



**NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

**REQUEST FOR APPLICATION (RFA) #9002-17
State Fiscal Year 2017-2019**

For eligible Contractors to provide services to the North Carolina Division of Social Services to develop, operate, and/or expand community-based, family support program services to reduce the risk of child abuse and neglect by promoting protective factors that strengthen and support families, through:

NORTH CAROLINA CHILDREN'S TRUST PROGRAM SERVICES

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| RFA Release Date: | December 16, 2015 |
| Letter of Intent: | January 5, 2016 |
| Technical Assistance Webinar | January 6, 2016 |
| Deadline for Questions: | January 11, 2016 |
| Deadline for Applications: | February 1, 2016 at 5:00 p.m. |
| Mailing Address –USPS: | NC Division of Social Services Mail Service Center 2410 Raleigh, NC 27699-2410 |
| Hand Delivery/Overnight Delivery: (i.e., Fed EX, UPS, DHL) | NC Division of Social Services 820 S. Boylan Avenue McBryde East, Room 226 Raleigh, NC 27603 |
| Attention/Questions: | Deborah Day Program Consultant (919) 527-6436 deborah.day@dhhs.nc.gov |
| Submission Instructions: | Late applications will not be accepted. Faxed or emailed applications will not be accepted. |

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I. GENERAL INFORMATION

A. PURPOSE OF REQUEST

The North Carolina Department of Health and Human Services (NC DHHS), through the Division of Social Services (NC DSS), is seeking applications from qualified agencies to develop, operate and/or expand community-based, Children's Trust Program Services to reduce the risk of child abuse and neglect by promoting protective factors that strengthen and support families. Applicants will demonstrate the capacity to achieve positive outcomes for children and families in communities with high rates of child maltreatment and/or other risk factors associated with the incidence of child maltreatment. North Carolina Children's Trust Program Services help to advance the NC DHHS' vision that *All North Carolinians will enjoy optimal health and well-being.*

B. AWARD AMOUNT AND TERM

North Carolina Children's Trust Program Services annual allocation is approximately \$4.5 million, subject to availability of funds and NC DSS priorities. Applicants may request up to \$135,000 total per award. Individual agencies may submit **one** application only. Applications may include one or more programs. Applications with multiple programs may not exceed \$135,000.

- **80% of available funds** will be granted to those agencies implementing one or more of the following programs:
 - Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
 - Incredible Years School-Age BASIC Parent Program for parents of children 6-12
 - Strengthening Families Program for parents of children 6-11
 - Circle of Parents

If applying for multiple programs, all must be selected from the list of 4 programs above to be considered within the 80% category (for instance, application proposes Strengthening Families and Circle of Parents). Awards in the 80% category do not require a local match.

- **20% of available funds** will be granted to those agencies implementing evidence-based, evidence-informed family support models and activities not listed among those funded in 80% category above. Awards in the 20% category require a 25% local match. Match may be either cash, in-kind, or a combination. If the application includes a program from the 80% category and a program from the 20% category, (for instance, the application proposes Parents as Teachers and Circle of Parents), it is considered in the 20% category and the match is required. Programs that specifically address the needs of young children, age 0-5; families with children or parents with developmental disabilities; and fathers are especially encouraged. Please note the following program restrictions:
 - Applicants proposing providing Attachment and Biobehavioral Catch-up (ABC) or Parent Child Interaction Therapy (PCIT) must have trained staff who are rostered with the NC Child Treatment Program or staff who are currently being trained in those interventions by the NC Child Treatment Program.
 - Applications proposing Triple P and Child First will not be accepted in this funding cycle due to duplication with other NC DHHS initiatives.

The term of any resulting contract is anticipated to be for three years, from July 1, 2016 until June 30, 2019. The initial contract period will be for one year, from July 1, 2016 until June 30, 2017. Contract renewal will be required for SFY18 and SFY19 and will be based on availability of funding, contractor performance and contractual compliance. **No carry over of unexpended funds is allowed from one fiscal year to another.**

All funds are distributed on a reimbursement after expenditure basis. Funds from this grant may not be used to supplant other funds.

C. ELIGIBILITY

Any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply provided they meet the following requirements:

- Applicants have completed registration with the Secretary of State. For more information, visit: <https://www.secretary.state.nc.us/corporations/feenpc.aspx>.
- Applicants and subcontractors must follow E-Verify requirements found in HB786 (<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2013&BillID=hb+786>). This requires contractors and the contractor's subcontractors to comply with the requirements of Article 2 of Chapter 64 of the General Statutes (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_64/Article_2.html).
- Applicants' Internal Revenue Service (IRS) exemption letter must be current within five years.
- Applicants' Employer Identification Number (EIN), IRS tax exemption status documents, and registration with the Secretary of State must be consistent with both the name of agency and the EIN provided.

Applicants that receive this award for family support will also be subject to a pre-award risk assessment, per CFR Title 2 200.205: http://www.ecfr.gov/cgi-bin/text-idx?SID=9488ab373262441562fad70c1c91ddfc&node=se2.1.200_1205&rgn=div8.

NC DSS is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, therefore, must ensure that all contractors are in compliance with HIPAA. Applicants that receive this award must provide verification that they have and are implementing policies and procedures which address HIPAA requirements, specifically protected health information and breach of confidentiality.

It is important that the proposed service or program does not overlap with existing programs in the county. Factors to take into account when considering program overlap are populations served, type of service, site locations, program curriculum, etc.

D. LETTER OF INTENT & QUESTIONS

All applicants must submit a letter of intent by email to Deborah Day at deborah.day@dhhs.nc.gov by **January 5, 2016** on agency letterhead. This letter must include the following information:

- Legal name of the agency or organization (should match IRS letter);
- Mailing address, phone number, and fax number of the agency or organization;
- Intent to respond to this RFA;
- Name of the proposed program or practice to be delivered;
- Application Category – 80% or 20%
- County or counties to be served; and
- Name, title, and email address of the person who will coordinate application submission.

If the applicant does not submit a letter of intent by the deadline, then one point will be deducted from their overall score.

Applicants may submit questions regarding the RFA by **January 11, 2016** by 5:00 pm to Deborah Day at deborah.day@dhhs.nc.gov. Questions shall only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. Answers to all questions received will be posted on the NC DSS public notice site <http://www2.ncdhhs.gov/dss/pubnotice/> by **January 15, 2016**.

E. TECHNICAL ASSISTANCE WEBINAR

NC DSS will sponsor a technical assistance webinar to discuss the application in greater detail on **January 6, 2016 from 10 am to 11:30 am**. Registration for the webinar can be accessed through the following: <https://attendee.gototraining.com/r/787344154762555137>

After registering, you will receive a confirmation email containing information about joining the training. *Participation in the technical assistance webinar is not required, but is highly encouraged.*

F. NUMBER OF COPIES

One complete original application including a signed cover letter on agency letterhead and signed certifications and three additional complete application copies are required at the time of initial submission.

An Acknowledgement of Receipt will be provided to all applicants. If the application is received by mail, the Acknowledgement of Receipt will be sent via email.

G. DEADLINE

The closing date for submission of applications is **February 1, 2016, at 5:00 p.m.** *Applications received after 5:00 p.m. will be classified as late and will not be considered for funding.* (Applicants should be aware that certain conditions influence the timely submission of applications, such as traffic congestions, available parking, highway construction, weather conditions, faulty driving directions, etc.) Applicants are cautioned to request a legible dated United States Postal Services postmark or receipt or to obtain a legibly dated receipt from a commercial carrier. Applicants should allow adequate time (approximately seven days) for

application packages to arrive at the NC DSS office in the McBryde Building. *No faxed applications will be accepted.*

H. SELECTION PROCESS

All applications received by the declared deadline will be reviewed to ensure all necessary attachments and documentation are complete and included in submitted applications. Nothing may be added to any application after it has been submitted. Applications will then be forwarded to the grant review committee who will review, score and rank the applications. Although a primary factor, score alone will not be the sole determinant for awards. NC DSS staff will consider overall factors involving the applications as a whole, such as geographic distribution, program variety, population to be served, and previous program history when determining final award decisions.

NC DSS anticipates posting award notices on the NC DSS public notice site by **March 15, 2016**. Awards will be deemed final. There are no protest rights from an RFA as the NC DHHS Procurement and Contract manual states: “The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest”.

I. REPORTING

If awarded funding, the following are required reporting for all contractors:

Monthly:

- DSS-1571 III Administrative Costs Report, by the 10th of each month, even if no costs are incurred. Contractors with subcontract(s) must include monthly 1571 Report(s) completed by the subcontractor(s).
- Entry of all services/activities in the NC Family Support Database.

Quarterly:

- Completed Performance Status and Protective Factors Survey Reports by October 15th, January 15th, April 15th, and July 15th. These reports include cumulative data on agency functions, program outputs and outcomes.

Annually:

- NC State Auditors GS 143-6.22&23 Grant Compliance Report:
<http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=143c>
- Maintain an active record in the federal government’s System for Award Management (SAM) which now contains data previously entered in Central Contractor Registration (CCR) System. To update the record in SAM, contractors must log in at the SAM home page:
<https://www.sam.gov/portal/SAM/#1>
- Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form due within 10 days upon request by the NC DSS.

In addition, all contractors implementing Incredible Years, Strengthening Families Program, or Circle of Parents are required to participate in state-level evaluations.

J. PROGRAM MONITORING

The Contract Administrator reviews all contractors' 1571 reports for accurate, allowable and reasonable costs and the State Auditors' non-compliance list is reviewed to ensure all G.S. 143-6.22&23 reporting requirements are being fulfilled by the contractor. If applicable, monthly service reports or database entries are reviewed to ensure participants are enrolled and service activities have been implemented. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

After each quarter of the contract year, contractors submit a Performance Status Report or quarterly report. Within the first six months of each contract year, a conference call is conducted between the Contract Administrator and contractor staff to review quarterly report(s) and ensure that required components of services, accurate monthly reporting, and fiscal procedures are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract.

