DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACYF-HS-93600-97-03]

Early Head Start Program Grant Availability

AGENCY: Administration on Children, Youth and Families (ACYF), ACFD, HHS.

ACTION: Announcement of financial assistance to be competitively awarded to public and non-profit private entities—including Head Start grantees, Parent and Child Centers and Comprehensive Child Development Programs—to provide child and family development services for low-income families with children under age three and pregnant women.

SUMMARY: Section 645A of the Head Start Act, as amended, 42 U.S.C. 9801 et seq., requires that, beginning in fiscal year 1995, the Secretary of Health and Human Services award grants competitively to agencies and organizations to implement programs which we call "Early Head Start." These programs provide early, continuous, intensive, and comprehensive child development and family support services on a year-round basis to lowincome families with children under age three and pregnant women. The purpose of the program is to enhance children's physical, social, emotional, and intellectual development; to support parents' efforts to fulfill their parental roles; and to help parents move toward self-sufficiency. Thus, the goals for Early Head Start are to:

• Promote the physical, cognitive, social and emotional growth of infants and toddlers and prepare them for future growth and development;

• Support parents—mothers, fathers, and guardians—in their role as the primary caregivers and educators of their children, and in meeting family goals and achieving self-sufficiency across a wide variety of domains;

• Strengthen community supports for families with young children; and

• Develop highly-trained, caring and adequately compensated program staff, because the quality of staff and their relationships with children and parents are critical to achieving all the other goals.

DATES: The CLOSING TIME AND DATE FOR RECEIPT of applications is 4:30 pm (Eastern Time Zone), June 16, 1997. Applications received after 4:30 pm will not be accepted. Applications transmitted to ACF in any electronic form will not be accepted regardless of date of time of submission and time of receipt. All applications must be in hard copy form to be considered acceptable.

ADDRESSES: Applications may be mailed to:

Early Head Start Program Category _____, ACYF Operations Center, 3030 Clarendon Blvd., Suite 240, Arlington, Virginia 22201.

Hand Delivered, Courier or Overnight delivery applications are received during the normal working hours of 8:00 a.m. to 4:30 p.m., Monday through Friday, on or prior to the established closing date at the above address.

If you plan to submit an application, we ask that you send a postcard or call in the following information: the name, address, and telephone number of the contact person; the name of the organization; and the category of funding for which you may submit an application, within two weeks of receipt of this announcement to: Early Head Start, Administration on Children, Youth and Families Operations Center, 3030 Clarendon Boulevard, Suite 240, Arlington, VA 22201. The telephone number is 1-800-351-2293. This information will be used to determine the number of expert reviewers needed and to update the mailing list of persons to whom the program announcement is sent.

FOR FURTHER INFORMATION CONTACT: For questions related to the Program Announcement, please contact the Administration on Children, Youth and Families Operations Center, Technical Assistance Team at 1–800–351–2293. Staff at this Center will answer questions regarding the application requirements or refer you to the appropriate contact person in ACYF for programmatic questions. You may also locate frequently asked questions about this program announcement on the ACYF website at http:// www.acf.dhhs.gov.

For a copy of the application kit, or for another copy of the program announcement, please call or fax your request to the ACYF Operations Center at 1–800–351–2293 (phone) or 1–800– 351–4490 (fax).

SUPPLEMENTARY INFORMATION:

Part I. General Information

A. Introduction

This program announcement is divided into five sections:

• Part I contains general information and an introductory section which contains the history and background of the Early Head Start program and the principles and program description that will guide the development, implementation and operation of the program.

• Part II contains key program information such as a description of competitive categories, eligible applicants, project periods, applicable Head Start regulations, and Early Head Start as a learning community.

• Part III presents requirements for information that must be included in each application.

• Part IV presents the criteria upon which applications will be reviewed and evaluated.

• Part V contains instructions for preparing the fiscal year 1997 application. This section notes that the Commissioner of the Administration on Children, Youth and Families, depending on the availability of funds and an adequate number of acceptable applications, may choose to fund a fiscal year 1998 cohort of programs out of the pool of applications submitted as a response to this program announcement.

Appendix A—ACF Uniform Discretionary Grant Application Form— This material includes the relevant forms, certifications, disclosures and assurances necessary for completing and submitting the application.

Appendix B lists the Single Points of Contact for each State and Territory.

Appendix C is The Statement of the Advisory Committee on Services for Families with Infants and Toddlers.

Appendix D—Category One—New Early Head Start Awards provides a list of the geographic areas not open for competition under Category One.

Appendix E—Category Two—New Awards to Communities Served by Parent and Child Centers provides a list of geographic areas open to competition under Category Two.

An application kit containing the ACF Uniform Discretionary Grant Application Form, applicable Head Start Regulations, State Contact lists (e.g., Part H Lead Agency Coordinators) and other useful information should be obtained by applicants. (See address listed earlier in this announcement under "For Further Information.")

B. Program Purpose

With the reauthorization of the Head Start Act in 1994, Congress established a new program for low-income families with infants and toddlers and pregnant women which is called Early Head Start. Beginning in fiscal year 1995, 68 grants were awarded and, in fiscal year 1996, an additional 75 grants were selected from among competing agencies and organizations to implement Early Head Start programs which provide early, continuous, intensive, and comprehensive child development and family support services.

In creating this program, the Congress acted upon evidence from research and practice which illustrates that early intervention through high quality programs enhances children's physical, social, emotional, and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence. Such programs answer an undeniable need. As pointed out in "The Report of the Carnegie Task Force on Meeting The Needs of Young Children," many of the 12 million children under three and their families in the United States today face a "quiet crisis." The numerous indicators of this crisis include: one in four infants and toddlers live in families with incomes below the poverty line; nine out of every thousand infants die before the age of one; and, more than five million children under three receive child care from other adults while their parents work, much of that care being of poor quality.

The Early Head Start program provides resources to community programs to address such needs and to achieve the purposes set forth by Congress. The local programs funded through Early Head Start operate as a national laboratory to demonstrate the impact that can be gained when early, continuous, intensive and comprehensive services are provided to pregnant women and very young children and their families.

Programs participating in this demonstration effort will:

• Ensure quality by meeting the requirements in the Head Start Program Performance Standards and other applicable regulations;

• Provide early, individualized child development and parent education services to low-income infants and toddlers and their families according to a plan developed jointly by the parents and staff;

• Provide these services through an appropriate mix of home visits, experiences at the Early Head Start center, and experiences in other settings such as family-or center-based child care;

• Provide early opportunities for infants and toddlers with and without disabilities to grow and develop together in nurturing and inclusive settings; • Ensure that the Early Head Start program is supportive and nurturing of families;

• Respond to the needs of families, including the need for full-time child care for working families;

• Connect with other service providers at the local level to ensure that a comprehensive array of health, nutrition, and other services is provided to the program's pregnant women, very young children, and their families;

• Recruit, train, and supervise high quality staff to ensure the kind of warm and continuous relationships between caregivers and children that are crucial to learning and development for infants and toddlers;

• Ensure parent involvement in policy and decision making; and

• Coordinate with local Head Start and other child development programs in order to ensure continuity of services for these children and families.

C. History and Background

1. Legislation

In May 1994, the President signed into law the bipartisan Head Start Reauthorization Act of 1994. This reauthorization established within the Head Start Bureau a new program for low-income pregnant women and families with infants and toddlers. The reauthorization sets aside funds from the total Head Start budget for the subsequent four years at a rate of three percent in FY 1995; four percent in FY 1996 and 1997; and five percent in FY 1998. Consolidated into the new initiative were the Parent and Child Centers Program and the **Comprehensive Child Development** Program.

This section of the legislation had a number of sources, including the recommendations of the Advisory Committee on Head Start Quality and Expansion, as well as recent lessons from research and practice.

2. The Advisory Committee on Head Start Quality and Expansion

In June 1993, the Secretary of the Department of Health and Human Services formed an Advisory Committee to look at Head Start quality and expansion. The recommendations of that Committee centered around:

• Striving for excellence in staffing, management, oversight, facilities, and research;

• Expanding to better meet the needs of children and families; and

• Forging new partnerships with communities, schools, the private sector, and other national initiatives.

Included in the report was a recommendation that the Department develop a new initiative for expanded Head Start supports to families with infants and toddlers, as well as convene a high-level committee charged with developing guidelines for this new effort. This recommendation was fueled by relevant research findings and recognition in the field that much more could be accomplished with earlier, more sustained support for very young children and their families.

3. Relevant Research

Findings from more than three decades of research in child and family development illustrate that the time from conception to age three is critical for human development. The basic cognitive, social, and emotional foundation is established in these early years. The research also indicates that, to develop optimally, infants and toddlers must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised. Recent research identifies the characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a foundation upon which the Early Head Start program is based.

A more detailed discussion about the research in maternal and infant health, child-caregiver relationships, and the characteristics of successful programs can be found in the Statement of the Advisory Committee on Services for Families with Infants and Toddlers, which is included as Appendix C.

In FY 1995 a contract was awarded to Mathematica Policy Research, Inc. to conduct a cross-site evaluation of Early Head Start. In FY 1996, 16 university partners of the initial 68 Early Head Start grantees were selected to conduct site-specific research. Thus, those 16 sites became the participants in the national cross-site evaluation conducted by Mathematica. Results are not yet available. Because the evaluation of Early Head Start is already underway, the FY 1997–1998 Cohort of Early Head Start grantees will not participate in the cross-site evaluation.

4. Precursor Program Experiences

In enacting Early Head Start, Congress was building on lessons learned through Federal, State, and community programs that serve some of our country's very young children and their families.

Most notable among the early Federal efforts include the following:

• The Maternal and Child Health Services Block Grant has its roots in Title V of the Social Security Act, which was enacted in 1935. It is administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration in HHS which provides leadership for building the infrastructure for health care services delivery to all mothers and children in the U.S., with particular responsibility for serving those lowincome or isolated populations who would otherwise have limited access to care.

• The Parent and Child Centers Program (PCC) was established in 1967 to provide an array of services for pregnant women, infants/toddlers, parents, and families as a whole. Services include health, education, personal and interpersonal development, and family assistance. There are currently 58 PCCs across the country. Thirty-four others have been competitively selected and converted into Early Head Start programs.

 The Migrant Head Start program was established in 1969 to meet the needs of mobile farmworker children and their families. The program provides age-appropriate infant, toddler and preschool programming, full-day services (8 to 12 hours per day), and full week services (five to seven days per week) based on the needs of working families. These services are offered in center-based and family child care settings during peak agricultural seasons. There are currently 25 Migrant Head Start grantees and 42 delegate agencies operating in 39 States. Infants and toddlers comprise over 40 percent of the children served annually.

• The Child and Family Resource Program (CFRP) operated as a demonstration from 1973 to 1983. Ten CFRP programs linked community resources in efforts to enhance families' abilities to provide safe, stable, nurturing environments for their children.

• Part H of the Individuals with Disabilities Education Act was initiated in 1986 as an early intervention program for children birth to age three who have or are at risk for developmental disability. Part H supports comprehensive, statewide programs which identify and coordinate needed services within the context of a familycentered services delivery model.

• The Comprehensive Child Development Program (CCDP) was enacted in 1988 to provide and coordinate a wide range of services to children and families including child development, health care, education, economic self-sufficiency, mental health, substance abuse treatment and prevention and other services to strengthen the home and family. There are currently 19 CCDPs in communities throughout the country. Eighteen others have been competitively selected to become Early Head Start programs.

• The Even Start Literacy Program, administered by the Department of Education, integrates early childhood education and adult education for parents into a unified program.

• The Healthy Start Initiative, administered by the Maternal and Child Health Bureau in HHS, started in 1991 as a demonstration program to combat infant mortality through community coalitions.

In addition to these Federal efforts, many States and foundations are focusing on the special needs of very young children and their families. Carnegie and Ford are among the foundations addressing the needs of pregnant women and families with infants and toddlers.

D. Consultation

In the statute establishing the new program called Early Head Start, Congress called on the Secretary to develop program guidelines in consultation with experts in early childhood development, health, and family services; and take into consideration the knowledge and experience gained from other early childhood programs that serve large numbers of infants and toddlers including the Comprehensive Child Development Program, Head Start Parent and Child Centers and the Migrant Head Start program. As a result, the Secretary formed the Advisory **Committee on Services for Families** with Infants and Toddlers. The Committee was charged with advising the Department on the development of program approaches for the Early Head Start initiative. In September 1994, the Advisory Committee unanimously agreed to a statement that sets forth the vision, goals, principles, and program cornerstones for Early Head Start (the Statement, which includes the Advisory Committee membership list, is included as Appendix C).

In addition, Federal staff conducted approximately 30 focus groups during the summer of 1994 to hear from parents, practitioners, researchers, advocates, and representatives of professional organizations. Federal staff also met with or received materials and recommendations from a number of other parents, practitioners, and researchers. The suggestions, guidance, and information received through this consultation process helped shape the development of the original fiscal year 1995 program announcement as well as this announcement.

The results of this consultation contributed significantly to the recently revised Head Start Program Performance Standards (45 CFR Part 1304), which address services to infants, toddlers, and pregnant women as well as to preschool children and their families.

E. Principles Recommended by the Field

The Advisory Committee on Services for Families with Infants and Toddlers identified nine principles that are characteristic of successful programs for families with very young children. These principles are consistent with the themes that emerged from the broader consultation conducted by the Department. Therefore, applicants are expected to take into consideration these principles in designing their programs.

1. High Quality: Programs will ensure high quality in both the services provided to children and families directly, and the services provided through referrals. Programs will recognize that the conception-to-three age period is unique both in the rate of development and in the way young children's physical and mental growth reflects and absorbs experiences with caregivers and the surroundings. Because of this, the experiences and environments provided need to be of highest quality to promote child development.

2. Prevention and Promotion: Recognizing that windows of opportunity open and close quickly for very young children and their families, programs will seek out opportunities to promote the physical, social, emotional, cognitive and language development of young children and families before conception, prenatally, upon birth, and during the early years. Program staff will seek to prevent and detect problems at their earliest stages, rallying the services needed to help the child and family anticipate and overcome problems before they interfere with healthy development.

3. Positive Relationships and Continuity: Programs will support and enhance strong, caring, continuous relationships among the child, parents, family, and caregiving staff. Programs will support the mother-child, fatherchild bond by recognizing each parent as his or her child's first and primary source of love, nurturance and guidance. Programs will ensure that relationships between caregiving staff and young children support infant and toddler attachment to a limited number of skilled and caring individuals, thus maintaining relationships with caregivers over time and avoiding the trauma of loss experienced with frequent turnover of key people in the child's life.

4. Parent Involvement: Programs will ensure the highest level of partnership with parents, both mothers and fathers. Programs will support parents as primary nurturers, educators, and advocates for their children; assure that each parent has opportunities for experiences that support his or her own growth and goals, including that of parenting; encourage independence and self-sufficiency for parents; and provide a policy-making and decision-making role in the program for parents.

5. Inclusion: Programs will develop services and create an environment which builds upon and responds to the unique strengths and needs of each child and family. Further, programs will support participation in community life by young children with disabilities and their families; and families of very young children with significant disabilities will be fully included in all program services.

6. Culture: Programs will demonstrate an understanding of, respect for, and responsiveness to the home culture of children and families as culture is the context for healthy identity development in the first years of life.

7. Comprehensiveness, Flexibility, Responsiveness, and Intensity: Programs will respond in flexible ways to the unique strengths, abilities, and needs of the children, families and communities they serve. Developmental opportunities provided to each infant and toddler will address the whole child and be continually adapted to keep pace with his or her developmental growth. Programs also need to be responsive to the distinct needs and experiences of parents whose children are disabled and those parents who have disabilities.

8. Transition: Programs will be responsible for ensuring the smooth transition of children and their families into Head Start or other preschool or child development programs which are of high quality and provide consistent and responsive caregiving.

9. Collaboration: Recognizing that no one program will be able to meet all of a child's and family's needs, programs will build strong connections to other service providers and to community sources of support for families. These efforts will foster a caring, comprehensive and integrated community-wide response to families with young children, maximize scarce financial resources, and avoid duplication of agency effort. These principles are explained in more detail in the Statement of the Advisory Committee on Services for Families with Infants and Toddlers, which is attached as Appendix C.

F. Program Description

In addition to the principles outlined above, a description of the Early Head Start program also emerged during consultation with the field. The Advisory Committee members conceptualized the program as having four cornerstones: child development; family development; community building; and staff development.

1. Child Development

To develop fully, children need individualized support that honors the unique characteristics and pace of their physical, social, emotional, cognitive and language development. Critical to this development are the promotion of child health; positive relationships between the child and parents and other significant caregivers; opportunities for children's active involvement in appropriately stimulating environments; and enhancement of each parent's knowledge about the development of their child within healthy, safe environments. The services that programs must provide to support the child development cornerstone include:

• High quality early education services provided both in and out of the home in a range of developmentally appropriate settings for infants and toddlers;

 Home visits (especially for families with newborns and other infants, as needed);

• Parent education, including parentchild activities;

• Comprehensive health and mental health services for children; and

• Part-and full-day child care services, as needed by children and families.

In addition, Early Head Start programs will be responsible for helping the family identify and access the services of a consistent health professional who can provide ongoing care for the family, child and pregnant woman. Further, Early Head Start programs will be responsible for coordinating with programs providing services in accordance with Part H of the Individuals with Disabilities Education Act so that children and families served by these two programs can experience a seamless system of services.

2. Family Development

Healthy child development depends on the ability of parents and families to

support and nurture children while, at the same time, meeting other critical social and economic needs. Therefore, programs must work to help parents set and achieve goals for themselves and their children through individualized family development plans, which are collaboratively designed and updated by families and staff, and are responsive to the goals and ideals of the families. When families are served by additional programs which also require an individualized family development or service plan, such as a family employability plan or a plan under Part H of the Individuals with Disabilities Education Act, then a single coordinated plan should be developed so families experience a seamless system of services.

The types of services that programs must provide directly or through referrals include:

• Ongoing support to parents through case management, peer support groups, or other approaches;

• Child development information and services;

 Health services, including services for women prior to, during, and after pregnancy;

Mental health services;

• Services to improve health behavior such as smoking cessation and substance abuse treatment;

• Services to adults to support progress towards economic independence, such as adult education and basic literacy skills, job training, job placement services, assistance in obtaining income support, child support or related assistance, food, and decent, safe housing, and emergency cash or inkind assistance; and

• Transportation to program services. Programs also must directly provide opportunities for parent involvement in the program so that parents can be involved as decision-makers, volunteers, and/or employees. Additional services not listed above, but identified by families through community assessments and mappings, may be provided either directly or through referral at local option.

3. Community Building

Children develop within the context of the family and the family develops within the context of the community. Therefore, to support children's development, Early Head Start programs must establish collaborative relationships with other community providers to create an environment that shares responsibility for the healthy development of its children and their families. The goal of these community relationships is three-fold: increasing access to high quality services for program families; assuring that the program's approach to serving pregnant women and families with infants and toddlers fits into the existing constellation of services in the community so that there is a coherent, integrated approach to supporting families with very young children; and encouraging systemic improvements in service delivery for all the families in a community.

