



Early Childhood Developmental Health Systems: **ZERO TO THREE** Evidence to Impact Center Implementation Sites Project

Early connections last a lifetime

Grant: Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center – Implementation Sites

Eligible Applicants: Organizations in states with a current Early Childhood Comprehensive Systems (ECCS) award, including current ECCS awardees.

Funding: Three Implementation Sites will be selected, each awarded \$125,000 for the start-up phase (July 2023 – September 2023). Funding for Years 2, 3, and 4 is anticipated to be \$450,000 per year for each site and is dependent upon performance and ZERO TO THREE, the leading organization for the ECDHS: Evidence to Impact Center, receiving the renewal cooperative agreement(s) from Health Resources and Services Administration.

Due Date: 5/15/2023

Description of Grant Opportunity

The new ECDHS: Evidence to Impact Center will select and support three (3) Implementation Sites to advance statewide systems of comprehensive early childhood developmental (ECD) promotion, screenings¹, and interventions that improve outcomes and reduce disparities in ECD health and family well-being for communities with high levels of childhood poverty.

Comprehensive developmental promotion, screening, and intervention focuses on a full range of child and family strengths and needs, including efforts starting prenatally related to general developmental milestones; early social-emotional and relational health; social determinants of health; and other family, caregiver, and/or community risks and needs.

Key ingredients of systems known to improve early developmental health and well-being include:

- A focus on promotion of healthy development, early identification, intervention, and linkage.

¹ Refers to screenings starting prenatally for general developmental milestones; early social-emotional and relational health; social determinants of health and other family, caregiver, and/or community risks and needs. NOFO, HRSA-22-091, footnote p 1

- Establishing a continuum of connected perinatal and physical, mental, nutritional health, early childhood education (ECE), and human/social services.
- Advancing equity, inclusiveness, access, and trust in ECD systems supporting responsive caregiving and early relational health through inclusive state/local infrastructure and governance models.
- Family and community leadership.
- Integrated cross-sector data systems/analysis strategies that inform policymaking and resource allocation.
- Investments that support sustainability.

Aims of the system may include:

- Increased rates of timely, comprehensive developmental screening and successful service referrals, and reduced associated disparities.
- Increased availability of ECD promotion practices and equitable access for communities with high levels of childhood poverty.
- Improved knowledge and capacity of the early childhood workforce, families, and other early childhood and health system leaders to promote early developmental health and family well-being.
- Identification and implementation of solutions to address structural barriers to early developmental health and family well-being.

Ultimately, efforts should advance improvements in early developmental health and well-being (such as child flourishing, school readiness, and family resilience, as prioritized by local/state needs) and reduced disparities associated with childhood poverty.

Previous ECD system change efforts identified exemplar strategies for advancing the key ingredients and aims of systems (described above) including:

- Engaging health providers and systems alongside community partners to implement ECD promotion, screenings, service coordination, and interventions.
- Developing equitable coordinated intake and referral systems that support healthy development and meet whole family needs.
- Advancing family and community engagement and leadership.
- Collecting and analyzing data to identify and address social and structural determinants of health, including structural racism.
- Supporting diverse, cross-sector workforce development, including the availability of ECD experts in primary care and other settings.

Building upon these strategies, the Implementation Sites will identify and implement approaches to adapt, spread, scale, and sustain the key ingredients described above towards effective statewide ECD system change; highlight strategies for addressing systemic barriers; and

document methods that strengthen system capacity and promote more equitable system outcomes.

Background

Young children derive the greatest benefit from ECD systems that promote equity and are built through collaboration, both across and between all service areas of government, families, and communities. Unfortunately, too many young children's futures are compromised simply because they and their families do not receive the supports they need to thrive, including basic family needs. Disparities are rooted in discriminatory policies throughout U.S. history that have blocked opportunity for people of color and perpetuate the breakdown of system linkages to support families in greatest need. Without system change, early childhood poverty experienced during the prenatal period through age three has immediate and lasting consequences on children's health and development.

Recognizing the complexity of ECD systems, implementation of new changes or investments in a state ECD system's operations and infrastructure takes time and requires intentional commitment to strategic, collaborative efforts. Six enabling, foundational system conditions produce sustainable and measurable impact over the long-term: policies; practices; resource flows; relationships and connections; power dynamics; and mental models (i.e., beliefs or ideology).

