

**Request for Proposals for
Child Abuse and Neglect Prevention Research and Demonstration Projects**

Funding Opportunity Title:	Advancing Knowledge about Approaches to Prevent Maltreatment and Promote Family Strengths and Optimal Development among Infants and Young Children
Funding:	The National Quality Improvement Center on Early Childhood is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under Cooperative Agreement 90CA1763
Sponsoring Organizations:	Center for the Study of Social Policy, ZERO TO THREE: National Center for Infants, Toddlers, and Families, and the National Alliance of Children's Trust and Prevention Funds, in collaboration with the Children's Bureau, Administration of Children and Families, U.S. Department of Health and Human Services
Type of Announcement:	Initial Request for Proposals (RFP) for Research and Demonstration Projects in Child Abuse and Neglect Prevention
Number of Awards:	Three to five grants will be awarded
Maximum Funding Per Award:	Maximum Federal funding per award is \$1,240,000 for a 40-month grant period (March 1, 2010 – June 30, 2013), assuming five grants are awarded.
Matching Funds:	A match of 10% of the total project budget is required. (The total project budget equals the Federal funds plus matching funds.)
Due Date for Proposals:	January 19, 2010

Executive Summary

The Quality Improvement Center on Early Childhood (QIC-EC) was established to promote the development, dissemination, and integration of new knowledge about maltreatment prevention among infants and young children (birth-5) who are at high risk for abuse, neglect, and abandonment including those impacted by substance abuse or HIV/AIDS. The QIC-EC is grounded in four major premises:

- Child maltreatment prevention efforts must include a focus on promotion (i.e., increasing protective factors) as well as on prevention (i.e., reducing risk factors).
- Child maltreatment prevention must be placed within the larger context of optimal child development and increased family strengths.
- The social-ecological model of prevention expands the scope and reach of child maltreatment prevention efforts from a singular focus on individual factors to include interpersonal relationship factors, community factors, and societal/systems factors.
- Broad collaborations among key stakeholders are vital to the provision of the full range of needed services to children and families, to improved outcomes for young children and families, and to the success of child maltreatment prevention efforts.

The QIC-EC will support 3-5 research and demonstration (R&D) projects that show promise of generating robust evidence and new knowledge related to the following overarching research question:

How and to what extent do collaborations that increase protective factors and decrease risk factors in core areas of the social ecology result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment, within families of young children at high-risk for child maltreatment?

In their approach to this question, R&D projects must target high-risk families who have an infant between the ages of birth to 24 months at the inception of the project, and for whom there has been no substantiated Child Protective Services report in the 24 months preceding acceptance into the project. R&D projects must employ interventions with research designs that reflect criteria along the evidence-informed to evidence-based continuum. R&D projects may propose an evaluation research design that includes a randomized control group or a quasi-experimental design that includes the use of both quantitative and qualitative data, as well as treatment and comparison groups. R&D projects must demonstrate the integration of the target population's characteristics, culture, and values into the design and implementation of the

interventions to help expand the knowledge base on the role of culture in preventing child maltreatment. In addition to their respective local evaluations, projects must participate in the cross-site evaluation conducted by the QIC-EC.

The R&D projects must include interagency collaborations within their communities, which may take place at the state, tribal, regional, or territory levels and among the child abuse prevention, child welfare, early childhood, and other health, education, and social service systems. Grantees must document all aspects of the project and produce a detailed manual to guide the replication of the project in other settings or with other populations.

The QIC-EC has established a Learning Network which serves as an active mechanism for exchange of information between the QIC-EC, R&D projects, and a multidisciplinary group of organizations and individuals who share the commitment to maltreatment prevention in very young children. Grantees are expected to participate actively in the Learning Network and in other activities designed to translate and integrate new knowledge developed by the projects into practice and policy in a timely way.

Key Dates

Pre-Submission Technical Assistance Webinar.....	October 15, 2009
Letters of Interest Due	November 9, 2009
Invitations to Submit Proposals Distributed.....	November 30, 2009
Proposals Due.....	January 19, 2010
Announcement of Awards	February 26, 2010
Effective Date of Grants/Start-Up.....	March 1, 2010
Refining the Plans	March 1 – April 30, 2010
Grantees Meeting	March 24 & 25, 2010
Projects in Full Operation	May 27, 2010
Projects End	June 30, 2013

Table of Contents

Part 1. Overview and Background Information

1.1	Purpose of the Children’s Bureau National Quality Improvement Centers	6
1.2	The National Quality Improvement Center on Early Childhood	6
1.3	Background Research.....	7
1.3.1	Definitions of Child Abuse and Child Neglect	8
1.3.2	Early Experiences Matter	9
1.3.3	Altering the Course of Development.....	11
1.3.4	The Social-Ecological Framework	11
1.3.5	Advancing a Promotion-Prevention Continuum Approach	12
1.3.6	Defining Evidence-Based and Evidence-Informed Practices	13
1.3.7	Creating Effective Collaborations.....	15
1.3.8	Characteristics of Effective Prevention Programs	16

Part 2. Research and Demonstration Projects

2.1	Purpose of the QIC-EC Research and Demonstration Projects.....	17
2.2	Projects Outside of the QIC-EC Vision for R&D Projects.....	17
2.3	The Overall Theory of Change and Research Question for R&D Projects	18
2.3.1	Basic Premises.....	18
2.3.2	Elaboration of the Theory of Change	18
2.3.3	The Overarching Research Question for the R&D Projects	22
2.3.4	The Four Core Areas of the Social Ecology for the R&D Projects	22
2.4	Measurement and Instrumentation.....	25
2.4.1	Recommended Common Instruments.....	25
2.4.2	Additional Data to be Collected	29
2.4.3	Data Analysis and Interpretation.....	29
2.5	Key Aspects of the Research and Demonstration Projects.....	30
2.5.1	The R&D Projects Logic Model	30
2.5.2	Eligibility Criteria for Participating Families	31
2.5.3	R&D Project Design	31
2.5.4	Sample Size Requirements	32
2.5.5	Human Subjects Research and the IRB Process.....	32
2.5.6	Provision of Technical Assistance to Funded Projects	33
2.5.7	Required Meetings.....	33
2.5.8	Reporting Requirements.....	34
2.5.9	Conference Calls.....	34
2.5.10	Learning Network Webinars.....	34
2.5.11	Key R&D Project Personnel.....	35

2.5.12	General Evaluation Framework and the Local Project Evaluation	37
2.5.13	Cross-Site Evaluation of the R&D Projects.....	42
2.5.14	Forging a Community of Practice.....	44
2.5.15	Site Visits to R&D Projects	45
2.5.16	Products of R&D Projects	46
2.5.17	Summary of Key Aspects of R&D Projects.....	46
 Part 3. Eligibility, Awards, Pre-Submission, and Submission Requirements		
3.1	Eligible Applicants	49
3.2	Description of Awards and Timeframe	51
3.3	Key Dates in the RFP Process.....	52
3.4	Pre-Submission Technical Assistance Webinars.....	52
3.5	Two-Stage Submission Process	53
3.6	The Letter of Interest.....	53
3.6.1	Format	53
3.6.2	Face Sheet.....	54
3.6.3	Content	54
3.6.4	Manner of Submission.....	55
3.6.5	Reviewing the Letters of Interest	56
3.7	The Proposal	56
3.7.1	Format	56
3.7.2	Manner of Submission.....	57
3.7.3	Order of the Proposal Content	57
3.7.4	One-Page Cover Letter.....	58
3.7.5	Face Sheet.....	58
3.7.6	One-Page Abstract.....	58
3.7.7	Proposal Narrative and Evaluation Criteria	59
3.7.8	Budget and Narrative Budget Justification.....	64
3.7.9	Bibliography.....	69
3.7.10	Appendix Entries	69
 Part 4. Proposal Review, Notice of Award, and Key Dates		
4.1	Review of Proposals.....	70
4.2	Announcement and Notice of Awards	71
4.3	Key R&D Project Dates.....	71
 Part 5. Bibliography		
		72

Part 1. Overview and Background Information

1.1 The Children's Bureau National Quality Improvement Centers

The National Quality Improvement Centers (QICs) are a critical component of the Children's Bureau's National Training and Technical Assistance Network (TTA Network). Knowledge development and transfer, leadership development, information management, and dissemination of effective and promising practices are key objectives of the TTA Network. The Children's Bureau established the QIC initiative in order to:

1. Advance knowledge about evidence-based and evidence-informed strategies which address a specific priority area identified by the Children's Bureau by funding research and demonstration projects.
2. Evaluate the impact of funded research and demonstration projects.
3. Foster collaborative partnerships and promote collective problem-solving.
4. Maintain resource information on a specific priority area and establish a national information-sharing network.
5. Collaborate and coordinate with other members of the TTA Network.
6. Improve the quality and availability of service delivery systems and practices.

1.2 The National Quality Improvement Center on Early Childhood

In FY 2009, the Children's Bureau funded the Center for the Study of Social Policy (CSSP) to establish the National Quality Improvement Center on Early Childhood (QIC-EC), originally called the National Quality Improvement Center on Preventing the Abuse and Neglect of Infants and Young Children. In creating the QIC-EC, CSSP has partnered with ZERO TO THREE: National Center for Infants, Toddlers, and Families, and the National Alliance of Children's Trust and Prevention Funds.

