

## FIRST THINGS FIRST NOTICE OF RENEWAL CONSIDERATION

TO: First Things First Grantees

FROM: Russell Spencer  
Grants and Contracts Specialist

RE: Renewal Information

DATE: March 2, 2011

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Your current grant program is approaching renewal consideration from First Things First.

Receipt of this packet does not guarantee renewal of your agreement; it indicates that you are eligible for renewal consideration. First Things First may award programs based on a number of factors including past performance and response to this renewal package.

Should you be renewed, you will continue to be responsible for adherence to the terms and conditions as set forth in the original Request for Grant Application (RFGA) or grant agreement. This includes adherence to the appropriate standards of practice, program and financial requirements, and timely submission of data, narrative, and financial reports.

Attached please find the format for the Renewal Package for First Things First Grant Programs. The Renewal Package Cover Page includes information on the following Attachments:

- **Attachment A** – Narrative response to First Things First questions related to implementation and data collection
- **Attachment B** – Implementation Plan
- **Attachment C** – Budget and Budget Narrative
- **Attachment D** – Key Personnel
- **Attachment E** – Disclosure of Other Funding
- **Attachment F** – Standard First Things First Information Form and Authorized Renewal Submission Signature

Once renewal applications are submitted and reviewed, recommendations for funding will be made to the Board of First Things First. First Things First staff may contact you for clarifications prior to making recommendations to the Regional Partnership Council and/or Board of First Things First. Contracts will be in effect from the date of award through June 30, 2012. All other rules and regulations, and special terms and conditions from awarding RFGA or grant agreement will remain in effect for the contract period.

Renewal applications must be **received** no later than **March 25, 2011 by 3:00 pm** and can be submitted via email, mail or by fax at 602-265-0009. Please address any questions to me by email at [rspencer@azftf.gov](mailto:rspencer@azftf.gov) or by phone at 602-771-5043.

Thank you and I look forward to reviewing your renewal package.

# First Things First

## Grant Renewal Package Instructions

*July 1, 2011 – June 30, 2012*

### Renewal Instructions

Your First Things First grant is eligible for a program renewal by extending the current grant award from July 1, 2011 through June 30, 2012. Programs proposed for 2011-2012 cannot be different in scope than the current grant award.

|   |  |
|---|--|
| <b>Grantee Name:</b>                    | Gila County Health Department  |
| <b>First Things First Award Number:</b> | GRA-STATE-10-0070-01-Y2  |
| <b>Strategy Name:</b>                   | Childhood Health Consultation  |
| <b>Renewal Funding Eligible Amount:</b> | \$25,101 <ul style="list-style-type: none"> <li>• \$13,101 State Quality First Centers and Homes</li> <li>• \$12,000 Region Quality First Expansion Centers and Homes</li> </ul> |
| <b>Standards of Practice Assigned:</b>  | <ul style="list-style-type: none"> <li>• Child Care Health Consultation</li> </ul>   |

The renewal package does include narrative information as well as required forms as outlined in the following attachment sections:

**Program Implementation Narrative: (Attachment A)** Please provide a narrative response to the questions found in this Attachment.

**Program Implementation Plan: (Attachment Form B)** Please provide an updated implementation plan for your program for 2011 - 2012. The implementation plan should be related to the originally approved program activities, tasks, data collection, data submission, and process. Please use any necessary narrative to further describe your program implementation (Question 2).

**2011-2012 Budget Forms (Attachment C – must include line item budget and narrative):**

- Line Item Budget Form
- Budget Narrative Explanation

**Key Personnel/Staff Overview: (Attachment Form D)** Please list all staff that will be paid from this grant program during the 2011-2012 grant cycle. This should match your line item budget and budget narrative. Submit resumes and/or staff change notification forms for new staff or those that have not yet been submitted to First Things First previously. The staff change notification form is located under the Grantee Resources folder on the PGMS home page.

**Disclosure of Other Funding Sources (Attachment E)** – List any other funding utilized for this program administered by your agency.