All programs will be required to conduct an in-depth assessment of existing community resources and needs and engage in an ongoing collaborative planning process with a range of stakeholders, including parents and residents of the community. If the community recently conducted such an assessment, the program would be able to use the results from that study and then proceed with the collaborative planning process.

4. Staff Development

Programs are only as good as the individuals who staff them. Thus, staff development is a key element of Early Head Start programs.

To ensure the recruitment and development of high quality staff, all programs will be required to:

• Select staff who, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide high quality, comprehensive, inclusive, culturally appropriate, and family-centered services to young children and their families;

• Select staff who are capable of entering into one-to-one caregiving relationships with infants and toddlers, and caring, respectful and empowering relationships with families and other coworkers;

• Select program directors who possess the above characteristics and are highly skilled administrators who exemplify leadership qualities such as integrity, warmth, intuition and holistic thinking;

 Provide ongoing staff training, supervision and mentoring for both line staff and supervisors that reflects an interdisciplinary approach and an emphasis on relationship building and employs techniques and opportunities for practice, feedback and reflection;

• Provide training so that staff are "cross-trained" in the areas of child development, family development and community building in addition to the areas of home visiting, caregiving relationships, effective communication with parents, family literacy, healthy/ safe environments and caregiving practices, early identification of unhealthy behaviors or health problems, service coordination, and the provision of services and support to diverse populations, including families and children with disabilities and developmental delays; and

• Recognize that high quality performance and development occur when they are linked to rewards such as salary, compensation, and career advancement.

These cornerstones are explained in more detail in the Statement of the Advisory Committee on Services for Families with Infants and Toddlers, which is attached as Appendix C. Applicants are expected to take into consideration these four cornerstones, the Head Start Program Performance Standards and other applicable regulations when designing their programs.

Part II. Program Information and Requirements

A. Statutory Authority

The Head Start Act, as amended, 42 U.S.C. 9801 et seq.

B. Grant Competition

The funds available for Early Head Start grants in fiscal years 1997–1998 will be awarded through competitions in two categories:

1. Category One—New Awards to Unserved Areas

Grants will be competitively awarded to eligible applicants to operate Early Head Start programs in geographic areas not currently served by Head Start Parent and Child Centers (PCC) and existing Early Head Start (EHS) programs. See Appendix D for a list of the geographic areas not open to competition under Category One. Applicants in Category One will compete on a national basis with all other organizations that apply to serve currently unserved areas.

In awarding grants in this category, ACYF shall ensure an equitable geographic distribution of the grants. ACYF will consider the benefit to communities of funding new providers.

2. Category Two—New Awards to Communities Served by PCCs

Grants will be competitively awarded to operate Early Head Start programs in geographic areas currently served by existing Head Start Parent and Child Centers (PCCs). See Appendix E for a list of the geographic areas. In awarding grants in this category, ACYF is interested in assuring that communities currently served by PCCs will have an opportunity to continue receiving services to low-income families with infants and toddlers through Early Head Start programs after the authority for funding the PCCs expires in FY 1997.

Applicants in each geographic area will compete for funds against other applicants wishing to serve the same geographic area. There are 58 such competitive areas (see Appendix E).

C. Eligible Applicants

Applicants eligible to apply to become an Early Head Start program are public agencies and private non-profit agencies. Eligible applicants include agencies that operate Comprehensive Child Development Programs (CCDPs). Before applications are reviewed, each application will be screened to determine whether the applicant organization is eligible as specified under this section. Applications from organizations which do not meet eligibility requirements will not be considered or reviewed in this competition and the applicant will be so informed. In addition, inadequate preparation or omission of essential components of the application or failure to comply with format specifications as described in Parts III and IV will result in applications being withdrawn from further consideration.

On all applications developed jointly by more than one organization, the application must identify only one organization as the lead organization and official applicant. The lead organization must meet the criteria of an "Eligible Applicant." The other participating agencies and organizations can be included as co-participants such as contractors or delegate agencies. Only organizations, not individuals, are eligible to apply under this announcement.

D. Eligible Participants

Persons who may participate in the Early Head Start program include pregnant women and families with children under age three who have incomes at or below the poverty line. Head Start regulations permit, however, up to 10 percent of children in local programs to be from families which do not meet these low-income criteria. Head Start regulations also require that a minimum of 10 percent of enrollment opportunities in each program be made available to children with disabilities. Such children are expected to be enrolled in the full range of services and activities in inclusive settings with their non-disabled peers and to receive individualized services as needed. The report from Congress discussing the creation of this program encouraged that participants in programs funded

through this initiative be identified while pregnant or while their children are infants.

E. Target Populations

Target populations are those that are specified in Part II, Section D. Within these categories, applicants may choose to focus on special populations, such as teen parents, or to design a program linked to welfare reform initiatives if they wish.

F. Project Period, Funding and Project Sizes

We estimate that a total of approximately \$25,800,000 in ACYF funds will be available for funding new Early Head Start programs in fiscal year 1997.

A considerable amount of additional funds may be available in FY 1998 because the Head Start Act increases funding for Early Head Start projects from four percent of total Head Start funding in FY 1997 to five percent in FY 1998. If the Administration's FY 1998 budget requests were appropriated, a total of approximately \$89,000,000 in funds for Early Head Start would be available. As previously noted, the selecting official may decide to select some or all of the awardees of FY 1998 funds from among the applicants to this announcement. The amount that will be awarded will be dependent on the amount of funds available and the nature and quality of applications received.

Applicants are encouraged to apply for projects that will serve between 32 and 120 infants, toddlers and pregnant women. It is felt that projects serving fewer than 32 children and pregnant women would have difficulty providing high quality services while being cost effective. The recommended upper limit is intended to ensure that projects are of a manageable size and will also allow funds to be distributed among more communities. Applicants may propose projects outside of these recommended sizes, but must justify doing so. Examples of such justifications might be a project to serve an isolated or sparsely populated community with a small number of eligible families. Conversely, a project from a high population area that can demonstrate that it has the capacity to serve a larger number of children and pregnant women would be considered.

There are no pre-determined cost per child amounts for which applicants must apply. It is expected that there may be considerable variation in amounts applicants receive depending on a number of factors, including the way in which the program is structured, the size of the program, the costs of operating in different communities and the amount of support that is provided from non-federal sources or through partnerships with other community agencies and funding sources, such as child care providers.

Each applicant is encouraged to request an amount of funds that would allow it to carry out an effective, high quality program that is cost-effective and meets the needs of its community.

Awards, on a competitive basis, will be for a one-year budget period, although project periods will be for fiveyears. Applications for continuation grants funded under these awards beyond the first one-year budget period, but within the five-year project period, will be entertained in subsequent years on a non-competitive basis, subject to the availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government. Continuation funds will be available to serve eligible infants, toddlers and pregnant women who were initially enrolled and those eligible children and pregnant women who replace starting infants, toddlers and pregnant women who left the program during any single year.

Allowable costs for developing and administering an Early Head Start program may not exceed 15 percent of the total approved costs of the program. Costs classified as development and administrative costs are those costs related to the overall management of the program. Additional information pertaining to limitations of costs on development and administration of Early Head Start programs can be found in Head Start regulation 45 CFR 1301.32, Limitations on Costs of Development and Administration of a Head Start Program, which is available in the application kit.

All programs will be reviewed at the end of the first year of operation to determine their suitability for receiving continued funding. Programs will be expected to submit an ongoing operational plan and revised budget. Federal staff also may ask for additional material as part of the review.

Given the importance of planning, selecting high quality staff and setting in place training mechanisms, and coordinating with other programs within the community, we expect that programs will spend some portion of their first year focusing on start-up activities.

Programs are required to begin serving children, families and pregnant women within the first year. Programs must be fully operational no later than one year from the date of their grant award. Because the first year is unlikely to include 12 months of full operation, it is assumed that first year budgets will be lower than budgets for future years. Applicants are expected to submit a first year budget which will include a startup budget and a prorated operational budget as well as an on-going annualized budget.

G. Required Match

Grantees that operate Early Head Start programs must provide at least 20 percent of the total approved costs of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. The non-Federal share may be met by cash or inkind contributions, fairly evaluated, including facilities, equipment or volunteer services. Therefore, a project requesting \$100,000 in Federal funds (based on an award of \$125,000 per budget period), must include a match of at least \$25,000 (20 percent of the total project costs). Applicants are encouraged to provide more than the minimum 20 percent non-Federal share. In certain instances, the requirement for a 20 percent non-federal match may be waived in part or in whole, if the circumstances described in Section 640(b) of the Head Start Act exist.

H. Applicable Head Start Standards

Agencies that receive funding under this announcement must adhere to the standards set forth in certain regulations that govern Head Start programs in addition to Department of Health and Human Services' regulations that govern discretionary grants generally. The relevant Head Start regulations are: Head Start Grants Administration, 45 CFR Part 1301; Program Performance Standards for Operation of Head Start Programs by Grantee and Delegate Agencies, 45 CFR Part 1304; and Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, 45 CFR Part 1305; and Head Start Program Performance Standards on Services for Children with Disabilities, 45 CFR Part 1308.

On November 5, 1996, the final version of the revised Head Start Program Performance Standards (45 CFR Part 1304) was published in the **Federal Register** [61 FR 57186]. In addition to revising the standards for Head Start services to preschool children and their families, these regulations provide, for the first time, performance standards for Early Head Start programs serving pregnant women and families with infants and toddlers. The effective date for these regulations is January 1, 1998. At that time, all Head Start and Early Head Start programs will be expected to comply with the revised Performance Standards. Applications for Early Head Start grants must provide evidence of the applicant's knowledge of and capacity to meet the relevant Head Start regulations, including the requirements of the revised Performance Standards.

The Head Start Program Performance Standards prescribe the program requirements that grantees must meet as they administer Early Head Start programs. The four cornerstones and nine principles identify the factors that must be considered in designing an Early Head Start program. The cornerstones and principles are embedded in the Head Start Program Performance Standards which are critical in the implementation of an Early Head Start program.

I. Early Head Start as a Learning Community

1. Overview

On both the local and national level, Early Head Start is envisioned as a learning community for how quality services should be delivered to lowincome pregnant women and families with infants and toddlers. Thus, continuous improvement, evaluation, research and dissemination activities play a critical role in this initiative. These activities include, but are not limited to:

• Continuous review and measurement of program processes to determine progress toward stated objectives and for the purpose of program improvement;

• Studies of program processes including services offered to and received by families and descriptions of how the services are delivered;

• Qualitative studies of individual families and programs;

 Studies of child, family, program and community variables that contribute to program outcomes;

• Studies of program quality and the relationship of quality to program outcomes;

• Studies of program variations and their relationship to impacts;

 National impact studies, conducted by a national contractor;

• Establishment of longitudinal research in a sample of Early Head Start national impact study sites; and

 Documentation of the program models and development of materials for dissemination purposes.

2. Requirement on the Use of an Automated Information System

All Early Head Start programs will be required to use an automated

information system to collect program information on infants, toddlers and pregnant women, services, collaborative arrangements, staff, training, services utilization and costs. The Head Start Family Information System (HSFIS) is currently being modified to accommodate the needs of Early Head Start. The HSFIS software and User's Manual will be made available to Early Head Start grantees at the time of grant award. Grantees will be responsible for coordinating the collection of data for and management of HSFIS.

3. Continuous Improvement Requirements

In order to enter fully into the learning community environment on both the national and local level, all Early Head Start programs will be required to:

• Conduct a local assessment of progress toward stated objectives and program improvement using the automated information system and other sources of data which measure progress toward stated objectives and contribute to a process of continuous improvement within the program and sponsoring agency; and

• Provide information from the Early Head Start automated information system as approved by OMB.

Part III. Application Requirements

Applicants must address the following requirements in their applications for financial assistance. For the convenience of applicants, these requirements have been organized according to the evaluation criteria presented in Part IV.

A. Objectives and Need for Assistance

1. State the objectives for the program and indicate how these objectives relate to the Head Start Program Performance Standards (see Section II. H of this Announcement) and demonstrate that there is a need for the program that relates to these standards and is based on an assessment of need in the community. Describe the method used to undertake the community assessment and consumer consultation process that led the applicant to conclude that there is a need for the proposed program. An applicant need not conduct an independent assessment of the community if such an assessment already exists. In this case, the applicant should describe the method used in the recently conducted assessment and explain any additional consultation with consumers as it relates to the development of the proposed program. Provide letters of support for your

program from community leaders and residents.

2. Identify the population to be served by the project and explain why this population is most in need of the program. Identify the target enrollment size (the estimated number of infants, toddlers and pregnant women) and provide assurances that the population the program intends to recruit and enroll will meet Early Head Start eligibility criteria.

3. Identify the geographic location to be served by the program. Describe the key characteristics of the targeted area and explain what makes the area an identifiable community or neighborhood. Describe what services and resources are/are not currently available in the area to serve pregnant women, infants and toddlers. Provide demographic and other information on the target area which demonstrates that there are a sufficient number of eligible, unserved infants, toddlers and pregnant women in the area to justify the target enrollment size. For Category One funds only, demonstrate that the geographic area is currently unserved by an Early Head Start program or a Head Start Parent and Child Center. For Category Two, demonstrate that the geographic area is in the same area as that served by the current Parent and Child Center or explain why the boundaries of the service area are proposed to be changed (e.g. as a result of the needs assessment).

B. Results or Benefits

1. Identify the specific results or benefits that could be expected for children, families and pregnant women participating in the program. Identify the specific community-wide results or benefits. Identify the specific results or benefits that could be expected for the staff working in a collaborative partnership with other child development caregivers and family development staff working in a variety of relevant community agencies.

2. Identify the kinds of qualitative and quantitative data the program will collect to measure progress towards the stated results or benefits. State how you will determine the extent to which the program has achieved its stated objectives.

3. Provide assurances that the program will collect data on groups of individuals and geographic areas served, types of services provided, service utilization information, types and nature of needs identified and met, and such other information as may be required periodically by the ACF.

C. Approach

In designing the approach, applicants are reminded that, as of January 1, 1998, all Early Head Start (EHS) programs must meet the requirements of the revised Head Start Program Performance Standards, 45 CFR Part 1304. Therefore, all elements of the EHS program should be consistent with these standards.

1. All applicants must describe the planning the program will conduct during the start-up period to prepare for implementation of the program and explain how consumers and other stakeholders in the community will be involved in the planning.

2. Explain the approach to be used to recruit and enroll the number and type of infants, toddlers and pregnant women from the target recruitment area, as discussed in Part III, Section A. Discuss any special efforts you will make to recruit and enroll low-income pregnant women and children under age one.

3. Describe how the program will ensure that at least 10 percent of enrollment opportunities will be made available to children with disabilities (as defined by the IDEA Part H Lead Agency for the State). Describe the policies and practices the program will have in place to assure that a child will not be denied enrollment or participation in the program on the basis of a disability or the severity of such a condition. Describe how the program will work with the Part H local lead agency or, if available, the local Interagency Coordinating Council, to recruit and enroll children with disabilities (and their families) who have been previously identified by the Part H agency, and to collaborate with the Part H agency to arrange and provide for special services needed by these children and their families. Describe how staff will coordinate their efforts with others to ensure children with disabilities and their families receive high quality services.

4. Describe the approach to providing child development services and explain the rationale for choosing the approach. Identify and describe the specific approaches that will be used for assuring the intellectual, social, emotional and physical development of the infants and toddlers served. Describe the philosophy, curricula, staffing patterns, staff qualifications, types and quality of settings and any other relevant information that will comprise the program's model for supporting the growth and development of very young children. Clearly explain how your model will meet the developmental needs of very young

children (including children from non-English speaking families).

5. Explain how the program's child development approach will promote parent/guardian-child interaction and support the mother-child and/or fatherchild bond. Also explain how caregiving will be provided in ways that support infant and toddler attachment to a limited number of skilled and caring individuals.

6. Describe how high quality infant and toddler full-and part-day child care will be provided to children of parents who are working or in training or to children who require out-of-home care due to special parental circumstances such as substance abuse treatment. Discuss the relationship between these resources and the program's overall child development approach. Describe the process the program will use to determine that child care (provided either directly or through referral) will be of high quality. Include the location and description of the proposed child care facilities and describe any improvements and the costs associated with them which may be required to comply with the Head Start Performance Standards. Indicate if the facility is immediately available or indicate the estimated date for occupancy. In addition, describe the program's approach to building capacity in communities where high quality infant/toddler child care is lacking.

7. Describe the efforts the program will make to help assure continuation of developmentally-appropriate services for children, once the children reach the age of three.

8. Describe the specific approaches for providing, either directly or through referrals, ongoing well-baby and wellchild health services such as early and periodic screenings, diagnosis, treatment, immunizations, nutritional assessments, developmental surveillance and anticipatory guidance. In addition, describe the approach for ensuring that children are cared for in safe and hygienic environments.

9. Describe the approach for supporting family growth and development and explain the rationale for choosing the approach. Explain the framework of and procedures for developing each family's individualized plan. Explain how you intend to work with other service delivery systems which require a similar plan, such as the Part H Individualized Family Service Plan (IFSP), to ensure that the family only needs to complete one plan and that one plan can be used by all relevant programs to ensure a seamless service delivery system for the child and family. Describe how your family

development approach will assist families and individual family members in identifying, pursuing and achieving goals and overcoming obstacles on the way to achieving those goals.

10. Describe how the program will develop relationships with parents which promote their involvement with the program. Describe the strategy and the opportunities for parent involvement, providing assurances that it meets or exceeds the parent involvement standards described in 45 CFR Part 1304, the Head Start Program Performance Standards. Explain what special efforts the program will make to reach out to and to involve fathers.

11. Describe what services the program will provide, either directly or through referrals, to promote adult and family health and wellness. Identify and explain the mental and physical health services which will be made available and accessible to the families of the infants and toddlers served by the program. Describe what the program will do to promote women's health and wellness prior to, during and after pregnancy. In addition, describe what the program will do to facilitate access to substance abuse prevention and treatment services and smoking cessation programs for affected families.

12. Describe what services the program will provide, either directly or through referrals, to promote progress toward economic self-sufficiency for parents. Describe the program's approach to basic literacy training, adult basic eduction, employability skills training, job development and placement services and any other employment and training services that are planned.

13. Describe what assistance the program will provide, either directly or through referrals, to families in obtaining needed income support, child support and related assistance.

14. Identify the existing transportation resources available to families in reaching services provided at the program site and in off-site locations. Describe any transportation arrangements the program will make to ensure that children and pregnant women are able to access needed services.

15. Describe the program's approach to community building and explain the rationale for choosing the approach. Describe how the program will be coordinated with other programs and services in the community which serve pregnant women, infants, toddlers and their families and how the program will assist in the development of local community capability, expertise and commitment to carry out comprehensive service programs built around the needs of low-income pregnant women and families with very young children. Describe any barriers to collaboration in your community and explain the program's strategy for addressing these. Identify by name specific providers, agencies and organizations with which the applicant will coordinate in order to carry out the requirements of this project. Applicants should furnish formal interagency agreements or contracts (if available) indicating which services will be provided to which program participants and for what periods of time, by each of those provider agencies and/or organizations.