The Children's Bureau conceived of the QIC-EC in response to the growing body of research pointing to the critical role of early life experiences in shaping children's developmental outcomes. The early years are critical because this is the period of the most rapid development of the brain, physical growth, motor skills, language formation, emerging self-concept, and social and behavioral skills. The goals of the QIC-EC are to promote knowledge development, knowledge dissemination, and knowledge integration:

- ***Knowledge development*** focuses on program and systems strategies that contribute to the prevention of child maltreatment and to the promotion of increased family strengths and optimal development among infants and young children (birth-5) who are at high risk for abuse, neglect, and abandonment (see eligibility criteria for participating families on page 31).
- ***Knowledge dissemination*** is supported by facilitating collaborative information-sharing and problem-solving via a national QIC-EC Learning Network, the Children's Bureau TTA network, and ongoing relationships with other stakeholders and partners, including research project grantees.
- ***Knowledge integration*** is the culmination and desired impact of knowledge development and knowledge dissemination resulting in positive change for families and children and sustainable, systemic change at multiple levels of the child maltreatment prevention field. Integration happens as effective knowledge development and dissemination activities reinforce, support, and then translate new learning into practice and use.

These QIC-EC goals will be achieved by:

1. Funding research and demonstration (R&D) projects that test and evaluate collaborative, innovative, evidence-based or evidence-informed program and/or systems practices, and conducting a cross-site evaluation of the impact of the funded R&D projects.
2. Establishing a national information-sharing and communications network to engage a broad maltreatment prevention constituency, disseminate lessons learned from this initiative and receive feedback.
3. Recommending changes in practice, procedures, and policies that support maltreatment prevention for very young children and their families.
4. Awarding up to four 2-year dissertation research stipends to advanced-level doctoral students conducting research on preventing the abuse and neglect of infants and young children. The QIC-EC will release an announcement of a funding opportunity for dissertation research support in 2010.

1.3 Background Research

The following summary of background research is included to provide prospective R&D project applicants with an overview of the QIC-EC's conceptual framework and the

perspectives that will guide the implementation and evaluation of the funded projects. Additional background research may be found in the document entitled *The Need for the Quality Improvement Center on Early Childhood* posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/needs_assessment).

1.3.1 Definitions of Child Abuse and Child Neglect

Child Protective Services data showed that in 2006 approximately 905,000 children in the United States were victims of some form of child maltreatment (U. S. Department of Health and Human Services, 2008). This figure is most likely an underestimate “due to underreporting and focus on a single data source. . . . (Further) calculation of child victimization rates for maltreatment depends on how the definition of maltreatment is operationalized” (Leeb et al., 2008, p. 3). A lack of consistent definitions among researchers, practitioners, policy makers, and public health, medical, and legal officials limits communication and collaboration across disciplines, restricts the ability to track the magnitude of child maltreatment, and hampers the assessment of the effectiveness of prevention efforts (Leeb et al.). For consistency, the following are definitions used by the QIC-EC and should be used to guide the work of R&D projects:

Table 1: Working Definitions of Child Abuse and Child Neglect

Child Abuse/ Acts of Commission	Words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. Intentionality only applies to the caregiver’s acts—not the consequences of those acts. . . . The following types of maltreatment involve acts of commission: physical abuse, sexual abuse, and psychological abuse (Leeb et al., 2008, p. 11).
Child Neglect/ Acts of Omission	The failure to provide for a child’s basic physical, emotional, or educational needs or to protect a child from harm or potential harm. Like acts of commission, harm to a child may or may not be the intended consequence. The following types of maltreatment involve acts of omission: failure to provide (physical neglect, emotional neglect, medical/dental neglect, educational neglect); failure to supervise/ensure safety (inadequate supervision, exposure to violent environments) (Leeb et al., 2008, p. 11).

Child Neglect

According to multiple sources, child neglect is the most prevalent form of child maltreatment in the United States (American Humane, 2009; Diaz, Peddle, Reid, &

Wang, 2002; U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2008). For example, according to the most recent national data available on child maltreatment:

- In FY 2007, 59% of the children in the United States who were victims of abuse and neglect suffered from neglect alone; 1% were medically neglected.
- Of the victims who were medically neglected, 20% were younger than 1 year.
- In FY 2007, 34% of child maltreatment fatalities in the United States occurred as a result of neglect only.

Some researchers have suggested that the effects of neglect are more severe and enduring than those from abuse. For example, Perry, Pollard, Blakley, Baker, and Vigilante (1995) documented that the effects of early deprivation (i.e., neglect) on brain development were greater than those associated with trauma (i.e., abuse). Despite the widespread incidence of child neglect and its especially damaging effects, the overwhelming focus of child maltreatment theory, research, and practice is on child abuse. Researchers report that less is known about how to prevent neglect than other types of child maltreatment (DePanfilis & Dubowitz, 2005).

As part of the effort to build this knowledge base, in 1999, the National Institutes of Health (NIH) established the Child Abuse and Neglect Working Group which called for research to enhance understanding of the etiology, extent, services, treatment, management, and prevention of child neglect. Since that time, several research studies have been co-funded by NIH and other agencies such as the Children's Bureau and the Substance Abuse and Mental Health Services Administration which examine various aspects of child abuse and neglect.

1.3.2 Early Experiences Matter (Source: Original QIC Program Announcement)

Numerous studies point to the critical importance of early life and early childhood experiences in shaping the developmental outcomes for children in later life. These issues were brought to the forefront in the book, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000). The report emphasized that "early environments matter and nurturing relationships are essential" (p. 4). It further stated that, "virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years" (p. 6).

Exceptionally stressful experiences early in life—such as abuse or neglect—may have long-term consequences for a child’s learning and behavior as well as physical and mental health. Researchers differentiate between the different types of stress that may have positive or negative effects on a child’s development. “Positive stress” in a child’s life, such as overcoming the challenges and frustrations of learning a difficult task, can be beneficial. However, severe, uncontrollable, chronic adversity, defined as “toxic stress,” can result in detrimental effects on developing brain architecture as well as on other systems that help an individual adapt to stressful events (Center on the Developing Child at Harvard University, 2007).

Infants and young children are a particularly vulnerable population that needs special attention. According to national data reported in *Child Maltreatment 2006*, infants birth-1 year had the highest rates of victimization at 24.4 per 1,000 children of the same age group in the national population. The rate of victimization is inversely related to the age group of the child. A recent analysis of the child maltreatment data conducted by ACF and the Centers for Disease Control showed that 84% of the victims under one year were less than one week old (Brodowski et al., 2008). Children 1-3 years old had the second highest victimization rate at 14.2 per 1000. More than three-quarters (78%) of children who died as a result of their victimization were younger than four years old. Infants and toddlers have been identified as one of the fastest growing groups being served by child welfare and Child Protective Services (Wulczyn, Barth, Yuan, Jones Harden, & Landsverk, 2005).

Several studies found that significant percentages of maltreated children younger than three years old had chronic health problems, growth and fine motor delays, cognitive delays, and speech and language delays. Although many of these problems have also been identified as risk factors for children living in poverty, research shows that the rates for these problems are higher and more severe among maltreated children. In addition, the medical and developmental problems were found to be both outcomes and potential risk factors for maltreatment. That is, other research has found that children with medical problems and other types of delays are also at increased risk of maltreatment. Unfortunately, exposure to harsh parenting practices and child abuse or neglect during the earliest years hinders immediate and long-term healthy social, cognitive, and emotional development (Wiggins, Fenichel, & Mann, 2007).

A Special Population of Vulnerable Infants and Young Children

The Abandoned Infants Assistance Act, as reauthorized by the Keeping Children and

Families Safe Act of 2003, highlights the unique needs of a special population of vulnerable infants and young children. Studies have indicated that a number of factors contribute to the inability of some parents to provide adequate care for their infants and young children and that a lack of suitable homes have led to the abandonment of such children in hospitals for extended periods of time. Infants and children with life threatening conditions and other special needs, including those who are infected with HIV, those who have AIDS, and those who have been exposed to dangerous drugs are at the greatest risk for abandonment and abuse or neglect and merit special attention (see http://aia.berkeley.edu/media/pdf/2009_hiv.pdf and http://aia.berkeley.edu/media/pdf/2008_perinatal_se.pdf).

1.3.3 Altering the Course of Development

The data that depict the national picture of the youngest victims of maltreatment, as well as the substantial research that shows a relationship between child maltreatment and a broad range of developmental problems, are extremely alarming. However, the good news is there is also strong evidence that “the course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes” (Shonkoff & Phillips, 2000, p. 32).

The R&D projects funded by the QIC-EC will implement programs and practices with families of infants and young children birth–5 years that focus on increasing protective factors and decreasing risk factors and thereby contribute to optimal child development, increased family strengths, and decreased likelihood of child maltreatment.

1.3.4 The Social-Ecological Framework

No single prevention model will completely eliminate child abuse and neglect. However, many maltreatment prevention scientists propose that a comprehensive, multi-level approach would be most effective; one approach is the social-ecological framework.