**FTF Standard Information and Authorized Signature (Attachment Form F):** Please complete all three sections detailing:

- The legal applicant
- The main, program, financial and evaluation contact information – these contacts should be what you want identified for this grant award in First Things First’s Partner Grant

Management System (PGMS)

- The program **Target Service Unit(s)** assigned for the strategy assigned by First Things First and your implementation **Target Service Number(s)** to be served/completed in 2011-2012 and any additional Target Service Units(s) and Number(s) needed for your program implementation for 2011 – 2012.
- The program description – brief summary to be used for public descriptions of First Things First funded programs
- Authorized Renewal Submission Signature

**Standards of Practice Updates:** Any updates to the Standards of Practice related to the scope of work for your award can be found when you log into Partners Grant Management System (PGMS) under Grantee Resources. Updated Standards of Practice are part of the requirements for the award and implementation of your grant program. Please take a moment to make sure you have reviewed the latest Standards of Practice.

**Model Programs that Require Certification and Accreditation:** It is the grantee's responsibility to maintain accreditation/certification with national program models. Grantees are to include staff training, program model accreditation/certification and quality assurance and evaluation costs in budgets, as needed. Programs will need to refer to their National office and/or administrative home for cost information, if applicable.

**Compliance with State and Federal Law:** As a reminder, all other state rules, regulations, and special terms and conditions will remain in effect for the contract period. This renewal application information becomes part of the agreement and expectations for program implementation and performance. A complete listing of the state uniform terms and conditions can be found via the State Procurement Office website at: [http://spo.az.gov/Admin\\_Policy/SPM/Forms/default.asp](http://spo.az.gov/Admin_Policy/SPM/Forms/default.asp). Additionally, First Things First will post any important grantee requirement and updated Communications Protocol information under the Grantee Resources section of PGMS.

Grantees must maintain compliance with the Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to the immigration status of its employees. These warranties shall remain in effect through the term of the agreement. Grantees will also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act for all employees performing work under the agreement. I-9 forms are available for download at USCIS.GOV.

FTF may request verification for any Contractor or subcontractor performing work under the agreement. Should FTF suspect or find that a grantee is not in compliance with state or federal laws, FTF may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the agreement for default and suspension and/or debarment of the grantee. All costs necessary to verify compliance are the responsibility of the grantee.

**Data Security:** All grantees must have a data security policy in force which identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPPPA, FERPA, GITA, or other data regulation, are required to submit and maintain those approvals for all data. If HIPPPA, FERPA or other data regulation requires that participating individuals give consent to data collection on their person and if in the course of regular data submissions to FTF such data will be provided to FTF, submission of personal data to FTF must be reflected in all data regulation documents.

**Program Performance:** First Things First provides program information to the public, Regional Partnership Councils, and the Board of First Things First. The information regularly provided to the Regional Partnership Councils and Board of First Things First will include proposed renewal information, submission of data related to performance measures and target service units, prior program implementation performance information, program narrative information, and financial information. Regional Councils utilize this information as part of the elements necessary to continue strategic planning that is demonstrated in priorities for annual Funding Plans, renewal decisions, development of new or modified strategies, review of the impact that program implementation has had in the region and state as well as achievement of system building.

**Renewal Package Due Date:** Renewal Package must be *received* by **March 25, 2011 at 3:00 p.m.** and submitted via mail, fax or email to:

Russell Spencer, Grants and Contracts Specialist  
4000 North Central Avenue, Suite 800  
Phoenix, AZ 85012  
[rspencer@azftf.gov](mailto:rspencer@azftf.gov)  
602-265-0009 fax

## Attachment A

### Program Implementation Questions

Please provide a narrative response to the questions below. To ensure that you are not changing the scope of work of your original grant, you must use the same programs and/or strategies as described in your original proposal, unless you have obtained prior approval.

**Question 1** (Complete A, B, and/or C as appropriate)

**A)** If your program received approved modifications, please describe those modifications and how they will continue to be implemented in 2011-2012.

**B)** If you have proposed modifications moving forward, please describe how they will enhance program implementation and/or why they are necessary for the program to be successful in 2011-2012.

**C)** If there are no modifications or no planned modifications, please indicate no modifications necessary and provide a brief description of the existing program implementation as proposed in Question 2.

***No modifications have been made.***

**Question 2**

Please provide a brief narrative description of your proposed program that will be implemented in 2011-2012. This description should match information provided in your Implementation Plan (Attachment B) and explain anything from the Implementation Plan needing additional description.