Describe linkages with community resources that the program will establish and maintain during the planning, implementation and operation of the program: health and nutrition (e.g., public health departments and other health providers and programs including Title V, Supplemental Food Program for Women, Infants and Children (WIC) and Medicaid prenatal care services and the Medicaid Early and Periodic Screening, Diagnosis and Treatment program (EPSDT)); early intervention (e.g., Part H local lead agency or, if available, local interagency coordinating councils and University Affiliated Programs); mental health and substance abuse prevention and treatment; the agency administering Temporary Assistance for Needy Families (TANF); education (e.g., local preschool, child care, Head Start, and elementary schools); other Early Head Start programs; child care resource and referral agencies and their networks; business (e.g., the local Private Industry Council); parent groups; and other strength-building organizations.

17. Describe the approach to staff selection and explain the rationale for choosing the approach. Describe what staffing patterns and mix of staff qualifications and language/cultural competencies the program will require to ensure that staff, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide quality, comprehensive, inclusive and family-centered services to pregnant women and young children and families. Describe the process the applicant will use to identify and select individual staff-from directors to caregivers to data management staffwho demonstrate the personal characteristics, competencies and skills necessary to provide quality services and promote quality relationships with and among children, families, the community and other staff. Explain how the program will ensure that all infant/ toddler caregivers are qualified, with

sufficient grounding in infant/toddler development and care and parent/ caregiver relations prior to working with children and families enrolled in the program. Please note the revised Head Start Program Performance Standards require that Early Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for infant and toddler caregivers or an equivalent credential that addresses comparable competencies within one year of the effective date of the final rule (January 1, 1998) or, thereafter, within one year, as a teacher of infants and toddlers (45 CFR Part 1304.52(f)).

18. Describe the approach to staff development and the rationale for choosing the approach. Describe the training, technical assistance, and supervision that will be provided to ensure continued enhancement of staff skills and teamwork. Describe how training and technical assistance opportunities will be coordinated with other service providers in the community so that Early Head Start both provides and benefits from the knowledge, expertise, and training opportunities of other relevant community programs and service delivery systems. Describe how the program will ensure that staff are knowledgeable about the rights of children with disabilities and are capable of providing such infants and toddlers with high quality care in a supportive and developmentally appropriate environment.

19. İdentify and explain the management and continuous improvement plan(s) for implementing the program. Include: an outline of the timeframes and milestones for all key activities that the program will engage in during the first year of operation, as well as a preliminary outline of timeframes and milestones for key activities in the remaining years of the project; a description of the procedures for assessing progress toward stated objectives, including how the collection of data on results and benefits will contribute to a process of continuous improvement within the program and the sponsoring agency; a description of how an automated information system will become an integral component in the management and continuous improvement of the program; a description of how confidentiality of user data will be maintained; a description of the applicant's capacity (e.g. administrative and support personnel, etc.) to support the program at the proposed target enrollment size; a description of the strategy for

minimizing staff turnover; and a description of how the program will go about establishing a Policy Council (as described by 45 CFR Part 1304) and a Health Services Advisory Committee (as described by 45 CFR Part 1304).

20. Identify and describe the proposed site which will be used to serve children and families and include a description of the size and location of classroom, administrative, and food service space, if applicable. If incidental alteration and renovation costs are proposed, include a written estimate and the date by which the proposed facility will be licensed and available to provide child and family services.

D. Collaboration

Describe the collaborative relationships the applicant will develop in order to maximize resources in the community. Include letters of support and commitment from other partner agencies in the community. In the area of child care to meet the needs of lowincome parents, describe collaborative approaches to funding and service delivery with other community-based child care agencies and providers or child care funding sources. In partnerships with child care agencies and providers, the child care programs gain the benefit of Early Head Start resources and experience in enhancing the quality of staffing and program services to levels consistent with Head Start Program Performance Standards. Include letters of commitment from child care and early childhood agencies who will assist the grantee in delivering services.

E. Staff Background and Organizational Experience

1. Describe the applicant's experience in providing comprehensive child and family development services to infants and toddlers and their families as well as pregnant women. Describe the applicant's experience in collaborating with local, State and Federal partners. Describe the applicant's history and relationship with the target community. Include a complete discussion of relevant program, administrative and fiscal management experience.

2. If the applicant represents a consortium of partner agencies, explain the relevant background of each partner and its experience in planning and implementing programs to serve children and families. Each partner must provide a letter of commitment which authorizes the applicant to apply on behalf of the consortium.

3. Identify and provide a brief description of key staff who are proposed to work in the program and indicate their educational training and experience working with similar programs. Provide resumes. Build on the answer to Part III, Section C, Number 17 by explaining how these particular staff comprise a multidisciplinary team of experts. In addition, explain how the ethnic and racial composition and language proficiencies of these particular staff are reflective of the community where the program will be located.

4. Describe the expertise the organization will utilize in conducting continuous improvement activities. Describe the experience of and provide resumes for the individuals who will assist the program with continuous improvement activities.

F. Budget Appropriateness

1. Provide two detailed, line-item budgets: one budget that separates all relevant start-up costs from a prorated amount of operating costs to be incurred in the first year of the project (e.g. one column for start-up costs and one column for prorated operating costs); and one budget that reflects ongoing annual operating costs. In the proposed budgets, applicants must set aside sufficient funds so that at least two staff can travel to Washington, D.C. for two annual meetings of four days each to be convened by ACYF. In addition, applicants must set aside sufficient funds so that at least one staff can travel to a mid-point in the U.S. for two trips per year of seven days each for intensive training. Each budget should include the required non-Federal share of the cost of the project (See Part II, Section

G).2. Describe how these budgets reflectin convices provided high quality, ongoing services provided at a reasonable cost. Include discussions on the appropriateness of staff compensation levels and funds set aside to assure ongoing staff development and training; costs associated with special equipment and technological needs and the removal of architectural barriers for persons with disabilities; renovation costs associated with providing environments conducive to the high quality provision of child and family development services; and costs associated with family transportation and emergency resource needs, etc. Explain what efforts the applicant has made or will make to secure other community cash and in-kind resources, besides those shown in the budgets, and what additional resources will be used to support the provision of Early Head Start services to children and families.

3. In providing high quality infant and toddler child care, applicants should describe how a variety of existing community resources will be utilized and maximized. Provide documentation of the additional resources that will be combined with Early Head Start funds to provide high quality child care which meets the Head Start Program Performance Standards. Explain and itemize these resources or services, whether or not these costs are included as part of the non-federal share.

Provide information on the facilities the applicant will use, including the estimated cost and scope of any changes that are needed and when such facilities are available. In most cases, it is expected that, given the finite project period for which Early Head Start grants will be funded, applicants will not propose to use Early Head Start grant funds to purchase, construct or undertake a major renovation of a facility. If an applicant, however, believes that such a purchase, construction or major renovation is in the best interests of the government, and can demonstrate this in its application, it may propose to purchase, construct or undertake a major renovation of an Early Head Start facility.

Part IV. Evaluation Criteria

In considering how applicants will carry out the responsibilities addressed under Part III of this announcement, competing applications for financial assistance will be reviewed and evaluated against the following six criteria. The point values following each criterion indicate the numerical weight each criterion will be accorded in the review process.

A. Criterion 1. Objectives and Need for Assistance (15 Points)

The extent to which, based on community assessment information, the applicant identifies any relevant physical, economic (e.g., poverty in the community), social, financial, institutional, or other issues which demonstrate a need for the Early Head Start program; in addition, the extent to which the applicant identifies the strengths of the community the project will serve. The extent to which the applicant lists relevant program objectives that adequately address the strengths and needs of the community. The extent to which the applicant describes the population to be served by the project and explains why this population is most in need of services to be provided by the program. The extent to which the applicant gives a precise location and rationale for the project site(s) and area(s) to be served by the proposed project. For Category One funds, the applicant needs to demonstrate that the geographic area is

currently unserved. For Category Two funds, the applicant needs to demonstrate that the geographic area chosen is in the same area as that served by the current Parent and Child Center or explain why the service area is proposed to be changed.

Information provided in response to Part III, Section A of this announcement will be used to evaluate applicants on this criterion.

B. Criterion 2. Results or Benefits Expected (10 Points)

The extent to which the applicant identifies the results and benefits to be derived from the project and links these to the stated objectives. The extent to which the applicant describes the kinds of data to be collected and how they will be utilized to measure progress towards the stated results or benefits.

Information provided in response to Part III, Section B of this announcement will be used to evaluate applicants on this criterion.

C. Criterion 3. Approach (35 Points)

The extent to which the applicant demonstrates the knowledge and capacity to meet the requirements of the Head Start Program Performance Standards. The extent to which the applicant explains why the approach chosen is effective in light of the needs, objectives, results and benefits described above. The extent to which the approach is grounded in recognized standards and/or guidelines for high quality service provision or is defensible from a research or "best practices" standpoint.

The extent to which the applicant's management plan demonstrates sufficient management capacity to implement a high-quality Early Head Start program.

Information provided in Part III, Section C of this announcement will be used to evaluate applicants on this criterion.

D. Criterion 4. Collaboration (10 Points)

The extent to which the applicant presents documentation of efforts (letters of commitment, interagency agreements, etc.) to establish and maintain ongoing collaborative relationships with community partners. The extent and thoroughness of approaches to combining Early Head Start resources and capabilities with those of other local child care agencies and providers to provide high quality child care services to infants and toddlers which meet the Head Start Program Performance Standards.

Information concerning collaboration which is provided in response to Part III, Section D of this announcement will be used to evaluate applicants on this criterion.

E. Criterion 5. Staff Background and Organizational Experience (20 Points)

The extent to which the proposed program director, proposed key project staff, and the organization's experience and history with the community demonstrate the ability to effectively and efficiently administer a project of this size, complexity and scope. The extent to which the organization demonstrates an ability to carry out continuous improvement activities. Up to five points will be given based on the organization's experience in providing early, continuous, and comprehensive child and family development services.

Information provided in response to Part III, Section E of this announcement will be used to evaluate applicants on this criterion.

F. Criterion 6. Budget Appropriateness (10 Points)

The extent to which the program's costs are reasonable in view of the planning and activities to be carried out and the anticipated outcomes. The extent to which the salaries and fringe benefits reflect the level of compensation appropriate for the responsibilities of staff. The extent to which assurances are provided that the applicant can and will contribute the non-Federal share of the total project cost. The extent to which the program has attempted to and/or succeeded in garnering cash or in-kind resources from other sources in the community. The extent to which costs for facilities are reasonable and cost effective, given the five year project period for the Early Head Start grant.

Information provided in response to Part III, Section F of this announcement will be used to evaluate applicants on this criterion.

Part V. The Application Process

A. Availability of Forms

Eligible applicants interested in applying for funds must submit all the required forms included at the end of this announcement in Appendix A. This material is also included in the application kit provided by contacting the ACF Operations Center at 1–800– 351–2293 (phone) or 1–800–351–4490 (fax). Applicants are required to use the Standard Forms, Certifications, Disclosures and Assurances provided under Appendix A—ACF Uniform Discretionary Grant Application Form (ACF/UDGAF). Under the ACF/UDGAF, applications submitted for funds under this announcement are considered NEW APPLICATIONS. Applicants should follow instructions in the ACF/UDGAF for NEW APPLICATIONS.

In order to be considered for a grant under this Announcement, an application must be submitted on the Standard Form 424 which has been approved by the Office of Management and Budget (OMB) under Control Number 0970–0139. A copy has been provided (see Appendix A). Each application must have an original signature by an individual authorized to act for the applicant and to assume responsibility for the obligations imposed by the terms and conditions of the grant award. A copy of the governing body's authorization for this person to sign this application as official representative must be on file in the applicant's office.

In preparing the program narrative statement, the applicant should provide the information that the panel will use to evaluate and rank the proposal. That information should be concise and complete when addressing the activities for which Federal funds are being requested. Supporting documents should be included where they present information clearly and succinctly. Applicants should respond to the instructions under ACF/UDGAF-Program Narrative-Items A (Project Description—Components) and D (Budget and Budget Justification). Under Project Description—Component, the applicant should address the specific information requested under each area in this program announcement. Some of the following sections of the Program Narrative portion of the ACF/UDGAF do not require a response under this announcement, while information on other sections noted below should be placed under a different section than prescribed in the Program Narrative of the ACF/UDGAF:

Section A.1.—Project Summary/ Abstract—This should be a one page or less summary of the project with reference to the funding requested and placed directly under the table of contents or SF424. This page will not count against the page limit for program description.

Section A.5.—Evaluation—Do not address the section as stated in the ACF/ UDGAF in this application; it is not required under this announcement.

Section A.6.—Geographic Location— Should be addressed under the Objective and Needs for Assistance section of this announcement (Part III A).

Section A.7.—Additional Information—Should be addressed under the Staff Background and Organizational Experience section of this announcement (Part III E). Letters of Support should be addressed under the appendices to the application.

Section B.—(Non-competing continuation applications) Does not apply to this announcement. Section C.—(Supplemental requests)

Does not apply to this announcement.

Section D.—Budget and Budget Justification—should be addressed under the Budget Appropriateness section of this announcement (Part III F).

Requests to renovate a facility should be addressed under SF 424A-Budget Information Non-Construction Programs. Applicants requesting financial assistance for a nonconstruction project must file the Standard Form 424B, "Assurances: Non-Construction Programs." Applicants must sign and return the Standard Form 424B with their application. SF 424C-**Budget Information for Construction** Programs and SF424D—"Assurances' for Construction Programs do not apply to this announcement, unless the applicant is proposing construction under Part III.F.4.

Applicants must provide a certification concerning lobbying. Prior to receiving an award in excess of \$100,000, applicants shall furnish an executed copy of the lobbying certification. Applicants must sign and return the certification with their application.

Âpplicants must sign the disclosure of lobbying activities, if appropriate.

Applicants must make the appropriate certification that they are not presently debarred, suspended or otherwise ineligible for award. By signing and submitting the application, applicants are providing the certification and need not mail back the certification with the application.

Applicants must make the appropriate certification of their compliance with the Drug-Free Workplace Act of 1988. By signing and submitting the application, applicants are providing the certification and need not mail back the certification with the application.

Applicants must also understand that they will be held accountable for the smoking prohibition included within P.L. 103–227, The Pro-Children's Act of 1994. A copy of the **Federal Register** notice which implements the smoking prohibition is included in the application kit.

B. Application Submission

Applicants submitting proposals should use the following format guidelines: Proposals should be organized according to the evaluation criteria located in Part IV of this **Federal Register** announcement. For each of the six specified criteria, applicants should provide information in response to the application requirements described in Part III of this announcement. These application requirements are crossreferenced by number in the last paragraph of each criterion. All persons who prepared sections of the proposal should be identified along with those sections, as well as identified according to their responsibilities with regard to the proposed program.

One signed original and two complete copies of the grant application, including all attachments, are required. The program announcement number (ACŶF-HS-93600-97-03) must be clearly identified on the application. Each application must be limited to no more than 100 double-spaced pages of program narrative (not including the forms which make up the SF-424 and resumes) excluding the one-page project summary. If the narrative portion of the application is more than 100 doublespaced pages, the other pages will be removed from the application and not considered by the reviewers. The attachments/appendices to each application must be limited to no more than 100 pages, (in addition to the 100 pages permitted for the narrative portion of the application). If the attachments/ appendices to each application are more than 100 pages, the other pages will be removed from the application and not considered by the reviewers.

Applicants must indicate on page one of their Application for Federal Assistance, SF 424, whether they are applying for funding under Category One or Category Two (see II B. 1 and 2). Please indicate in the "applicant identifier" box at the top of page one of the SF 424, the category for which you are applying (Category One or Two). For Category Two, the applicants must list the number of the Parent and Child Center (PCC) geographic area for which they are applying to serve (see II.B.2 and Appendix É list of PCC geographic areas). Indicate the geographic area number for which you are applying in box # 12, "areas affected by project" on page one of the SF 424.

C. Application Considerations

Applicants will be scored against the evaluation criteria described above. The review will be conducted in Washington, DC. or in an HHS Regional office by a panel consisting of experts in the areas of child and family development and other related fields.

The results of the competitive review will be taken into consideration by the Associate Commissioner, Head Start Bureau, in recommending the projects to be funded. The Commissioner of ACYF will make the final selection of the applicants to be funded. An application may be funded in whole or in part, depending on the relative need for services, applicant ranking, geographic location and funds available.

The Commissioner may elect not to fund applicants that have management, fiscal, or other problems and situations that make it unlikely that they would be able to provide effective Early Head Start services.

The Commissioner may decide not to fund projects that would require unreasonably large initial start-up costs for facilities or equipment.

Successful applicants will be notified through the issuance of a Financial Assistance Award which sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which support is given, and the total project period for which support is provided.

In awarding grants to eligible applicants, the Commissioner shall ensure an equitable national geographic distribution of the grants and award grants to applicants proposing to serve communities in rural areas and to applicants proposing to serve communities in urban areas.

The Commissioner will consider the benefit to communities of funding new providers.

Subject to the availability of additional resources in FY 1998 and the number of acceptable applications received as a result of this program announcement, the Commissioner may elect to fund grantees in FY 1998 from the pool of applications submitted in response to this announcement.

ÁCYF will determine when the project period begins for Early Head Start grants.

D. Checklist for a Complete Application

The checklist below is for your use to ensure that the application package has been properly prepared.

- —One original, signed and dated application plus two copies.
- —The narrative portion of the application does not exceed 100 double-spaced pages in a 12-pitch font with 1½ inch margins at the top and 1 inch at the bottom and both sides.
- —Attachments/Appendices to the application do not exceed 100 pages. Attachments/appendices should be used only to provide supporting documentation such as maps, administration charts, position descriptions, resumes, and letters of

intent/agreement. Please do not include books or video tapes as they are not easily reproduced and are therefore inaccessible to the reviewers. Each page should be numbered sequentially.

 A complete application consists of the items indicated in the checklist in the ACF/UDGAF.

E. Due Date for the Receipt of Applications

Deadlines: Mailed applications shall be considered as meeting an announced deadline if they are received on or before the deadline time and date at the **ACYF** Operations Center, Clarendon Blvd., Suite 240, Arlington, VA 22201, Attention: Application for Early Head Start Category . Applicants are responsible for mailing applications well in advance, when using all mail services, to ensure that the applications are received on or before the deadline time and date. Applicants are cautioned that postmarks will *not* be considered as a methodology for meeting the deadline.

Applications handcarried by applicants, applicant couriers, or by overnight/express mail couriers shall be considered as meeting the announced deadline if they are received on or before the deadline date, between the hours of 8:00 a.m. and 4:30 p.m., at the ACYF Operations Center, 3030 Clarendon Blvd., Suite 240, Arlington, Virginia 22201, between Monday and Friday (excluding Federal holidays). (Applicants are cautioned that express/ overnight mail services do not always deliver as agreed.)

ACF cannot accommodate transmission of applications by fax or through other electronic media. Therefore, applications transmitted to ACF electronically will not be accepted regardless of date or time of submission and time of receipt.