For announced on-site monitoring reviews, the Contract Administrator sends a formal written notification letter to the contractor at least 30 days prior to the scheduled review date. A review covers services, fiscal management, compliance, personnel, safety, organizational capacity, subcontract services and evaluation. The CFR Title 2 Part 200 specifies federal areas of compliance: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

Within 30 days of an on-site monitoring review, the Contract Administrator sends a formal written monitoring report letter to the contractor which contains recommendations and corrective action findings, if applicable. If the contractor remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

Contractors will be monitored at least once during an award cycle, unless other requirements for frequency take precedence. In addition, NC DSS reserves the right to conduct unannounced on-site monitoring reviews. New contractors will receive an initial site visit within the first six months.

K. REQUIRED BACKGROUND CHECKS

Contractors shall document for all staff and volunteers having direct contact with children or families on an ongoing basis, completion of a criminal history background check. This check should also include a check of the National Sex Offender Registry. Any prior felony convictions or other abnormalities must have written evidence of supervisory review and acknowledgement, which justifies employment. This documentation shall be kept within the volunteer or employee personnel file and will be subject to review during an on-site monitoring visit.

L. REQUIRED TRAINING

The following training is required by Children’s Trust Program Services contractors:

1. All direct service staff and program managers listed in the contract budget, except child care providers, shall attend the *Connecting with Families: Family Support in Practice* six-day curriculum for working with families in center-based programs, support groups, and home visiting. Specifics regarding the course content and availability may be found on “NCSW Learn: A Learning Site for North Carolina’s Human Services Professionals” at <https://www.ncswlearn.org/>. Staff are expected to attend this training within the first fiscal year of funding.
2. Contractors shall have staff and/or facilitators hired and trained in their chosen evidence-based or evidence-informed program prior to service delivery.
3. All direct service staff and program managers listed in the contract budget, except child care providers, shall complete The National Alliance of Children’s Trust and Prevention Funds free online training course to support implementation of the Strengthening Families™ Protective Factors Framework: *Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action* <http://ctfalliance.org/onlinetraining.htm>. Staff are expected to attend this training within the first six months of funding.

NC DSS, in partnership with Prevent Child Abuse North Carolina, FRIENDS National Center for Community-Based Child Abuse Prevention, and other state and national partners will provide on-going training and technical assistance throughout the three-year award cycle.

As a part of Continuous Quality Improvement practice, contractors are expected to encourage on-going staff development, which should be budgeted for accordingly.

M. PEER REVIEW

Contractors will be required to participate in a peer review process once during the 3-year grant cycle. This process is meant to be used as a continuous quality improvement strategy to enhance service delivery and is not part of contract monitoring.

N. PREVENTION NETWORK MEMBERSHIP

The Prevention Network is an affiliation of organizations and individuals who care about North Carolina’s children and families. Members are professionals and concerned citizens who work with families and children and who are committed to strengthening and supporting families. Members represent diverse fields such as early childhood, education, public health, mental health, child protection, medicine, domestic violence prevention, law, and family support. The Prevention Network provides members with access to training, resources and networking opportunities to help them strengthen their abilities to serve North Carolinians. *All Children’s Trust Program Services contractors will be provided with an annual Prevention Network membership scholarship.*

II. GOVERNING LEGISLATION and FUNDING SOURCES

The mission of NC DSS is to provide family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety and permanency. NC DSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. As such, the following federal and state requirements govern the administration of the Children's Trust Support Program:

Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89)

In 1997, the Adoption and Safe Families Act of 1997 became federal law to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA recognized that innovative approaches are needed to achieve the goals of safety, permanency, and well-being and provided a funding mechanism allowing greater flexibility to develop community-based strategies to achieve positive results for families.

Promoting Safe and Stable Families Amendments (PSSF) of 2001 and The Child and Family Services Improvement and Innovation Act (P.L. 112-34)

The purpose of this program is to enable States to develop, establish, expand, and/or operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

- To prevent child maltreatment among at-risk families by providing supportive family services.
- To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Community-Based Child Abuse Prevention (CBCAP) (P.L. 111-320)

This program provides funding to States to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended and renamed as part of the Child Abuse Prevention and Treatment Act (CAPTA) amendments in 2003. CAPTA (P.L. 93-247) was signed into law in 1974 and reauthorized in 1978, 1984, 1988, 1992, 1996, 2003, and 2010. In North Carolina, NC DSS serves as the CBCAP state lead designee charged with managing these federal funds to implement child maltreatment prevention programs. Some of the core features of the program include:

- Federal, State, and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family support programs.
- An emphasis on promoting parent leadership and participation in the planning, implementation, and evaluation of prevention programs.
- Interagency collaborations with public and private agencies in the States to form a child abuse prevention network to promote greater coordination of resources.

- Funds are used to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs.
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices.
- A focus on the continuum of evaluation approaches which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

North Carolina Children’s Trust Fund (N.C.G.S. 7B-1301-1302)

The Department of Health and Human Services, Division of Social Services, is charged with the responsibility of implementing the Program on the Prevention of Abuse and Neglect (also called The Children’s Trust Fund). NC DSS shall provide staff and support services for implementing the following activities:

- Review of applications and contracting with public and private nonprofit organizations, agencies, schools, with well qualified individuals to operate community-based educational and service programs designed to prevent the occurrence of abuse and neglect.
- Development of appropriate guidelines and criteria for awarding contracts
- Development of guidelines for regular monitoring of contracts awarded in order to maximize the investments in prevention programs by the Children’s Trust Fund and to establish appropriate accountability measures for administration of contracts
- Development of a state plan for the prevention of abuse and neglect for submission to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Programs contracted under N.C.G.S. 7B-1301-1302 are intended to prevent abuse and neglect of juveniles. The statute defines abuse and neglect prevention programs as those programs and services that impact children and families before any substantiated incident of abuse or neglect has occurred. The programs include community-based parenting education and family support programs.

III. PROGRAM PURPOSE AND REQUIREMENTS

Research confirms child abuse has a long-term negative impact on a child's life and the entire community, harming both quality of life and prosperity. Children who experience abuse and/or severe neglect often develop toxic levels of stress. If prolonged, this high level of stress can damage the developing architecture of a child's brain, which may lead to significant behavioral changes. In 2005, the Centers for Disease Control and Prevention and Kaiser Permanente released the most comprehensive research to date on the impact of child abuse and neglect. This study, called the Adverse Childhood Experiences (ACE) Study, surveyed 17,000 adults about their childhood experiences and compared them with their health histories. The research found that people who suffered more incidences of severe adversity in childhood, such as violence, poverty, substance abuse in the home, child abuse and neglect, were far more likely to suffer long-term intellectual, behavioral, and physical and mental health problems as adults.

Quality, child maltreatment prevention programs that strive to strengthen family protective factors offer great promise for improving a child's overall well-being. By integrating evidence-based and evidence-informed programs and practices in our community service array, we can increase the capacity of caregivers to care for their children, help children develop healthy coping mechanisms, improve caregiver-child relationships, and reduce family stress.

Based on research in the field of prevention, North Carolina Children's Trust Program Services will support community-based evidence-based, evidence-informed programs and practices that provide outreach, support and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families.

North Carolina Children's Trust Program Services funding allocation is as follows:

- **80% of the funds** will be granted to those agencies implementing one or more of the following programs and practices:
 - Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
 - Incredible Years School-Age BASIC Parent Program for parents of children 6-12
 - Strengthening Families Program for parents of children 6-11
 - Circle of Parents

Contractors planning to implement the Incredible Years, Strengthening Families, and/or Circle of Parents will be **required** to use NC DSS supported implementation support or "scaffolding" provided by Prevent Child Abuse North Carolina (PCANC) to ensure the best possible outcomes for children and families. Technical assistance, including coaching, training, and consultation will focus on implementation with model fidelity.

- **20% of the funds** will be granted to those agencies implementing evidence-based, evidence-informed family support models and activities not listed above. Programs that specifically address the needs of young children, age 0-5; families with children or parents with developmental disabilities; and fathers are encouraged.

For this SFY 2017-2019 grant cycle, NC DSS will fund recognized, evidence-based, evidence-informed programs and practices exclusively, except for Triple P and Child First. Applicants should not include supplemental services, such as food banks, literacy programs, crisis assistance,

and public awareness campaigns, in their scope of work or budget. Outreach presentations to provide program specific information for the purposes of recruitment and awareness are acceptable.

In addition, North Carolina Children's Trust Program Services applicants shall meet *all* of the following requirements to be eligible for funding (*a detailed description of each requirement is provided on the subsequent pages*):

1. Provide voluntary services based on the Principles of Family Support Practice.
2. Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
3. Provide prevention services that target populations most at risk of child abuse or neglect.
4. Promote two or more of the five protective factors linked to lower incidence of child abuse and neglect.
5. Provide a program or service that demonstrates an acceptable level of evidence-based or evidence informed practice. All applicants must demonstrate a clear plan for implementation support.
6. Use outcome accountability and evaluation tools to demonstrate positive outcomes for children and families.

1. Principles of Family Support Practice

Family Support is based on the premise that primary responsibility for the development and well-being of children lies within the family, and communities must support families as they raise their children. Family supportive services include a broad array of activities designed to strengthen families, helping parents to raise their children successfully, become self-sufficient, and take an active role in their communities.