Evidence-informed practice, which may be impactful at a theoretical level or in certain states/communities, can be challenging to implement and scale to achieve population-level impact on children and families, especially in states with high rates of childhood poverty and fragmented systems. Thus, "evidence" is contextually specific and must be validated by state and local implementation assessment of its impact. System change that builds implementation infrastructure and addresses financing, regulatory, and workforce barriers is needed to spread and scale availability and access to ECD supports. Focusing on the prenatal to three (P-3) period, especially in states/communities with high levels of childhood poverty, creates the opportunity to foster caregiver-child relationships, strengthen core life skills of both caregivers and their children, support early childhood health and development, and address social and structural drivers of health, thus laying the foundation for school readiness and life-long health.

Building upon the lessons learned by a variety of private-, state-, and federally-funded ECD system-building initiatives in recent years, the ECDHS: Evidence to Impact Center's Implementation Sites will explore infrastructure, policy, financing, care coordination, and workforce strategies that leverage the health system – especially prenatal and pediatric primary care – to advance health equity and provide or connect families to ECD services. Participation in this initiative will contribute to the ECD field by achieving short-, mid-, and long-term outcomes in states, reflecting a sequence of interim outcomes (see [Anticipated Outcomes](#)) to reach system changes and improve health for children and families.

During the implementation period from mid-2023 through mid-2026, each Implementation Site will participate in:

- **Individualized, intensive support** conducted by a Technical Assistance (TA) Team consisting of TA specialists from ZERO TO THREE, the American Academy of Pediatrics (AAP), Help Me Grow National Center, and a family partner from Family Voices – to help identify strengths to build on and opportunities for growth of the state ECD system, provide information on best practices and other states’ models, co-facilitate group meetings, and connect Implementation Site Teams to outside experts. Individualized TA will be provided via email, office hours, monthly meetings, data collection and monitoring, and onsite visits. TA will be tailored to fit the needs of each state.
- **Peer-to-peer learning activities**, including virtual learning events and an in-person annual convening of the Implementation Site Teams aimed at strengthening states’ efforts to integrate developmental health with the early childhood systems through shared learning, exploration of common challenges, and brainstorming on pathways to improvement.
- Use of curated **resources, tools, and other materials**.
- **Evaluation** efforts supported by the ECDHS: Evidence to Impact Center.

Each Implementation Site will generally proceed in the following stages, though the time spent on each stage will vary based on each state’s current efforts and context:

1. **Meet with the ECDHS: Evidence to Impact Center TA Team** – Each Implementation Site will have regularly scheduled meetings with the Center TA Team (alongside ECCS Federal Project Officer(s) and the ECCS Technical Assistance and Coordination Center (TACC) TA Specialist, as appropriate) to better understand the state’s context and ensure that the Site’s state/community and tribal partnership steps are concrete, feasible, and supported.
2. **Capacity building and needs assessment** – Each Implementation Site Team will engage additional cross-discipline, public-private stakeholders to assess current strengths, gaps, and opportunities using the data from multiple sources, such as the ECDHS: Evidence to Impact Center’s ECD System Improvement Planning Self-Assessment Tool and with existing state plans and assessments and local and national data (e.g., ECCS System Asset and Gap Analysis (SAGA); ECCS Strategic Plan; Preschool Development Grant-Birth through Five; Child Care and Development Block Grant plans (CCDBG); Maternal, Infant and Early Childhood Home Visiting needs assessments; state infant and early childhood mental health efforts; Title V Plan, National Survey of Children’s Health, Social Vulnerability Index).
3. **Development of customized work plan** – Each Implementation Site, based on the assessment of strengths, gaps, and opportunities and **in collaboration with the Center**, will develop an equity work plan identifying how the Implementation Site Team will

fund or support the involvement and leadership of diverse family, community, and health provider leaders and how the Implementation Site and the Center will address the power dynamics, implicit and systemic biases, and structural and historic racism within their partnership that may impede progress toward goals. If American Indian and/or Alaskan Native communities are involved, the support and coordination between state and tribal entities, and possibly direct coordination with tribal governments, must be addressed. The work plan will include a Disparity Impact Statement, data to identify health disparities, strategies to reduce them, and a design for tracking data to monitor the impact of funding, implementation, and evaluation.