Late applications: Applications which do not meet the criteria above are considered late applications. ACF shall notify each late applicant that its application will not be considered.

Extension of deadlines: ACF may extend the deadline for all applicants because of acts of God such as floods, hurricanes, etc., or when there is a widespread disruption of the mails. However, if ACF does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicants.

F. Paperwork Reduction Act of 1995 (*P.L. 104–13*)

All information collections within this program announcement are approved under the Uniform Discretionary Grant Application Form under OMB Control Number 0970–0139 (expiration date August 31, 1997). The estimated burden per response is 20 hours. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

G. Executive Order 12372—Notification Process

This program is covered under Executive Order 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

All States and territories except Alabama, Alaska, Colorado, Connecticut, Hawaii, Idaho, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, American Samoa, and Palau have elected to participate in the Executive Order process and have established Single Points of Contact (SPOCs). Applicants from these twentythree jurisdictions areas need not take action regarding Executive Order 12372.

Applications for projects to be administered by Federally-recognized Indian Tribes are also exempt from the requirements of Executive Order 12372. Otherwise, applicants should contact their SPOC as soon as possible to alert them to the prospective application and to receive any necessary instructions. Applicants must submit any required material to the SPOC as early as possible so that the program office can obtain and review SPOC comments as part of the award process. It is imperative that the applicant submit all required materials, if any, to the SPOC and indicate the date of this submittal (or date of contact if no submittal is required) on the Standard Form 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application deadline to comment on proposed new or competing continuation awards.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations which may trigger the "accommodate or explain" rule.

When comments are submitted directly to the ACF, they should be addressed to: Department of Health and Human Services, Administration on Children, Youth and Families, Head Start Bureau, Grants Officer, 330 C Street S.W., Room 2310–B, Washington, D.C. 20201.

A list of Single Points of Contact for each State and territory is included as Appendix B of this announcement.

H. Closing Date

The closing date for submission of applications is June 16, 1997.

(Catalog of Federal Domestic Assistance Program Number 93.600, Project Head Start)

Dated: April 14, 1997.

James A. Harrell,

Acting Commissioner, Administration on Children, Youth and Families.

BILLING CODE 4184-01-P

Appendix A - ACF Uniform Discretionary Grant Application Form

FEDERAL ASS	ISTANCE	2. DATE SUBMITTE	D	Applicant Identifier	
EDENAL AGE					
Application	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		ICY Federal Identifier	
Non-Construction	Non-Construction	L			
APPLICANT INFORMATIO	N		·····		
egal Name:			Organizational Un		
Address (give city, county, state, and zip code):			Name and telephone application (give a)	ne number of person to be contacted on matters involving this rea code)	
EMPLOYER IDENTIFICATIO	ON NUMBER (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION:		A. State B. County C. Municipal D. Township	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe		
		E. Interstate F. Intermunicij G. Special Dis			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other <i>(specify)</i> :		9. NAME OF FEDE	RAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:	
2. AREAS AFFECTED BY PF	OJECT <i>(Cities, Counties, S</i>	Statos, otc.j:			
3. PROPOSED PROJECT	14. CONG	RESSIONAL DISTRICT	S OF:		
art Date Ending Date	a. Applicant		- b. Project -	t	
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Applicant \$.00	12372 PROCESS?		
State	\$.00	DATE	
Local	\$.00	0. PROGRAM IS NOT COVERED BY E.O. 12372	
Other	\$.00		
Program Income \$.00	.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$.00 Yea	.00 Yes If "Yes," attach an explanation. No		
				PLICATION ARE TRUE AND CORRECT. THE DOCUMENT HA	
a. Typed Name of Authorized Representative b. Tit		tie	c. Telephone Number		
Typed Name of Authorized					

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Prescribed by OMB Circular A-102

Instructions for the SF 424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348–0043), Washington, DC 20503.

Please Do Not Return Your Completed Form to the Office of Management and Budget, Send It to the Address Provided by the Sponsoring Agency

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item and Entry

1. Self-explanatory.

2. Date application submitted to Federal agency (or State, if applicable) and applicant's control number (if applicable).

3. State use only (if applicable).

4. If this application is to continue or revise an existing award, enter present

Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter

appropriate letter(s) in the space(s) provided: —"New" means a new assistance award.

- —"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. —"Revision" means any change in the
- Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. 12. List only the largest political entities affected (e.g., State, counties, cities.) 13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

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			SECTION C - NON-FEDERAL RESOURCES	RAL RESOURCES		
	(a) Grant Program	E	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
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			SECTION D - FORECASTED CASH NEEDS	ED CASH NEEDS		
		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13.	Federal	\$	\$	\$	\$	**
14.	Non-Federal					
15.	TOTAL (sum of lines 13 and 14)	47	*	-	*	\$
		SECTION E - BUDGET E	STIMATES OF FEDERAL FUN	BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT	THE PROJECT	
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16.			\$	43	\$	\$
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			SECTION F OTHER BUD	OTHER BUDGET INFORMATION		
21. Di	21. Direct Charges:		22	22. Indirect Charges:		
23. Re	23. Remarks:					
			Authorized for	Authorized for Local Reproduction	Standard 1	Standard Form 424A (Rev. 4-92) Page 2

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Instructions for the SF 424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348–0043), Washington, DC 20503.

Please Do Not Return Your Completed Form to the Office of Management and Budget, Send It to the Address Provided by the Sponsoring Agency

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1–4, Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple function or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number of each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) Through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in Columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the total for all columns used.

Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1– 4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a–i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)–(4), Line 6k, should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Sources

Lines 8–11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals in Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)–(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16–19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)–(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

Assurances—Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348–0043), Washington, DC 20503.

Please Do Not Return Your Completed Form to the Office of Management and Budget, Send It to the Address Provided by the Sponsoring Agency

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728– 4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse: (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and

Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrinimation provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91–646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. §§ 1501–1508 and 7324–7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a–7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874, and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327–333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93–234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P. L. 93– 205)

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a–1 et seq.).

14. Will comply with P.L. 93–348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89–544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984 or OMB Circular No. A–133, Audits of Institutions of Higher Learning and other Non-profit Institutions.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of authorized certifying official

Applicant organization

Date submitted

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart F. Sections 76.630(c) and (d)(2) and 76.645(a) (1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements

(Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false

Title

certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority of State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are in the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the

performance of work done in connection with the specific grant: Place of performance (Street address, city, county, state, zip code):

Check \Box if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies to the Federal Government, the department or agency may terminate this transaction for cause or default.

* * * *

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

(1) The prospective primary participants certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency; (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

* * * *

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

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

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting

to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Organization

Date

BILLING CODE 4184-01-P

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action: 2. Status of Federal A a. contract a. bid/offer/app b. grant b. initial award c. cooperative agreement c. post-award d. loan e. loan guarantee f. loan insurance f. loan		plication	3. Report Type: a. initial filing b. material change For material change only Year Quarter date of last report		
4. Name and Address of Reporting Entity: Prime Prime Tier ,if known.		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:			
Congressional District, if known		Congressional District, i	f known		
6. Federal Department/Agency:		7. Federal Program Nam CFDA Number, <i>if applic</i> a			
8. Federal Action Number, <i>if known</i> :		 CFDA Number, if applicable: 9. Award Amount, if known: \$ 			
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):			
Items 11 through 15 are deleted.					
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$10,000 for each such failure.		Signature: Print Name: Title:			
		Telephone No.:	Date:		
Federal Use Only:		L	Authorized for Local Reproduction Standard Form - LLL		

BILLING CODE 4184-01-C

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., "RFP–DE–90–001."

9. For a covered Federal action where there has been a award or loan commitment by the Federal agency, enter the Federal amount of the award loan commitment for the prime entity identified in item 4 or 5. 10. (a) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

(The instructions for items 11 through 15 are removed.)

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348–0046).

Program Narrative

This program narrative section was designed for use by many and varied programs. Consequently, it is not possible to provide specific guidance for developing a program narrative statement that would be appropriate in all cases. Applicants must refer the relevant program announcement for information on specific program requirements and any additional guidelines for preparing the program narrative statement. The following are general guidelines for preparing a program narrative statement.

The program narrative provides a major means by which the application is evaluated and ranked to compete with other applications for available assistance. It should be concise and complete and should address the activity for which Federal funds are requested. Supporting documents should be included where they can present information clearly and succinctly. Applicants are encouraged to provide information on their organizational structure, staff, related experience, and other information considered to be relevant. Awarding offices use this and other information to determine whether the applicant has the capability and resources necessary to carry out the proposed project. It is important, therefore, that this information be included in the application. However, in the narrative the applicant must distinguish between resources directly related to the proposed project from those which will not be used in support of the specific project for which funds are requested.

Cross-referencing should be used rather than repetition. ACF is particularly interested in specific factual information and statements of measurable goals in quantitative terms. Narratives are evaluated on the basis of substance, not length. Extensive exhibits are not required. (Supporting information concerning activities which will not be directly funded by the grant or information which does not directly pertain to an integral part of the grant funded activity should be placed in an appendix.) Pages should be numbered for easy reference.

Prepare the program narrative statement in accordance with the following instructions:

• Applicants submitting new applications or competing continuation applications should respond to Items A and D.

• Applicants submitting noncompeting continuation applications should respond to Item B.

• Applicants requesting supplemental assistance should respond to Item C.

A. Project Description—Components

1. Project Summary/Abstract

A summary of the project description (usually a page or less) with reference to the funding request should be placed directly behind the table of contents or SF-424.

2. Objectives and Need for Assistance

Applicants must clearly identify the physical, economic, social, financial, institutional, or other problem(s) requiring a solution. The need for assistance must be demonstrated and the principal and subordinate objectives of the project must be clearly stated; supporting documentation such as letters of support and testimonials from concerned interests other than the applicant may be included. Any relevant data based on planning studies should be included or referenced in the endnotes/ footnotes. Incorporate demographic data and participant/beneficiary information, as needed. In developing the narrative, the applicant may volunteer or be requested to provide information on the total range of projects currently conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

3. Results or Benefits Expected

Identify results and benefits to be derived. For example, when applying for a grant to establish a neighborhood child care center, describe who will occupy the facility, who will use the facility, how the facility will be used, and how the facility will benefit the community which it will serve.

4. Approach

Outline a plan of action which describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors which might accelerate or decelerate the work and state your reason for taking this approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of microloans made. When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

Identify the kinds of data to be collected, maintained, and/or disseminated. (Note that clearance from the U.S. Office of Management and Budget might be needed prior to an information collection.) List organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.

5. Evaluation

Provide a narrative addressing how you will evaluate (1) the results of your project and (2) the conduct of your program. In addressing the evaluation of results, state how you will determine the extent to which the program has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the program. Discuss the criteria to be used to evaluate results; explain the methodology that will be used to determine if the needs identified and discussed are being met and if the project results and benefits are being achieved. With respect to the conduct of your program, define the procedures you will employ to determine whether the program is being conducted in a manner consistent with the work plan you presented and discuss the impact of the program's various activities upon the program's effectiveness.

6. Geographic Location

Give the precise location of the project and boundaries of the area to be served by the proposed project. Maps or other graphic aids may be attached.

7. Additional Information (Include if Applicable)

Additional information may be provided in the body of the program narrative or in the appendix. Refer to the program announcement and "General Information and Instructions" for guidance on placement of application materials.

Staff and Position Data—Provide a biographical sketch for key personnel appointed and a job description for each vacant key position. Some programs require both for all positions. Refer to the program announcement for guidance on presenting this information. Generally, a biographical sketch is required for original staff and new members as appointed.

Plan for Project Continuance Beyond Grant Support—A plan for securing resources and continuing project activities after Federal assistance has ceased.

Business Plan—When federal grant funds will be used to make an equity investment, provide a business plan. Refer to the program announcement for guidance on presenting this information.

Organization Profiles—Information on applicant organizations and their cooperating partners such as organization charts, financial statements, audit reports or statements from CPA/Licensed Public Accountant, Employer Identification Numbers, names of bond carriers, contact persons and telephone numbers, child care licenses and other documentation of professional accreditation, information on

compliance with federal/state/local government standards, documentation of experience in program area, and other pertinent information. Any non-profit organization submitting an application must submit proof of its non-profit status in its application at the time of submission. The non-profit agency can accomplish this by providing a copy of the applicant's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in Section 501(c)(3) of the IRS code or by providing a copy of the currently valid IRS tax exemption certificate, or by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

Dissemination Plan—A plan for distributing reports and other project outputs to colleagues and the public. Applicants must provide a description of the kind, volume and timing of distribution.

Third-Party Agreements—Written agreements between grantees and subgrantees or subcontractors or other cooperating entities. These agreements may detail scope of work, work schedules, remuneration, and other terms and conditions that structure or define the relationship.

Waiver Request—A statement of program requirements for which waivers will be needed to permit the proposed project to be conducted.

Letters of Support—Statements from community, public and commercial leaders which support the project proposed for funding.

B. Noncompeting Continuation Applications

A program narrative usually will not be required for noncompeting continuation applications for nonconstruction programs. Noncompeting continuation applications shall be abbreviated unless the ACF Program Office administering this program has issued a notice to the grantee that a full application will be required.

An abbreviated application consists of: 1. The Standard Form 424 series (SF 424, SF 424A, SF-424B).

2. The estimated or actual unobligated balance remaining from the previous budget period should be identified on an accurate SF–269 as well as in Section A, Columns (c) and (d) of the SF–424A.

3. The grant budget, broken down into the object class categories on the 424A, and if category "other" is used, the specific items supported must be identified.

4. Required certifications.

A full application consists of all elements required for an abbreviated application plus:

1. Program narrative information explaining significant changes to the original program narrative statement, a description of accomplishments from the prior budget period, a projection of accomplishments throughout the entire remaining project period, and any other supplemental information that ACF informs the grantee is necessary.

2. A full budget proposal for the budget period under consideration with a full cost analysis of all budget categories.

3. A corrective action plan, if requested by ACF, to address organizational performance weaknesses.

C. Supplemental Requests

For supplemental assistance requests, explain the reason for the request and justify the need for additional funding. Provide a budget and budget justification *only* for those items for which additional funds are requested. (See Item D for guidelines on preparing a budget and budget justification.)

D. Budget and Budget Justification

Provide line item detail and detailed calculations for each budget object class identified on the Budget Information form. Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. The detailed budget must also include a breakout by the funding sources identified in Block 15 of the SF-424.

Provide a narrative budget justification which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs.

The following guidelines are for preparing the budget and budget justification. Both federal and non-federal resources should be detailed and justified in the budget and narrative justification. For purposes of preparing the program narrative, "federal resources" refers only to the ACF grant for which you are applying. Non-Federal resources are all other federal and nonfederal resources. It is suggested that for the budget, applicants use a column format: Column 1, object class categories; Column 2, federal budget amounts; Column 3, nonfederal budget amounts, and Column 4, total amounts. The budget justification should be a narrative

Personnel. Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known. For each staff person, show name/title, time commitment to the project (in months), time commitment to the project (as a percentage or full-time equivalent), annual salary, grant salary, wage rates, etc. Do not include costs of consultants or personnel costs of delegate agencies or of specific project(s) or businesses to be financed by the applicant.

Fringe Benefits. Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, taxes, etc.

Travel. Costs of project related travel by employees of the applicant organization (does not include costs of consultant travel).

Justification: For each trip, show the total number of traveler(s), travel destination, duration of trip, per diem, mileage allowances, if privately owned vehicles will be used, and other transportation costs and subsistence allowances. Travel costs for key staff to attend ACF sponsored workshops as specified in this program announcement should be detailed in the budget.

Equipment. Costs of all non-expendable, tangible personal property to be acquired by the project where each article has a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the applicant organization for financial statement purposes, or (b) \$5000.

Justification: For each type of equipment requested, provide a description of the equipment, cost per unit, number of units, total cost, and a plan for use on the project, as well as use or disposal of the equipment after the project ends.

Supplies. Costs of all tangible personal property (supplies) other than that included under the Equipment category.

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

Contractual. Costs of all contracts for services and goods except for those which belong under other categories such as equipment, supplies, construction, etc. Third-party evaluation contracts (if applicable) and contracts with secondary recipient organizations including delegate agencies and specific project(s) or businesses to be financed by the applicant should be included under this category.

Justification: All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. If procurement competitions were held or if a sole source procurement is being proposed, attach a list of proposed contractors, indicating the names of the organizations, the purposes of the contracts, the estimated dollar amounts, and the award selection process. Also provide back-up documentation where necessary to support selection process.

Note: Whenever the applicant/grantee intends to delegate part of the program to another agency, the applicant/grantee must provide a detailed budget and budget narrative for each delegate agency by agency title, along with the required supporting information referenced in these instructions.

Applicants must identify and justify any anticipated procurement that is expected to exceed the simplified purchase threshold (currently set at \$100,000) and to be awarded without competition. Recipients are required to make available to ACF pre-award review and procurement documents, such as request for proposals or invitations for bids, independent cost estimates, etc. under the conditions identified at 45 CFR part 74.44(e). Construction. Costs of construction by

applicant or contractor.

Justification: Provide detailed budget and narrative in accordance with instructions for other object class categories. Identify which construction activity/costs will be contractual and which will be assumed by the applicant.

Other. Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to insurance, food, medical and dental costs (noncontractual), fees and travel paid directly to individual consultants, space and equipment rentals, printing and publication, computer use, training costs, including tuition and stipends, training service costs including wage payments to individuals and supportive service payments, and staff development costs. Indirect Charges. Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services or another cognizant Federal agency.

Justification: With the exception of most local government agencies, an applicant which will charge indirect costs to the grant must enclose a copy of the current rate agreement if the agreement was negotiated with a cognizant Federal agency other than the Department of Health and Human Services (DHHS). If the rate agreement was negotiated with the Department of Health and Human Services, the applicant should state this in the budget justification. If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the pertinent DHHS Guide for Establishing Indirect Cost Rates, and submit it to the appropriate DHHS Regional Office. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not be also charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under this program announcement, the authorized representative of your organization needs to submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Program Income. The estimated amount of income, if any, expected to be generated from this project. Separately show expected program income generated from program support and income generated from other mobilized funds. Do not add or subtract this amount from the budget total. Show the nature and source of income in the program narrative statement.

Justification: Describe the nature, source and anticipated use of program income in the budget or reference pages in the program narrative statement which contain this information.

Non-Federal Resources. Amounts of non-Federal resources that will be used to support the project as identified in Block 15 of the SF-424.

Justification: The firm commitment of these resources must be documented and submitted with the application in order to be given credit in the review process.

Total Direct Charges, Total Indirect Charges, Total Project Costs. (Self explanatory).

Certification Regarding Environmental Tobacco Smoke

Public Law 103–227, Part C— Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day/or the imposition of an administrative compliance order on the responsible entity:

By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Certification Regarding Maintenance of Effort

In accordance with the applicable program statute(s) and regulation(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families, for the specified activities to be performed under the

Program by

(Applicant Organization)

will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.