***This program will continue to provide health consultation services by Child Care Health Consultants (CCHC) to regulated child care providers enrolled in Quality First. The CCHC's will provide guidance regarding health and safety issues as described in the "First Things First" contract to participating providers.***

**Question 3**

Please describe current and ongoing plans for data collection and submission, including how your program is using data to promote optimal service and ongoing improvement.

***Monthly reports will be submitted to "First Things First" using the required form. The CCHC's have access to the First Things First Intranet and have received training for the software on 7/22/10 (Omaha and Carefacts) for data documentation. The CCHC's performed joint visits with the FTF Coach at all facilities (Payson and Globe).***

## Attachment Form B

### 2011 – 2012 Implementation Plan

| Activities     | Task   | Person Responsible         | Date Task Will Be Completed/Timeline | Support Documentation                                      |
|----------------|--|----------------------------|--------------------------------------|--|
| Preparation    | Continue to purchase equipment and Supplies for CCHC's   | Program Manager            | October 1, 2011                      | Purchase orders/invoices                                   |
|                | Purchase incentives for Child Care Center  | CCHC's                     | September 1, 2011                    | Purchase orders/invoices                                   |
|                | Purchase supplies to promote CCHC program  | Program Manager            | October 1, 2011                      | Purchase orders/invoices                                   |
| Training       | Additional Training of CCHC  | Program Manager            | Ongoing                              | Certificate of Attendance<br>Invoices for travel expenses. |
|                | Provide review   | Program Manager            | October 31, 2011                     | Meet with CCHC to discuss any concerns                     |
| Coordination   | Set up necessary paperwork and travel needs for CCHC inspections   | Program Manager and CCHC's | September 1, 2011                    | Monthly report   |
|                | Contact Quality First Daycare Centers To provide assessments & assistance  | CCHC's                     | ongoing                              | Carefacts documentation                                    |
|                | Confirm dates of community Health fairs  | Program Manager            | Ongoing                              | Attendance to events                                       |
| Outreach       | Presentation Board used for promoting the CCHC Program and "First Things First" to be displayed at Health Fairs. | Program Manager and CCHC's | Ongoing                              | Invoices and attendance to events                          |
| Implementation | Schedule Daycare visits to provide assessments and assistance  | CCHC's                     | September 1, 2011                    | Reports to "First Things First"                            |
|                | Ensure reports are complete and accurate   | Program Manager            | October 1, 2011                      | Reports to "First Things First"                            |
| Follow-up      | Schedule revisits as needed  | CCHC's                     | Ongoing                              | Reports to "First Things First"<br>Carefacts software      |
|                | Provide assistance to Day Care as needed   | CCH's                      | Ongoing                              | Reports to "First Things First"<br>Carefacts software      |

|            |   |                 |         |   |
|------------|---|-----------------|---------|---|
| Evaluation | Receive, review and resolve quality performance issues.   | Program Manager | Ongoing | Reports to "First Things First"   |
|            | Collect/report data, surveys, evaluation reports as requested by FTF or quality assurance personnel | Program Manager | Ongoing | Monthly reports to "First Things First"   |
|            |   |                 |         |   |
| Reporting  | Ensure all reports are provided to FTF in a timely manner as specified in the contract              | Program Manager | Ongoing | Monthly reports and computerized documentation by Quality First. Carefacts updates at least every 5 days. |

## Attachment Form C

### STANDARD LINE ITEM BUDGET INSTRUCTIONS

While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. **Limit** your budget line items to the following categories: Personnel, Fringe Benefits, Professional Services, Travel, Pass-Through (i.e., Sub grants), Other Operating Expenses and Administrative/Indirect Costs and to the budget subcategories listed.

As shown, a line item budget justification for each component must be included and describe the procedure for determining the cost of budget categories in the budget narrative. Detail in the line item budget narrative strengthens the items requested in the line item budget by describing how the cost was determined, the benefit of the item to the program and the how the item is essential for the program's success.

Please keep in mind that requested funds must follow the original scope of work and must follow the basic guidelines for grantees related to allowability of costs that demonstrate reasonableness for the project and are necessary for the successful implementation of the program. Items described in a line item budget and in more detail in the budget narrative should describe how the costs were determined and the public purpose for the cost related to the project's implementation. Please assure that all requested funds follow these guidelines:

- Be necessary and reasonable for proper and efficient performance and administration of First Things First funds.
- Be authorized or not prohibited under State or local laws or regulations.
- Be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency – consistent treatment of costs.
  - For example – a cost may not be assigned to another grant award as an indirect cost if any other cost incurred for the same purposes in like circumstances has been allocated to the First Things First award as a direct cost.
  - For example – a cost for a certain type of expense is charged one rate to another source of funding and a different rate to First Things First.
- Be determined in accordance with generally accepted accounting principles.
- Be adequately documented.