4. **Implementation of priorities** – Each Implementation Site will implement its work plan, measuring progress and adapting strategies as needed to respond to new opportunities and challenges, with the support of the Site’s TA Team and other subject matter experts (SMEs). There will be monthly customized sessions for each Implementation Site Team Lead and key staff/partners; expert 1:1 or small group SME consultation; support for family leadership through training and consultation; cohort learning within and across sites; and utilization of proven system assessment tools to understand the strengths and identify areas for improvement to create family-centered, equity-focused ECD state systems. The Implementation Site Team and the Center’s TA Team will co-design a TA Plan to build the system capacity and advance the Site’s goals.
5. **Evaluation and data capacity building** – Each Implementation Site will seek to improve its existing early childhood data collection methods, build health information technology (HIT) capacity (if applicable), and build consistent, system-level performance/quality measures inclusive of developmental promotion, surveillance and screening, referral, and linkage that can be compared across states. Working with the TA Team, each Implementation Site Team will develop clear and concise theories of change; ensure measurement practices address diversity, equity, and inclusion (DEI); incorporate provider/family experience into data practices; and utilize rapid cycle testing to gather data, test hypotheses, and learn from actionable information. The Implementation Sites and TA Team will collaborate on the determination of shared measurements.
6. **Sustainability planning** – Each Implementation Site will be supported through intentional sustainability planning and action in consultation with the Center’s National Advisory Board and TA Team. A formalized plan will be created based on key drivers of sustainability: sustained social impact, shared business strategy to finance continued efforts, demonstrated value, cost-saving measures, economic viability, adaptability, and capacity to scale services for broader reach.

Anticipated Outcomes

Policy and system changes take time and sustained effort. Participation in this project will contribute to short-, mid-, and long-term outcomes in states, reflecting a sequence of interim outcomes that build upon one another to improve outcomes for children and families. Long-term goals may not be fully achieved during the project period. Participating states will not be compared to each other to determine whether they have been successful; rather, each state will be

expected to make progress in accordance with contextual strengths, opportunities, and challenges. Implementation Site Teams will work with their primary TA provider during the action planning process to define the specific goals/outcomes they aim to achieve in ECD state systems-building.

Short-term outcomes are based upon elements that are critical to laying the groundwork for systems change to occur, including:

- Strengthened partnerships and alliances to advance state early childhood systems, especially promoting healthy development, early identification, intervention, and linkages for the P-3 population.
- Increased visibility of issues that impact young children and families, especially those living in high-need/low-resourced communities.
- Readiness to leverage funding and policy opportunities to accelerate progress.
- Clarity of vision for statewide spread, with a focus on historically marginalized communities experiencing high levels of poverty.

Mid-term outcomes recognize that systems change includes financial, statutory, regulatory, administrative, and systemic elements, including:

- Advancement in the statewide reach and impact of ECD systems through support of implementation and evaluation of evidence-informed, equity-focused strategies.
- Collection and analysis of data to identify and address social and structural drivers of early childhood health, disparities, and progress in diverse cross-sector workforce development.
- Increase in sustained investment in early childhood programs and services.
- Creation of or improvement to laws and statutes that address the needs of infants, toddlers, and families.
- Creation of or improvement to standards, protocols, and regulations that address the needs of infants, toddlers, and families.
- Advancement in the coordinated systems, with the inclusion of family and community leadership that address the needs of infants, toddlers, and families.

Long-term outcomes represent a system of equitable policies for children and families that reflect the research of ECD systems-building, including:

- Demonstration and sustainability of statewide systems improvements that reduce disparities in early developmental health and family well-being outcomes in communities with the highest levels of childhood poverty.
- Sustaining the evidence-informed, equity-driven strategies for the ECD systems building and establishing a continuum of connected perinatal and physical, mental, nutritional health; early childhood education; and human/social services.

- Integrated cross-sector data systems/analysis strategies that evaluate the effectiveness of program activities and inform policymaking, resource allocation, and evidence-informed, equity-driven strategies.
- Development of state and local infrastructure to address policy, financing, and regulatory barriers in order to accelerate and sustain community progress and further statewide impact.
- Implementation of plans to address structural racism, health disparities, and long-term impacts of systemic inequities, including those further precipitated by the COVID-19 pandemic.
- Advancement of community-state communication and support of community capacity-building efforts, including family and community leadership development.