The basic principle of the social-ecological framework is that children develop within a network of family relationships, families exist within a community, and the community is surrounded by the larger society. These levels interact with and influence each other to either decrease or increase the likelihood of child maltreatment. Using the social-ecological framework expands the scope and reach of child maltreatment prevention efforts from the usual singular focus on individual factors to include interpersonal relationship factors, community factors, and societal/systems factors and, thus, creating

a far more effective prevention system.

1.3.5 Advancing a Promotion-Prevention Continuum Approach

A growing body of research in maltreatment prevention science has contributed to reframing child maltreatment prevention efforts to include a focus on promotion (i.e., increasing protective factors) as well as on prevention (i.e., reducing risk factors) (e.g., Centers for Disease Control and Prevention, n.d.; DePanfilis & Dubowitz, 2005; Wulzyn, 2008). "Individual developmental pathways throughout the life cycle are influenced by interactions among risk factors that increase the probability of a poor outcome and protective factors that increase the probability of a positive outcome. . . . Risk factors may be found within the individual (e.g., a temperamental difficulty, a chromosomal abnormality) or the environment (e.g., poverty, family violence). Protective factors also may be constitutional (e.g., good health, physical attractiveness) or environmental (e.g., loving parents, a strong social network). The cumulative burden of multiple risk factors is associated with greater developmental vulnerability; the cumulative buffer of multiple protective factors is associated with greater developmental resilience" (Shonkoff & Phillips, 2000, p. 30).

The Protective Factors

Identifying and understanding protective factors are equally as important as researching risk factors, but protective factors have not been studied as extensively or rigorously as risk factors. Although over the years researchers have identified numerous protective factors associated with child maltreatment prevention, the focus of the QIC-EC is on those articulated in the Strengthening Families approach (see page 13) which synthesizes many other studies. A 2009 RAND Corporation study of the child abuse prevention field showed that the Strengthening Families Approach and Protective Factors Framework was the most recognized child maltreatment prevention strategy even though it had only been developed in the past five years (Shaw & Kilburn, 2009).

The Strengthening Families Approach and Protective Factors Framework includes a set of five interrelated protective factors correlated with reduced child maltreatment: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence in children. Although the framework assumes that the ability to form a warm, secure bond with a young child may be regarded as a component of "parental resilience" and of "building social emotional competence in children," for the purposes of the QIC-EC research, "nurturing and attachment" will be treated as a sixth interrelated protective factor.

Table 2: The Protective Factors of Focus for the R&D Projects

PROTECTIVE FACTORS	DEFINITIONS
Parental Resilience	The ability to establish positive relationships, including attachment to a child; capacity to cope with stresses of daily life and recover from challenges.
Social Connections	Having friends, family members, neighbors, and others who provide emotional support and concrete assistance to parents.
Knowledge of Parenting and Child Development	Having accurate information about child development, appropriate developmental expectations, and knowledge of alternative discipline techniques.
Concrete Support in Times of Need	Having financial security to cover basic needs and unexpected costs; formal supports like TANF, Medicaid and job training; crisis services including mental health, domestic violence and substance abuse.
Children's Social and Emotional Competence	A child's ability to interact positively with others and communicate his or her emotions effectively.
Nurturing and Attachment	The ability to respond appropriately, warmly, and consistently to the basic needs of infants and young children and to foster a strong and secure parent-child attachment.

More empirical evidence is needed about the processes and outcomes of systematically building these protective factors in families at high risk for child maltreatment. This will be the focus of the R&D projects funded by the QIC-EC.

1.3.6 Defining Evidence-Based and Evidence-Informed Practices

The current emphasis on evidence-based or evidence-informed maltreatment prevention practices is grounded in the idea that the development and implementation of interventions should be informed by the most current, relevant, and reliable evidence about their effectiveness. The definitions guiding the work of the QIC-EC were developed by the Community Based Child Abuse Prevention Program (CBCAP) and Outcomes Workgroup, with support from the FRIENDS National Resource Center for CBCAP. The definitions are used by the Children's Bureau and incorporated into the performance measures used for the CBCAP program to promote the increase in the percentage of funding to support evidence-informed and evidence-based programs. These definitions are consistent with those developed by the American Psychological

Association and the Institute of Medicine (APA Presidential Task Force on Evidence-Based Practices, 2006; Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000):

- **Evidence-Based Practice:** The integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences.
- **Evidence-Informed Practice:** The use of the best available research and practice knowledge to guide program design and implementation within the context of the child, family, and community characteristics, culture, and preferences.

The CB described the shared components of evidence-based and evidence-informed programs and practices as: (a) having a logic model; (b) developing and following a manual; (c) having a commitment to continuous quality improvement and ongoing evaluation; (d) having programs and practices that are not harmful to the participating families; and (e) engaging in accepted practice. The criteria within the continuum of evidence-informed to evidence-based programs and practices, as described by the CB (Brodowski, 2008) are delineated below:

Table 3: Continuum of Evidence-Informed to Evidence-Based Practices

Emerging	Promising	Supported	Well-Supported
▪ Ongoing collection of pre/post data	▪ All elements of "Emerging," plus:	▪ All elements of "Promising," plus:	▪ All elements of "Supported," plus:
▪ Peer review	▪ 1 study, quasi-experimental design with control or comparison group	▪ 2 randomized clinical trials or 2 between group design studies (or comparable methodology)	▪ Multiple site replication
▪ Document all implementation activities	▪ Model fidelity	▪ One-year sustained effect	
Evidence-Informed —————> Evidence-Based			

R&D project applicants are required to propose interventions with research designs that reflect criteria along the evidence-informed to evidence-based continuum. Although R&D projects are not required to have an evaluation research design that includes a randomized control group, that may be proposed. In cases where randomized control

groups are not proposed, R&D projects are required to have a quasi-experimental design that includes the use of both quantitative and qualitative data, as well as treatment and comparison groups.

Cultural Considerations and Evidence-Based Practice

Shonkoff and Phillips (2000) noted: "Culture influences every aspect of human development. . . . Understanding this realm of influence is central to efforts to understand the nature of early experience, what shapes it, and how young children and the culture they share jointly influence each other over the course of development. . . . Given the magnitude of its influence on the daily experiences of children, the relative disregard for cultural influences in traditional child development research is striking" (p.25). It is arguable that the use of evidence-based practices (EBPs) could address the differential treatment and outcomes that diverse populations encounter within the child welfare system. "However, it is equally likely that EBPs could exacerbate and deepen existing inequities if they are implemented without sufficient attention to cultural competence and/or if policymakers fail to take into account the many practices within diverse communities that are respected and highly valued" (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005, p. 4-5).

Integrating cultural considerations into program planning decisions must go beyond the typical "culturally sensitive" practices of "delivering services in a participant's primary language, matching participants and providers on the basis of race and ethnicity, and incorporating traditional child rearing practices into a program's curriculum. Far less emphasis has been placed on testing the differential effects of evidenced-based prevention programs on racial or cultural groups or the specific ways in which the concept of prevention is viewed by various groups and supported by their existing systems of informal support" (Daro, Barringer, & English, 2009, p.11).

R&D project applicants are required to describe how the target population's characteristics, culture, and values are deeply integrated into the design and implementation of the proposed interventions and how the project will add to the knowledge base on the role of culture in preventing child maltreatment.

1.3.7 Creating Effective Collaborations

Researchers, practitioners, and policymakers agree that child maltreatment prevention is much too complex for one organization, agency, or service system to successfully address on its own. Further, many children and families at high risk for

maltreatment have a variety of physical, health, emotional, and educational needs. Thus, broad collaborations among key stakeholders are viewed as vital to the provision of needed services to children and families; to the success of child maltreatment prevention efforts; and to improved outcomes for young children and families. But all partnerships are not “collaborations.” Pollard (2005) described a coordination, cooperation, and collaboration continuum and outlined the characteristics that distinguish the three (see <http://blogs.Salon.com/0002007/2005/03/25.html#a1090>).

The QIC-EC will fund only R&D projects that are structured in such a way to show some level of collaborative efforts. Thus, R&D project applicants are required to describe: (a) the roles and responsibilities of all partners; (b) characteristics of the project with respect to the coordination-cooperation-collaboration continuum; and (c) the history of the partners’ coordination, cooperation, and/or collaboration. In addition, R&D project applicants should consider the recommendations and challenges regarding collaborations cited by Gardner and Young (2009) posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/commissioned_papers).

1.3.8 Characteristics of Effective Maltreatment Prevention Programs

Numerous research studies have shown that prevention programs with demonstrated effectiveness share common characteristics (see Daro et al., 2009; Daro & McCurdy, 2007; Schatz, 2006; Schorr & Marchand, 2007; Wiggins et al., 2007; Wulczyn et al., 2005). Organizational capacity and staff preparation are two often overlooked factors that contribute to the effectiveness of the delivery of maltreatment prevention services. Even when programs have robust designs and rigorous evaluation plans, they may not have the organizational capacity to effectively deliver the program, such as marketing capability, technical assistance, and a data management system (Elliott & Mihalic, 2004). Further, Daro et al. (2009) stressed the importance of professional development in the successful implementation of a prevention program.

R&D project applicants are required to “demonstrate a set of qualifications and organizational characteristics that demonstrate a ‘readiness’ to adopt a specific innovation and sustain the effort over time” (p. 13). In addition, R&D project applicants are required to describe plans for (a) the initial staff orientation to the work of the R&D project, (b) other staff training, and (c) on-going technical assistance for staff.