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families' capacity to support the growth and development of all family members – adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

2. Parent Engagement and Leadership

Developing strong relationships between parents and staff is an essential ingredient in the program's ability to succeed. When parents and other caregivers feel valued and supported, they are more likely to accept and use new information. Applicants must demonstrate how staff will convey a clear message that parents and caregivers are a valued part of their children's lives and

their community. In addition, applicants should work proactively with families who are isolated, drawing them into social networks and activities.

Applicants are also required to demonstrate how they will include opportunities for parents and other caregivers to contribute to program planning, governance, and administration. Parents offer unique perspectives as consumers to improve the quality of services and help ensure the programming meets the community's needs. Consequently, all Contractors must develop a parent engagement plan during the first year of the grant cycle.

3. Levels of Prevention and Target Populations

NC DSS Children's Trust Program services must be primary or secondary child abuse prevention services since the goal is to provide services *prior* to the incidence of abuse and neglect. Levels of Prevention are defined as follows:

Primary Prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All community members have access to and may benefit from these services. Primary prevention activities may seek to raise the awareness of the general public, service providers, and decision-makers about child maltreatment. Universal approaches to primary prevention might include:

- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting
- Family support and strengthening programs that enhance the ability of families to access existing services and support positive interactions among family members

Secondary Prevention activities are offered to populations that have one or more risk factors associated with child maltreatment. While not predictive, risk factors identify common features of families, parents/caregivers, children and their environment where abuse or neglect most often occur. Secondary prevention programs may target services for individual, neighborhoods, or communities that have a high incidence of these risk factors. Secondary prevention programs might include:

- Parent education programs located in high schools for teen parents or those within substance abuse treatment programs for families with young children
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes

If providing secondary prevention programming, applicants must demonstrate that they intend to ***target one or more*** of the following population(s):

- Families and children living in poverty
- Parents/caregivers abusing substances
- Young parents and/or parents of young children (birth through 5 years) (*ALL family members will be referred for needed services, regardless of age*).
- Single parents
- Families experiencing domestic violence
- Parents/caregivers and/or children with disabilities or mental illness
- Fathers, non-custodial parents, and parent companions
- Former adult victims of child abuse and neglect
- Unaccompanied homeless youth and families experiencing homelessness

- Tribal populations
- Military families
- Victims of Human Trafficking

In addition, family support applicants, in compliance with CAPTA, should discuss outreach services to unaccompanied homeless youth and families experiencing homelessness that increases their awareness, accessibility, and welcome in child maltreatment prevention programming. Official definitions of homelessness can be found at: <https://www.nhchc.org/faq/official-definition-homelessness/>. Examples of outreach to unaccompanied homeless youth and families experiencing homelessness include, but are not limited to:

- Coordination with local youth homeless shelters
- Outreach and resource information provided to schools, faith-based organizations, clinics, crisis nurseries, homeless shelters, and domestic violence shelter who may already be serving this population
- Shared training between community-based agencies
- Removal of barriers that may prevent this population from accessing services

Tertiary prevention consists of activities targeted to families that have substantiated child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. *Tertiary prevention services will not be funded under this Request for Application.*

Applicants should demonstrate how they plan to target and track clients served. Contractors must demonstrate referrals are only accepted with a Primary or Secondary Prevention focus.

4. Promoting Protective Factors

NC DSS is committed to achieving safety, permanency and well-being for North Carolina's children and their families. Although secondary prevention targets populations with risk factors, participating families respond better when their strengths, instead of deficits, are emphasized. Research and initiatives suggest that a Strengthening Families Framework that identifies protective factors can significantly reduce incidences of childhood maltreatment and trauma. The Strengthening Families Protective Factors Framework is an intentional focus on family development and optimal child development that identifies five protective factors that are relevant for the continuum of child welfare services.

North Carolina Children's Trust Program Services agencies' *outcomes should support the strengthening of at least two* of the following five protective factors.

- **Parental Resilience**

A parent's ability to cope effectively with the various challenges of parenting and everyday life and their ability to overcome life's challenges. Examples include services that help caregivers establish relationships with friends, family, and professionals that provide ongoing encouragement and knowledge of accessible community resources.

- **Social Connections**

Positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional support to parents and caregivers. Examples include services that strengthen family relationships, friendships, and formal support.

- **Knowledge of Parenting and Child Development**

Accurate information about raising children and appropriate expectations for their behavior. Examples include parenting education through parent support groups, facility based education classes, or home visitation.

- **Concrete Support in Times of Need**

Support and services within the community which can include financial, transportation, and food assistance, job training, and/or mental health services. Examples include services that help provide immediate, tangible resources or support to families in crisis.

- **Children’s Social and Emotional Development**

A child’s ability to interact effectively with others positively and articulate their feelings. Examples include services that provide children and caregivers a safe and nurturing place to “practice” normal roles and behaviors, strengthening a positive parent-child relationship.

The Strengthening Families Framework identifies seven key strategies that exemplary programs use to build protective factors with families. While the strategies themselves are consistent across many different kinds of programs, the way in which a program implements the strategies may vary. To find out more information on the seven strategies please utilize the following link: <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-for-Practitioners.pdf>

5. **Evidence-Based and Evidence-Informed Practice**

Children’s Trust Program Services contractors must provide a service or implement a program that demonstrates an acceptable level of evidence-based or evidence-informed practice. The Administration for Children and Families, along with other federal agencies, is increasingly requiring that federal prevention and treatment funds support evidence-based, promising and evidence-informed prevention programs and practices. Please visit the FRIENDS National Resource Center for Community Based Child Abuse Prevention website at <http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory> for a comprehensive listing and description of EB/EIP programs. The categories from emerging to highest levels of evidence are: Emerging/Evidence Informed, Promising, Supported, and Well-Supported.

Selection of program services should be based on many factors, such as appropriateness for the population served, community needs, and agency capacity to implement services with fidelity. All services funded must at least meet the criteria for Emerging/Evidence Informed programs. That means that they include a logic model and a theory of change based on the best research. To learn more about evidence-based and evidence-informed programs, conduct a community needs assessment, and select a program, applicants may access: *Integrating Evidence-Based Practices into CBCAP Programs: A Tool For Critical Discussion* at <http://www.friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/integrating-evidence-based-practice-resources>.

Applicants in the 80% category are encouraged to contact PCANC staff and visit their website at <http://www.preventchildabusenc.org/services/implementation-support/nc-dss-rfa-materials>. to access program specific resources. NC DSS will consider the sample budgets and implementation guidelines listed on the PCANC website during application scoring.

Research on the implementation of evidence-based programs demonstrates that implementation support for community-based agencies is critical to realizing program outcomes and goals. Implementation support or “scaffolding” can include assistance with program planning, pre-implementation assessment, staff training and peer support opportunities, coaching or clinical supervision, and program evaluation. Applicants must demonstrate that there has been careful thought around the selection, implementation, and evaluation of a particular community-based prevention program. All applicants shall complete the Implementation Plan in Appendix F.

If awarded funding, all contractors must obtain implementation support during each grant year in order to ensure continued model fidelity and program sustainability. Contractors implementing the Incredible Years, Strengthening Families Program (6-11), and/or Circle of Parents are required to use implementation support provided by Prevent Child Abuse North Carolina (PCANC).

6. Outcome Accountability and Evaluation

Applicants must demonstrate the capacity to achieve positive outcomes for children and families who participate voluntarily in their services. Developing and using a logic model guides agencies towards greater outcome accountability. Outcome accountability is demonstrating that the expenditure of staff time, funding, and other resources result in tangible positive changes for children and families. The logic model helps the applicant plan services, link those services to outcomes, and identify tools that will measure whether the stated outcomes were achieved.

In order to support outcome accountability and provide a framework for outcome evaluation, NC DSS *requires applicants* to utilize the FRIENDS National Resource Center Evaluation toolkit in the development of a required logic model: <http://friendsnrc.org/evaluation-toolkit>

The toolkit is comprised of four components:

1. **Building Your Evaluation Plan** – assists programs with a general understanding of outcome evaluation.
2. **Logic Model Builder** – guides users as they create their own logic model.
3. **Outcomes and Indicators**- a menu of common protective factor linked outcomes and indicators.
4. **Annotated Measurement Tools** – a listing of commonly used tools to measure outcomes in prevention programs.

In addition, NC DSS highly encourages applicants to access the on-line Logic Model training at <http://friendsnrcelearning.org/> prior to drafting their logic model.

NC DSS has the following shared vision that *must be used* when completing the logic model builder: **Families have enhanced capacity to provide for their children’s educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.**

Specific population, inputs (resources), outputs (service strategies), assumptions, outcomes, indicators, and measurement tools will be determined by applicants. **Applicants of the Incredible Years, Strengthening Families Program (6-11), and/or Circle of Parents** should select from a list of predetermined outcomes that support the statewide implementation and evaluation of these programs.

These outcomes are available on the PCANC website at <http://www.preventchildabusenc.org/services/implementation-support/nc-dss-rfa-materials>.

When composing your logic model keep in mind the following:

- Identify the desired change in participant's knowledge, attitudes, skills, or aspirations.
- Specify the # of caregivers and # of children to be served under Outputs.
- Project only outputs and outcomes on families who will be served with NC DSS funds from this award.
- Agencies should select 4-5 outcomes to be measured. Outcomes should support the strengthening of at least two protective factors.
- Outcomes should be SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound.
- In addition to measurement tools selected for a particular curriculum, please list the North Carolina Family Support Outcome Scale (NCFSES) and NC DSS Client Satisfaction Survey, as these are required evaluation tools for all programs. The Strengthening Families Protective Factors Framework Survey is recommended, but not required.
- Applicants should consider follow-up with parents at 6 and 12 months following the close of services.
- If proposing multiple programs, applicants should develop a separate logic model for each program.

Once you have developed your logic model in the logic model builder, please transfer the data to the following logic model form (Appendix F), which can be adjusted as needed within the 1 page limit. The narrative portion of this section must expand upon the information listed in the Logic Model.