Applicant Eligibility

The following criteria must be met by potential applicants:

- The applicant must be in a state that has a current ECCS award (see Appendix 1 for current awardees). Note that lead applicants are not required to be the ECCS awardee.
- Only one application per state will be accepted.
- Applicants may be state agencies, non-profit organizations, tribal government/entities, or community-based organizations.
- If the applicant is not the current ECCS awardee, the applicant must identify the relationship of its organization to the ECCS awardee and the structure for working together on this grant's goals.

Expectations for Participation in This Project

The Implementation Site Team will:

- Form an Implementation Site Team of 5–7 individuals to serve as the core group for executing the project (see [Applicant Implementation Site Team Requirements](#) below). Implementation Site Team members will commit to participating in and providing leadership for advancing the five necessary strategies for systems change listed above, through the six stages of the project outlined on pages 3-4 above.
- Select an Implementation Site Team Lead to serve as the point person for communication with ZERO TO THREE and the TA Team and lead the Implementation Site Team's efforts in each of the phases of the project. Leads will be responsible for co-facilitating monthly TA calls with the TA Team and meeting benchmarks of the project (identification of priorities, development of actions plans, execution of activities in action plans, and identification and participation in evaluation activities).
- Select an entity to receive and manage the funding opportunity (a budget and contract will be required before funds are released).
- Establish and implement a plan for communication, decision-making, evaluation, and support that builds upon and furthers the work of the current ECCS award.
- Participate in monthly TA calls.

- Participate in the in-person annual convenings with other Implementation Site Teams to engage in peer learning and communication with all partners of the ECDHS: Evidence to Impact Center, such as the National Advisory Board and family leaders, the Transforming Pediatrics for Early Childhood (TPEC) hub leadership, and the evaluation team. Sites should include the following in their budgets to support travel to the D.C. area for the convening: travel, lodging, and meal costs for up to five participants from each state. One representative from each state/site will be asked to participate in planning the meetings.
- Host and coordinate the planning of annual site visits from the TA Team and other Evidence to Impact Center partners.
- Participate in virtual learning and sharing sessions with other sites/states, including collaboration with cross-site evaluation measures.
- Participate in the development, implementation, and continuous updating of the Center's learning agenda.
- Participate in evaluation activities, including TA and development of measures that assess the effectiveness of systems-building activities and evidence-informed, equity-driven strategies.

The ECDHS: Evidence to Impact Center will:

- Host monthly calls with the Implementation Site Team to strategize, assess progress, and make any course corrections that are necessary.
- Conduct site visits (at least one per year) as needed to support the Implementation Site Team with work plan development, the Disparity Impact Statement, and action-planning activities.
- Lead planning efforts for cross-state/site in-person and virtual events, including hosting planning committee calls with representatives from each Implementation Site Team.
- Organize resource materials and expert contributions to support team activities.
- Host a virtual learning platform for discussions and sharing of resources.
- Produce resources for the field to share lessons learned.
- Develop and share: 1) a synthesis of early childhood systems evidence-informed equity-driven practices; and 2) key ingredients of an early childhood system model.

Applicant Implementation Site Team Requirements:

Each applicant must identify an Implementation Site Team of 5–7 people who have authority to influence early childhood policy/practice and make changes (e.g., hold key positions or have decision-making power across public and/or private organizations). The Implementation Site Team must include:

- Representation from the current ECCS awardee.
- Parents, family members, or family organizations with lived experiences in ECD systems.
- Community-based organizations; and
- Tribal governments (if an applicable focus).

Based on state priorities, structure, and capacity to influence policy, the Implementation Site Team members might be selected due to understanding of the state ECD system; knowledge of child development; experience serving families especially in high poverty communities; commitment to improving the well-being of the P-3 population and their families; skills in building collaborative partnerships; experience with evidence-based, equity-driven strategies; or knowledge of research methods and sustainability planning. Potential members could include but are not limited to:

- Academic Health System, Primary Care Association, American Academy of Pediatrics (AAP), or American College of Obstetricians and Gynecologists state chapter representative
- Representation from state agencies providing services for the P-3 population and their families, including Medicaid.
- Representation from state-level early childhood system-building or coordination entities or coalitions.
- Representation from advocacy and non-profit organizations that directly or indirectly support the well-being of infants, toddlers, and their families.
- Professionals working directly with infants, toddlers, and their families, and the organizations that represent them.
- Philanthropists/foundation staff whose organizations are focused on serving early childhood systems or states and communities with high levels of childhood poverty.
- University staff focused on research on early childhood systems or equity issues.