Part 2. Research and Demonstration Projects

2.1 Overall Goals for the Research and Demonstration Projects

The overall goals for the R&D projects that will be funded by the QIC-EC are to:

1. Generate new knowledge that contributes to the prevention of child maltreatment and to the promotion of increased family strengths and optimal child development.
2. Generate new knowledge about maltreatment prevention research and evaluation methodology.
3. Promote collaborations and collective problem-solving among maltreatment prevention partners.
4. Support wide-spread knowledge dissemination to practitioners, key policy makers, leaders, state and Federal agencies, parents, and the general public.
5. Integrate new knowledge that results in sustainable, systemic change at multiple levels of the child maltreatment prevention field.

2.2 Projects Outside of the QIC-EC Vision for R&D Projects

The QIC-EC **will not** support proposals that:

1. Are for first-time, start-up projects or involve newly created collaborative partnerships.
2. Are from applicants with limited and unproven capacity to implement and manage a research project of this nature.
3. Do not have clearly articulated, reasonable, and rigorous evaluation plans that include some type of comparison or control group.
4. Include children over the age of 24 months at initial implementation of the proposed project.
5. Do not include all of the required components, forms, and documentation.
6. Are submitted after the specified deadline.

2.3 The Overall Theory of Change and Research Question for R&D Projects

2.3.1 Basic Premises

The following basic premises are the foundation for the overall theory of change and research question for the QIC-EC research and demonstration projects:

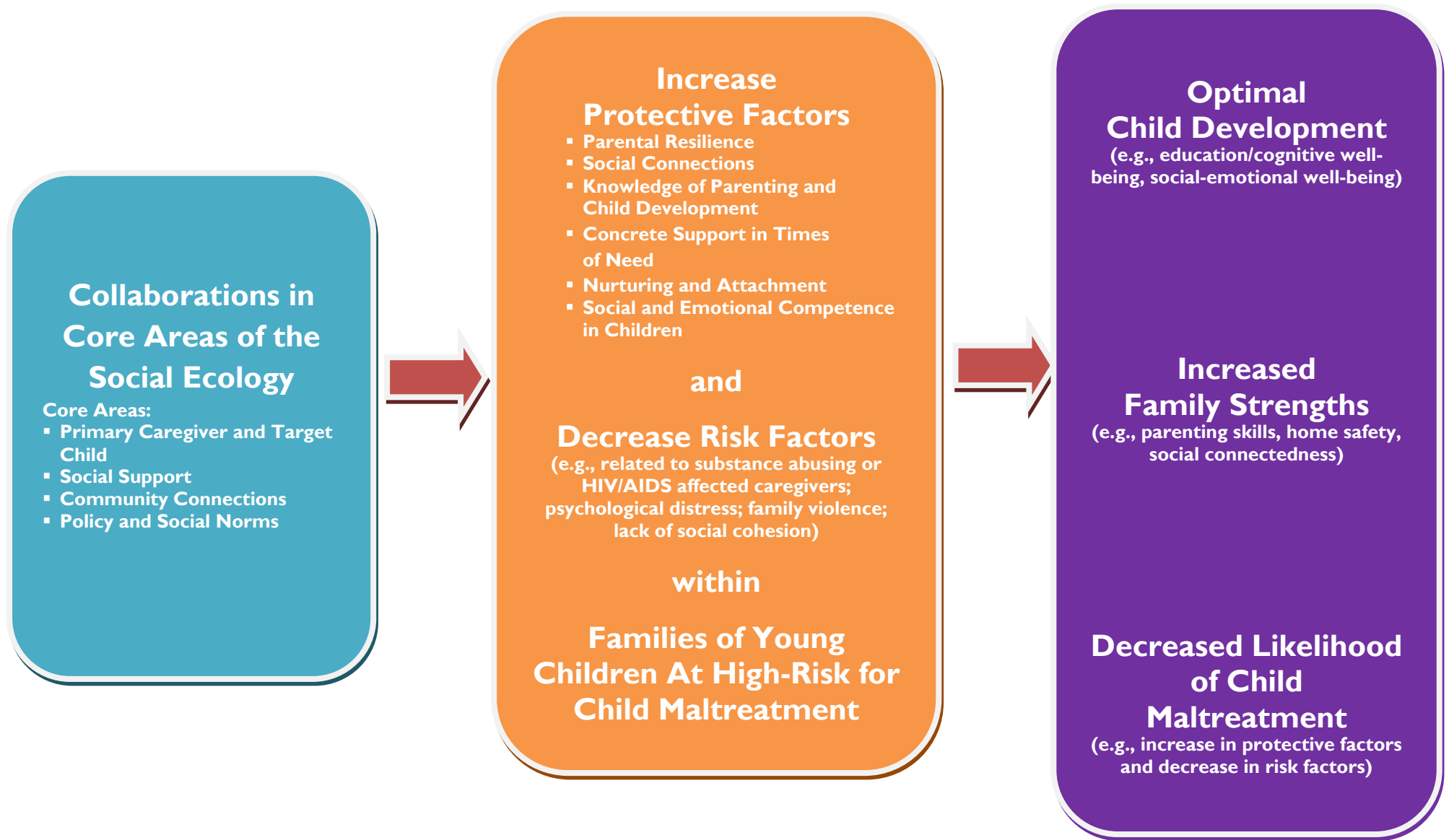
1. The early years are a particularly important intervention period for influencing a child's developmental trajectory and the nature of the parent-child relationship.
2. Children's developmental pathways are influenced by interactions among risk factors that increase the probability of poor outcomes and protective factors that increase the probability of positive outcomes.
3. A trajectory of poor development can be altered by effective early interventions that change the balance between risk and protective factors.
4. Child maltreatment prevention must be placed within the larger context of optimal child development and increased family strengths.
5. There are protective factors and risk factors related to child development, family functioning, and child maltreatment, at all levels of the social ecology.
6. Broad collaborations among key stakeholders are viewed as vital to the provision of needed services to children and families, to the success of child maltreatment prevention efforts, and to improved outcomes for young children and families.
7. "Proving a negative, in this case proving that child maltreatment did not occur because of the specific program or service is, if not an impossible task, an extremely difficult one. . . However, a program that facilitates positive change in risk factors increases the likelihood of greater safety for children" (Kirk, Firman, & Baker, 2004, p. 10).

2.3.2 Elaboration of the Theory of Change

Given these basic premises, the following overall theory of change should guide the conceptualization, delivery, and evaluation of the proposed R&D projects.

Collaborations that increase protective factors and decrease risk factors in core areas of the social ecology will result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment within families of young children at high risk for child maltreatment.

Figure 1. Overall Theory of Change for the Research and Demonstration Projects



An explanation of each component of the theory of change follows:

1. Collaborations should include a group of individuals from such child- and family-serving fields as child abuse prevention, child welfare, early childhood, or other health, education, and social service systems that plans, implements, and evaluates an innovative evidence-based or evidence-informed intervention.
2. The core areas of the social ecology of focus are: primary caregiver and target child (individual level); social support (relationship level); community connections (community level); and public policy and social norms (systems level). These core areas are described on pages 22-24.
3. The specific protective factors are: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, nurturing and attachment, and children's social and emotional competence.
4. The specific risk factors will be identified by the R&D projects, based on assessments of the target child, primary caregiver, and community context, such as risk factors related to substance abusing or HIV/AIDS affected primary caregivers, primary caregiver psychological distress, family violence, and social cohesion.
5. The three outcomes of focus for all research and demonstration projects are: optimal child development, increased family strengths, and decreased likelihood of child maltreatment.
6. The outcome "optimal child development" will be measured by pre- and post-intervention assessments of the "child well-being" domain, to include health, education/cognitive well-being, and social-emotional well-being indicators.

To assess the effectiveness of the interventions, changes among the target children in the treatment group(s) will be compared to children in the comparison group(s).

7. The outcome "increased family strengths" will be measured by pre- and post-intervention assessments of the following domains and indicators: "home and community" (home safety and social connectedness); "parent capacity" (parenting skills, parenting knowledge of child development, and parent mental health); "substance abuse" (type, frequency, and problem behaviors associated with risky substance abuse; participation in substance abuse treatment programs); "financial solvency" (income; housing stability; food security) and "family conflict" (types and levels of family conflict).

To assess the effectiveness of the interventions, changes among home safety, social

connectedness, and other characteristics of the primary caretakers in the treatment group(s) will be compared to primary caretakers in the comparison group(s).

8. The outcome “decreased likelihood of child maltreatment” will be measured by pre- and post-intervention assessments of the balance between protective factors and risk factors. In addition, the following data related to the target child and primary caregiver will be tracked:

- Date, nature, and disposition of any reports of child abuse and/or neglect
- Child welfare services provided for the child and primary caregiver
- Self-report of primary caregiver regarding incidents of abuse and/or neglect involving the target child and/or other children in the household
- Self-report of primary caregiver regarding level of risk for abuse and/or neglect in their family

Analyzing and interpreting these data will be done with consideration of some of the cautions and limitations of parent/primary caregiver self-report data cited by Ross and Vandivere (2009) in the report *Indicators for Child Maltreatment Prevention Programs* posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/commissioned_papers).