IV. GENERAL INSTRUCTIONS & FORMAT

Basic Format

- Type should be 12 point font size and single spaced.
- The proposal should be typed on 8 ½” x 11” white paper and single sided.
- Adhere to page limits. **Do not** add additional pages when responding to this application. Points will be deducted during scoring for applications that exceed page limits.
- Proposals **should not** be stapled or bound – instead use binder clips or paper clips.
- Respond to each criteria listed in this RFA in the order requested. **Include section headings** in the Scope of Work as listed in the application checklist. **Do not** insert page dividers.

Cover Letter

A cover letter on organization letterhead must accompany the application. Include in the cover letter: purpose of the request, the specific amount being requested, number of participants to be served, program curricula or activities, area/county of program and the population being served. **This letter must be signed by the authorized official of the agency.**

Application Order

Use the table below to comply with the maximum page limits in each section. **The Application Checklist (Appendix A) is recommended as reference. Links to all required contract documents are located in Appendix F.**

| Section | Maximum Page Limit for Narrative * |
|---|---|
| Direct Client Services Narrative Face Sheet (All sections completed) | N/A |
| Proposal Summary | 1 |
| Needs Assessment | 2 |
| Project Design – Include the following: Logic Model Implementation Plan | 8 |
| Organizational Capacity – Include the following: Organizational Chart Board Member Profile Job Descriptions (for all staff positions listed in the budget) | 1 |
| Local Coordination and Collaboration | 2 |
| Sustainability – Include the following: Anticipated Revenue Summary Funding Chart | 1 |
| Budget Form DSS-6844S – Include the following: Budget Narrative Draft of Sub-Contract Agreement(s) (if applicable) Lease agreement (if requesting rent) Cost Allocation Plan (if some costs are shared with other funding/programs) Indirect Cost Plan (if applicable) | N/A |
| Conflict of Interest form notarized & a copy of grantee’s conflict of interest policy attached | N/A |
| No Overdue Tax Form (on organization’s letterhead and notarized) | N/A |
| IRS Federal Tax Exempt Letter 501 I (3) | N/A |
| Federal Certification | N/A |
| State Certification | N/A |
| Memorandum of Agreement with the local county DSS | N/A |
| Letters of support (3 required) | N/A |

*** Page Limits pertain to narrative sections and do not include required attachments, such as logic model, checklists, job descriptions, etc.**

SCOPE OF WORK

Direct Client Services Narrative – Face Sheet

All sections must be completed on one page.

Proposal Summary (*One page limit*)

Please provide a clear and concise description of the program. Summarize the major points from your Scope of Work, including: the community being served, the number of annual participants who will be served (broken out into # of caregivers and # of children), physical location where the participants will be served, the activities proposed (frequency, intensity, and duration), type of curricula/program, and who will administer the program.

Needs Assessment (*Two page limit*)

Describe the targeted community need the proposed community-based prevention program will address. ***When describing community need, applicants are asked to reference the North Carolina County Child Victimization Data, listed in Appendix C. After review of this data, applicants should speak to factors contributing to the county’s child victimization rate and why providing the proposed service may have a long-term, preventive impact on these rates.*** Need assessments should be a clear, concise, well-supported statement of what the community problems (not limited to child maltreatment) are and why the service is needed. ***Data and noted citations should be used to support need statements.*** Proposals shall include:

1. Who is your target population? Where are they located? How were they identified?
2. What are the socio-economic needs of the community and what is the relationship of the target population to the larger community?
3. How has your agency assessed the current needs of your community (i.e. collaborative needs assessment process with other stakeholders, focus groups, other agencies’ data)?
4. What is the need for the proposed service in the identified community? How does this service fit into the community’s existing continuum of services? Does it fill an identified gap in services? If similar services already exist in your community, why is the proposed service needed (i.e., eligibility requirements, location, time service is offered, funding, number of people not being served)?
5. The proposal should include information on the likely outcome for children/youth and families if the program is not established.

Applicants may find some statistical information and/or needs assessments at collaborating agencies and organizations. Additional information can also be found on the internet at:

- <http://www.aecf.org/>
- <http://www.ncchild.org/>
- <http://www.census.gov/popest/>
- <http://ssw.unc.edu/ma/>
- http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- <http://quickfacts.census.gov/qfd/states/37000.html>

Project Design/Activities *(Eight page limit, not including implementation plan, logic model, MOAs, and letters of support)*

Applicants must describe how the program will meet **all six requirements listed on pages 12-17 of this RFA** by providing a detailed description of the program design. The following questions should be referenced when writing the project design section:

Principles of Family Support Practice

- How will your agency model the Principles of Family Support?
- How will your agency affirm and strengthen families' cultural, racial, and linguistic identities?
- How do you ensure families are approached with equality and respect?

Meaningful Parent Engagement and Leadership

- What will meaningful parent engagement look like?
- What incentives will be provided to support participation?
- How will the program address barriers to client participation, such as transportation or childcare?
- How will you recruit and maintain parent involvement?
- How will the agency involve parents in your continuous quality improvement process?

Levels of Prevention and Target Population

- Are your services considered primary or secondary prevention?
- If primary prevention, speak to your universal focus.
- If secondary, speak to your targeted population and the identified risk factors and/or lack of protective factors.
- Where will you receive program referrals and how will you track those referrals?
- How many parents/caregivers and children will be served?
- Where will services be held and/or located?
- Are services accessible to residents of multiple counties?
- How will community outreach and recruitment be conducted? In particular, how will the applicant reach out to tribal populations and families experiencing homelessness?

Promoting Protective Factors

- What protective factors will be addressed?
- Why are these protective factors the most relevant to your program?

Evidence-Based Evidence-Informed Practice

- What program(s) or curricula are you selecting?
- What is the supporting research that identifies the practice, program, or curricula as evidence-based or evidence-informed?
- How was the program(s) or curricula chosen?
- What does pre-implementation involve?
- What is your program's implementation timeline?
- How will you support ongoing implementation and ensure model fidelity?
- Complete the Implementation Plan.

Outcome Accountability and Evaluation

- What is the goal of your service?
- What is your theory of change?

- What are your inputs, outputs and assumptions?
- How will you ensure outputs are tracked and outcomes are measured accurately?
- How will you evaluate client and service success formally and informally?
- What type of follow-up, if any, is the agency providing to clients?
- What is the continuous quality improvement process?

Organizational Capacity *(One page limit not including organizational chart, board profile and job descriptions)*

Successful agencies have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to, sound programmatic and fiscal policies and procedures, adequate staff, professional development opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

This section should include, but not be limited to the following:

- State the mission of the organization and how it relates to programming.
- Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
- How will your agency oversee the administration and supervision of the proposed services?
- What is the agency's experience with managing finances, developing budgets, submitting invoices & contract amendments, and monitoring agency/grant spending?
- Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
- Include an **organizational chart** of your agency showing how the program fits into the organization's structure (Do not include individual names, only positions).
- Complete the **Board Member Profile**, listing your current board members, their board position and contact information. The Board Member Profile is located in Appendix F.
- Attach **job descriptions** for all positions listed in your Budget and Budget narrative. (Do not include individual names)

Local Coordination and Collaborations *(Two page limit, not including MOA and Letters of Support)*

Preventing child abuse and neglect is not the responsibility of one agency. It is a community responsibility. Applicants must demonstrate that they are actively developing and participating in on-going collaborative relationships with community partners to prevent child victimization by linking families with appropriate and timely resources and identify gaps and/or barriers to a family's ability to access services. ***Special consideration will be given to applicants coordinating with community partners by braiding resources.***

Describe and list the collaborations with local agencies and organizations that focus on child, family and community well-being. Identify any partners, including organizations and parents/caregivers, that will collaborate in funding, managing or providing services for this service and the specific roles that each shall play in executing the Scope of Work. Examples of community partners include: family members, Departments of Social Services, schools, juvenile justice system, housing authorities, health department and medical providers, mental health centers, Head Start and child care providers, Partnerships for Children, early intervention agencies, faith communities, and civic organizations.

Other questions to address in this collaborative section include:

- How is your agency contributing to community efforts to prevent child abuse and neglect?
- What formal and informal resources are being used to support families?
- What is your relationship with your local Department of Social Services agency?
- How do you communicate your agency's available services to your community?

Applicants are also encouraged to discuss involvement with their local Community Child Protection Team (CCPT), including their engagement of the CCPT in assessing local services. Located in all 100 counties, the CCPTs meet to promote a community-wide approach to the problem of child victimization by identifying gaps and deficiencies with the child protection system, increasing public awareness of child protection, advocating for system changes and improvements, and developing strategies to ameliorate child abuse and promote child well-being at a local and state level. Further information on local Community Child Protection Teams can be found at: <http://www2.ncdhhs.gov/dss/ccpt/>

Proposals must include a MOA with the local Department of Social Services for each county the applicant is proposing to serve. If the applying agency is a local Department of Social Services, no MOA is required.

Proposals must include three letters of support from community partners. At least one letter should be from a consumer of services.

Sustainability Plan (*One page limit not including Anticipated Revenue Summary Form and Funding Chart*).

Applicants must address the potential for continuing the project beyond the initial grant period, as the funding available from this source may not be available on a recurring basis. Sustainability is important because a break in services for families and children may increase risk of child maltreatment. Applications may include actions that will be taken to ensure continuity of programming and identify specific funding sources that will be pursued. Describe a ***three year sustainability plan*** that includes a plan for diversifying funding for the program. Include the following:

- The types of support and resources from the applicant organization and their partners.
- In-kind resources.
- A funds diversification plan which includes identification of sources and types of local, state and federal funds, as well as foundations and corporate sources.