Although the Implementation Site Team will be the primary recipients of TA, the Team is expected to engage additional partners, including diverse family, community and health providers with lived experience, in decision-making.

About the ECDHS: Evidence to Impact Center

Leading early childhood organizations, under a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), are partnering to initiate a new TA initiative – the Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center. ZERO TO THREE is leading the ECDHS: Evidence to Impact Center in partnership with several of the nation’s top early childhood and health system organizations – the American Academy of Pediatrics, Help Me Grow National Center, Center for the Study of Social Policy, Family Voices, Georgetown University Center for Child and Human Development, and Institute for Child Success. The Center seeks to increase the implementation and evaluation of evidence-informed, equity-driven, system-level strategies among states and to strengthen the evidence base in support of ECD state systems-building. The Center’s work will support states across the nation in building equity- and family-centered early childhood systems that improve the health and well-being of our nation’s babies and toddlers.

Implementation Sites will contribute to the goals of the Center by implementing and evaluating systems-building strategies, based on a learning agenda developed by the Center, to demonstrate improvements and develop a model for systems-building and advance our nation's shared knowledge of how to build ECD systems. The intent of the model is to help dismantle systemic racial disparities and actively improve the health, development, and well-being of young children and their families. Implementation Sites will also be engaged in other ECDHS: Evidence to Impact Center activities, such as consultation with subject matter experts from the National Advisory Board, technical assistance for building community and family leaders, state Hubs promoting early developmental health in pediatric practices, and access to new resources for evaluating and accelerating ECD system improvement.

Site Selection Process

The ECDHS: Evidence to Impact Center will select three (3) Implementation Sites in states that have a current ECCS award to support with funding, intensive TA, and evaluation to test and refine diverse TA resources, tools, and approaches; engage and integrate the perspectives of families into the improvement of system design and implementation; advance evaluation strategies that can inform system improvements; and identify and address equity and anti-racism considerations in ECD systems. The Center will consider the capacity and readiness of the Implementation Site applicants to carry out the programmatic expectations as well as the existing levels, persistence, and distribution of childhood poverty. We are seeking a diverse group of states in terms of current infrastructure, goals, and geography. The selection process will unfold as follows:

- Applicant submits written application (attached below) by **5/15/2023**.
- Review by the Center Project Lead and the Application Review Team based on the following criteria:
 - Description of state need.
 - Proposed goals for improving the ECD health system that will impact communities with high levels of childhood poverty and contribute to evidence development.
 - Effective early childhood partnerships.
 - Goals for working with the ECDHS: Evidence to Impact Center.
 - Capacity of Implementation Site Team to effect statewide improvements and implement evidence-informed, equity-driven strategies for ECD systems change.
 - Demonstration of collaboration or planned collaboration with the ECCS awardee.
 - Data collection and analysis capacity.
 - Opportunities identified for advancing change in the state early childhood system.
- Recommendations for approval of up to three Implementation Site applications by the Review Team to the ECDHS: Evidence to Impact Center Leadership Team.
- The Center notifies applicants of selection decisions no later than **June 30, 2023**.
- Initial contact with selected Implementation Sites in early **July 2023**.

Submission Instructions:

Each applicant is required to [create a log-in](#) to complete their application and submit the following:

- A narrative response to the prompts included in the funding opportunity;
- A Letter of Commitment from each proposed Implementation Site Team member identifying a commitment of effort, time, and resources dedicated for achieving the project goals; and
- A budget outlining the scope of work and proposed subaward to team members/ organizations or agencies, if applicable. Teams may determine which entity is best suited to receive the award. A budget template is available for use [here](#).

Note: If the applicant organization is not the ECCS awardee, a Letter of Commitment from the current ECCS awardee stating the intent to participate actively as a member of the Implementation Site Team is required. We encourage organizations to coordinate with their states' ECCS Awardee and other interested parties as only one application will be considered per state.