9. The following administrative data will be tracked to determine if there were changes in child maltreatment data at the population level of the respective communities over the course of the R&D projects.

- Reports of child abuse and neglect for children ages birth–5 years
- Disposition of child abuse and neglect reports (percentage substantiated and unsubstantiated)
- Emergency room visits for children birth–5, disaggregated by causes for the visit

Interventions are not required to have a direct impact on these data, but patterns over time will be assessed. Analyzing and interpreting these data will be done with consideration of some of the cautions and limitations of administrative data cited by Ross and Vandivere (2009). R&D project applicants are required to submit, as part of their proposal, memoranda of agreement with any public or private entities from which specific administrative data will be collected to ensure that, if funded, grantees have access to needed data.

The above outcomes, domains, and indicators are organized in Table 4 (pages 26-28).

2.3.3 The Overarching Research Question for the R&D Projects

The theory of change may be re-stated as the overarching research question for the R&D projects as follows:

How and to what extent do collaborations that increase protective factors and decrease risk factors in core areas of the social ecology result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment, within families of young children at high-risk for child maltreatment?

2.3.4 The Four Core Areas of the Social Ecology for the R&D Projects

The QIC-EC Team identified a core area at each level of the social ecology as leverage points or areas of change where R&D projects could focus their interventions: primary caregiver and target child (individual level), social support (relationship level), community connections (community level), and public policy and social norms (systems level). These four core areas of the social ecology are described below.

Primary Caregiver and Target Child (Individual Level)

Given the enormous amount of research that demonstrates that “early experiences matter” in all domains of development, the nature of a caregiver’s knowledge, attitudes, behaviors, skills, capacities, and psychological functioning, takes on great importance. Similarly, characteristics, attributes, and capacities of infants and young children influence how adults respond to them, and consequently how they grow, develop, and learn. As the outcomes of focus for the R&D projects are directly tied to the primary caregiver and target child—optimal child development, increased family strengths, and decreased likelihood of child maltreatment—all R&D projects are required to develop interventions that address the primary caregiver and child core area.

Social Support (Relationship Level)

In this context, social support refers to those people who most closely surround and are involved with families and young children; who may have direct, regular contact with the child, often serving as caregivers while parents work, go to school, or engage in other activities; and who are sometimes living in the same household as the parent(s) and child. Individuals who serve as social supports—mothers, fathers, grandparents,

other relatives, friends, and even co-workers—provide advice and resources about parenting and child rearing, transmit cultural values and practices, and engender feelings of connectedness and security. Several researchers have found that social support may serve as a buffer against life stressors for both the parents and children (Jarrett, 1995; Morisset, 1993).

Community Connections (Community Level)

The notion of community connections grows out of the idea that “the family is nested in a neighborhood system that provides support, or fails to provide support, for child rearing” (Fraser, Kirby, & Smokowski, 2004, p. 44). The work of Sampson, Raudenbush, and Earls (1997) suggests that the presence and involvement of supportive others outside of one’s family and close friends may help to promote optimal child development even in the face of poverty and other community-level risk factors.

In the context of the R&D projects, community connections include several key components within a community that may be engaged to help build protective factors and to help identify challenges that may create risk factors or interfere with the reduction of risk factors:

- Community leaders
- Organizations (e.g., faith-based organizations, parent organizations)
- Neighbor alliances (e.g., neighborhood associations, neighborhood watch groups)
- Formal support programs and service providers (e.g., early care and education centers; recreational facilities; local health, mental health, and social services)

The community connections core area also includes “social cohesion,” defined as: “the degree to which members of a neighborhood share values, beliefs, and expectations and the degree to which neighbors are willing to take action on behalf of others” (Fraser, Kirby, & Smokowski, 2004, p. 44); “the degree to which (members of a neighborhood) feel their neighbors could be counted on to help each other or could be trusted” (Daro & Donnelly, 2002, p. 442).

Public Policy and Social Norms (Systems Level)

For the purpose of the R&D projects, public policy refers to: “A course of action or inaction chosen by public. . . authorities to address a problem. Public policy is

expressed in the body of laws, regulations, decisions (including funding decisions), and governmental action. . . . These policies can be critical in shaping the environment in which child maltreatment occurs” (CDC, 2009, p. 78).

Public policies should be examined to determine if they are effective in strengthening families and preventing child maltreatment. Similarly, the larger culture, as expressed in social norms, plays a significant role in how families care for their children. Given national statistics on such factors as the number of children who live in poverty, the incidence of intimate partner violence, the amount of media violence, the reliance on corporal punishment, and the maltreatment rates of infants and young children, it is important to examine and identify strategies to change social norms that reflect a societal acceptance of violence and place a low value on children. The suggestions put forth by Tanzer (2009) in a document entitled *Storytelling, Social movements, and the Prevention of Child abuse and Neglect*, posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/commissioned_papers), offer some suggestions for beginning this process.

Proposing Interventions in the Core Areas

R&D project applicants are required to propose innovative interventions that address the primary caregiver and target child core area and at least one other core area. This will ensure that no project focuses exclusively on the individual level of the social ecology. This requirement is set forth with the caveat about “mission drift”—trying to accomplish so much that the overall purpose of the intervention is obscured—articulated by Daro et al. (2009) in the QIC-EC literature review (posted on the QIC-EC website, http://www.qic-ec.org/index.php/resources_and_findings/literature_review): “Interventions that attempt to directly impact too many variables in multiple domains often suffer from mission drift” (p.10).

While R&D projects must propose interventions that focus on at least two of the four core areas—inclusive of the primary caregiver and target child core area—common baseline and end-of-project data must be collected in all four of the core areas in order to determine changes in and among all of the core areas. The common data to be collected in all four core areas will be determined jointly by the selected R&D projects, the QIC-EC Team, and the QIC-EC Evaluation Team. R&D project applicants should also address each of the selected core areas in the theoretical framework, logic model/theory of change, and data analysis plan even if they are not part of the focus of the project.

2.4 Measurement and Instrumentation

A multifactorial approach to assessment will be used by the R&D projects in accordance with Meisels' assertion that "the more sources of data that are tapped, the more adequate and useful will be the conclusions drawn from the assessment" (1992, p. 4). In addition, professional judgment that is informed by knowledge of the context of the child, family, community characteristics, culture, and preferences should be factored into the interpretation of assessment results and intervention plans and decisions. This is particularly important when using standardized instruments that did not include culturally diverse populations in the norming process and when cultural or community characteristics should be factored in risk assessments.

2.4.1 Recommended Common Instruments

R&D projects will be required to use several common instruments to support the cross-site evaluation. Some will be standardized assessment tools and others will be developed by the QIC-EC. Several criteria were used in recommending common standardized instruments. They should: (a) include measures for assessing infants birth-24 months; (b) not require special credentials for administration, scoring, and interpretation; (c) be easily obtainable; (d) be designed to measure multiple indicators related to the R&D project outcomes; (e) have a theoretical orientation that was empirically-based; and (f) have acceptable validity and reliability data. Preference was also given to assessment tools that have Spanish language versions and that actively engage parents in order to encourage self-reflection.

Recommended instruments for assessing indicators of the three outcomes are listed in Table 4. An overview of these instruments is provided in the document *The Need for the Quality Improvement Center on Early Childhood* posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/needs_assessment). All of the instruments listed may not be used and others may be selected. Final determination about the number and types of common instrumentation will be made jointly by the QIC-EC Team, the Evaluation Team, and the grantees. Grantees will receive TA about assessing young children and culturally competent assessment issues.

R&D project applicants may need to identify and use other instruments related to unique aspects of their projects. Applicants should factor into their proposed budgets projected costs of assessment instruments, as well as supporting materials that relate to the instruments such as training videos, online access, test kits, paper forms, and developmental activity guides.

Table 4: Synthesis of Outcomes, Domains, Indicators, and Recommended Instrumentation

Outcomes	Domain(s)	Indicators	Recommended Instrumentation and Methods for Measuring Indicators
Optimal Child Development	Child Well-Being	Health	Health questions on the Demographic Data Tool
		Education/Cognitive Well-Being	- Ages and Stages Questionnaires-3 - Denver II - Child Behavior Checklist for Ages 1.5-5 - Child Development Inventory
		Social-Emotional Well-Being	- Ages and Stages Questionnaires-3 - Denver II - Child Behavior Checklist for Ages 1.5-5 - Child Development Inventory
Increased Family Strengths	Home and Community	Social Connectedness	- Social support questions on the Demographic Data Tool - Family Relationship Index from the Family Environment Scale - Social Network Analysis Tool - Social Support Map
		Home Safety	The Family and Child Experiences Survey Safety Measures incorporated into the Demographic Data Tool

Table 4: Synthesis of Outcomes, Domains, Indicators, and Recommended Instrumentation, continued

Outcomes	Domain(s)	Indicators	Recommended Instrumentation and Methods for Measuring Indicators
Increased Family Strengths	Parent Capacity	Parenting Skills	▪ Keys to Interactive Parenting Scale ▪ Protective Factors Assessment Tool ▪ Childhood Level of Living Scale
		Parenting Knowledge of Child Development	▪ Protective Factors Assessment Tool ▪ Knowledge of Infant Development Inventory ▪ Knowledge of Child Development Inventory
		Parent Mental Health	▪ General Well-Being Scale ▪ Parenting Stress Index ▪ Center for Epidemiological Studies Depression Scale ▪ Brief Symptom Inventory
	Substance Use	Type, Frequency, and Problem Behaviors Associated with Risky Substance Use	▪ Addiction Severity Index ▪ CRAFFT Drug Screen Instrument ▪ Substance use program participation questions on the Demographic Data Tool
		Participation in Substance Use Programs	▪ Substance use program participation questions on the Demographic Data Tool