Signature of Authorized Certifying Official

Title

Date

Appendix B—OMB State Single Point of Contact Listing

Arizona

Joni Saad, Arizona State Clearinghouse, 3800 N. Central Avenue, Fourteenth Floor, Phoenix, Arizona 85012, Telephone (602) 280–1315, FAX: (602) 280–8144

Arkansas

Mr. Tracy L. Copeland, Manager, State Clearinghouse, Office of Intergovernmental Services, Department of Finance and Administration, 1515 W. 7th St., Room 412, Little Rock, Arkansas 72203, Telephone: (501) 682–1074, FAX: (501) 682–5206

California

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Nevada

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New Hampshire

Jeffrey H. Taylor, Director, New Hampshire Office of State Planning, Attn: Intergovernmental Review Process, Mike Blake, 2^{1/2} Beacon Street, Concord, New Hampshire 03301, Telephone: (603) 271– 2155, FAX: (603) 271–1728

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Territories

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- review to: Linda Clarke, Telephone: (809) 774–0750,
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Appendix C—The Statement of the Advisory Committee on Services for Families With Infants and Toddlers

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Overview

All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children. This recognition is guiding the design of the new Early Head Start program.

Early Head Start marks a turning point in America's commitment to our youngest children and their families. By focusing on child development, family development, community building, and staff development, a new era of support to very young children and their families is born, building on the experiences and lessons learned from existing Head Start programs.

Early Head Start puts resources into a constellation of high quality supports and services that will promote healthy child and family development, and backs them with a Federal commitment to training, standards and monitoring for high quality, research and evaluation, and services coordination at the national level. It enables families and communities to design flexible and responsive programs but requires that, at a minimum, programs provide child development, family support, health services for young children and pregnant women, and home visits to families with newborns. This would include child care services that respond to the needs of families. When services are provided through referral, it requires that the Early Head Start program assures the services to which families are referred are of highest quality, available and accessible, and that needed follow-up occurs. And although service delivery mechanisms may vary, a common characteristic will be that each Early Head Start program will establish a place which is recognized as a source of support for very young children, families, and caregiving staff. Programs will be encouraged to give this Early Head Start place visibility and identity.

With this design, the Early Head Start program will be suited to last well into the next century, always reshaping itself to provide high quality, responsive, and respectful services to America's youngest children and their families.

Background, Vision, and Goals

The reauthorization of the Head Start Act in 1994 made it possible to formally open a new chapter of Federal support for families with infants and toddlers by establishing a special initiative within the context of the Head Start program. Beginning in Fiscal Year 1995, the Secretary of Health and Human Services will award grants to Early Head Start programs which will provide early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under age three. This initiative will bring together under one umbrella Head Start's existing programs for families with infants and toddlers, the Comprehensive Child Development Program and the Parent and Child Centers; strengthen the Migrant Head Start Program; and add new resources to model high quality child development and family development services for very young children and their families.

To help with the design of the new initiative, the Secretary formed the Advisory Committee on Services for Families with Infants and Toddlers. The Committee was charged with advising the Secretary and Assistant Secretary for Children and Families on the development of program approaches for the initiative that would address the parenting and child development need of low-income parents and their infants and toddlers. We were to pay particular attention to the key principles and array of models of effective culturally and developmentally appropriate service delivery. To fulfill this commitment, we met three times during the summer of 1994 to engage in discussions about our vision for a national approach to high quality, responsive services for very young children and their families. We outlined the Federal role for carrying forth this vision, ensuring such programs can flourish.

We are excited about the fruits of these deliberative efforts and confident that the resulting initiative will advance Head Start leadership in realizing a national vision of communities where:

• *Children,* from birth, receive support through their family and their community to achieve optimal growth and development and build a foundation of security, self-confidence and character strength which will in turn enable them to build successful social relationships for learning and continued development through later childhood and adulthood;

• *Families* receive support to meet their personal goals, and resources and guidance to prepare for their child's birth and provide a warm, caring, responsive environment for their very young child;

• Communities embrace and support all families, celebrating the birth of their children and creating an environment where support and resources are mobilized to ensure a comprehensive, integrated array of services are available and accessible for all very young children and their families; and

• Staff receive the professional education and personal support they need to provide high quality environments and experiences and engage in responsive relationships that promote the healthy development of infants, toddlers, and their families.

In keeping with this vision, the goals set forth by the Advisory Committee for Early Head Start will be:

• To provide safe and developmentally enriching caregiving and environments which promote the physical, cognitive, social and emotional growth of *infants and toddlers* and prepare them for future growth and development; • To support *parents*, both mothers and fathers, in their role as primary caregivers and educators of their children, and *families* in meeting personal goals and achieving self-sufficiency across a wide variety of domains;

• To mobilize *communities* to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families, and to foster the systems change necessary to summon forth the guiding vision of this initiative; and

• To ensure the provision of high quality responsive services to families with infants and toddlers through the development of highly-trained, caring and adequately compensated program *staff*.

The Advisory Committee recognizes that the vision and goals outlined above have also been shaped by the lessons learned from the Comprehensive Child Development Program, Parent and Child Centers, Migrant Head Start Programs, locally designed Head Start programs, and other early child development and family support efforts serving families with very young children. As part of the overall consultation for the development of this initiative, Federal staff conducted over 30 focus groups with parents, practitioners, researchers, advocates, and representatives of professional organizations. Focus groups were designed to address topical areas such as child care, family services, health care, support and services for children with disabilities and their families, community mobilization, parent involvement and parent advocacy. In addition, Federal staff met with or received materials and recommendations from a number of other experts and practitioners in the field. The suggestions, guidance, and information received through this process have been invaluable to both the Advisory Committee and the Administration on Children, Youth and Families.

Research Rationale

Findings from more than three decades of research in child and family development support the vision and goals set forth for support to families with infants and toddlers. We know that the time from conception to age three is a critical period of human development, as change occurs more rapidly than in any other period of the life span. Growth in these early years establishes the basic foundation for future development. For infants and toddlers to develop optimally, they must have health beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be comprised. Fortunately, recent research identifies characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a solid base upon which the Early Head Start program can be founded.

Maternal and Infant Health

Maternal and infant health are essential for ensuring normal pre- and post-natal development of very young children. Late or inadequate prenatal care, malnutrition, stress and exposure to harmful substances are associated with shortened gestation, reduced birthweight, birth defects and underdeveloped brain growth (Osofsky, 1975; U.S. Department of Health and Human Services, 1989; Carnegie Corporation, 1994). These, in turn, have been associated with higher probabilities for infant mortality illness, disabilities, child abuse, difficulty in relationships (Glasgow and Overall, 1979) and subsequent learning disorders (Drillien, Thomson and Bargoyne, 1980). During the early years of life, proper nutrition, routine well-child health care, timely immunizations, safe environments and health-promoting behaviors are necessary to support physical growth and development.

Given the paramount importance of health for very young children, a major focus of the Early Head Start program must be to ensure women receive the health services needed to promote a healthy pregnancy and birth, and very young children receive early and ongoing well-baby care, immunizations, and other essential health services to support their development.

Child-Caregiver Relationships

The child-caregiver relationships with the mother, father, grandparent and other caregivers are critical for providing infants and toddlers support, engagement, continuity and emotional nourishment necessary for healthy development, and the development of healthy attachments (Ainsworth, Blehar, Waters and Wall, 1978). Within the context of caregiving relationships, the infant builds a sense of what is expected, what feels right in the world, as well as skills and incentives for social turn-taking, reciprocity and cooperation (Emde, Biringen, Clyman and Oppenheim, 1991; Isabella and Belsky, 1991). The infant's activities are nourished and channeled in appropriate ways so as to encourage a sense of initiative and selfdirectedness. During the toddler period, the child, through repeated interactions with emotionally-available caregivers, also begins to learn basic skills of self-control, emotional regulation and negotiation (Kochanska, 1991; Kopp, 1989; Suess, Grossman and Sroufe, 1992). Empathy for others and prosocial tendencies for caring and helping also develop during toddlerhood as well as the emotions of pride and shame; experiencing and learning about these capacities require responsive caregiving relationships in the midst of life's inevitable stresses and challenges (Zahn-Waxler and Radke-Yarrow, 1990).

A sense of pleasure, interest in exploration, early imaginative capacities, and the sharing of positive emotions also begin in infancy all of which require repeated and consistent caregiver relationship experiences and form a basis for social competence that carries through toddlerhood and the preschool period (Emde, 1989; Dix, 1991). The opportunities for play for both infant and caregiver, as well as the skills that develop from play, are often under-appreciated aspects of healthy development (Bruner, 1986; Elicker, Englund and Sroufe, 1992).

Finally, the importance of promoting a network of healthy caregiving relationships for the very young child cannot be overstated

(Crockenberg, 1981; Egeland, Jacobvitz and Sroufe, 1988; Sameroff and Emde, 1989; Tronick, Winn and Morelli, 1985). The network of caring relationships provides an ever-expanding circle of support for both child and family. Factors that undermine optimal child-caregiver relationships include isolation, lack of support and maternal depression (Crnic, Greenberg, Robinson and Ragozin, 1984), the latter reported to be a high as 56% in some samples of low-income new mothers (Hall, Gurley, Sachs and Kryscio, 1991). In child care settings, high staff turnover, low staff wages, low quality programming and lack of adequate staff training for substitute caregivers negatively affects the quality of child-caregiver relationships (Zigler and Lang, 1991; Whitebook, Howes and Phillips, 1989). This in turn further compromises the nature and quality of the child's overall development.

Thus, it follows that a major focus for Early Head State services should be the development of healthy and skillful relationship building between very young children and their parents and caregivers that encourages interactions and promotes attention and activity in infants. Hence, opportunities for sustained relationshipbuilding over extended periods of times will be an explicit goal throughout the program.

Characteristics of Successful Programs Serving Families With Infants and Toddlers

The goal of many early child development programs is to enable the child, with the support of the parents as primary caregivers and other caregivers, to establish a developmental path that will prepare him or her for long-term success. Hundreds of programs with a variety of specific emphases have sought to achieve this goal. From these many interventions, a picture of the critical ingredients for successful programs has emerged. In short, we know effective programs often are characterized by: early prenatal services to the expectant woman (Olds, Henderson, Tatelbaum and Chamberlin, 1986); a two-generational focus (Zuckerman and Braxelton, 1994; Administration on Children, Youth and Families, 1994; Ramey and Campbell, 1984; Brooks-Gunn, Klebanov, Liaw, Spiker, 1993); family-centered services that address selfsufficiency through the provision of social services and parent education (Booth, Barnard, Mitchell and Speiker, 1987; Olds, Henderson, Tatebaum and Chamberlin, 1986; Olds, Henderson, Tatebaum and Chamberlin, 1988); quality child development services that are coupled with family services (Lally, Mangione and Honig, 1987; Brooks-Gunn, Klebanov, Liaw and Spiker, 1993); continuity of service delivery for the child and family that ensures the availability of support over a number of years with smooth transitions to other service delivery systems (Campbell and Ramey, 1994); continutity of caregivers (Howes and Hamilton, 1992); intensity of service delivery in terms of availability, accessibility, and usage of services (Booth, Barnard, Mitchell and Spieker, 1987; Ramey, Bryant, Wasik, Sparling, Fendt and LaVange, 1992); and consolidation or integration of service delivery systems. Further, research tells us that communities have been found to

become more responsive to the needs of lowincome families as a result of program activities (Kirschner, 1970).

Clearly, research over the past three decades has shown that when programs focus on both child development and family development through early, high quality, comprehensive, continuous, intensive services, opportunities of optimal child and family development can be realized, even for the most vulnerable families and very young children. The challenge for the Administration on Children, Youth and Families and the programs which will receive funds through this initiative is to translate these research findings into the design and operation of high quality programs so all families with young children served by Early Head Start will be able to grow and prosper. The following principles and cornerstones establish the framework for this to occur.

Program Principles

In recognition that each child is an individual who is supported by a family and that families are supported by neighborhoods and communities, the Advisory Committee recommends that programs funded under the new initiative be encouraged to develop a range of strategies for supporting the growth of the very young child within the family and the growth of the family within the community. Thus, each Early Head Start program should be family-centered and community-based. We recommend that the following principles serve as the conceptual foundation for Early Head Start:

 High Quality: Commitment to excellence will enable the new programs to be models for services to families with infants and toddlers from all socioeconomic strata of society. High quality will be assured in the direct services provided, and in the services provided through referral. To this end, each program will acknowledge and utilize the bodies of knowledge, skills and professional ethics surrounding the fields of child development, family development and community building. In particular, programs will recognize that the conception-to-three age period is unique in both the rate of development and in the way young children's physical and mental growth reflects and absorbs experiences with caregivers and the surroundings. Thus, high quality caregiving practices will spring from the healthy awareness that the unique nature of infant and toddler development not only carries with it major opportunities for intervention, but also leaves children especially vulnerable to negative inputs. The Federal government will share in the commitment to high quality by providing thorough and ongoing monitoring to assure program adherence to performance standards; technical assistance that addresses each program's individual needs and amplifies innovation and development across all programs; evaluation which measures program success against meaningful outcomes for young children and families; and research which contributes to the state of the art on child development, family development and community building.

• Prevention and Promotion: Recognizing that windows of opportunity open and close

quickly for families and young children, programs will seek and pursue opportunities to play a positive role in promoting the physical, social, emotional, cognitive and language development of young children and families before conception, prenatally, upon birth, and during the early years. By supporting the promotion of their health and well-being, program staff will be able to prevent and detect problems at their earliest stages, rallying the services needed to help the child and family anticipate and overcome problems before they interfere with healthy development. While early and proactive promotion of healthy development and healthy behaviors will be emphasized, programs will also need to be able to understand and respond to family crises that may occur while the family is enrolled in the program.

 Positive Relationships and Continuity: The success of each program will rest on its ability to support and enhance strong, caring, continuous relationships which nurture the child, parents, family, and caregiving staff. Programs will support the mother-child, father-child bond by recognizing each parent as his or her child's first and primary source of love, nurturance and guidance. Caregiving will be provided to families who need it in ways that support infant and toddler attachment to a limited number of skilled and caring individuals, thus maintaining relationships with caregivers over time and avoiding the trauma of loss experienced with frequent turnover of key people in the child's life. These relationships will aim to respectfully enhance child interest, curiosity, play and imagination, which, in turn, will develop a shared sense of trust, confidence and esteem for both caregiver and child. In addition, programs will model strong, mutually respectful relationships between staff and families, among staff, and with other community organizations and service providers. To do so, programs will be receptive to individual strengths, perspectives and contributions; affirm the value of the child and family's home culture; and support an environment where very young children, parents and staff can teach and learn from each other.

• Parent Involvement: As in all Head Start efforts, a hallmark of the new initiative will be the creation and sustenance of an environment that supports the highest level of partnership with parents, both mothers and fathers. As such programs, will support parents as primary nurturers, educators, and advocates for their children; assure that each parent has an opportunity for an experience that supports his or her own growth and goals, including that of parenting; and provide a policy- and decision-making role for parents. Furthermore, opportunities for parent involvement will encourage independence and self-sufficiency for parents. Special efforts will be made to welcome and support fathers as parenting partners.

• Inclusion: Programs will seek to build communities that respect each child and adult as an individual while at the same time reinforcing a sense of belonging to the group. Programs will support participation in community life by young children with disabilities and their families; families of very young children with significant disabilities will be fully included in all program services.

• Culture: Children and their families will come to the new programs rooted in a culture which gives them meaning and direction. Programs will demonstrate an understanding of, respect for, and responsiveness to the home culture and home language of every child, thus affirming the values of each family's culture and providing the context for healthy identity development in the early years of life. Program staff will become aware of their own core beliefs and values and be attuned to the role culture and language play in child development, family development and the surrounding community values and attitudes. Programs will pursue opportunities to support home culture and language, while also recognizing the significance of a common culture shared by all. In building a more harmonious and peaceful community for children to grow in and for families to share, programs will encourage and provide opportunities for families and community members to engage in dialogue about culture, language, cultural diversity and multiculturalism.

 Comprehensiveness, Flexibility, Responsiveness, and Intensity: Programs will honor and build upon the unique strengths and abilities of the children, families and communities they serve and continually adapt to meet emerging needs. Developmental opportunities provided to each infant and toddler will address the whole child and be continually adapted to keep pace with his or her developmental growth. And just as programs need to be responsive and attentive to the special needs of very young children with disabilities, they also need to be responsive to parents with disabilities. Family development planning and service provision will be grounded in the belief that families, including those whose problems seem overwhelming, can identify their own goals, strengths and needs, and are capable of growth and change. Once these are identified, program resources of varied intensity will be marshaled to support the whole family in an individualized and responsive manner. Barriers which prevent families from accessing needed supports will be overcome through the location, coordination, and assurance by program staff that services are provided and received. Attention will also be given to ensure programs meet the needs and schedules of working parents. Ultimately, each parent's sense of empowerment and ability to identify and address his or her family's needs will be fostered by responsive and caring relationships with program staff.

• Transition: Programs will be responsible for ensuring the smooth transition of children and their families into Head Start or other preschool programs which are of high quality and provide consistent and responsive caregiving. The Federal government must support both Early Head Start and Head Start programs in carrying out this responsibility. Transition is important for ensuring continued accessibility to enriching early child development experiences and for providing ongoing family support services that promote healthy family development. To facilitate this transition, parents and caregivers should jointly develop a family and child transition plan, identifying services which will continue and new services and programs which will be accessed. Caregivers from both Early Head Start and the new service programs will share responsibility for coordinating and implementing the plan.

 Collaboration: Recognizing that no one program will be able to meet all of a child's and family's needs, programs will initiate or become embedded in an integrated community system of service providers and strength building organizations such as churches and other religious institutions, schools and civic groups. These efforts will foster a caring, comprehensive and integrated community-wide response to families with young children, thus maximizing scarce financial resources and avoiding duplication of agency effort. Likewise, the Federal government will promote systems change and the efficient use of resources through the active pursuit of local, State and Federal partnerships which enhance the capacity of local programs to collaborate and combine financial resources.

Program Cornerstones

The principles outlined above establish the foundation for Early Head Start, a program that meets child development, family development, and health related goals while striving to provide high quality, comprehensive, and individualized support and services. In order to accomplish this, the Advisory Committee recommends that the Secretary of Health and Human Services adopt these key elements as the four cornerstones for Early Head Start: child development, family development, community building, and staff development.

Child Development

Programs will seek to enhance and advance each child's development by providing individualized support that honors the unique characteristics and pace of infant/ toddler physical, social, emotional, cognitive and language development, including early education and health care. Critical to this development is the promotion of positive parent-child interactions and the enhancement of each parent's knowledge about the development of their child within healthy, safe environments. An early step for providing this support to parents will be the provision of home visits to families with newborns to offer early encouragement and support and build bridges for families to other resources in the community. Also critical to the child's development is access to and delivery of comprehensive health and mental health services for children, including regular child health care; screening for health problems such as hearing, anemia, lead poisoning, metabolic problems; immunizations; nutritional assessment; developmental surveillance and anticipatory guidance. All children deserve a medical home that provides these and other prevention and treatment services. To help facilitate this, Early Head Start programs will collaborate with a variety of organizations and disciplines to ensure health supervision for children and their families.