A pre-submission webinar is scheduled to provide an overview of the funding opportunity and the process for applying, as well as to answer questions from potential applicants.

Date: April 3, 2023, 3:00 pm – 4:30 pm Eastern

Register in advance for this meeting:

<https://zerotothree.zoom.us/meeting/register/tZwpdOqqqzIiE9TUNeY0yhwWTOEJzi3hmuZb>

After registering, you will receive a confirmation email containing information about joining the meeting.

A recording of the pre-submission webinar, slides, and a Questions and Answers document (answers to questions asked during the pre-submission webinar) will be posted [online](#) within a week following the pre-submission webinar. For additional questions, potential applicants may email cbodkin@zerotothree.org; replies will be provided within 3 business days. Information provided in response to questions after the webinar will be added to the posted Questions and Answers.

Applications are due by **Monday, May 15, 2023, 11:59 PM EST**.

The Application (Attachments A, B and C) is limited to 30 pages.

Each applicant is required to submit Attachments A (Parts I and II), B, and C through the online portal for [ECHDS: Evidence to Impact Center](#).

Attachment A: Applicant Information

Part I: Identifying Data

Implementation Site Applicant Organization:

Applicant Lead’s Name:

Email address:

Phone contact:

Mailing Address:

Physical Address (if different from mailing address):

ECCS Awardee: (if different from Applicant)

Project Director’s name:

Email address:

Phone contact:

Organization Name:

Mailing Address:

Physical Address (if different from mailing address):

List of Implementation Site Team Members

(in addition to the Team Lead listed above)

Name	Title	Agency/Organization	Email

Part II: Narrative

1. *State Data and Description of Need (10 points)*. Describe the state's P-3 population and their families, with reference to recent state needs assessments data regarding persistence and distribution of childhood poverty, race and ethnicity demographics, prenatal care rates, birth outcomes, developmental screening rates, IDEA part C and Part B participation, and Medicaid and WIC enrollments, highlighting structural barriers, social determinants of health, inequities and disparities relevant for the P-3 populations.
2. *Current ECCS Work and the state EC Landscape (20 points)*. Describe the current early childhood landscape with a focus on the service system for the P-3 population; with a focus on developmental promotion, screening and intervention. Provide a brief history of relevant and successful cross-disciplinary, public-private partnerships and/or state agency collaborations, recent and/or pending legislation, fiscal support, and current challenges related to early childhood systems work. Note recent state efforts to implement early childhood evidence -informed practices and the applicant's connection to these as well as indications that the state is committed to addressing p-3 issues. Provide a brief description of family or community leadership advocacy, of efforts to address disparities, equity, and social determinants of health for the p-3 population. Describe the partnerships with existing early childhood system building initiatives and the communication system among EC partners.
3. *State Goals and Activities for ECDHS (10 points)*. Identify three to five goals for improving early developmental health and family well-being in the state, particularly promoting health equity and addressing health disparities. Propose a high-level work plan as to how you will achieve the goals. Please note that it will be finalized in partnership with the ECDHS Center.
4. *Proposed Implementation Site Team (15 points)*. Provide a description of the proposed Implementation Site Team, noting the special leadership role or contribution that each team member is expected to make to this project. Provide Letters of Commitment from each team member. Describe the capacity and readiness to meet programmatic expectations; this includes specifying how the team is in a position to effectively influence statewide improvements in the system.
5. *Applicant Collaboration with the State ECCS Grantee (10 points)*. Describe alignment with activities of the current ECCS award. **If the applicant is the ECCS awardee**, describe how the activities in this application are different from or expand upon the activities of the ECCS award, and the capacity to manage additional activities. **If the applicant is not the current ECCS awardee**, describe coordination with ECCS award activities and how Implementation Site activities will build upon them. Provide a Letter of Commitment from the current ECCS awardee to participate actively as a member of the Implementation Site Team.