Table 4: Synthesis of Outcomes, Domains, Indicators, and Recommended Instrumentation, continued

Outcomes	Domain(s)	Indicators	Recommended Instrumentation for Measuring Indicators
Increased Family Strengths	Financial Solvency	Income Housing Stability Food Security	▪ The Fragile Families and Child Well-Being Economic Hardship measures incorporated into the Demographic Data Tool
	Family Conflict	Types and Levels of Family Conflict	▪ Conflict Tactics Scale
Decreased Likelihood of Child Abuse and Neglect	Balance of Risk and Protective Factors	Increase in Protective Factors and Decrease in Risk Factors	▪ Protective Factors Assessment Tool ▪ Assessment of Protective Factors on Other Tools ▪ Child At Risk Field ▪ Childhood Level of Living Scale ▪ Child Abuse Potential Inventory ▪ Social support questions on the Demographic Data Tool ▪ Family Relationship Index from the Family Environment Scale ▪ Social Network Analysis Tool ▪ Social Support Map

2.4.2 Additional Data to be Collected

Describing Population Level Community Risk Factors

R&D projects must focus on risk and protective factors that can be influenced within the project timeframe, which makes it unlikely that projects can produce measureable impact on population level community risk factors such as community violence and poverty. Nonetheless, a full analysis of the project outcomes requires information about changes in population level community risk factors that may have occurred over the life of the project and that may have had an impact on outcomes.

In describing the rationale for choosing a proposed project location, R&D project applicants must include general demographic data and other descriptive information about the community context at the population level. Grantees will be required to track and provide updates on changes in the community context in their semi-annual reports. The final reports will include a more detailed review of the current status of the same information on community context provided in the application, along with analysis of how the changing context may have influenced the outcomes.

Prospective applicants may propose projects that they believe can address community factors within the grant period, such as building social cohesion.

Tracking Cost Data

R&D project grantees must track all costs over the life of the project related to the intervention and evaluation being implemented, including salaries, benefits, supplies, materials, travel, and training. To the extent that projects are able to summarize such costs using a “per family” or “per child” metric, whichever is most appropriate, this would be helpful but is not required. If data exists on comparable interventions and evaluations and it is possible to compare such costs, inclusion of this information is helpful, but not required. The plan for tracking cost data should be included in the application. It is the responsibility of each R&D project to collect and analyze their own project cost data. Grantees will receive technical assistance about tracking and reporting costs during the first grantees meeting.

2.4.3 Data Analysis and Interpretation

R&D project grantees are responsible for both gathering and analyzing their own data. Applicants are required to explain their plans for data analysis with the recognition that those plans are considered preliminary and will be refined collectively with the QIC-EC

Team and the QIC-EC evaluators once the grants are made. This is important so reviewers of the proposals can discern applicants' level of capacity for various types of data analysis.

Applicants are encouraged to consider using social network analysis (SNA) in regard to data collected for the social support and community connections core areas. The SNA methodology makes it possible to visually map the interconnections among agents in complex systems and understand more about the roles that various parties play. A social network analysis map can show which individuals are central to the flow of information and which ones are peripheral to or outside of the flow of information. See sources such as Hanneman and Riddle (2005), Wasserman and Faust (1994), and Borgatti, Everett, and Freeman (1992) for more information on social network analysis; Hanneman and Riddle's book is available online for free.

2.5 Key Aspects of the Research and Demonstration Projects

This section will include a description of the (a) R&D project logic model; (b) eligibility criteria for participating families, (b) R&D project design, (c) sample size requirements, (d) IRB requirements, (e) provision of TA to funded projects, (f) required meetings, (g) reporting requirements, (h) conference calls, (i) Learning Network webinars, (j) key R&D project personnel, (k) general evaluation framework and R&D project evaluation, (l) cross-site evaluation, (m) social network analysis, (n) Community of Practice, (o) site visits, and (p) products of the R&D projects.

2.5.1 The R&D Project Logic Model

R&D project applicants are required to describe and illustrate a logic model for the proposed research project. A logic model is a tool that presents the conceptual framework for a proposed project and explains the linkages among program elements. Information on the development of logic models is available at:

<http://childwelfare.gov/preventing/developing/toolkit/> and
<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>.

Logic models in proposals should summarize the logical connections among the following: (a) needs that are the focus of the project; (b) project goals and objectives; (c) target population; (d) project inputs (resources); (e) proposed activities/processes /outputs directed toward the target population; and (f) expected short- and long-term outcomes the project is designed to achieve.

2.5.2 Eligibility Criteria of Participating Families

R&D projects must target infants and young children who are at high risk for abuse, neglect, and abandonment and for whom there is no substantiated Child Protective Services report. More specifically, the eligibility criteria for participation in the R&D projects are families who:

1. Have an infant or young child, birth–24 months, who will be the target child.
The initial target population of children ages birth–24 months is necessary so that the focus throughout the 40 months of the R&D projects will remain on children birth–5.
2. Are at high risk for abuse, neglect, and abandonment—including those impacted by substance abuse or HIV/AIDS. R&D projects must clearly delineate the child, parent, family, and/or community factors that place their target children at high risk for abuse, neglect, and abandonment.
3. Self-report that there has been no substantiated Child Protective Services report on the target child in the 24 months preceding acceptance into the project.

2.5.3 R&D Project Design

Research and demonstration projects funded by the QIC-EC must have designs that generate rigorous data about what works, so that, ultimately, the findings may contribute to evidence-based or evidence-informed decision-making about maltreatment prevention practice and policy.

R&D project applicants are required to propose interventions with research designs that reflect criteria along the evidence-informed to evidence-based continuum described by the Children’s Bureau (see page 14). Although R&D projects are not required to have an evaluation research design that includes a randomized control group, that may be proposed. In cases where randomized control groups are not proposed, R&D projects are required to have a quasi-experimental design that includes the use of both quantitative and qualitative data, as well as treatment and comparison groups. Projects must select a comparison group (or randomized control group) with similar demographic and risk characteristics to those in their treatment group in a manner that is appropriate to their situation. Differences between the treatment and comparison group (or randomized control group) are intended to enrich the interpretation of the data from the treatment group.

2.5.4 Sample Size Requirements

R&D project applicants are required to include in their proposals an a priori power analysis based on the design and questions to be addressed by the study [see sources such as a statistical analysis package (e.g., SPSS) or a statistics textbook for information on conducting a power analysis]. This a priori power analysis will help reviewers assess the likelihood that impacts can be assessed based upon the number of proposed participants in the study as well as the number and type of research questions and variables to be included. Since attrition is common in social science research endeavors, it is important that applicants identify strategies to help minimize its impact. Applicants should include a sufficient number of treatment and comparison group participants to mitigate attrition problems and other detailed information sufficient to allow reviewers to adequately assess applicants' efforts in this area.

2.5.5 Human Subjects Research and the Institutional Review Board Process

Applicants are expected to follow HHS human subject research regulations. HHS regulations at 45 CFR 46.109(b) require that Institutional Review Boards (IRBs) ensure that information given to subjects as part of informed consent meets the requirements specified in the regulations at 45 CFR 46.116. Grantees will be required to submit copies of their request for IRB approval as well as documentation of the final approval.

HHS Regulations at 45 CFR 46.116 state:

No investigator may involve a human being as a subject in research covered by this policy unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative. An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the subject or the representative shall be in language understandable to the subject or the representative. No informed consent, whether oral or written, may include any exculpatory language through which the subject or the representative is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.

The HHS regulations also state at 46.111(a)(4) that, among other requirements, an IRB must determine that informed consent will be sought from each prospective

subject or the subject's legally authorized representative, in accordance with, and to the extent required by HHS regulations at 46.116. The IRB may require that information, in addition to that specifically mentioned in 46.116, be given to the subjects when in the IRB's judgment the information would meaningfully add to the protection of the rights and welfare of subjects [46.109(b)].

R&D project applicants are required to describe their IRB process and how it will conform with the above HHS regulations in their proposal. To read the regulations in their entirety go to: www.hhs.gov/ohrp/policy/clinicaltrials.htm. Applicants must also identify the cost (if applicable) for the IRB process in the budget section of the proposal.

2.5.6 Provision of Technical Assistance to Funded Projects

The QIC-EC Team will provide support to assist grantees in successfully implementing their research projects. Technical assistance (TA) opportunities will be facilitated by members of the QIC-EC as well as external experts selected by the QIC-EC. In addition, parents from the National Alliance of Children's Trust and Prevention Funds' Parent Partnership Council and other seasoned parent leaders will contribute to and be involved in providing TA to support projects in reaching out to parents as partners in their local sites.

A QIC-EC Team member will serve as a TA liaison for each grantee based on their project focus. These liaisons will conduct a monthly TA call to the assigned grantee to check that project milestones are being met and to identify needed training and technical supports. TA experiences will be delivered through other venues as well: telephone; email; webinars; during site visits; and peer-to-peer information sharing and learning in the Community of Practice (see page 45).