It is particularly important that Early Head Start ensure coordination and continuity of services for infants and toddlers with or at risk of a disability, who are eligible for services through Early Head Start and Part H of the Individuals with Disabilities Education Act. These two service systems should be coordinated and integrated so that families and their children experience a seamless system of services, as identified in their family development plan or individualized service plan.

As programs provide child development services, they must ensure that infants and toddlers who need child care receive high quality part- and full-day services. Such child care can be provided directly or in collaboration with other community providers as long as the Early Head Start program assumes responsibility for ensuring that all settings meet the Early Head Start performance standards.

In general, the setting where these services are delivered is left to local option and the preferences of families as identified through their individual family development plan. Settings can represent a range of options including home visiting; family support centers; family child care homes; child care centers; centers where families are engaged in education, training, or employment; community health centers; and others.

Family Development

Programs must recognize that the key to optimal child development and family development is the empowerment of parents in goal setting for themselves and their children. Therefore, families and staff will collaboratively design and update individualized family development plans which ensure that service delivery strategies are rooted in the foundation principles and are responsive to the goals and ideals of the families. When families are served by additional programs which also require an individualized family service plan, such as Part H of the Individuals with Disabilities Education Act and family employability plans, then a single coordinated plan should be developed so families experience a seamless system of services. Based on the plan, programs will ensure the provision of a full range of family services which consider the different support and educational opportunities needed by new parents, pregnant women and expectant fathers, and potential parents, as well as by siblings and extended family members who influence the development of the family and very young child.

It is particularly important that parental health is linked to children's health and development. As such, health services for parents need to be included as part of a twogenerational model of health care. Health services must be accessible for parents with a special emphasis on women's health that occurs prior to, during, and after pregnancy.

Services which programs must provide directly or through referral, and which local Early Head Start programs must actively ensure are of high quality and appropriately followed up include: child development information; health services, including services for women prior to, during, and after

pregnancy; mental health services; services to improve health behavior such as smoking cessation and substance abuse treatment; services to adults to support self-sufficiency, including adult education and basic literacy skills, job training, assistance in obtaining income support, food, and decent, safe housing, and emergency cash or in-kind assistance; and transportation to program services. Programs must provide directly opportunities for parent involvement in the program so that parents can be involved as decisionmakers, volunteers, and/or employees. Additional services not listed above, but identified by families through community needs assessments and mappings, may be provided either directly or through referral at local option.

Community Building

The commitment of programs to high quality care for very young children and their families services as a catalyst for creating a community environment that shares responsibility for the healthy development of its children. A program approach that exemplifies openness and caring is the start of community building. Programs should function in communities in a way that mirrors the principles that are the foundation of the program itself: parents become a vital resources for each other and the community at large; staff nurture networks of support; and programs develop relationships of trust with other community institutions, businesses, and with community leaders. By becoming a key actor in the life of the community, programs can serve to mobilize community resources and energies on behalf of children and families.

Essential to community building is ensuring a comprehensive network of services and supports for very young children and their families which are culturally responsive. Programs will be expected to establish collaborative relationships with other community providers and strength-building organizations such as churches and other religious institutions, schools and civic groups. The goal of these relationships will be three-fold: increased access to high quality serves for program families; assurance that the program's approach to serving families with infants and toddlers fits into the existing constellation of services in the community so that there is a coherent, integrated approach to supporting families with very young children; and systems change which will spark community caring and responsive service delivery for all the families with young children who live there. Thus, all programs will be required to conduct an in-depth assessment of existing community resources and needs and engage in an ongoing collaborative planning process with a range of stakeholders, including parents and residents of the community.

Staff Development

Programs are only as good as the individuals who staff them. This is particularly true of programs which serve young children, since the potential to do harm during the vulnerable years of infancy and toddlerhood is so great. Thus, staff development has been included as a key element in order to underscore its centrality to the success of the initiative.

Programs will be required to select staff who, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide high quality, comprehensive, culturally appropriate, and family-centered services to young children and families. Equally critical will be each program's ability to recognize individuals capable of entering into one-to-one caregiving relationships with infants and toddlers which support the positive formation of their identities. Likewise, programs will need to identify the capacity of potential staff members to develop caring, respectful and empowering relationships with families and other coworkers. Such individuals will demonstrate characteristics such as high selfesteem, personal strength, and the capacity for being emotionally available. The program directors who make these selections will, themselves, need to possess these characteristics in addition to being highly skilled administraters who exemplify leadership qualities such as integrity, warmth, intuition and holistic thinking.

Ongoing staff training, supervision and mentoring of both line staff and supervisors will be an integral part of staff development. Such training, supervision, and mentoring will reflect an interdisciplinary approach and emphasis on relationship building. Staff training programs will ensure that staff are "cross-trained" in the areas of child development, family development and community building. Particular emphasis will be placed on building skills in the areas of home visiting; caregiving relationships; effective communication with parents; family literacy; healthy/safe environments and caregiving practices; early identification of unhealthy behaviors or health problems; service coordination; and the provision of services and support to diverse populations, including families and children with disabilities and developmental delays. In addition, training efforts and supervision will be designed to develop each staff person's capacity to function as a member of a wellintegrated, diverse and mutually supportive team comprised of families and other staff. To this end, training and supervision will support opportunities for practice, feedback and reflection. Another strategy for training is the development of multi-disciplinary teams of caregivers who can engage in team teaching, sharing concerns and problems, exploring different approaches, and learning practical skills for working with participants of the program and service providers from other relevant delivery systems. As such, training will model and reinforce the foundation principles of this initiative.

And finally, staff selection, training and supervision will be grounded in the knowledge that high quality performance and development occurs when they are linked to rewards such as salary, compensation, and career advancement; provided in environments that spark curiosity, excitement and openness to new ideas; and grounded in best practices revealed by ongoing research, evaluation and monitoring.

Federal Commitment

Both individual programs and the Federal government must work hand in hand to realize the vision, principles, and program concept outlined above for the Early Head Start program. The Advisory Committee believes that a Federal commitment to training, monitoring, research and evaluation, and partnership building which respects and supports local program responsibility, initiative, and flexibility is paramount for the programs' success. In addition, Federal commitment is also needed to support and learn from existing Federal programs serving families with infants and toddlers so that they will have the opportunity to achieve excellence and meet the standards that will be set forth for this initiative. With this commitment, we feel the initiative for families with infants and toddlers will be able to serve as a national laboratory both testing and exemplifying quality child development and family development programs.

Training

Clearly the quality of programs is contingent upon the ongoing support and development of program staff who are trained in the various disciplines which support the principles of family-centered services. As described earlier, program staff need to be able to facilitate both the development of very young children and the development of families. But in too many communities, staff who can play this dual role are few or nonexistent.

The Advisory Committee urges the Secretary to engage in public-private partnerships aimed at establishing a cadre of highly trained practitioners and trainers who will be able to support the development of very young children and their families. Such an effort should extend beyond the scope of the new initiative for families with infants and toddlers, so that children cared for in a variety of settings will benefit from this commitment to enhancing the quality and quantity of caregivers. An example of such a partnership would be a commitment on the part of the Federal government to work with institutions of higher learning to ensure multi-disciplinary pre-service education and field work experience is available for students who wish to work in family-focused programs serving very young children and their families. Another example would be partnering with the foundation or philanthropic community to develop scholarship programs for low-income students desiring but unable to enter the field. A further example is coordinating with organizations of professional trainers to ensure they have the skills, resources and supports needed to work with programs providing early, continuous, intensive and comprehensive services and support to very young children and their families.

When designing the specific training and technical assistance plan for Early Head Start, the Federal government must focus on the whole spectrum of support and services that are needed for developing and advancing high quality staff, from pre-service and inservice training to supervision and mentoring. These supports and services must be provided in a continuous, holistic, responsive manner with the goal of building and nurturing the highest quality caregiving in all programs.

In addition to the focus on training, the Federal government also needs to take the lead in modeling a commitment to and respect for the importance of the caregiving profession. Given this, the Advisory Committee urges the Secretary to implement the Early Head Start program so that it models appropriate competencies, institutionalization of career ladders for staff working within the programs, and provision of staff salaries that are comparable to the importance of the job.

Monitoring

All programs need support and guidance to engage in continuous improvement. As directed by the legislation, the Secretary of the Department of Health and Human Services must provide this support and guidance through ongoing monitoring of the operation of these programs, evaluating their effectiveness, and providing training and technical assistance tailored to the particular needs of such programs.

The Advisory Committee reminds the Secretary that performance standards must be developed and issued in order to set forth the expectation of high quality services and environments for programs serving families with infants and toddlers. It is recommended that there be consistency in the principles and framework of the Early Head Start and Head Start performance standards, with the goal being a seamless approach to Federal performance standards for children from birth to age five. While the goal should be a seamless approach, clearly the content of the standards will vary to reflect the differences in development of children during the age span. Once these are issued, monitoring should become a tool for both measuring progress toward these high quality standards and for engaging in continuous improvement.

Research and Evaluation

Evaluation of Early Head Start is essential for determining the effectiveness of the initiative and for advancing our understanding about which services work best for different families under different circumstances. Evaluation data and information collected at the local level as part of management information systems and ethnographic research are helpful to provide ongoing feedback to programs and support staff in packaging and delivering a comprehensive array of services which are responsive to and reflective of the individual needs of very young children and their families.

The Advisory Committee believes that the Secretary must approach evaluation not just as a mechanism for producing summary statistics and reports about the changes in child and family development as a result of these new efforts, but as a tool for individual programs so that they can continuously refine their practices based on feedback from their own program evaluation. This feedback is essential to identify the particular conditions and activities that enable parents and other caregivers to most successfully support children's development. It is also essential to test and refine as appropriate the quality of planning, training, staff selection, supervision and program management that is crucial to program success. These lessons learned will benefit local Early Head Start programs, add new knowledge to the fields of child and family development, and will help shape future efforts at the Federal level for very young children and their families.

In keeping with the Head Start national laboratory role, we encourage research that examines variations in Early Head Start experiences on child development to learn more about the effectiveness of different interventions for very young children and their families. Accordingly, we encourage the testing of new models which might focus on linkages between this initiative and welfare reform, special coordination with Part H of the Individuals with Disabilities Education Act, or efforts to support teen parents who are either in school or training. Equally important will be research that identifies features of intervention which optimize relationship building, and research that examines variations in caregiving experiences as they influence child development.

We also recommend that research and evaluation for this initiative be part of an overall research agenda for Head Start which places Head Start in the broader context of research on young children, families, and communities; ensures a commitment to ongoing themes; and has the flexibility to respond to new and emerging developments in the broader early childhood and family development fields.

Partnership Building

Just as local programs will be required to coordinate services in the State and community to ensure a comprehensive array of services, the Federal government must also build partnerships across programs, agencies and departments to facilitate effective integration and coordination of resources and services.

The Advisory Committee points out that it is especially important that the Head Start Bureau work with the U.S. Maternal and Child Health Bureau and the Medicaid program to enhance the availability of and access to comprehensive health services for pregnant women, and very young children and their families. The Advisory Committee particularly recommends Federal leadership in the development of services that are scarce in communities, such as mental health services that meet the needs of families with infants and toddlers. It is equally important that linkages be made with the U.S Department of Education, Office of Special Education and Rehabilitative Services and the Federal Interagency Coordination Council so that there is a clear message from the Federal government about the importance of partnership around early intervention at the Federal, State and community levels especially between this initiative and Part H of the Individuals with Disabilities Education Act. The formation of a single Federal Interagency Coordination Council to address services for families with infants and toddlers who are served by Head Start and/

or by Part H is recommended. Further, the Head Start Bureau is advised to develop partnerships with the National Institute of Child Health and Development and the National Institute of Mental Health so that programmatic and research activities can be coordinated and the results benefit and influence the work of all institutions.

Beyond coordination and partnership building among the many programs, agencies, and departments of the Federal government, the Advisory Committee advises the Head Start Bureau to continue consultation with professional organizations from relevant child and family development disciplines. Such consultation will help staff of the Head Start Bureau learn about emerging knowledge and apply this to the planning, implementation, and evaluation of this and other programs.

Finally, it is equally important that the Head Start Bureau reevaluate its own regulations and procedures to support local creativity and responsiveness to the needs of very young children and their families. As a first step, the Advisory Committee recommends that the Secretary explore opportunities for Early Head Start programs to combine these resources with other public and private funding sources in order to serve more very young children and their families who might benefit from Early Head Start services and support. This is especially important as many Advisory Committee members feel that all children within a very low income community should be afforded access to these services. By allowing and encouraging Early Head Start communities to partner with other funding streams, it may be possible in some communities to provide access to most or all families with very young children.

Funding

All of the above issues—from the principles to the program concept and Federal commitments—are moot when there are not adequate resources to develop and sustain high quality in each program. Advisory Committee members see the role of Early Head Start as a national laboratory and catalyst for change. The members point out that a Federal commitment is needed to ensure that resources are available in the short- and long-term to support the provision of high quality, well-integrated services.

Conclusion

Early Head Start represents a new era of support for America's youngest children and their families. It sets forth a vision that honors the unique strengths of very young children, their families and communities, and the staff who work with them. It calls for programs to provide family-centered and community-based services and supports that are individualized, of highest quality, and that promote positive health and development. And it commands significant attention at the Federal level for training, technical assistance, monitoring, and research and evaluation to ensure these programs can flourish.

The members of the Advisory Committee on Services for Families with Infants and Toddlers are proud to set forth this vision and implementation design for Early Head Start. We call on the Secretary and the nation to move ahead rapidly with a series of steps to make this vision a reality. So much is at stake for our youngest children and their families.

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Biographies of Advisory Committee Members

Susan Aronson is a practicing pediatrician at The Children's Hospital of Philadelphia, as well as an active member of the American Academy of Pediatrics. She also serves as the Director of the Pennsylvania AAP Early Childhood Education Linkage System, and was the Liaison Representative of the AAP to the Head Start 25th Anniversary Silver Ribbon Panel, setting national goals for the future of Head Start. Previously, she was a member of the Head Start Health Task Force and the Central Steering Committee of the AAP/APHA setting national standards for health and safety in out-of-home settings for children. She has also published numerous works on health and care of children in group settings.

Kathryn E. Barnard is a professor of nursing and adjunct professor of psychology at the University of Washington, where she

has also served as associate dean of the School of Nursing. For the past 30 years, she has been a scholar, researcher, and educator with interests in children and parenting. She coordinated the risk and prevention group for the John D. and Catherine T. MacArthur Foundation's health network on the transition to early childhood. Her research has focused on the interaction of children with their environment, particularly infants at biological and environmental risk. She is Past President on the Board of Zero to Three-the National Center for Clinical Infant Programs. She is a member of the American Academy of Nursing and the Institute of Medicine and has received many awards in nursing and public health.

Mary Jane Bevins is the Director of a multifaceted Head Start program that includes Parent and Child Centers, centerbased and home-based services for three- and four-year-olds, and a Head Start Transition project. In addition to her experience as a practitioner, she has also provided training and technical assistance to Head Start programs in all component areas. Ms. Bevins has been a member of several task forces including the National Task Force for Parent and Child Centers, and the PCC Training Advisory Council for the National Center for Clinical Infant Programs.

Helen Blank is Director of Child Care and Development at the Children's Defense Fund, where she led a large-scale, successful effort to pass the first comprehensive federal child care legislation since World War II. She has focused a great deal of her efforts on strengthening both federal child care and Head Start policies. In addition, she provides technical assistance to states and policy leaders on early childhood development issues. Prior to joining the Children's Defense Fund, Ms. Blank worked at Child Welfare League of America, and helped to improve and expand participation in federal food programs serving low-income children with the National Child Nutrition project and the Community Nutrition Institute.

Sue Bredekamp is Director of Professional Development, National Association for the Education of Young Children. Among some of her roles as director are managing the NAEYC accreditation system, directing the National Institute for Early Childhood Professional Development, and developing association position statements relevant to defining professional standards and practices. Dr. Bredekamp specializes in developmentally appropriate practices for preschoolers and has authored a book on developmentally appropriate practices for children birth through age eight. She has served on numerous panels and as a consultant on the issues of professional development and accreditation. She developed the Early Childhood Classroom Observation Scale, used by NAEYC's accreditation system, and served as a study advisor to the Observational Study of Early Childhood Programs, sponsored by the Department of Education.

Urie Bronfenbrenner, the Jacob Gould Schurman Professor Emeritus of Human Development and Family Studies and of psychology at Cornell University, is an expert on developmental psychology, child-rearing,

and the ecology of human development. A founder of the national Head Start Program, Dr. Bronfenbrenner is internationally renowned for his cross-cultural studies and is a recipient of honorary degrees both in this country and abroad. His theoretical contributions and his ability to translate them into rigorous operational research models and effective social policies spurred the creation of Head Start and furthered the goals of Cornell's Life Course Institute, which has been renamed in his honor. Dr. Bronfenbrenner is the author, co-author, or editor of 13 books and more than 300 articles, most notably Two Worlds of Childhood: U.S. and U.S.S.R. and The Ecology of Human Development.

Bettye Caldwell is Professor of Pediatrics in Child Development and Education at the University of Arkansas for Medical Sciences. Known for her research of the home environment and its relationship to growth and development, she has served in many research and practitioner positions Throughout her career, she has published numerous articles and books on infant and child development and child care, and contributed early work around the establishment of Head Start. One of Dr. Caldwell's most recent projects was "An Ecological Study of Infant Care," designed to study the long term effects of infant day care. In addition, she has been a leader in the early childhood field, serving as President of the NAEYC and a member of the Governing Board of the Society for Research in Child Development, and participating in international consulting and speaking engagements.

Jane Campbell is a State Representative serving her fifth term in the Ohio House of Representatives. She chairs the Oversight Committee on Abused, Neglected, and Dependent Children and is a member of the Children and Youth Committee. She has also been involved with a number of committees that have looked at Ohio's school system, domestic relations, and adolescent sexuality and pregnancy. She has sponsored a number of important bills for children and their families including legislation to expand subsidized child care so 20,000 additional children can get quality care which will enable their parents to work; extending medicaid to working pregnant women; correcting discrimination against pregnant teenagers; and simplifying voluntary paternity procedures so unmarried fathers can take responsibility for their children.

Gayle Cunningham is the Executive Director of the Jefferson County Committee for Economic Opportunity, the Community Action Agency based in Birmingham, Alabama. She directs that agency's Child Development Services Division, which includes Head Start and Parent and Child Center programs, and a Head Start-Public School Transition Demonstration Project. The agency also operates a wide variety of other programs for low-income families and individuals. She was formerly an Assistant Professor responsible for coordination of the early childhood AA degree program at Delgado College in New Orleans, and a Senior Research Associate for Bank Street College responsible for the expansion of the

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Sharon Darling is the Founder and President of the National Center for Family Literacy. In 1989, with a grant from the Kenan Trust, the National Center for Family Literacy was created to promote family literacy programming nationwide. While State Director of Adult Education in Kentucky, she directed the development of the Parent and Child Education program, forerunner of the family literacy movement. Ms. Darling is Vice Chair of the Board of Directors for the National Institute for Literacy, a board member of both The Barbara Bush Foundation for Family Literacy, and the National Coalition for Literacy. She has received numerous awards for her contributions to education, including the prestigious Harold W. McGraw Award for Outstanding Educator in 1993.