# Attachment C – Line Item Budget

Budget Period: July 1, 2011 – June 30, 2012

| Budget Category   | Line Item Description   | Requested Funds  | Total Cost  |
|---|---|--|---|
| <b>PERSONNEL SERVICES</b>   |   | <b>Personnel Services Sub Total</b>  | <b>\$3,500.00</b>   |
| Salaries  | Accounting Services   | \$3,500.00   | \$3,500.00  |
| <b>EMPLOYEE RELATED EXPENSES</b>  |   | <b>Employee Related Expenses Sub Total</b>   | <b>\$</b>   |
| Fringe Benefits or Other ERE  |   |  |   |
|   |   | <b>Professional and Outside Services Sub Total</b>   | <b>\$</b>   |
| Contracted Services   |   |  |   |
| <b>TRAVEL</b>   |   | <b>Travel Sub Total</b>  | <b>\$4,000.00</b>   |
| In-State Travel   | Hotels and per diem / 4 trainings   | \$4,000  | \$4,000.00  |
| Out of State Travel   |   |  |   |
| <b>AID TO ORGANIZATIONS OR INDIVIDUALS</b>  |   | <b>Aid to Organizations or Individuals Sub Total</b>   | <b>\$</b>   |
| Subgrants or Subcontracts to organizations/agencies/entities  |   |  |   |
| <b>OTHER OPERATING EXPENSES</b>   |   | <b>Other Operating Expenses Sub Total</b>  | <b>\$9,627.90</b>   |
| <ul style="list-style-type: none"> <li>• Telephones/Communications Services</li> <li>• Internet Access</li> <li>• General Office Supplies</li> <li>• Food</li> <li>• Rent/Occupancy</li> <li>• Evaluation (non-contracted and non-personnel expenses)</li> <li>• Utilities</li> <li>• Furniture</li> <li>• Postage</li> <li>• Software (including IT supplies)</li> <li>• Dues/Subscriptions</li> <li>• Advertising</li> <li>• Printing/Copying</li> <li>• Equipment Maintenance</li> <li>• Professional Development/Staff Training</li> <li>• Conference Workshops/ Training Fees for Staff</li> <li>• Insurance</li> <li>• Program Materials</li> <li>• Program Supplies</li> <li>• Scholarships</li> <li>• Program Incentives</li> </ul> | <ul style="list-style-type: none"> <li>Pens, paper, etc</li> <li>Trainings, Daycare Personnel</li> <li>Work Station</li> <li>Correspondence</li> <li>Natl Assoc. of Ed of Young Child.</li> <li>Ink Jets</li> <li>Calibration of Equipment</li> <li>Training Workshops</li> <li>CCHC Training Supplies</li> <li>Educational Materials/Pamphlets</li> <li>Handwashing Supplies</li> <li>Possters/coloring books, etc.</li> </ul> | <ul style="list-style-type: none"> <li>\$517.90</li> <li>\$200.00</li> <li>3,800.00</li> <li>\$100.00</li> <li>\$90.00 x 3</li> <li>\$596.00</li> <li>\$350.00</li> <li>\$200.00</li> <li>40.00</li> <li>\$1,00.000</li> <li>554.00</li> <li>\$2,000.00</li> </ul> | <ul style="list-style-type: none"> <li>\$517.90</li> <li>\$200.00</li> <li>3,800.00</li> <li>\$100.00</li> <li>\$270.00</li> <li>\$596.00</li> <li>350.00</li> <li>200.00</li> <li>40.00</li> <li>1,000.00</li> <li>554.00</li> <li>2,000.00</li> </ul> |
| <b>NON-CAPITAL EQUIPMENT</b>  |   | <b>Non-Capital Sub Total</b>   | <b>\$5,463.00</b>   |
| Equipment \$4,999 or less in value  | See Narrative   |  | \$5,463.00  |
| <b>Subtotal Direct Program Costs:</b>   |   |  | <b>\$</b>   |
| <b>ADMINISTRATIVE/INDIRECT COSTS</b>  |   | <b>Total Admin/Indirect</b>  | <b>\$2,510.10</b>   |
| Indirect/Admin Costs  |   | \$2,510.10   | \$  |
| <b>Total</b>  |   | <b>\$</b>  | <b>\$25,101.00</b>  |