Post-award TA will begin with a two-day meeting of grantees. Prior to this meeting, grantees will participate in an introductory teleconference that will include the opportunity to provide input on the agenda for the first grantees meeting, including their specific technical assistance needs.

2.5.7 Required Meetings

The local project evaluator and at least one other key staff person will be required to attend two grantee meetings each year of the funding period, one in the fall and one in the spring.

- One meeting each year will be convened in Washington, DC. The first grantee meeting will be held in Washington, DC on March 24-25, 2010.
- The other meeting will be held within the context of a relevant national professional meeting such as the National Conference on Child Abuse and Neglect, the Strengthening Families Leadership Summit, or the ZERO TO THREE National Training Institute.

2.5.8 Reporting Requirements

Funded projects will sign grant agreements with the Center for the Study of Social Policy that outline their responsibilities and the supports available to them. Grantees will be required to submit semi-annual progress/milestone reports, as required by the QIC-EC and the Children's Bureau, documenting project outputs and performance measures as well as describing factors that hindered or accelerated their work based on the schedule below. Grantees will be notified in a timely manner of any other reporting requirements.

- As Project Year 1 begins March 1, the first progress, budget, and evaluation reports are due September 30.
- For Project Years 2 and 3, semi-annual progress, budget, and evaluation reports are due March 30 and September 30.
- For Project Year 4 (ending June 30, 2013), final progress, budget, and evaluation reports are due July 31.

2.5.9 Conference Calls

The QIC-EC project director will convene regularly scheduled monthly conference calls with grantees that include at least two key personnel from each funded project. The local project evaluator will be expected to participate in calls pertaining to local evaluation issues or to the cross-site evaluation. The cost of facilitating these monthly conference calls will be absorbed by the QIC-EC.

2.5.10 Learning Network Webinars

The QIC-EC has established a Learning Network which serves as an active mechanism for exchange of information between the QIC-EC and a multidisciplinary group of organizations and individuals who share the commitment to maltreatment prevention in

very young children. Learning Network members contribute ideas, questions, and information and are well-positioned to disseminate to their colleagues and constituents new information developed by the QIC-EC and the R&D projects.

The bulk of communication and information-sharing across the Learning Network takes place via webinars. Experts in relevant fields will lead webinars in order to promote dialogue and disseminate new knowledge and ideas. The QIC-EC has scheduled quarterly webinars over the funding period. Grantees are required to register for and participate in all webinars and to participate in leading two of them.

Grantees will lead webinars in June 2010 and September 2013. The first presentation will focus on the respective R&D projects' research questions, goals, objectives, and implementation and evaluation plans. The final presentation will focus on research findings and recommendations emerging from the R&D projects.

2.5.11 Key R&D Project Personnel

R&D project applicants may propose project staff as needed but are required to identify individuals who will assume primary responsibility for (a) management activities, (b) implementation of intervention activities, and (c) local project evaluation activities. Those individuals with primary responsibility for these activities are considered key personnel. Applicants may assign the management and the implementation of the intervention activities to either different individuals (e.g., a project director and a principal investigator) or a single individual (e.g., a principal investigator who also serves as the project director).

R&D project applicants must ensure that the individuals identified to carry out these activities have the knowledge, experience, and commitment to fulfill their responsibilities and must describe their qualifications and capabilities. Depending upon the research proposed, it may also be helpful that the individual assuming the implementation of the intervention activities has experience in researching and working with diverse communities and entities that target young children and their caregivers, including those impacted by substance abuse and HIV/AIDS.

The QIC-EC Team and the Children's Bureau must approve any changes in key personnel.

Management Activities

An individual must be identified who will have primary responsibility for the following

management activities:

1. Overseeing the programmatic, administrative, and financial aspects of the project.
2. Monitoring and ensuring the integrity of the collaborative partnerships.
3. Ensuring that all research, evaluation, and management aspects of the R&D project are conducted in an ethical, competent, complete, and timely manner.
4. Developing and submitting all required reports in a timely manner and in recommended formats.
5. Working cooperatively with the QIC-EC Team to meet deadlines, reporting requirements, etc., and ensuring that the project is carried out in compliance with the terms and conditions of the QIC-EC and the Children's Bureau.

Implementation of the Intervention Activities

An individual must be identified who will have primary responsibility for the implementation of the intervention activities listed below. This individual should be involved in the development of the proposed project goals, objectives, research design, and implementation activities. Responsibilities include:

1. Working cooperatively with the local project team to meet the goals and objectives of the R&D project.
2. Ensuring the integrity of the research design and that it is maintained with fidelity.
3. Ensuring that the assessment, intervention, and data collection activities are implemented with fidelity in an ethical, competent, complete, and timely manner.
4. Working cooperatively with the local project evaluator.
5. Participating in two required grantee meetings per year, regularly scheduled conference calls, webinars, and site visits.

Local Project Evaluation Activities

The R&D project evaluator is called the "local evaluator." The local evaluator should be involved in the development of the proposed project research design and evaluation plan. An individual must be identified who will have primary responsibility for the following local project evaluation activities:

1. Conducting a utilization-focused evaluation, including data analysis and interpretation.
2. Working cooperatively with the individual who has primary responsibility for the implementation of the intervention, including data collection.
3. Working cooperatively with the QIC-EC evaluator including participating in scheduled evaluation conference calls and webinars pertaining to the local project evaluation and the cross-site evaluation.
4. Participating in the cross-site evaluation conducted by the QIC-EC evaluator.
5. Participating in two required grantee meetings per year, regularly scheduled conference calls, webinars, and site visits.

2.5.12 General Evaluation Framework and the Local Project Evaluation

R&D project grantees are required to conduct a local evaluation and participate actively in the cross-site evaluation of R&D projects. The local evaluations must be framed to be consistent with a utilization-focused evaluation and with emerging conditions in the field of maltreatment prevention.

Following is an overview of the two categories of evaluation involved in the QIC-EC work that pertain directly to the R&D projects. More detailed information about QIC-EC evaluation can be found in the document entitled *The Need for the Quality Improvement Center on Early Childhood* posted on the QIC-EC website (http://www.qic-ec.org/index.php/resources_and_findings/needs_assessment).

Utilization-Focused Evaluation

R&D project evaluations are required to be designed as “utilization-focused” evaluations (Patton, 2008). Utilization-focused evaluations:

- Focus on utility and actual use by the intended users;
- Do not advocate a particular evaluation model, method, theory, or use; and
- Are highly participatory to enhance learning and usability.

No evaluation covers all possible aspects of an initiative’s work. Choices must be made based on budget and the emphasis that can be most useful for the purpose and operation of the project. When framing an evaluation with a utilization-focused orientation, it also is important to realize that evaluation can be useful both through the

findings of the evaluation and through the *processes* of the evaluation. The R&D projects are required to attend to the utilization of both the findings and the processes in their evaluation work to ensure the greatest value from resources allocated to evaluation.

Use of Evaluation Findings

Evaluation findings can be used for a variety of purposes; for example (Patton, 2008):

- To make judgments of overall value to inform and support major decision making about the value and future of a program or model.
- To improve a program through learning more about how it is operating and the benefits that are occurring.
- For accountability and monitoring to demonstrate that resources are well managed, handle routine reporting, and/or identify problems in routines and processes.
- To develop a systemic orientation by learning about and determining how to function within complex, emergent, and dynamic conditions.
- To generate new knowledge to enhance general understandings and identify broad principles.

Use of Evaluation Processes

Although the *findings* of an evaluation are typically thought of as the primary use of evaluation, it is important to consider how the evaluation *process* itself can be used to support the endeavor being evaluated (Patton, 2008). Evaluation processes are useful in enhancing shared understanding among those involved in the group and can increase engagement, self-determination, and ownership of an intervention. Another evaluation process that often supports the direction of a program or initiative is the process of clarifying what is to be measured and the act of measurement. What gets measured is what gets done.

To increase the utility of each of the R&D project evaluations, the local evaluators must design the evaluations to encourage and enhance learning, participation, appreciation, and integration of systems-based methodologies. Local evaluators should use as many opportunities as reasonable to invite and appropriately involve the QIC-EC Team, Learning Network, Children's Bureau Training and Technical Assistance Network, and R&D project partners and stakeholders in various phases of the evaluations.

Conditions Affecting Evaluation Choices

R&D project evaluations must take into account the state of knowledge in the field of maltreatment prevention and other conditions that are affecting the field. Of particular relevance are: (a) emphasis on risk and protective factors; (b) shift from a program and services orientation to a complex systems orientation; (c) expansion of evaluation methods and tools; and (d) complexity of knowledge dissemination and integration.

Emphasis on Both Protective and Risk Factors

As indicated in the “Background Research” section of this RFP, a perspective change has been occurring regarding child maltreatment prevention. While continuing to attend to decreasing risk factors, the field is paying greater attention to preventing child maltreatment by increasing protective factors. This shift has a major influence on evaluation because some measures of protective factors are still in the early stages of development and programs and services with this orientation are not yet as well developed or extensively studied.