Amy L. Dombo is an Infant/Toddler Specialist. Formerly Director of the Infant and Family Center at Bank Street College of Education, she is an expert in infant/toddler programs. Ms. Dombro has extensive experience training Head Start and child care staff. She has also authored three books and numerous articles for parents and caregivers. Currently, consulting with Families and Work Institute, she is directing the evaluation of Dayton Hudson's Child Care Aware/ Family-to-Family Project, a national initiative to improve the quality of family child care.

Anne Cohn Donnelly is the Executive Director of the National Committee to Prevent Child Abuse. As Executive Director, she oversees a 50-state network of chapters, a national center on child abuse prevention research, and extensive training in educational programs and advocacy efforts. The National Committee has provided leadership for the replication of the Hawaii Healthy Start home visiting model through its Health Families America initiative. Prior to joining NCPCA, she served as a White House Fellow and Special Assistant to the Secretary of the Department of Healthy and Human Services, handling a broad range of issues for the Secretary including children's health and social services. She has also lectured and published widely, and has designed the first national evaluation study of child abuse treatment programs.

Robert Emde is professor in the Department of Psychiatry at the University of Colorado Health Sciences Center and Adjunct Professor of Psychology at the University of Denver. Dr. Emde is highly respected for his work on infant emotional development, and is the author or co-author of over 200 scholarly articles and chapters. Dr. Emde has held leadership positions in numerous national organizations and has served as an editor of developmental and clinical journals. He is the Past President of the Society for Research in Child Development, Senior Scientific Advisor for the World Association for Infant Mental Health, and a Board Member of Zero to Three. Additionally, Dr. Emde has been the invited plenary speaker for many national and international conferences.

Lily Wong Fillmore is a professor at the School of Education, Language and Literacy Division, at the University of California, Berkeley. She is recognized as a leading expert on issues of cultural diversity in child development and educational progress. Dr. Fillmore is also known for her work on language acquisition. She is currently on the National Advisory Committee of The Literacies Institute, funded by the Andrew Mellon Foundation, and the National Advisory Committee of the Linguistic Minorities Resource center on Educational Equity of the Council of Chief State School Officers.

Susan Fowler is the Head of the Department of Special Education at the University of Illinois in Champaign. She is a well respected researcher in the field of early childhood special education, and has authored numerous articles and chapters. Dr. Fowler has served in a national leadership role as the President of the Division for Early Childhood (DEC) in the Council for Exceptional Children. She is currently a member of the National Advisory Board of the National Early Childhood Technical Assistance System. Dr. Fowler has both State and Federal experience.

Olivia Golden is the Commissioner for the Administration on Children, Youth and Families at the Department of Health and Human Services. Prior to coming to HHS, Dr. Golden served as the Director of Programs and Policy for the Children's Defense Fund in Washington, DC, where she was responsible for policy development, advocacy, research, data analysis, and writing about a variety of children and family issues. Prior to that, she served as Lecturer in Public Policy at the John F. Kennedy School of Government, where she focused her research on child and family policy and public management. From 1983-1985, Dr. Golden served as the Budget Director for the Executive Office of Human Services in the Commonwealth of Massachusetts. She is the author of a recently published book, Poor Children and Welfare Reform (Auburn House Press, 1992), and several papers and articles. Her research has focused on the way services work for real people, including issues of innovation, collaboration and effective service delivery for children and families.

Sarah Greene is the Chief Executive Officer of the National Head Start Association. Mrs. Greene has held a host of positions in the Head Start community including President of the National Head Start Association, a classroom teacher, Education Director, Head Start Director and Executive Director of Manatee Opportunity Council, Inc. (a Community Action Agency). She serves as an ambassador for Head Start, speaking across the country, testifying before Congress, and participating with many other national organizations.

Judith Jerald is the Director of a Comprehensive Child Development Program (CCDP) in Vermont. She coordinates an early childhood family support system for Brattleboro Town School District which serves families with children prebirth through age eight, and includes a CCDP, Even Start, a Parent and Child Center, a Teen Parent Infant-Toddler Center at the high school, and transition to school programs. Ms. Jerald has extensive experience in program design, providing a wide array of direct social services, training, community organization, and administration. She is a member of the National Association of Social Workers and National Education Association.

Linda Kills Crow is the Director of Early Childhood Services (Head Start and the Child Care Development Block Grant Programs) for the Osage Tribe of Oklahoma and has been the President of the National Indian Head Start Directors Association since 1990. Prior to her current position, Ms. Kills Crow was the Director of the Native American Education Program at the University of Colorado, Denver. Ms. Kills Crow was a Head Start/Johnson and Johnson Management Fellow in 1991 and has served on numerous state and national boards, committees, and task forces.

J. Ronald Lally is the Director of the Center for Child and Family Studies of the Far West Laboratory for Educational Research and Development in California. He is also the Director of the Program for Infant/Toddler Caregivers. Prior to joining Far West Laboratory, Dr. Lally was a professor at Syracuse University, where he directed the Family Development Research Program. He is highly respected for his work in the emotional and social development of infants and toddlers. Additionally, Dr. Lally has expertise in developing both programs and training materials for young children and their caregivers. He is Founding Member and serves on the Board of Directors of Zero to Three (National Center for Clinical Infant Programs)

Joan Lombardi serves as a Senior Advisor to the Assistant Secretary for Children and Families on child care and Head Start issues. As an early childhood specialist, she has advocated for improved and expanded services to very young children and their families through her work with a wide variety of national, state, and communitybased organizations. She is the author of numerous publications, including Creating a 21st Century Head Start, the landmark report of the Head Start Advisory Committee on Quality and Expansion.

Harriet Meyer is the Executive Director of the Ounce of Prevention in Chicago, Illinois. The Ounce of Prevention supports programs focusing on teen parents and their children from 0–3, directly operates and administers the Beethoven Project, and is one of two Head Start grantees in Chicago as well as three school based adolescent health clinics. The Ounce also directs Kids Pepp, the Public Education and Policy Analysis Division at the Ounce. Previously, Ms. Meyer was the Director of the Wells Community Initiative in which she directed the Ounce of Prevention's involvement in the revitalization of the Ida B. Wells public housing complex in Chicago.

Evelyn K. Moore is the Executive Director and founder of the National Black Child Development Institute, a national network of 40 affiliates in 23 states which work to improve the quality of life for African American children and their families. Before founding the Institute, Ms. Moore worked as a Special Assistant to Wilbur Cohen, former Secretary of Health, Education and Welfare, at the University of Michigan at Ann Arbor. Ms. Moore currently serves on the Boards of the National Council of Jewish Women Center for the Child, Child Trends, and Child Care Action Council. She works as a consultant to the Office of Education in addition to numerous philanthropic organizations.

Genoveva P. Morales has been President of the National Migrant Head Start Director's Association for the past two years and presently serves as the Migrant Head Start Director for the Washington State Migrant Council. Ms. Morales has served the migrant community in many roles including Special Services Director and Migrant Education Chapter I Program Director. In addition to her work with migrant and seasonal farmworkers, Ms. Morales has held various positions in the academic setting serving as a Research Assistant at the University of Texas at San Antonio, a financial aid counselor at the University of Washington, and an academic counselor at Eastern Washington University and at the Yakima Valley Community College. Her personal commitment to an improved transition effort of Head Start children into public school has led her to obtain her state certification for counseling in the public school setting

Dolores Norton is a professor in the School of Social Service Administration, University of Chicago. She writes and teaches in the area of early human development within a sociocultural, ecological context, and directs the "Building Partnerships for Family Support Education and Training" project, a collaborative education program between community based agencies, universities, and educational training organizations. She received her M.S.S. and her Ph.D. degrees from Bryn Mawr College. Dr. Norton's major research is an ongoing longitudinal study of parent-child interaction developmental outcomes of inner city African American children form birth through age eleven, growing up in poverty stricken, dangerous neighborhoods. The research focuses on the children's socio-cognitive development with an emphasis on temporal and linguistic development and early academic achievement. She was a member of the founding board of Family Focus, Inc., and currently serves on boards such as Zero to Three: the National Center for Clinical Infant Programs and the Ounce of Prevention and Education for Parenting Advisory Boards.

Maria Elena V. Orrego is currently consulting and providing technical assistance to the Commission on Social Services, Department of Human Services, Government of the District of Columbia, to develop a five year strategic plan for the Federal Family Preservation and Support Services Program. Ms. Orrego was the former Executive Director of The Family Place, Inc., a comprehensive family support program in Washington, D.C. providing services to Latino and African-American families. Ms. Orrego was responsible for the planning, management, and evaluation of programs in two family support centers. Ms. Orrego has 10 years of experience as a direct social services provider in inner city communities, and twelve years of experience in development, implementation, and evaluation of community based programs for children and families. In addition to her work with families in inner city communities, Ms.

Orrego serves as a member of the Board of Directors of the Family Resource Coalition and the D.C. Act for Children.

Carol Brunson Phillips is the Executive Director of the Council for Early Childhood Professional Recognition, which administers the Child Development Associate National Credentialing Program. Throughout her career in early childhood education, she has been involved in both teaching young children and training teachers, first as a Head Start teacher. For 13 years she was a member of the Human Development Faculty at Pacific Oaks College in Pasadena specializing in early childhood education and cultural influences on development. Dr. Phillips is currently a member of the Technical Advisory Panel of the Head Start Bilingual and Multicultural Program Services Study and the National Head Start Training Panel of Experts.

Deborah Phillips is Director of the Board on Children and Families on the National Research Council's Commission on Behavioral and Social Sciences and Education and the Institute of Medicine. She is on leave as associate professor of psychology at the University of Virginia. Dr. Phillips received her Ph.D. in developmental psychology at Yale University. She was the first director of the Child Care Information Services of the National Association for the Education of Young Children and is a member of many task forces and advisory groups that address child and family policy issues, including the research task force of the Secretary's Advisory Committee on Head Start Quality and Expansion of the U.S. Department of Health and Human Services. Dr. Phillips has testified frequently before Congress on issues of child care quality

Ed Pitt is Associate Director of the Fatherhood Project at the Families and Work Institute. The project is a national research and education initiative examining the future of fatherhood and ways to support men's involvement in childrearing. Mr. Pitt has been involved in many significant initiatives such as the White House Conference on Families, President's Commission on Mental Health, Secretary's Task Panel on Teen Pregnancy Prevention, and the National Health Council.

Gloria Johnson Powell is a child psychiatrist, formerly a professor of child psychiatry at Neuropsychiatric Institute at UČLA, and is currently a tenured Professor at Harvard Medical School. She is best known for her research on the psychosocial development of minority group children. She wrote the first textbook in child psychiatry on ethnically and racially diverse children, The Psychosocial Development of Minority Group Children. Currently, she is director of the Ambulatory Care Center at the Judge Baker Children's Center in Boston and has developed a home-based services program for inner-city children and families in Boston called "Partnerships in Prevention: Building Rainbows" which uses a mobile service center to bring primary mental health care services "to the doorsteps" of children and families in need. This program has provided services to twelve housing projects and six Head Start programs whose children and families are trapped in their communities

and homes because of drug-related crime, violence, and poverty.

Linda Randolph is a graduate of the Howard University College of Medicine and the School of Public Health, the University of California at Berkeley. For seven years, Dr. Randolph was National Director of Health Services, Project Head Start. She continued her work in government by joining the New York State Department of Health serving first as an Associate Commissioner in New York City and subsequently as Deputy Commissioner, Office of Public Health in Albany. Concurrently Dr. Randolph was appointed Professor of Health Policy and Management, Graduate School of Public Health, State University of New York at Albany. In 1991, Dr. Randolph was appointed Clinical Professor, Department of Community Medicine, Mount Sinai School of Medicine. She served on assignment from the medical school as Executive Director of the Carnegie Corporation Task Force on Meeting the Needs of Young Children which released its report-Starting Points-earlier this year.

Julius B. Richmond is the John D. MacArthur Professor of Health Policy, Emeritus at Harvard University Medical School. Dr. Richmond, trained in psychiatry and pediatrics, was the first person to hold the positions of Assistant Secretary for Health and Surgeon General. Dr. Richmond, together with his colleague Dr. Bettye Caldwell, designed one of the early programs for low-income preschoolers that integrated health and school readiness programs, which later became the model for Head Start, of which Dr. Richmond was the first Director in 1965 and 1966. Dr. Richmond has been awarded numerous honors, including the National Academy of Sciences Institute of Medicine's Gustav O. Lienhard award, which recognizes "outstanding achievement in improving personal health care services in the United States.'

Ann Rosewater is the Deputy Assistant Secretary for Policy and External Affairs in the Administration for Children and Families, Department of Health and Human Services. As Deputy Assistant Secretary, she has major management and policy-making responsibilities. Prior to coming to ACF, she was senior associate at the Chapin Hall Center for Children at the University of Chicago and senior consultant to both the Pew Charitable Trusts' Children's initiative and the Annie E. Casey, Ford and Rockefeller Foundation's Urban Change initiatives. Ms. Rosewater assisted in the creation of the US House of Representatives Select Committee on Children, Youth, and Families, and served as its staff director and deputy staff director from 1983-1990. From 1979-1983, she served as a senior legislative assistant to Congressman George Miller. During the 1970s, she was national education staff for the Children's Defense Fund and assistant to the vice president of the National Urban Coalition. Ms. Rosewater was the first nonelected official to receive the Leadership in Human Services Award of the American Public Welfare Association, received the President's Certificate for Outstanding Service from the American Academy of Pediatrics and is the author of numerous publications on child policy.

Shirley Senegal is a Head Start parent at the Opelousas Head Start Academy in Louisiana. She is the president of the Parent Policy Council and member and Chaplain of the Louisiana Head Start Association. Ms. Senegal is a NHSA Board Member and President of the Louisiana Head Start Parent Affiliate Group. Ms. Senegal is an active participant in both the Louisiana Head Start Association as well as the Region VI Head Start Association.

Lisbeth B. Schorr is Lecturer in Social Medicine at Harvard University, a member of the Harvard University Working Group on Early Life, and Director of the Harvard University Project of Effective Services. Ms. Schorr's 1988 book, Within Our Reach: Breaking the Cycle of Disadvantage, analyzed social programs that have succeeded in improving the life prospects of disadvantaged children. Ms. Schorr is currently pursuing the implications of her findings for the largescale implementation of effective programs. Previously, Ms. Schorr helped establish the health division of the Children's Defense Fund and directed the health activities of the O.E.O.'s Community Action Program.

Helen H. Taylor is the Associate Commissioner of the Head Start Bureau at the Department of Health and Human Services. Prior to coming to HHS, Ms. Taylor was Executive Director of the National Child Day Care Association, Inc., which operated 16 preschool and 5 before and after school centers in Washington, DC. Ms. Taylor is a former member of the Governing Board of the National Association for the Education of Young Children and was Chairperson of the Mayor's Advisory Committee on Early Childhood Education. Ms. Taylor has 27 years of experience in designing and administering large, comprehensive child development projects, including Head Start, Model Cities, and locally funded child care programs.

Sally Vogler has served on the staff of Colorado Governor Roy Romer since 1988. In this capacity, she advises the Governor on policy and programs related to early childhood and directs First Impressions, the Governor's early childhood initiative. Over the past eight years, First Impressions has successfully put in place a number of key educational and community supports that promote the healthy development of young children and their families. These include the establishment of a statewide child care resource and referral system; the creation of family development centers and expansion of family literacy programs in the state through the "Read To Me, Colorado" program

Bernice Weissbourd is Founder and President of Family Focus, an agency providing comprehensive family support services in four diverse Chicago communities. She is also Founder and President of the Family Resource Coalition, the national organization representing the family support movement. Ms. Weissbourd is a contributing editor to Parents magazine, and has authored books and articles on family support programs and policies, and on child development issues. Ms. Weissbourd was President of the American Orthopsychiatric Association, Vice-President of the National Association for the Education of Young Children and a member of the National Commission on Children. She is a lecturer at the School of Social Service Administration, University of Chicago.

Edward Zigler is the Sterling Professor of Psychology, head of the psychology sections of the Child Study Center and the Bush Center in Child Development and Social Policy at Yale University. He is the author and co-author or editor of numerous scholarly publications and has conducted extensive investigations on topics related to normal child development, as well as psychotherapy, mental retardation, intervention programs for economically disadvantaged children, and the effects of out-of-home care on the children of working parents. Dr. Zigler served as the Chief of the U.S. Children's Bureau and first Director of the Office of Child Development, now the Administration on Children, Youth and Families. He was one of the original planners of Project Head Start.

Appendix D—Category One—New Early Head Start Awards: List of Geographic Areas Not Open for Competition Under Category One

Under Category one, applicants may apply for Early Start funds to serve communities throughout the country, except for those listed below. The areas listed below are either already served by an existing Early Head Start program or are separate competitive areas with current Parent and Child Center programs. (In communities with an Early Head Start project, the grantee's name is shown in parenthesis.)

(Under Category Two, applicants may apply to serve the communities currently served by Parent and Child Centers. In addition to being included in the list below, these communities are also listed in Appendix E.)

Alabama

-Jefferson County

Alaska

- —The Yukon-Kuskokwim Delta Area in Southwest Alaska (Rural Alaska Community Action Program, Inc., Anchorage)
- —City of Fairbanks (Fairbanks Native Association, Fairbanks)

Arizona

- —El Mirage, Peoria, Williams Air Force Base, Mesa (Maricopa County Board of Supervisors, Phoenix)
- --Enterprise Zone of Phoenix (Southwest Human Development, Phoenix)
- -City of Tucson

Arkansas

-Counties of Conway, Yell and Johnson (Child Development, Inc., Russellville)

California

- -Cities of Chico and Oroville (Butte County Office of Education, Oroville)
- --Cities of Haywood, San Leandro, San Lorenzo, Castro Valley, Union City, Fremont, Newark (Child, Family and Community Services, Fremont)

- —Monterey County, Cities of Marina and Salinas (Children's Services International, Salinas)
- --Cities of Placerville (western slope of El Dorado County), S. Lake Tahoe, Lake Tahoe Basin (El Dorado County Superintendent of Schools, Placerville)
- -City of Fresno (Fresno County EOC, Fresno)
- –Cities of McKinleyville, Arcata, Eureka, Fortuna, Rio Dell (North Coast Children's Services, Arcata)
- --Cities of N. San Juan, Kings Beach, Foresthill, Lincoln (Placer Community Action Council, Inc., Auburn)
- Cities of Daly City, South San Francisco, Half Moon Bay, San Mateo, Redwood City, E. Palo Alto and E. Menlo Park (The Institute of Human and Social Development, South San Francisco)
 San Juan Unified School District,
- Sacramento City Unified School District, and North Sacramento (Sacramento Employment and Training Agency, Sacramento)
- --Cities of Santa Monica, Venice, Mar Vista, Culver City, North Inglewood and West of Fairfax Avenue (West Los Angeles) (Venice Family Clinic, Venice)
- -Cities of Berkeley, Albany, Emeryville
- -City of Los Angeles
- -City of San Diego
- -City of Oakland
- -Counties of Shasta, Siskiyou and Trinity

Colorado

- —Sunnyside, Jefferson Park, Upper Highland, Lower Highland areas of Northwest Denver (Friends of Maria Mitchell [dba Family Star], Denver)
- -Freemont County (Upper Arkansas Area
- Council of Governments, Canon City) —Central and Southeast Colorado Springs
- (Community Partnership for Child Development, Colorado Springs)
- ---City and County of Denver (Clayton-Mile High Family Futures, Denver)
- –Counties of Bent, Crowley, Otero, and Prowers

Connecticut

-Windham County

Delaware

-Sussex County

District of Columbia

- —Wards 1 and 2 of Washington, DC (Edward C. Mazique Parent Child Center, Inc., Washington, D.C.)
- –Wards I, 2, and 4 of Washington, DC (Rosemont Child Development Center, Washington, D.C.)
- —Wards I, 2, and 5 of Washington, DC (United Planning Organization, Office of Preschool and Day Care, Washington, D.C.)