In addition, contractors will be required to promote the NC Children's Trust Fund and Kids First license plates, which help finance the NC Children's Trust Fund. ***Applicants must describe how they will inform the community how the purchase of a Kids First license plate benefits local child maltreatment prevention efforts.*** This may be through newsletters, emails, flyers, or other promotional means. NC DSS will support public awareness efforts by providing each contractor with a Children's Trust Fund Awareness Toolkit developed in partnership by Prevent Child Abuse North Carolina.

Complete Anticipated Revenue Summary Form and Funding Chart.

Budget (DSS 6844S) and Budget Narrative

Applicants are required to submit a line-item budget for State Fiscal Year 2016-17 on form DSS 6844S outlining the proposed use of funds and a budget narrative justifying each line item. Agencies will be expected to submit a new agency budget during each subsequent annual contract renewal process in grant years 2 and 3. Based on the availability of funding, annual budget awards will remain the same for SFY 17-18 and 18-19.

The budget narrative must explain each line item and how the expenditures help the program meet the proposed program deliverables. No carry over of unexpended funds is allowed from one fiscal year to another. When developing your budget, remember that 80% awards do not require a local match and 20% awards require a 25% match. All funds are distributed on a reimbursement after expenditure basis. Funds from this grant may not be used to supplant other funds.

- Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following link: <https://www.osbm.nc.gov/budget/state-agency-resources/manuals-instructions/documents/2015-Budget-Manual>
- Funds may not be used to purchase or renovate real estate property nor purchase or lease vehicles.
- Equipment may be purchased if it can be shown to be essential to the overall goals and outcomes of the program.
- Tangible equipment costing \$3,000.00 or more requires justification and three price quotes.
- Agencies which received funding in previous years to purchase equipment (e.g. computers, televisions, video players, etc) will not be approved to purchase duplicate equipment under this grant, unless the need is clearly articulated.
- Include the following if proposed in the budget: a draft Sub-Contractors Agreement with budget detail, a lease agreement if requesting rent, cost allocation plan, and/or an Indirect Cost Rate Plan.
- Match may be cash, in-kind, or a combination.

APPENDIX A

NORTH CAROLINA DEPARTMENT OF HEALTH & HUMAN SERVICES NORTH CAROLINA DIVISION OF SOCIAL SERVICES SFY 2017-2019 CHILDREN'S TRUST PROGRAM SERVICES

Application Checklist

(All required documents can be accessed in Appendix F)

- _____ Cover letter on agency letterhead
- _____ Application Checklist
- _____ Scope of Work – will include the following sections:
 - _____ Direct Client Services Narrative – Face Sheet
 - _____ Proposal Summary
 - _____ Needs Assessment
 - _____ Project Design (please include the following):
 - ♦ Logic Model
 - ♦ Implementation Plan
 - _____ Organizational Capacity (please include the following):
 - ♦ Organizational Chart
 - ♦ Board Member Profile
 - ♦ Job Descriptions (for all staff listed in the budget)
 - _____ Local Coordination and Collaboration
 - _____ Sustainability Plan (please include the following):
 - ♦ Anticipated Revenue Summary
 - ♦ Funding Chart
- _____ Budget Form DSS-6844S:
 - Attach the following:
 - ♦ Budget Narrative
 - ♦ Draft of Sub-Contract Agreement(s) (if applicable)
 - ♦ Lease agreement (if requesting rent)
 - ♦ Cost Allocation Plan (if some costs are shared with other funding/programs)
 - ♦ Indirect Cost Plan (if applicable)
- _____ Conflict of Interest- Notarized (Include organizational conflict of interest policy).
- _____ No Overdue Tax Form – Notarized & printed on Agency Letterhead – (non governmental agencies only)
- _____ IRS Federal Tax Exempt Letter (501)(3) (non-profit) or Verification of Tax ID (governmental)
- _____ Federal Certifications
- _____ State Certification
- _____ MOA with Local DSS agency (not required if applicant is a DSS agency)
- _____ Letters of Support (3)

APPENDIX B

SFY 2017-2019 COMMUNITY BASED PROGRAMS READER SCORING SHEET – CHILDREN’S TRUST PROGRAM SERVICES

Reader: _____

Total Reader Points Awarded: _____

Applicant: _____

| Funding Criteria | Clarification | Maximum Score Possible | Points Awarded |
|--|---|---------------------------------|----------------|
| I. Proposal Summary | | 5 Maximum Points | |
| | <ul style="list-style-type: none"> ▪ Agency provides a clear and concise summary of proposed services. | 0 – 5 points | |
| | Subtract (-1) point if the applicant exceeded 1 page for this section. | | |
| | | Subtotal | |
| II. Needs Assessment | | 10 Maximum Points | |
| | <ul style="list-style-type: none"> ▪ Clearly stated sources of needs assessment data. | 0 – 1 point | |
| | <ul style="list-style-type: none"> ▪ Agency speaks to county’s child victimization rate, contributing factors, and how the proposed program may mitigate the incidence of child maltreatment. | 0 – 3 points | |
| | <ul style="list-style-type: none"> ▪ Program fits into the community’s continuum of services and is not duplicative. | 0 – 3 points | |
| | <ul style="list-style-type: none"> ▪ Demographics of the area are provided. | 0 – 3 points | |
| | Subtract (-1) point if the applicant exceeded 2 pages for this section. | | |
| | | Subtotal | |
| III. Project Design | | 36 points Maximum Points | |
| Principles of Family Support Practice | <ul style="list-style-type: none"> ▪ Applicant discusses how they will support the Principles of Family Support. ▪ Applicant states how they will demonstrate cultural competency. | 0 – 6 points | |
| Meaningful Parent Engagement and Leadership | <ul style="list-style-type: none"> ▪ Applicant explains what meaningful parent engagement looks like in their agency. ▪ Applicant discusses how they will support parent leadership and retention. ▪ Applicant discusses the role of parent involvement in their continuous quality improvement process. | 0 – 6 points | |
| Levels of Prevention and Target Population | <ul style="list-style-type: none"> ▪ Applicant identifies services as primary or secondary prevention services. ▪ Primary prevention services – Applicant speaks to their universal focus. ▪ Secondary prevention service – Applicant speaks to target population and their identified risk and protective factors. ▪ Referral sources are identified. ▪ Number of parents and children stated ▪ Location of service delivery is stated ▪ County or counties served is stated. | 0 – 6 points | |

| | | | |
|--|--|--------------------------|--|
| | <ul style="list-style-type: none"> Applicant describes outreach and recruitment efforts, particularly to tribal populations and families experiencing homelessness. | | |
| Promoting Protective Factors | <ul style="list-style-type: none"> Applicant states which two or more protective factors will be promoted in their service. Applicant explains how these protective factors were selected. | 0 – 6 points | |
| Evidence-Based Evidence-Informed Practice | <ul style="list-style-type: none"> Applicant’s practice or curricula is identified. Supporting evidence/research is discussed. Applicant states why the practice or curricula was chosen. Applicant clearly states what pre-implementation will look like. Applicant discusses what resources will be used to support implementation and model fidelity. Applicant provides a timeline for implementation Implementation Plan completed and attached. | 0 – 6 points | |
| Outcome Accountability and Evaluation | <ul style="list-style-type: none"> Goal of the service is clearly stated. Applicant communicates their theory of change Inputs, outputs and assumptions are listed. Applicant outlines how they will evaluate client and service success. Applicant outlines a plan to accurately track outputs and measure outcomes. Logic Model is completed and attached. | 0 – 6 points | |
| | Subtract (-1) point if the applicant exceeded 8 pages (not including logic model & implementation plan) for this section. | | |
| | | Subtotal | |
| IV. Organizational Capacity | | 11 Maximum Points | |
| | <ul style="list-style-type: none"> A brief description of the organization’s history and structure is provided. | 0 – 3 points | |
| | <ul style="list-style-type: none"> Organization’s mission clearly relates to programming. | 0 – 2 points | |
| | <ul style="list-style-type: none"> Capacity to serve and reach the target population. | 0 – 3 points | |
| | <ul style="list-style-type: none"> Board Member Profile is complete. | 0 – 1 point | |
| | <ul style="list-style-type: none"> Organizational Chart is included and provides evidence that there is a support structure in place. | 0 – 1 point | |
| | <ul style="list-style-type: none"> Job descriptions are included for all staff position listed in budget. | 0 – 1 points | |
| | Subtract (-1) point if the applicant exceeded 1 page (not including board profile, organizational chart and job descriptions) for this section. | | |
| | | Subtotal | |
| VI. Local Coordination and Collaboration | | 10 Maximum Points | |
| | <ul style="list-style-type: none"> Community partners who are supporting service delivery are identified. The service’s coordination and collaboration plan with other community- based public and private agencies within the community is described and clearly articulates the support of collaborative efforts. Relationship with the local DSS and CCPT is discussed. | 0 – 6 points | |

| | | | |
|------------------------------------|--|--------------------------|--|
| | <ul style="list-style-type: none"> Applicant discusses how they are contributing to community child victimization prevention efforts | | |
| | <ul style="list-style-type: none"> Three required letters of support are included. | 0 – 3 points | |
| | <ul style="list-style-type: none"> DSS MOA included from each county in which services are proposed. (<i>County DSS applicants do not need a MOA</i>) | 0 – 1 point | |
| | Subtract (-1) point if the applicant exceeded 2 pages (not including letters of support & MOA) in this section. | | |
| | | Subtotal | |
| V. Sustainability | | 10 Maximum Points | |
| | <ul style="list-style-type: none"> A three year plan for possible funding is clearly described, including listing of potential funding sources. | 0 – 5 points | |
| | <ul style="list-style-type: none"> Applicant indicates how they will promote the NC Children’s Trust Fund | 0 – 3 points | |
| | <ul style="list-style-type: none"> Anticipated Revenue Summary Form is complete. | 0 – 1 point | |
| | <ul style="list-style-type: none"> Funding Chart is complete. | 0 – 1 point | |
| | Subtract (-1) point if the applicant exceeded 1 page (not including attachments) for this section. | | |
| | | Subtotal | |
| VII. Budget Appropriateness | | 18 Maximum Points | |
| | <ul style="list-style-type: none"> The budget is appropriate and supports the Project Design. | 0 – 8 points | |
| | <ul style="list-style-type: none"> The budget narrative provides justification for each line item, is clearly articulated, and sufficient to support the goals and activities outlined in the proposal. | 0 – 8 points | |
| | <ul style="list-style-type: none"> The budget includes supplemental documents, if applicable (lease if cost of space is claimed; indirect cost plan if claimed; and draft subcontractor agreements and budgets if subcontractors are identified). If not applicable, add one possible point each to the first two bullets of this budget section for a range of 0-9 points. | 0 – 2 points | |
| | | Subtotal | |
| COMBINED SUBSECTION TOTAL | Please add section subtotals. | | |
| APPLICATION ORGANIZATION | Subtract 0 – 5 points if the application was not organized as required. | | |
| LETTER OF INTENT | Subtract 1 point if the applicant did not submit a letter of intent. | | |
| FINAL SCORE | Final score includes combined subsection total minus points deducted for application disorganization. | | |

