (page 11 and Appendix B) to meet the requirements of the FOA.

3. Must the six MIECHV benchmarks be selected in the same order that appear in the Appendix B or can we select a couple of benchmarks in any order?

You may choose any order of indicator measures that align with the benchmark areas to report on. However, at the end of three years, you must have addressed all six MIECHV benchmark areas. (See page 11 of the FOA)

4. Is there a place in the narrative where applicants are to address their plan to report the six MIECHV benchmark areas?

Please address your plan to access and report on the child health and development outcome measures aligned with the six MIECHV benchmark areas in the evaluation and technical support sections of the application narrative.

5. Are there only six Benchmarks listed in FOA?

Yes, there are six benchmark areas.

6. We report on some of the listed benchmarks but our plan includes others. Will we be required to report on the benchmarks that are listed in the FOA or can we report on the benchmarks that are part of our MIECHV plan? We don't collect data on all of the ones listed in the ECCS FOA.

The statewide early childhood data that aligns with MIECHV benchmark areas to be reported on is derived from your work with your other system partners and other systems work and not necessarily as a result of the work accomplished through this FOA. You may report on other statewide early childhood data that aligns with other MIECHV benchmark areas, but you MUST also report on the indicator measures listed in the FOA, that align with the MIECHV Benchmark areas. (See page 11 and Appendix B).

7. Can you elaborate on the requirement for a longitudinal data system?

As referred to in the FOA, an early childhood longitudinal data system contains specific statewide early childhood data elements, collected at both the population and state systems levels over time.

8. What is your definition of longitudinal?

Longitudinal data analysis involves repeated observations of the same variables over long periods of time.

9. Do you mean we should have data on individual children that are followed up over time? For example, are you expecting we'll have developmental screening data on infants born preterm, and as they age?

Data should be collected on statewide child health outcomes aligned with the MIECHV benchmark areas at the population and state levels and not at the individual levels.

Current Grantees

1. The budget for the new ECCS 2013-14 programs begins on August, 1st, 2013, but the FY 2012-2013 program ends on May 31, 2013. What will current grantees do to sustain themselves between the months of June and July of 2013?

Current ECCS grantees may request a no-cost extension to conclude activities under their current award. Requests must be received by April 30, 2013.

2. Will a current grantee with some funds remaining as of 5/31/2013 be able to request a no-cost extension to bridge the gap June 1 - August 1?

You may request a no-cost extension to conclude activities under your current award. The request should not be viewed as a means to "bridge the gap." Estimate the time necessary to conclude all activities under your existing award. No–cost extensions will be approved on a case-by-case basis. Requests must be entered into the EHB and submitted by April 30, 2013.

3. So current grantees who cannot request pre-funding should request a no-cost extension of funds to bridge the time period of the current grant period to the potential new funding. Correct?

You may request a no-cost extension to conclude activities under your current award. The request should not be viewed as a means to "bridge the gap." Estimate the time necessary to conclude all activities under your existing award. Future funding is not guaranteed.

4. Is this shifting the fiscal year, or will the project end May 31st?

The current project end period is May 31, 2013. The fiscal year is not aligned to the project period.

5. Since the FOA references a start date of Aug 1, 2013, and the FOA also references the grant will follow the Federal Fiscal year, does that mean that <u>Year one is 13 months</u> ---from Aug 1, 2013 to Sept 30th 2014?

No, the budget and project periods are: August 1-July 31 each year, for three years. The ECCS project period is not aligned with the Federal fiscal year.

6. How many current grantees are there?

52

7. So if you are a state that receives ECCS funds, you are not a new grantee. You would fill this out as a continuing application, correct?

Yes, you are competing continuation applicant.

8. Current grantees can or cannot carry over funds to July 31?

Current grantees can request a no cost extension to conclude activities under the current award and fully obligate current grant funds.

9. **Is the progress report part of the 80 page limit, since only continuing grantees will be required to submit this?**

Yes.