Florida

- —Leon and Gadsden Counties (Florida State University, Tallahassee)
- –Tampa and Plant City (Hillsborough County Board of Commissioners, Tampa)
- -North Central Dade County and City of
- Miami (Dade County Board of Commissioners, Miami)

- –Highlands, Hardee and Henry Counties (Redlands Christian Migrant Association, Immokalee)
- -Alachua County (School Board of Alachua County, Gainesville)
- —Belle Ĝlade, West Palm Beach, Rural South Eastern Florida (East Coast Migrant, Arlington, VA)
- -Broward County
- -Duval County

Georgia

- -Fulton County (Clark Atlanta University, Atlanta)
- -Counties of Dekalb, Scottsdale and Decatur (Save the Children Federation, Atlanta)
- -Chattooga County (Berry College, Summerville)
- -Counties of Murray and Whitfield
- Hawaii
- —Loolauloa Area, Island of Oahu (State of Hawaii, Dept. of Health, Honolulu) —Kalihi-Palma, Honolulu (Parents and
- Children Together, Honolulu)

Idaho

- —Nez Perce, Lapwai (Nez Perce Tribe, Lapwai)
- —Nez Perce County, Idaho and Asotin County, Washington

Illinois

- -Garfield School area in the City of Chicago (City of Chicago, Chicago)
- —Robert Taylor Homes area in the City of Chicago (Ounce of Prevention, Chicago)
- Counties of Wabash, Edwards, Wayne, White, Hamilton, Saline, and Gallatin (Wabash Area Development, Inc., Enfield) —Springfield and Sangamon Counties
- (Springfield Urban League, Inc., Springfield)
- —Proviso, Cicero and Berwyn Townships in Cook County (Community and Economic Development Association, Chicago)
- —North Lawndale Community in City of Chicago (Better Boys Foundation, Chicago)
- —Madison County (Family Service and Visiting Nurse Association, Alton)
- -Peoria County (Peoria Citizens Committee for Economic Opportunity, Peoria)
- —City of Chicago

Indiana

- —Vigo County (Hamilton Center, Terre Haute)
- -Clay, Owen, and Putnam Counties (Child-Adult Resource Service, Inc., Rockville)
- Madison County (Hopewell Center, Inc., Anderson)
 Clark County
- orun

Iowa

- —Counties of Hardin, Marshall, Poweshiek, Tama and Story (Mid-Iowa Community Action, Marshalltown)
- -Clay County and Cities of Spencer, Royal, Langdon, Dickens, Fostoria, Everly and Moneta (Upper Des Moines Opportunity, Inc., Graettinger)
- —City of Des Moines (Drake University, Des Moines)

Kansas

—Counties of Wichita and Sedgwick (Child Care Association of Wichita-Sedgwick, Wichita)

- -Kansas City, Kansas and Wyandotte County (University of Kansas Medical Center, Kansas City)
- —Saline County (Unified School District #305, Salina)

Kentucky

- -Christian and Daviess Counties (Audubon
- Area Community Services, Owensboro) —Harlan County (Kentucky Communities Economic Opportunity Council, Barbourville)
- Grayson and Breckinridge Counties (Breckinridge-Grayson Programs, Leitchfield)
- –Fulton, Graves, Calloway, Marshall, and Warren Counties (Murray Board of Education, Murray)
- —Whitley County (Whitley County Communities for Children, Williamsburg)
- —Jefferson County

Louisiana

- -City of New Orleans
- —Jefferson Parish

Maine

- —Oxford County (Community Concepts, Inc., South Paris)
- —Franklin County (Western Maine Community Action, East Wilton)

Maryland

- —Cities of Rockville, Langley Park, Takoma Park and Hyattsville (University of Maryland University, Head Start Resource and Training Center, College Park)
- —Hightown in Baltimore City and Caroline County (Friends of the Family, Inc., Baltimore)
- —Cities of Gaithersburg and Germantown (Family Services Agency, Inc., Gaithersburg)
- -City of Baltimore

Massachusetts

- --City of Lowell (Community Teamwork, Inc., Lowell)
- -City of Boston

Michigan

- —Jackson County (Region II CAA, Jackson) —Genesee County (Carmen-Aimesworth
- Community Schools, Flint) —East and West City of Detroit (City of
- Detroit Neighborhood Services Department, Detroit)
- -Grand Haven Area of Ottawa County (Child Development Service of Ottawa County, Inc., Holland)
- Menominee, Delta, and Schoolcraft Counties (Menominee, Delta, and Schoolcraft Action Agency, Escanaba)
 Clare, Gladwin and Mecosta Counties
- (Mid-Michigan Community Action Agency, Clare)
- —Grand Traverse, Artrim, Benzie, Emmet, Kaldaska, Leelanau, Missaukee, Roscommon and Wexford Counties (Northwest Michigan Human Services, Traverse)
- —Counties of Gratiot, Ionia, Isabella, and Montcalm
- —-Indian Reservations of: Bay Mills, Hannahville, Keweenaw Bay, Isabella, and Lac Viewux Desert

Minnesota

—American Indian population of North and Northeast Minneapolis and Phillips community of So. Minneapolis (Upper Midwest American Indian Center, Minneapolis)

19003

- —Midway Section of St. Paul (Model Cities Family Development Center, St. Paul)
- -Hennepin County

Mississippi

- -Laurel and Jones County (Friends of
- Children of Mississippi, Jackson)
- —Jackson County
- -Leflore County

Missouri

- -City of St. Louis (Human Development Corporation of St. Louis, St. Louis)
- –Jackson County (KCMC Child Development Corporation, Kansas City)

Montana

- -Yellowstone County
- -Blackfeet Indian Reservation

Nebraska

- —Counties of Columbus and Platte (Central Nebraska Community Services, Loup City)
- —Cities of Scotts Bluff and Gering (Panhandle Community Services, Gering)
- -City of Omaha (The Salvation Army,
- Western Division, Omaha) —Douglas County

-Douglas Coul

Nevada

-Counties of Clark, Elko and White Pine

New Hampshire

Phillipsburg)

Ballston Spa)

New Mexico

New York

-Upper Passaic County

—County of Bernalillo

-Counties of Belknap, Strafford, Laconia and Rochester (Community Action Program Belknap-Merrimack, Inc., Concord)

New Jersey

- —Communities of Rosedale, Duddlye, Stockton and City of Marlton (Group Homes of Camden County, Camden)
- –Communities of Montclair, Glen Ridge, and South Essex (East Orange Child
- Development Corporation, East Orange) –West Ward and Central Ward of Newark (Babyland Nursery, Inc., Newark)

Sussex and Warren Counties (Northwest

New Jersey Community Action Program,

-The School district of Saratoga County

(Ballston Spa Central School District,

-Allegany County (ACCORD, Belmont)

South and west quadrants of Syracuse

-City of Utica (Utica Head Start Children

covers three Census tracks bounded on the

east by the East River, on the west by Allen

Street, on the north by Houston Street and

Lower Eastside Manhattan. This area

-Chautauqua County (Chautauqua

Opportunities, Inc., Dunkir)

(P.E.A.C.E., Inc., Syracuse)

and Families, Utica)

on the south by Delancey Street (Grand Street Settlement, New York)

- -Kingsbridge Heights, Marble Hill, Fordham and Tremont (Kingsbridge Heights Community Center, Bronx)
- -Washington Heights and Inwood in Manhattan (Children's Aid Society, New York)
- Village of New Square (New Square Community Improvement Council, Spring Valley)
- Mott Haven Section in the Bronx (University Settlement Society of New York, New York)
- Fort Green Park Community of Brooklyn (Project Teen Aid/Project Chance, Brooklyn)
- -Dutches County (Astor Home for Children, Rhinebeck)
- Teen Aid High School in China Town, and Bellveue Hospital in Lower Manhattan (The Educational Alliance, New York)
- Far Rockaway in New York City (Visiting Nurse Service of New York, New York) -City of Buffalo
- -Bronx County

North Carolina

19004

- -Emma, Johnston, Woodfin districts in Duncombe County (Asheville City Schools, Asheville)
- Craven County
- Macon County
- -McDowell County
- -Rowan County
- --Wayne County
- North Dakota
- -Spirit Lake Reservation (Little Hoop Community College, Fort Totten)
- -Standing Rock Sioux Reservation (Standing Rock Sioux Tribe, Fort Yates)
- -Ward County

Ohio

- Clermont County (Child Focus of Clermont County, Cincinnati)
- -Hamilton County (Cincinnati/Hamilton County CAA, Cincinnati)
- Glenville, Hough, and St. Clair Areas of Cuhahoga County (Council for Economic Opportunity in Greater Cleveland, Cleveland)
- -Miami and Darke Counties (Council on
- Rural Services Programs, Inc., Greenville) Lorain County

Oklahoma

- -Cherokee Nation Reservation (Cherokee Nation, Tatequah)
- -Creek County

Oregon

- –Jackson County and Illinois Valley area of Josephine County (Southern Oregon Child and Family Council, Inc., Central Point) -City of Portland
- -Umatilla County

Pennsylvania

- -City of Allentown (Community Services for Children, Inc., Bethlehem)
- Cities of Aliquippa and Beaver Falls (Civic Senior Citizens, Inc., Aliquippa) Westmoreland County (Seton Hill Child
- Services, Greensburg)

- -Terrace Village Public Housing, McKees Rocks, Stowe township, Clairton, Camden Hills (University of Pittsburgh, Pittsburgh)
- William Penn High School District in Philadelphia (Allegheny University of the Health Sciences, Division of Community Health, Philadelphia)
- North-Eastern Philadelphia (The Philadelphia Parent Child Center, Inc., Philadelphia)
- -Counties of Lackawanna, Pike,
- Susquehanna, and Wayne -Counties of Mifflin, Snyder, and Union

Puerto Rico

- -Cano Vanas, Rio Grande (Aspira, Inc. of Puerto Rico, Rio Piedras)
- -Vega Alta, San Juan, Puerto Rico (New York Foundling Hospital, New York) -Municipality of Carolina

Rhode Island

- -Kent County (CHILD Inc., Warwick)
- -City of Cranston and Providence County (Comprehensive Community Action, Cranston)
- —Newport County

South Carolina

- -Sumter County (Sumter School District 17, Sumter)
- -Greenville County (Sunbelt Human Advancement Resources, Inc., Greenville)

South Dakota

- Counties of Minnehaha, Lake, Moody, Codington, Hamlin and Brookings (Inter Lakes Community Action, Madison)
- -Rapid City, Ellsworth AFB, and counties of Box Elder, Black Hawk, Pennington and Meade (Youth and Family Services, Rapid Citv)
- -Crow Creek Sioux Reservation and parts of Pennington County
- -Oglala Sioux Reservation

Tennessee

- —Hamilton County (City of Chattanooga Human Resources Dept., Chattanooga)
- -Henry, Gibson, Obion, Weakley Counties (Tennessee State University, Nashville)
- -Union City; Counties of Fayette, Lauderdale, Tippon, Carroll and Jackson-Madison (Northwest Tennessee Economic **Development**)
- -Counties of Giles, Bedford and Lawrence

Texas

- —Alice, Jim Wells County, and Kingsville and Fulfurias in Kleberg Counties (CAC of South Texas, Alice)
- -City of Austin (Child Inc., Austin) —North-East Dallas (Head Start of Greater Dallas, Inc., Dallas)
- -City of San Antonio and Bexar County (City of San Antonio Parent and Child, Inc., San Antonio)
- -West Side of San Antonio (Avance, Inc., San Antonio)
- -San Marcos and Kyle in Hays County (C.A. Inc. of Hays, Caldwell and Blanco Counties, San Marcos)
- -Hildalgo County (Texas Migrant Council, Laredo)
- -Cherokee County
- -City of Houston

Utah

- -Box Elder and Cache Counties in Utah: Franklin County in Idaho (Bear River Head Start, Logan)
- -Davis County

Vermont

- -Lamoille, Orange, Washington Counties (Central Vermont Community Action Council, Inc., Barre)
- Windham County (Brattleboro Town School District Early Education Services, Brattleboro)
- -Communities of Newport, Irasburg/Albany, Barton, Island Pond, Gilman, St. Johnsbury, Hartwick, Lyndonville and Burke (North East Kingdom Community Action, Inc., Newport)

Virginia

- -Cities of Bristol, Abingdon, Glade Spring, Meadowview, Lebanon, Clintwood and Grundy (People, Inc., Abingdon)
- -Route 1 corridor in Fairfax County, Virginia (United Cerebral Palsy of Washington DC and Northern Virginia, Washington, DC)
- —Fairfax County, Cities of Fairfax and Falls Church

Washington

- -Communities of Kent, Auburn, Renton (Children's Home Society of Washington, Auburn)
- Port Gamble Reservation; Kitsap County (Port Gamble S'Klallam Tribe, Kingston)
- Spokane County and City of Spokane (Washington State Community College District 17, Spokane)
- —Yakima County (Washington State Migrant Council, Grandview)
- —City of Seattle

West Virginia

- -Communities of Wadestown and Sabraton (Monongolia County Board of Education, Morgantown)
- -Counties of Cabell, Lincoln, Mason, and Wayne

Wisconsin

- -Counties of Adams, Columbia, Dodge, Juneau, and Sauk (Renewal Unlimited, Baraboo)
- Counties of Barron, Chippewa, Dunn, Pepin, Pierce, Polk, and St. Croix) (CESA #11, Turtle Lake)

Under Category Two

I-94 to Capitol Drive; 10th Street to Sherman Blvd. in the City of Milwaukee; and Milwaukee County (Next Door Foundation, Milwaukee)

Wyoming

-Counties of Converse, Goshen, Natrona, Niobrara, Platte Appendix E—Category Two—New Awards

to Communities Served by PCCS: List of

Geographic Areas Open to Competition

Under Category Two, applicants from

communities served by current Parent and

an Early Head Start program within their

community will compete for funds against

community. Applicants from each

Child Center programs may apply to operate

other applicants from the same community. The competitive areas are listed below.

Alabama

1. Competitive Area: Jefferson County

Arizona

2. Competitive Area: City of Tucson

California

- 3. Competitive Area: Cities of Berkeley, Albany, Emeryville
- 4. Competitive Årea: City of Los Angeles (excluding the Cities of Santa Monica, Venice, Mar Vista, Culver City, North Inglewood and west of Fairfax Avenue (west LA))
- 5. Competitive Area: City of San Diego
- 6. Competitive Area: City of Oakland
- 7. Competitive Area: Counties of Shasta, Siskiyou and Trinity

Colorado

8. Competitive Area: Counties of Bent, Crowley, Otero, and Prowers

Connecticut

9. Competitive Area: Windham County

Delaware

10. Competitive Area: Sussex County

Florida

Competitive Area: Broward County
 Competitive Area: Duval County

Georgia

13. Competitive Area: Counties of Murray and Whitfield

Idaho

14. Competitive Area: Nez Perce County, Idaho and Asotin County, Washington

Illinois

15. Competitive Area: City of Chicago (excluding the Garfield School area, the Robert Taylor Homes area, and the North Lawndale Community)

Indiana

16. Competitive Area: Clark County

Kentucky

17. Competitive Area: Jefferson County

Louisiana

- 18. Competitive Area: City of New Orleans
- 19. Competitive Area: Jefferson Parish

Maryland

20. Competitive Area: City of Baltimore (excluding the Hightown area)

Massachusetts

21. Competitive Area: City of Boston

Michigan

- 22. Competitive Area: Counties of Gratiot, Ionia, Isabella, and Montcalm
- 23. Competitive Area: Indian Reservations of: Bay Mills, Hannahville, Keweenaw Bay, Isabella, and Lac Viewux Desert

Minnesota

24. Competitive Area: Hennepin Count (excluding the Midway Section)

Mississippi

- 25. Competitive Area: Jackson County
- 26. Competitive Area: Leflore County

Montana

27. Competitive Area: Yellowstone County28. Competitive Area: Blackfeet Indian Reservation

Nebraska

29. Competitive Area: Douglas County

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- Nevada
- 30. Competitive Area: Counties of Clark, Elko and White Pine

New Jersey

31. Competitive Area: Upper Passaic County

New Mexico

32. Competitive Area: County of Bernalillo

New York

- 33. Competitive Area: City of Buffalo
- 34. Competitive Area: Bronx County (excluding the areas of Kingsbridge Heights, Marble Hill, Fordham and Tremont)

North Carolina

- 35. Competitive Area: Craven County
- 36. Competitive Area: Macon County
- 37. Competitive Area: McDowell County
- 38. Competitive Area: Rowan County39. Competitive Area: Wayne County
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North Dakota

40. Competitive Area: Ward County

Ohio

41. Competitive Area: Lorain County

Oklahoma

42. Competitive Area: Creek County

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Oregon

- 43. Competitive Area: City of Portland
- 44. Competitive Area: Umatilla County

Pennsylvania

- 45. Competitive Area: Counties of Lackawanna, Pike, Susquehanna, and Wayne
- 46. Competitive Area: Counties of Mifflin, Snyder, and Union

Puerto Rico

47. Competitive Area: Municipality of Carolina

Rhode Island

48. Competitive Area: Newport County

South Dakota

- 49. Competitive Area: Crow Creek Sioux Reservation and parts of Pennington County
- 50. Competitive Area: Oglala Sioux Reservation

Tennessee

51. Competitive Area: Counties of Giles, Bedford and Lawrence

Texas

- 52. Competitive Area: Cherokee County
- 53. Competitive Area: City of Houston

Utah

54. Competitive Area: Davis County

Virginia

55. Competitive Area: Fairfax County, Cities of Fairfax and Falls Church

Washington

56. Competitive Area: City of Seattle

West Virginia

57. Competitive Area: Counties of Cabell, Lincoln, Mason, and Wayne

Wyoming

58. Competitive Area: Counties of Converse, Goshen, Natrona, Niobrara, Platte

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