APPENDIX C
North Carolina County Child Victimization Data 2014

| County Name | County Number | All Children Under 18** | Child Victimization Rates per 1000 in SFY 13-14 (Point in Time Data)* | | | | | | |
|-------------|---------------|-------------------------|---|-------|---------|------------|---------------------|-----------------|-------------------------|
| | | | Abuse and Neglect | Abuse | Neglect | Dependency | All Substantiations | Services Needed | All Child Victimization |
| Statewide | | 2285605 | 0.51 | 0.41 | 3.73 | 0.12 | 4.77 | 5.97 | 10.74 |
| Alamance | 1 | 35359 | 0.59 | 0.74 | 2.40 | 0.00 | 3.73 | 3.68 | 7.41 |
| Alexander | 2 | 7919 | 0.13 | 1.64 | 14.77 | 0.13 | 16.67 | 11.24 | 27.91 |
| Alleghany | 3 | 2023 | 0.99 | 1.98 | 3.95 | 1.48 | 8.40 | 14.83 | 23.23 |
| Anson | 4 | 5432 | 1.29 | 1.47 | 5.15 | 0.00 | 7.91 | 10.86 | 18.77 |
| Ashe | 5 | 5082 | 1.77 | 0.00 | 5.90 | 0.00 | 7.67 | 16.92 | 24.59 |
| Avery | 6 | 2847 | 1.05 | 0.70 | 4.21 | 0.70 | 6.66 | 11.59 | 18.25 |
| Beaufort | 7 | 10076 | 0.79 | 0.40 | 3.47 | 0.00 | 4.66 | 9.53 | 14.19 |
| Bertie | 8 | 3917 | 0.00 | 0.00 | 1.53 | 0.00 | 1.53 | 1.79 | 3.32 |
| Bladen | 9 | 7625 | 0.52 | 0.39 | 0.66 | 0.26 | 1.83 | 7.74 | 9.57 |
| Brunswick | 10 | 20330 | 0.30 | 0.79 | 9.05 | 0.05 | 10.19 | 4.03 | 14.22 |
| Buncombe | 11 | 48821 | 1.13 | 0.29 | 4.38 | 0.10 | 5.90 | 8.40 | 14.30 |
| Burke | 12 | 18273 | 0.44 | 0.82 | 6.90 | 0.05 | 8.21 | 15.60 | 23.81 |
| Cabarrus | 13 | 49714 | 0.44 | 0.42 | 2.92 | 0.00 | 3.78 | 2.33 | 6.11 |
| Caldwell | 14 | 17559 | 0.97 | 0.63 | 2.16 | 0.00 | 3.76 | 17.14 | 20.90 |
| Camden | 15 | 2449 | 0.00 | 0.00 | 4.49 | 0.82 | 5.31 | 1.63 | 6.94 |
| Carteret | 16 | 12737 | 0.79 | 0.79 | 5.10 | 0.00 | 6.68 | 4.79 | 11.47 |
| Caswell | 17 | 4466 | 0.00 | 1.12 | 3.36 | 0.00 | 4.48 | 3.13 | 7.61 |
| Catawba | 18 | 35801 | 0.64 | 0.56 | 3.32 | 0.03 | 4.55 | 8.24 | 12.79 |
| Chatham | 19 | 13766 | 0.00 | 1.16 | 3.49 | 0.44 | 5.09 | 4.79 | 9.88 |
| Cherokee | 20 | 5019 | 1.00 | 0.20 | 22.32 | 0.00 | 23.52 | 17.73 | 41.25 |
| Chowan | 21 | 3140 | 0.64 | 0.32 | 4.46 | 0.00 | 5.42 | 3.50 | 8.92 |
| Clay | 22 | 1908 | 0.00 | 0.00 | 2.10 | 0.00 | 2.10 | 13.10 | 15.20 |
| Cleveland | 23 | 21803 | 0.87 | 1.19 | 11.05 | 0.37 | 13.48 | 5.14 | 18.62 |

| County Name | County Number | All Children Under 18** | Child Victimization Rates per 1000 in SFY 13-14 (Point in Time Data)* | | | | | | |
|-------------|---------------|-------------------------|---|-------|---------|------------|---------------------|-----------------|-------------------------|
| | | | Abuse and Neglect | Abuse | Neglect | Dependency | All Substantiations | Services Needed | All Child Victimization |
| Columbus | 24 | 12831 | 0.62 | 0.39 | 6.00 | 1.17 | 8.18 | 3.74 | 11.92 |
| Craven | 25 | 23681 | 0.08 | 0.42 | 1.14 | 0.17 | 1.81 | 4.98 | 6.79 |
| Cumberland | 26 | 84793 | 0.58 | 0.18 | 4.27 | 0.07 | 5.10 | 8.42 | 13.52 |
| Currituck | 27 | 5420 | 0.74 | 0.37 | 15.31 | 0.00 | 16.42 | 9.23 | 25.65 |
| Dare | 28 | 6925 | 0.72 | 0.14 | 1.73 | 0.14 | 2.73 | 8.81 | 11.54 |
| Davidson | 29 | 37332 | 0.29 | 0.35 | 1.39 | 0.03 | 2.06 | 8.73 | 10.79 |
| Davie | 30 | 9227 | 0.33 | 0.22 | 10.73 | 0.00 | 11.28 | 6.83 | 18.11 |
| Duplin | 31 | 15029 | 1.00 | 0.13 | 12.18 | 0.27 | 13.58 | 7.52 | 21.10 |
| Durham | 32 | 63557 | 0.57 | 0.94 | 1.43 | 0.00 | 2.94 | 5.27 | 8.21 |
| Edgecombe | 33 | 13063 | 0.00 | 0.61 | 0.08 | 0.08 | 0.77 | 14.16 | 14.93 |
| Forsyth | 34 | 86055 | 0.06 | 0.28 | 0.52 | 0.01 | 0.87 | 1.57 | 2.44 |
| Franklin | 35 | 14533 | 0.14 | 0.41 | 4.33 | 0.00 | 4.88 | 3.58 | 8.46 |
| Gaston | 36 | 48866 | 0.31 | 0.70 | 4.69 | 0.08 | 5.78 | 3.60 | 9.38 |
| Gates | 37 | 2532 | 0.00 | 1.97 | 4.34 | 0.00 | 6.31 | 0.00 | 6.31 |
| Graham | 38 | 1859 | 1.08 | 0.54 | 3.23 | 0.00 | 4.85 | 22.59 | 27.44 |
| Granville | 39 | 12546 | 0.08 | 1.04 | 4.86 | 0.08 | 6.06 | 2.71 | 8.77 |
| Greene | 40 | 4655 | 0.00 | 0.43 | 0.43 | 0.00 | 0.86 | 6.23 | 7.09 |
| Guilford | 41 | 115801 | 0.27 | 0.46 | 2.32 | 0.32 | 3.37 | 1.56 | 4.93 |
| Halifax | 42 | 11687 | 0.51 | 0.09 | 4.71 | 0.00 | 5.31 | 11.29 | 16.60 |
| Harnett | 43 | 34401 | 1.28 | 0.00 | 5.03 | 0.06 | 6.37 | 4.53 | 10.90 |
| Haywood | 44 | 11028 | 3.54 | 0.54 | 7.16 | 0.09 | 11.33 | 16.96 | 28.29 |
| Henderson | 45 | 21849 | 0.46 | 0.37 | 7.60 | 0.00 | 8.43 | 5.63 | 14.06 |
| Hertford | 46 | 4849 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.82 | 0.82 |
| Hoke | 47 | 14867 | 0.20 | 0.00 | 1.35 | 0.40 | 1.95 | 1.28 | 3.23 |
| Hyde | 48 | 1036 | 1.93 | 0.00 | 0.00 | 0.00 | 1.93 | 0.00 | 1.93 |
| Iredell | 49 | 39833 | 0.78 | 0.25 | 5.27 | 0.08 | 6.38 | 12.78 | 19.16 |
| Jackson | 50 | 7145 | 1.54 | 0.56 | 9.24 | 0.00 | 11.34 | 16.66 | 28.00 |
| Johnston | 51 | 47820 | 0.40 | 0.06 | 1.34 | 0.02 | 1.82 | 6.69 | 8.51 |