10. Will those already with ECCS programs get any extra points?

Current grantees will not be given any preference. Funding decisions will be based on the rank order list determined by the objective review committee.

11. Where can we find a list of current grantees?

The ECCS website: http://mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/

12. How many points for the summary?

The summary does not carry an independent point value. Points are awarded in the criterion section based upon your responses to each section of the program narrative. In addition to the narrative, the summary progress report will be considered under Criterion 4: IMPACT (total point value for Criterion 4 = 10).Please see pages 14-17 of FOA for HRSA-13-177 point system.

13. Should the Accomplishment summary be part of the appendices?

Yes, it is Appendix 6, see page 13 of the FOA.

Staffing

1. Is there a requirement to have at least one FTE to oversee this program?

No.

2. Will Community Health Workers be approved as a budget line item?

Community Health Workers would be allowable if appropriate for the chosen strategy (see criteria 5, page 16 of the FOA). All budgeted costs must be allowable, reasonable, and allocable to the proposed project.

Miscellaneous

1. What is ECCS short for?

Early Childhood Comprehensive Systems

2. How does this ECCS effort relate to the past ECCS effort? What is the thinking about this?

For background on previous ECCS funding and purpose of HRSA-13-177, please see pages 1-4 of the FOA and view the video at http://www.hrsa.gov/grants/apply/assistance/homevisiting/;
And the ECCS Website at:
http://www.mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems/

3. Can we use any format for our logic model that includes the elements in the FOA?

Yes, please see the SF 424- for all guidelines related to format (pages 29-30).

4. Can a combination of the needs assessment approaches be used?

Yes.

5. Is this grant targeting the creation of systems to provide services or providing the services themselves? If it is to provide services, the allocated amount seems somewhat low.

To review the purpose of HRSA-13-177, please see pages 1-4 of the FOA and view the video at http://www.hrsa.gov/grants/apply/assistance/homevisiting/

6. Are you aware of any other grants that will be coming out this year for home visiting programming grants?

Please check the HHS Forecast website site at http://www.acf.hhs.gov/hhsgrantsforecast/ for upcoming funding opportunities across HRSA.

7. Could you speak a little bit about the state policy development component mentioned on pg. 2 of the FOA?

The role of the state team is to develop and implement early childhood policies based on the needs and issues within their state wide early childhood system.

8. Is Collective Impact to be used only with Strategy 1, or with all strategies?

Collective impact approaches should be used with all strategies.

9. Are there standards/requirements on what a Collective Impact strategy entails? Can you provide more information on "collective impact approaches" as referenced?

Collective Impact, as described by John Kania and Mark Kramer in the Winter 2011 Stanford Social Innovation Review, when applied to innovative early childhood systems development, calls for the many stakeholders and collaborators to focus on defining the following key characteristics: a common agenda, an agreed upon measurement system, centralized infrastructure with a dedicated project staff, mutually reinforcing activities and ongoing communications among participants.

Please review the following articles:
http://www.ssireview.org/articles/entry/collective_impact;

10. Do applicants need to serve the entire state or can they serve counties or other local jurisdictions?

This funding announcement is to fund statewide proposals.

11. How long does it take to register and be accepted to submit an application on grants.gov?

We recommend that applicants allow 30 days to register with Grants.gov. Please see SF-424 Application Guide (pages 14-16) for information on registering and applying. Instructional information and tutorials can also found at: http://grants.gov/applicants/get_registered.jsp .

12. I have never filled out a HRSA grant before. Are there any examples that I could see? I want to make sure I fill everything out correctly. It would be great to see a sample grant form, abstract, narrative, budget, etc.

Please see tutorials and additional information on applying at
http://www.hrsa.gov/grants/apply/index.html

13. Is working with Title V in your state a requirement?

No, but Title V agencies are listed on page 2 under Purpose in the FOA as recommended partners.