6. *Data Capacity (5 points)*. Describe the state's current early childhood data collection system, including any cross-sector data sharing agreements or collaborative analysis of the data. Include a brief history of efforts to improve data collection, integrate state data systems for children P-3 regardless of funding source or service, and/or build early childhood data collection system. Include the result of these efforts and describe any challenges/barriers.
7. *Opportunities for Building the Capacity and Reach of State's ECDHS (15 points)*. Identify the opportunities for building the capacity and reach of the statewide ECD system and describe how participating as an Implementation Site Team will add value to advancing these opportunities.
8. *Potential TA Requests (5 points)*. Considering the current priorities within the state and the Implementation Site's identified goals, outline the main topics of interest for technical assistance.

Attachment B: Budget (10 points)

A budget is required for the application. Upon selection of an approved applicant, ZERO TO THREE will require a budget and a signed contract outlining the scope of work (related to the six project stages described above). The ECDHS: Evidence to Impact Center awardee's budget may include support for new activities led by the current ECCS awardee to advance or enhance the ECD system. States may determine which entity is best suited to receive the award.

Each Implementation Site will be awarded approximately \$125,000 for the first year (7/1/2023 through 9/29/2023). Funding for Years 2 (9/30/2023-9/29/2024), Year 3 (9/30/2024-9/29/2025), and Year 4 (9/30/2025-9/29/2026) is anticipated to be \$450,000 per year for each site and is dependent upon performance and ZERO TO THREE receiving the renewal cooperative agreement(s) from HRSA.

Awarded funds may be used for project activities such as:

- Personnel expense
- Increased data collection and analysis capacity,
- Coordination and linkage efforts,
- Training of community and professional leaders, family,
- Community and health provider leadership support,
- Stipends to support Implementation Site Team members' participation,
- Development of products,
- Travel within the state,

- Expanded communications capacity.

Applicants should include travel expenses for Site Teams to attend the ECDHS: Evidence to Impact Center Annual Convening. The first year’s in-person meeting will be held in the DC metro area **September 6-7, 2023**.

Attachment C: Letters of Commitment

Each Implementation Site Team Member will submit a Letter of Commitment identifying a commitment of effort, time, and resources dedicated for achieving the project goals. These letters are submitted and scored in Item 4. Proposed Implementation Site Team.

If the applicant is not the ECCS grantee, a letter from the ECCS grantee confirming willingness to participate actively is required. This will be submitted and scored in Item 5. Applicant Collaboration with State ECCS Grantee.

APPENDIX 1:

Early Childhood Comprehensive Systems Health Integration Prenatal-to-Three (ECCS) Program Awards

Awardee	City	State
Colorado Department of Human Services	Denver	CO
Florida Association of Healthy Start Coalition, Inc.	Tallahassee	FL
Hawaii Department of Health	Honolulu	HI
Illinois Department of Human Services	Springfield	IL

Awardee	City	State
Louisiana Department of Health	New Orleans	LA
Maine Department of Health and Human Services	Augusta	ME
Michigan Department of Health and Human Services	Lansing	MI
Minnesota Department of Health	Saint Paul	MN
Missouri Department of Elementary and Secondary Education	Jefferson City	MO
New Jersey Department of Children and Families	Trenton	NJ
State of New Mexico	Santa Fe	NM
The Children's Cabinet, Inc.	Reno	NV
New York Office of Children and Family Services	Rensselaer	NY

Awardee	City	State
Pennsylvania Department of Human Services	Harrisburg	PA
Rhode Island Department of Health	Providence	RI
The University of South Dakota	Vermillion	SD
Utah Department of Health	Salt Lake City	UT
Virginia Department of Health	Richmond	VA
Vermont Agency of Human Services	Burlington	VT
Washington State Department of Health	Olympia	WA

APPENDIX 2: Acronyms

Acronym	Organization or Program
Center	Early Childhood Developmental Health System: Evidence to Impact Center
CCDBG	Child Care Developmental Block Grant
DEI	Diversity, Equity, Inclusion
ECCS	Early Childhood comprehensive Systems
ECD	Early Childhood Developmental
ECDHS	Early Childhood Developmental Health System: Evidence to Impact Center
ECE	Early Childhood Education
HIT	Health Information Technology
IDEA	Individuals with Disabilities Education Act
SME	Subject Matter Experts
TA	Technical Assistance
TACC	Technical Assistance Coordinating Center
Title V	Maternal and Child Health Block Grant
WIC	Women, Infant and Children's Nutrition Program