| County Name | County Number | All Children Under 18** | Child Victimization Rates per 1000 in SFY 13-14 (Point in Time Data)* | | | | | | |
|-------------|---------------|-------------------------|---|-------|---------|------------|---------------------|-----------------|-------------------------|
| | | | Abuse and Neglect | Abuse | Neglect | Dependency | All Substantiations | Services Needed | All Child Victimization |
| Jones | 52 | 2007 | 0.00 | 0.50 | 0.50 | 0.00 | 1.00 | 1.49 | 2.49 |
| Lee | 53 | 15651 | 0.32 | 0.58 | 1.34 | 0.00 | 2.24 | 7.67 | 9.91 |
| Lenoir | 54 | 13654 | 0.81 | 0.59 | 3.15 | 0.07 | 4.62 | 10.47 | 15.09 |
| Lincoln | 55 | 17780 | 0.00 | 0.34 | 2.14 | 0.11 | 2.59 | 4.95 | 7.54 |
| Macon | 56 | 6342 | 0.32 | 1.42 | 2.21 | 0.16 | 4.11 | 5.20 | 9.31 |
| Madison | 57 | 4032 | 4.46 | 0.25 | 21.08 | 0.50 | 26.29 | 5.46 | 31.75 |
| Martin | 58 | 4931 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5.68 | 5.68 |
| McDowell | 59 | 9458 | 0.42 | 0.53 | 5.18 | 0.32 | 6.45 | 17.66 | 24.11 |
| Mecklenburg | 60 | 245520 | 0.19 | 0.26 | 2.64 | 0.11 | 3.20 | 4.07 | 7.27 |
| Mitchell | 61 | 2829 | 0.35 | 2.47 | 1.77 | 0.71 | 5.30 | 24.39 | 29.69 |
| Montgomery | 62 | 6447 | 0.93 | 0.16 | 5.43 | 0.00 | 6.52 | 8.38 | 14.90 |
| Moore | 63 | 19491 | 0.21 | 0.41 | 4.77 | 0.10 | 5.49 | 2.67 | 8.16 |
| Nash | 64 | 21778 | 0.55 | 0.23 | 6.15 | 0.28 | 7.21 | 4.59 | 11.80 |
| New Hanover | 65 | 41844 | 0.55 | 0.41 | 4.25 | 0.02 | 5.23 | 14.22 | 19.45 |
| Northampton | 66 | 4049 | 0.25 | 0.74 | 0.00 | 0.00 | 0.99 | 2.96 | 3.95 |
| Onslow | 67 | 47369 | 0.38 | 0.32 | 4.35 | 0.04 | 5.09 | 6.67 | 11.76 |
| Orange | 68 | 28789 | 0.03 | 0.38 | 1.22 | 0.03 | 1.66 | 9.62 | 11.28 |
| Pamlico | 69 | 2158 | 2.32 | 0.00 | 2.32 | 0.00 | 4.64 | 4.63 | 9.27 |
| Pasquotank | 70 | 8698 | 0.57 | 0.00 | 9.43 | 0.00 | 10.00 | 1.72 | 11.72 |
| Pender | 71 | 12410 | 0.16 | 0.16 | 2.01 | 0.00 | 2.33 | 4.27 | 6.60 |
| Perquimans | 72 | 2758 | 1.09 | 0.36 | 0.00 | 0.36 | 1.81 | 0.73 | 2.54 |
| Person | 73 | 8741 | 1.03 | 0.34 | 8.47 | 0.57 | 10.41 | 1.94 | 12.35 |
| Pitt | 74 | 38423 | 0.75 | 0.60 | 5.31 | 0.57 | 7.23 | 3.23 | 10.46 |
| Polk | 75 | 3591 | 0.84 | 0.00 | 0.84 | 0.00 | 1.68 | 12.81 | 14.49 |
| Randolph | 76 | 33909 | 0.21 | 0.41 | 1.80 | 0.12 | 2.54 | 4.42 | 6.96 |
| Richmond | 77 | 11134 | 0.99 | 0.36 | 2.34 | 0.09 | 3.78 | 3.77 | 7.55 |
| Robeson | 78 | 35138 | 0.40 | 0.57 | 7.57 | 0.34 | 8.88 | 17.13 | 26.01 |
| Rockingham | 79 | 19303 | 0.16 | 0.47 | 3.57 | 0.00 | 4.20 | 17.98 | 22.18 |

| County Name | County Number | All Children Under 18** | Child Victimization Rates per 1000 in SFY 13-14 (Point in Time Data)* | | | | | | |
|--------------|---------------|-------------------------|---|-------|---------|------------|---------------------|-----------------|-------------------------|
| | | | Abuse and Neglect | Abuse | Neglect | Dependency | All Substantiations | Services Needed | All Child Victimization |
| Rowan | 80 | 31697 | 0.44 | 0.35 | 3.03 | 0.06 | 3.88 | 4.04 | 7.92 |
| Rutherford | 81 | 14346 | 2.37 | 0.84 | 20.08 | 0.07 | 23.36 | 1.46 | 24.82 |
| Sampson | 82 | 15983 | 1.19 | 0.44 | 4.57 | 0.25 | 6.45 | 4.94 | 11.39 |
| Scotland | 83 | 8612 | 1.28 | 1.63 | 5.11 | 0.00 | 8.02 | 8.71 | 16.73 |
| Stanly | 84 | 13242 | 0.15 | 0.30 | 8.61 | 0.08 | 9.14 | 6.49 | 15.63 |
| Stokes | 85 | 9592 | 1.15 | 1.25 | 6.46 | 0.10 | 8.96 | 6.88 | 15.84 |
| Surry | 86 | 16375 | 0.67 | 0.06 | 4.21 | 0.12 | 5.06 | 4.76 | 9.82 |
| Swain | 87 | 3196 | 2.50 | 2.19 | 8.76 | 0.00 | 13.45 | 35.04 | 48.49 |
| Transylvania | 88 | 5538 | 1.63 | 0.00 | 1.26 | 0.36 | 3.25 | 16.07 | 19.32 |
| Tyrrell | 89 | 754 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Union | 90 | 61808 | 0.32 | 0.52 | 2.12 | 0.06 | 3.02 | 2.85 | 5.87 |
| Vance | 91 | 10814 | 0.55 | 0.83 | 7.31 | 0.55 | 9.24 | 14.15 | 23.39 |
| Wake | 92 | 246175 | 0.50 | 0.24 | 2.31 | 0.02 | 3.07 | 3.80 | 6.87 |
| Warren | 93 | 3970 | 0.76 | 1.01 | 7.56 | 0.00 | 9.33 | 6.80 | 16.13 |
| Washington | 94 | 2765 | 0.72 | 1.08 | 0.00 | 0.00 | 1.80 | 2.89 | 4.69 |
| Watauga | 95 | 7019 | 0.43 | 0.85 | 3.70 | 1.00 | 5.98 | 6.84 | 12.82 |
| Wayne | 96 | 30150 | 0.56 | 0.23 | 1.86 | 0.13 | 2.78 | 5.47 | 8.25 |
| Wilkes | 97 | 14790 | 2.10 | 0.14 | 8.11 | 1.01 | 11.36 | 8.05 | 19.41 |
| Wilson | 98 | 19429 | 0.87 | 0.00 | 4.68 | 0.26 | 5.81 | 1.24 | 7.05 |
| Yadkin | 99 | 8414 | 0.24 | 0.00 | 5.82 | 0.00 | 6.06 | 2.26 | 8.32 |
| Yancey | 100 | 3416 | 2.93 | 0.00 | 4.98 | 0.29 | 8.20 | 17.86 | 26.06 |

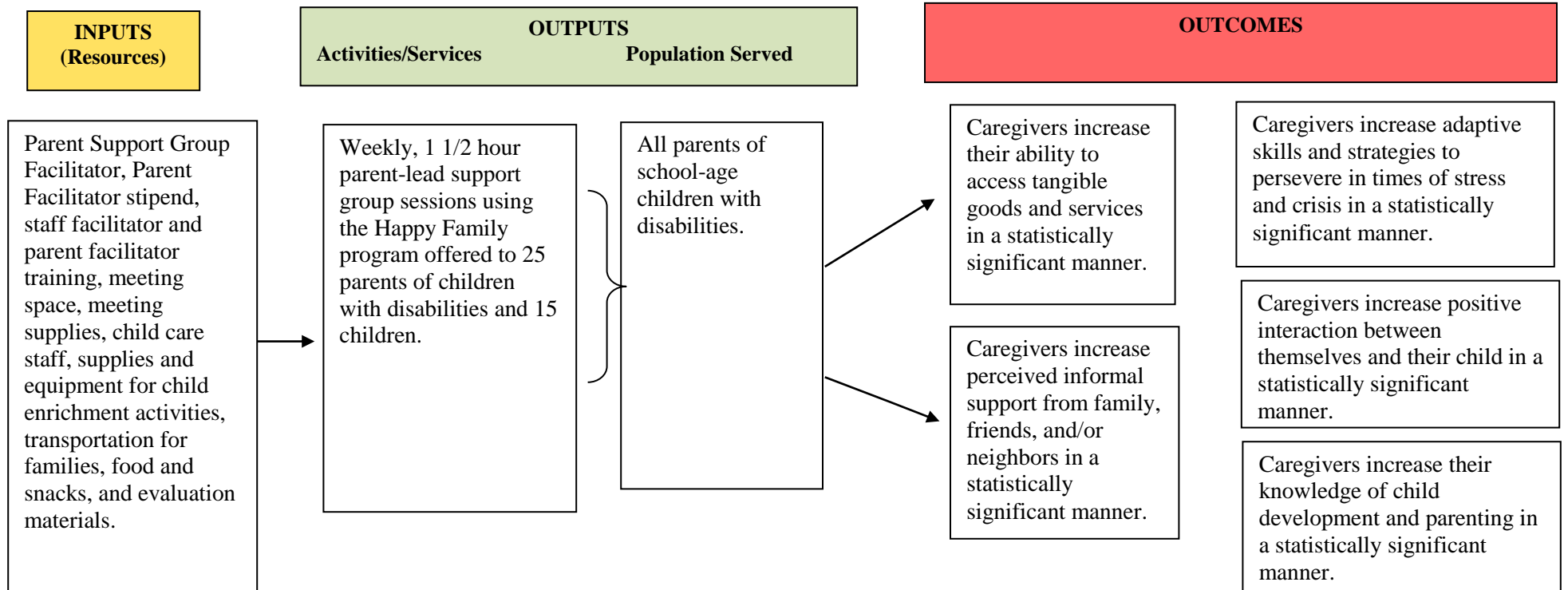
*Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R, and Reese, J. (2013). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina. Retrieved [Sept. 2, 2015], from University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/ma/>

**Annual estimates of the resident child population for counties of North Carolina as of July 1, 2013 using data from the U.S. Census Bureau (<http://quickfacts.census.gov/gfd/states/>)

APPENDIX D

SAMPLE Happy Family Support Group Logic Model

VISION: Families have enhanced capacity to provide for their children’s educational, physical, and emotional needs and children have opportunities for healthy social and emotional development.