The budget should be adequate to ensure that the appropriate number of Centers and Homes designated for services through the award can be achieved. The following chart represents the distribution of funding available for the award and the number of anticipated centers and homes that can be served through this award.

| <b>Regional Partnership Council Participation</b>   | <b>\$25,101</b> |
|---|-----------------|
| Gila Regional Partnership Council <ul style="list-style-type: none"> <li data-bbox="131 373 610 401">• <b>\$13,101 for State Quality First Participation</b> <ul style="list-style-type: none"> <li data-bbox="228 405 370 432">○ <b>1 Centers</b></li> <li data-bbox="228 436 370 464">○ <b>3 Homes</b></li> </ul> </li> <li data-bbox="131 468 808 495">• <b>\$12,000 for State Quality First Regional Expansion Participation</b> <ul style="list-style-type: none"> <li data-bbox="228 499 370 527">○ <b>3 Centers</b></li> <li data-bbox="228 531 370 558">○ <b>0 Homes</b></li> </ul> </li> </ul> |                 |

## Attachment Form C (Continued)

### BUDGET NARRATIVE EXPLANATION

The purpose of the budget narrative is to provide more clarity and detail on the various budget line items. The budget narrative should explain the criteria used to compute the budget figures on the budget form (Attachment C Line Item Budget). Please verify that the narrative and budget form correspond and the calculations and totals are accurate. **Please include one narrative for your Line Item Budget of 12 months. Limit your budget categories and subcategories to those listed.**

**NOTE:** Briefly highlight any changes to your budget from the previous Fiscal Year, particularly those line items where your budget has increased. If the total funds available under this contract have increased from the previous year, only one description of the sum of budget increases is needed.

**Personnel Services:** The accounting clerk will continue to be the only position paid for by this grant. The set amount per grant has been **reduced to \$3,500.00**

**Employee Related Expenses:** None

**Professional and Outside Services:** None

**Travel:** Hotels 4 nights for three CCHC's for training at \$100.00 totals \$1,200  
Per Diem at \$25.00/day per CCHC times 12 days totals \$300.00  
Vehicle lease from county pool: \$2,500.00  
Grand Total is a **reduction** of \$375.00 to **total \$4,000.00**

**Aid to Organizations or Individuals:** N/A

**Other Operating Expenses:** *Categorized in the following categories:*

Telephones / Communications Services:

Internet Access: N/A

General Office Supplies: *Note pads, pencils, pens, staplers for 2 locations, supplies to set up new work area. \$517.90 (An increase of \$317.90)*

Food: *8 classes (4 at each site for providers/parents @ \$50.00) - \$200.00*

Rent/Occupancy: N/A

Evaluation (non-contracted and non-personnel expenses): N/A

Utilities: N/A

Furniture: **\$3,500.00 work station for CCHC** (Program expansion requires CCHC to have own desk instead of sharing with other workers)

Postage: *For correspondence with day care providers \$100.00*

Software (including IT supplies): None

Dues/Subscriptions: **Dues for 3 CCHC – Nat'l Assoc. of Education of Young Children \$270.00**

Advertising:

Printing/Copying:

- *Ink Jets for Printers: 3 black @ \$137 each and 1 color @\$185.00 - \$596.00*

Equipment Maintenance: *Calibration of equipment (2) \$350.00*

Professional Development/Staff Training: Registrations for training **\$200.00**

Conference Workshops/ Training Fees for Staff: *Materials for CCHC training in Phoenix - \$40.00*

Insurance: None

Program Materials: *Educational Materials – Pamphlets* - \$1,000.00

Program Supplies: Glitterbug Potion and Glitterbug Powder \$554.00

- *GlitterBug Potion Pump Bottle case of 24 - \$361 and case of Powder - \$193 to be used for handwashing training.*

Scholarships: *N/A*

Program Incentives: *Posters for Day Cares, Educational coloring books, literature, etc. for parents and children.* - \$2,000.00

The total amount is **\$9,627.90**, an **increase of \$4,077.90**

### **Non-Capital Equipment:**

|   |       |            |
|---|-------|------------|
| 2 Multimedia Projectors (Globe/Payson Offices) @ \$650.00 | Total | \$1,300.00 |
| 2 Projector Screens @ \$200.00                            |       | 400.00     |
| 2 GlitterBug MaxiCam Kits with Carry Bag @ \$700.00       |       | 1,400.00   |
| 2 GlitterBug Buddy Kits @ \$160.00                        |       | 320.00     |
| Vision Equipment  |       |            |
| 2 color keys @ \$85.00                                    |       | 170.00     |
| 1 color key @ \$80.00                                     |       | 80.00      |
| 1 lang stereopsis @ 130.00                                |       | 130.00     |
| 1 Good lite LED Instra Line Quantum \$1,663.00            |       | 1,663.00   |

Grand Total: \$5,463.00

**This is an increase of \$585.00.**

### **Administrative/Indirect Costs: \$2,510.10**

**Applicants must list either Option A or Option B and provide proper justification for expenses included:**

*Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.*

- Option A - Administrative Costs:** *with proper justification and description explaining how these costs are consistent with the agency's cost allocation for how these costs are consistently treated for funds received by the agency. Sub grantees may include an allocation for administrative costs for up to 10% of the total direct funds requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall organization's management improvement costs; and costs of general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project. Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project.*

**Or**

- Option B - Federally Approved Indirect Costs:** *If your organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up*

to 10% of the grant request. **Applicants must provide a copy of their federally approved indirect cost rate agreement.**

***Our current county rate is 10% option A***

# Attachment Form D

## KEY PERSONNEL OVERVIEW

| STAFF MEMBER  | BACKGROUND AND EXPERTISE OF PERSONNEL  |
|---|--|
| Name: Lorraine Dalrymple<br>Title: Health Services Program Manager<br>FTE on this project: 2% | <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Staff RN – Pediatrics</li> <li>• RN Pediatric Home Care</li> <li>• CCHC Certification</li> </ul>                            |
| Name: Michelle Craft (Graney)<br>Title: Public Health Nurse<br>FTE on this project: 10%       | <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• CCHC Certification</li> </ul>   |
| Name: Lucinda Campbell<br>Title: Public Health Nurse<br>FTE on this project: 10%              | <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• CCHC Certification</li> </ul>   |
| Name: Ramona (Ginnie) Scales<br>Title: Public Health Nurse<br>FTE on this project: 5%         | <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Associate in Child Development</li> <li>• Early Childhood Education Certificate (2002)</li> <li>• CCHC Certified</li> </ul> |

**\*In addition to this overview, please attach a resume (for current personnel if not previously submitted to First Things First) or a job description (for positions to be hired and not previously submitted to First Things First) for the key individuals involved in the project.**

## Attachment E

### DISCLOSURE OF OTHER FUNDING SOURCES

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding for the funded program\*. Statute ARS 8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no First Things First monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.

Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

| Type of Funding<br>(Federal, State, local, other) | Received From | Amount | ✓ If used<br>for match<br>on this<br>grant |
|---|---------------|--------|--|
|   |               |        |  |
|   |               |        |  |
|   |               |        |  |
|   |               |        |  |
|   |               |        |  |
| <b>TOTAL:</b>                                     |               |        | 0  |

\*Should include only those funds that will support the program detailed the awarded First Things First grant award

# Attachment Form F

## FIRST THINGS FIRST STANDARD INFORMATION FORM AND AUTHORIZED RENEWAL SUBMISSION SIGNATURE

### A. Agency Information:

Program Name (if applicable) Gila County Child Care Health Consultant Program  
Agency Gila County Division Of Health and Community Services Contact Person Lorraine Dalrymple  
Address 5515 S. Apache Avenue, Suite 100 Position Health Services Program Manager  
Address \_\_\_\_\_ Email ldalrymp@co.gila.az.us  
City, State, Zip Globe, AZ 85501 Phone (928) 402-8807 Fax (928) 425-0794  
County Gila Employer Identification Number: 86-6000444

Agency Classification:  State Agency  County Government  Local Government  Schools  Tribal  
 Faith Based  Other