ASSUMPTIONS
Emerging research demonstrates that when parents/caregivers have access to and participate in peer support groups it can positively impact their response to and understanding of their children.

INDICATORS

- Participants demonstrate knowledge of how reliable, safe, and appropriate friends, family members, and neighbors can provide their families with support when they need it.
- Participants demonstrate knowledge of resources (such as financial assistance, evaluation, respite, advocacy, and legal assistance) for which their children with special needs qualify.
- Participants ask reliable, safe, and appropriate friends, family members, and neighbors for support/assistance when they need it.
- Participants have selected appropriate caregivers for their infants or children.

MEASUREMENT TOOLS

- Protective Factor Survey
- NC Family Outcome Scale
- NC DSS Client Satisfaction Survey
- Happy Family Statewide Evaluation Tool

APPENDIX E

DEFINITIONS

Activities (sometimes referred to as outputs, services, objectives) This is the portion of your logic model where you describe the services your consumers will receive. What are the activities provided that are directly linked to the outcomes that you wish to achieve?

Annual Rate of Child Maltreatment The annual rate of child maltreatment is calculated by dividing the number of children reported as victims of maltreatment by the estimated number of children living in a county. The number of children reported as victims of maltreatment is drawn from the Management Assistance website. It represents a count of the number of unique children—based on having a different or unique SISID—reported as a victim of maltreatment during a state fiscal year. State-level data can be found at <http://ssw.unc.edu/ma/>. The population is based on estimates provided by the U.S. Census Bureau. The Census Bureau periodically provides an updated population estimate of each county's population. The estimates are available for different groups in the population, including individuals age 17 and younger. Information on the population estimates can be found at <http://www.census.gov/popest/estimates.html>. The annual rate of child maltreatment on the achievement report was obtained by dividing the number of unique children reported in a county in State Fiscal Year (SFY) 2009-2010 by the estimated number of children in living in the county on July 1, 2009. That figure is then multiplied by 1,000 to obtain a rate per 1000.

Assumptions (sometimes referred to as underlying theory or rationale) The services you offer should be based on what is known to be effective. What assumptions are you making that suggest your services will bring about the desired outcomes, with the population you serve? The assumptions are the product of your research and demonstrate your knowledge of what has worked in the past for similar programs serving similar populations.

Continuous Quality Improvement (COI) Continuous Quality Improvement activities ensure that programs are systematically and intentionally increasing positive outcomes for the families they serve. It is an ongoing process that involves:

1. Collecting data

- Formally - through outcome and implementation evaluation activities, focus groups, needs assessments, self-assessment, peer review, and study of research findings.
- Informally - through self-reflections and direct or indirect feedback from participants, staff, funders, and other stakeholders.

2. Reviewing and analyzing data

- Formally - in the course of staff supervision, full staff meetings, board meetings
- Informally - through daily discussions with staff and participants and self-assessment of job performance
- Case record reviews and document reviews

3. Adjusting practices based on findings

- Formally - at the agency level by adopting new practices, programs, policies, and procedures based on findings
- Informally - by making personal adjustments to improve job performance

Core Components (sometimes referred to as key elements or active ingredients) These are the key services or activities of an evidence-based program that have been demonstrated or are believed, based on program theory, to lead to the identified program outcomes. These components must remain intact during any implementation of that program.

Evidence-Based Practices These are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This could be findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are valid as well. There are different types of evidence based practices; these include “supported” or “well-supported,” based on the strength of the research design.

Evidence-Based Programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, have been validated by some form of documented scientific evidence. Different types of evidence-based programs include “supported” or “well-supported,” based on the strength of the research design.

Evidence-Informed Practices use the best available research and practice knowledge to guide program design and implementation within context. This informed practice allows for innovation and incorporates the lessons learned from the existing research literature.

Fidelity This means implementation of an evidence-based program faithful to the core components of the original model and implemented as it was intended. Fidelity Measures are evaluation measures specifically monitor the faithfulness of implementation to the core components of the model. This measure allows programs to understand if outcomes are based on the model or are attributed to other, possibly unknown, factors.

Implementation Plan This plan serves as the template for a program manual and documents key program components and specifies activities, resources, staff training, and evaluation components, among other things.

Indicators (sometimes referred to as performance objectives, performance targets, objectives) Indicators answer the question: What is it that tells someone that an outcome has been achieved? Indicators are concrete, specific descriptions of what will be measured to judge a program's success. An indicator can include the number or percentage of participants projected to achieve the outcome.

Logic Model A logic model is a map of the program. It is a simple, logical illustration of what the program does, why the program does it, and how observers will know if the program is successful. There is a wide variety of logic model formats, but most have the same key components. The elements of a logic model will become clearer as you go through the logic model building process. Although the process is laid out step by step, you will need to make sure that decisions made in later steps still match choices you made earlier in the process.

Outcomes (sometimes referred to as goals, objectives) If the program is successful in providing services, what changes will program participants experience? Generally, outcomes describe who will do what as a result of program services. Outcomes can be short-term, usually changes in attitude, beliefs, and knowledge; intermediate, which can be developing and practicing new skills; or long-term, including permanent changes at an individual level or changes that create an impact on larger social structures.

Program Developer The program developer is the originating source of an evidence-based program or practice model. This may be an individual or an institution. Before considering implementing an existing program, access to this individual or institution should be explored. Program developers have a highly varying degree of ability to help implement further replications of their model. Their availability for consultation, willingness to provide technical assistance or on-site training, and ability to answer questions regarding possible adaptations to their model should be known and considered when identifying a possible program for implementation.

Resources (sometimes referred to as inputs or investments) Resources detail what the program needs to provide services. Is it food for a parent education group? A curriculum? Does the staff need any specialized training? Will child care, transportation, or a meeting space need to be provided? Think of this as a budget justification.

Target Population (sometimes referred to as participants, consumers, audience) This is a description of the population the program serves or plans to serve. As specifically as possible, identify the people who will receive the services.

APPENDIX F - ON-LINE CONTRACT DOCUMENTS AND RESOURCES

On-Line Required Application Documents and Corresponding Instructions:

- [Anticipated Revenue Summary](#)
- [Application Checklist](#)
- [Board Member Profile](#)
- [Budget 6844S form](#)
- [Budget Narrative sample](#)
- [Conflict of Interest Verification Form](#)
- [Direct Client Services Face Sheet](#)
- [Direct Client Services Face Sheet Instructions](#)
- [Federal Certifications](#)
- [Funding Chart](#)
- [Implementation Plan](#)
- [Logic Model Template](#)
- [No Overdue Tax Form](#) (non-governmental agencies)
- [Sample DSS Memorandum of Agreement](#) (MOA)
- [State Certification](#)
- [Verification of Tax ID](#) (governmental agencies)
- [501\(c\)3 Status form](#) (non-profit agencies)

On-Line Contract Reference Materials:

- [Budget Narrative Tips](#)
- [DSS-1571-III Administrative Cost Reimbursement Form](#)
- [Monitoring Notification Letter](#)
- [NC CBCAP 2015 Application and 2013 Annual Report](#)
- [Notice of Certain Reporting and Audit Requirements](#)
- [Performance Status Monitoring and Quarterly Reporting Tool](#)
- [Program Comparison Tool](#)
- [Questions for Choosing an EB/EI Program](#)

Other Helpful Links:

- NC DHHS Office of Procurement and Contract Services <http://www.ncdhhs.gov/about/administrative-divisions-offices/office-of-procurement-contract-services>
- NC DHHS Office of the Controller <http://www.dhhs.state.nc.us/control/index.htm>
- NC Child Treatment Program <http://ncchildtreatmentprogram.org>
- Prevent Child Abuse North Carolina <http://www.preventchildabusenc.org/>
- FRIENDS National Resource for Community Based Child Abuse Prevention <http://friendsnrc.org/>
- National Alliance for Children's Trust and Prevention Funds <http://www.ctfalliance.org/>
- U.S. Dept. of Health and Human Services, Administration for Children and Families <http://www.acf.hhs.gov/>
- The Center for the Study of Social Policy <http://www.cssp.org/reform/strengthening-families>
- Child Welfare Information Gateway <http://www.childwelfare.gov/preventing/>
- Compendium of Parenting Interventions <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/family/docs/compendium-of-parenting.pdf>
- University of Kansas Community Toolbox http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- National Clearinghouse on Families and Youth (organization and community toolkit) <http://ncfy.acf.hhs.gov/publications/guide-to-starting-and-managing-a-youth-program/organization>