If any of your agency's vendor information has changed, an updated Substitute W-9 Form is necessary to change payment information.  
[http://www.gao.az.gov/onlineforms/forms/AZ\\_subw-9\\_010410.pdf](http://www.gao.az.gov/onlineforms/forms/AZ_subw-9_010410.pdf)

In which Congressional (Federal) District is your agency? Enter District # 1  
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # 5  
<http://www.azredistricting.org> (click on Final Maps)

Approximately how much FEDERAL funding (from a Federal Source) will your organization expend in your current fiscal year?  
\$ \$7,101,400.00

What is your organization's fiscal year-end date? 6/30/

Accounting Method:  Cash  Accrual

Does your organization undergo an annual independent audit in accordance with OMB Circular A-133? **Y N**

Please provide contact information of the audit firm conducting your audit:

Agency Miller, Allen & Co., P.C.

Address 5333 North 7<sup>th</sup> Street, Suite 100, Phoenix, AZ 85014

Phone Number (602) 264-3888

**B. Proposed Program Information / Description:**

Amount requested: \$25,101.00

Service area of proposed program: Gila County

Target population of proposed program: State and Regional "Quality First" Child Care providers

**Target Service Unit(s) – Lead First Things First Strategy**

These are the assigned Target Services Units for your primary strategy award from First Things First. Please indicate the Target Number for each Target Service Unit(s) for the 2011 – 2012 implementation period. **If you are not providing services for a particular Target Service Unit within the assigned Strategy please indicate with "NA"**. Indicating with a "0" indicates that you are providing services but anticipate serving "0" services for that Target Service Unit(s), NA indicates you are not providing services for that Target Service Unit(s).

**IMPORTANT:** Please find the full listing of First Things First Target Service Unit descriptions loaded in PGMS under Grantee Resources within a folder called Target Service Units.

Target Services Numbers should match the Target Numbers identified in Attachment C. If you note differences in expected Targets, please describe why there is a difference in the program narrative.

**State Quality First CCHC**

Number of **home based providers** to be served: 3 \_\_\_\_\_

Number of **center based providers** to be served: 1 \_\_\_\_\_

**Regional Quality First Expansion CCHC**

Number of **home based providers** to be served: 0 \_\_\_\_\_

Number of **center based providers** to be served: 3 \_\_\_\_\_

### C. Contact Information

We strive to make sure our Partners and Grant Management System (PGMS) is always updated with the correct program contact information. Please provide us with updated contact names, addresses, phone numbers, fax numbers, email addresses, etc. for the four (4) designated contact areas in PGMS and we'll confirm the information to be correct in PGMS. Thank You!

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**Main Contact Information** – This should be information for the person designated as the Main contact for this grant award.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

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**Program Contact Information** – This should be information for the person designated as the Program contact for this grant award.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

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**Financial Contact Information** – This should be information for the person designated as the Financial contact for this grant award.

Contact Person: Renee Omstead

Position Accounting Clerk

Address 5515 S. Apache Avenue, Suite 200

City, State, Zip Globe, AZ 85501

Email romstead@co.gila.az.us

Phone (928) 402-4332 x            Fax (928) 425-0794

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**Evaluation Contact Information** – This should be information for the evaluation contact person within the grant awarded.

Contact Person Lorraine Dalrymple

Position Health Services Program Manager

Address 5515 S. Apache Avenue, Suite 100

City, State, Zip Globe, AZ 85501

Email ldalrymp@co.gila.az.us

Phone (928) 402-8807 Fax (928) 425-0794

**D. Proposed Program Information / Description:**

Please make sure the description provided is current and accurate. This program information and description is the public summary First Things First uses to describe your program.

Please provide a **brief** description of the **proposed program** in one or two paragraphs.

**Program Description:**

This program will provide health consultation services by Certified Child Care Health Consultants (CCHC's) to regulated child care providers enrolled in Quality First. The CCHC's provide guidance regarding health and safety issues to participating providers.

**E. Authorized Approval and Signature for Renewal Package**

Authorized Signature for submission of renewal package including all Attachments and Response to Renewal Questions. This signed submission of renewal package continues the terms, conditions, amendments, standards of practice, target service units, and data, narrative and financial reporting requirements provided by First Things First for this grant award within this document, the original RFGA/agreement and all clarifications.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Job Title: Chairman, Board of Supervisors \_\_\_\_\_