Shift from Programs and Services to a Complex Systems Orientation

A shift is occurring from a focus on individual programs and services to a broader, focus on systems and the complexity within which programs function. This does not mean that programs and services are unimportant, but that attention to the parts (programs) alone is insufficient. Attention is needed to the parts, the whole, and the greater whole. A systems orientation is needed to support this expanded thinking. This approach recognizes that changes for children and families happen within a web of relationships formed by social networks, community context, programs, and systems. For the purposes of evaluation, “systems” are defined as the parts and interconnections that form a coherent whole. Programs and services are considered within this context, with attention to how the interconnections, relationships, and differences that exist among and between parts form a coherent whole. Two primary aspects of a systems orientation that are important to the R&D projects are the distinction between nested and networked social systems and a recognition of different dynamics within systems.

Nested vs. Networked Social Systems

Social systems can be conceptualized in two ways—as either nested or networked. Most bureaucratic, hierarchical organizations build on a notion of nested systems where one level is nested within another. For example, a county agency may be nested within a state system and subject to the policies and direction of a state agency. In today’s

complex world, networked systems are increasingly important, such as partnerships and interconnections among service providers across and among organizations. Thinking in terms of networked systems directs attention to the complex relationships that can exist across and among levels of the ecological model.

Systems Dynamics

Multiple dynamics operate within complex systems [see article on website entitled *Concepts from Complexity Sciences Relevant to the QIC-EC* (Parsons, 2009), http://www.qic-ec.org/index.php/evaluation/overall_qic_ec, and W.K. Kellogg Foundation (2007), <http://www.wkkf.org/default.aspx?tabid=101&CID=281&CatID=284&ItemID=5000521&NID=20&LanguageID=0>]. These dynamics are of three types—organized, unorganized, and self-organizing. Evaluation methods vary depending on the dynamics being studied.

- *Organized* dynamics are those interactions between the parts of a system that follow highly predictable patterns—cause and effect is clear and linear.
- In contrast, *unorganized* dynamics are those interactions between the parts of a system that are entirely random in nature. Cause-and-effect relationships cannot be drawn, and there are no discernable patterns.
- Between these two phenomena sits *self-organizing* dynamics. Within a self-organizing dynamic, cause and effect are not direct, linear, or predictable. Elements and agents within the system influence each other and, because of these multiple influences, unanticipated patterns often emerge.

Expansion of Evaluation Methods and Tools

The extensive discussions in the field about evidence-based and evidence-informed programs and practices are an important part of the context of R&D evaluations. The R&D projects are designed to take advantage of the expanding range of methods and tools that are deemed appropriate for developing evidence and contributing to the field regarding methods that especially recognize the complexity of systems.

Multiple system dynamics, as discussed above, are entangled in social systems and can be operating in different parts of the same systems at one time. To further an understanding of them, one can selectively look at these dynamics using different evaluation methods and types of data. Thus, the R&D project evaluations should use a mix of qualitative and quantitative data and multiple evaluation designs to view complex systems as a whole (W.K. Kellogg Foundation, 2007).

Complexity of Knowledge Dissemination and Integration

The rapid expansion of new knowledge in nearly all fields and its expanded dissemination through the internet and other means is creating a new environment for both the conduct and use of research and evaluation. It is no longer sufficient to assume a simple linear progression from knowledge development to dissemination to use/integration. Models of how to move from knowledge development and dissemination to knowledge integration in complex systems are in the early stages of development and are emerging in many fields (see the relevant references in the document entitled *The Need for the Quality Improvement Center on Early Childhood* posted on the QIC-EC website, http://www.qic-ec.org/index.php/resources_and_findings/needs_assessment).

One of the overall goals for the R&D projects is to support knowledge dissemination to practitioners, key policy makers, leaders, state and Federal agencies, parents, and the general public. Thus, R&D projects must include in their proposals a description of their plans to support and evaluate knowledge dissemination and integration efforts.

Phases of Evaluation

The four phases of the QIC-EC evaluations are: design the evaluation; plan and engage in data collection; make meaning from the data (including analysis, synthesis, and interpretation of data); and shape practice (Parsons, in press).

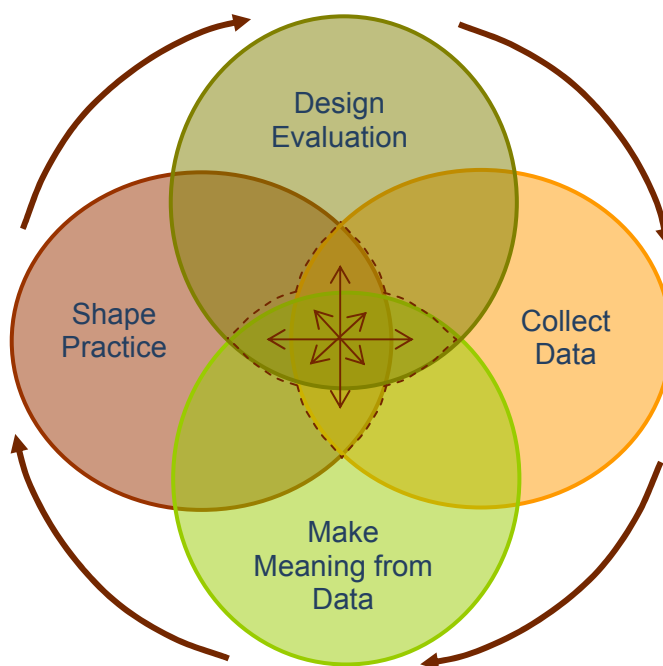


Figure 2. Phases of Evaluation

These phases are neither linear nor distinct. Each phase informs and influences the others throughout the life of an evaluation. As participants engage in making meaning from the data in complex situations, they often are reshaping their practices and perspectives at the same time. For example, barriers that arise, or learning that happens in the process of data collection will inform the design, and will feed into meaning-making. Meaning-making will surface new questions, which will point to adaptation or revision in design and data collection procedures.

2.5.13 Cross-Site Evaluation of the R&D Projects

The cross-site evaluation plan presented below includes: (a) the overall design of the cross-site evaluation; (b) how evaluators collect data, make meaning, and shape practice; and (c) how the QIC-EC Team, the QIC-EC Evaluation Team, and the key R&D project personnel work together to leverage the evaluation process.

Throughout the evaluation, the QIC-EC Evaluation Team will work closely with key R&D project personnel, as well as the QIC-EC project director, to ensure the utility of the cross-site evaluation in regard to both evaluation findings and processes. The evaluation processes can assist the QIC-EC and R&D projects in making decisions about the R&D interventions as they are being implemented. The processes also can help the QIC-EC and R&D projects position themselves for effective knowledge dissemination and integration in preparation for the use of the new knowledge that is generated.

Designing the Cross-Site Evaluation

The primary purpose of the cross-site evaluation is to conduct an analysis across the QIC-EC-funded R&D projects to generate new knowledge about the overarching research question for the R&D projects:

How and to what extent do collaborations that increase protective factors and decrease risk factors in core areas of the social ecology result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment within families of young children at high risk for child maltreatment?

The Children's Bureau has also requested that R&D projects attend to cost data as they engage in their R&D work (see page 29). Careful design of the cross-site evaluation also makes it possible for the evaluation to contribute other findings. In particular, it provides an opportunity to generate new knowledge about evaluation methodologies and the process of knowledge development, dissemination, and integration.

Cross-Site Evaluation Questions

Given the perspective above, the cross-site evaluation is framed around four questions with the primary attention directed to the first question.

Table 5: Cross-Site Evaluation Questions

Question #	Questions
1	Across the R&D projects, how and to what extent do collaborations that increase protective factors and decrease risk factors in core areas of the social ecology result in optimal child development, increased family strengths, and decreased likelihood of child maltreatment within families of young children at high risk for child maltreatment?
2	Across the R&D projects, what are the costs related to making changes within and among collaborations that increase protective factors and decrease risk factors in core areas of the social ecology?
3	Across the R&D projects, what new knowledge is gained about inquiry methods (i.e., research, evaluation, and measurement methods) related to creating evidence-based and evidence-informed practice, programs, and policies?
4	Across the R&D projects, what new knowledge is gained about patterns of knowledge development, dissemination, and integration?

Collecting Data

Each R&D project is a part of a larger cross-site study being conducted collaboratively with the other R&D projects and the QIC-EC Evaluation Team. Data for the first and second questions listed above will be collected by the R&D projects. The R&D projects will gather baseline, intermediate, and final (close of project intervention) data. Each project also will collect data about processes and relationships that the collaborations put in place to sustain changes made beyond the life of the project.

Each site will analyze the data for its own site. The specific data analysis methods will be collaboratively determined by the R&D sites and the QIC-EC Evaluation Team. The QIC-EC Evaluation Team will conduct a cross-site analysis using the data and analyses from the local evaluators.

The QIC-EC Evaluation Team will be primarily responsible for gathering data about the third and fourth cross-site evaluation questions listed in Table 5. The data will be gathered in the meetings of the R&D Community of Practice (see page 45), during site visits, and through review of documents from the R&D projects.

The local evaluators will collect and analyze baseline, intermediate, final, and sustainable change data related to the first question in Table 5. They will provide their data to the QIC-EC Evaluation Team at a time and in a manner mutually agreed on by the QIC-EC Team, R&D projects, and the QIC-EC Evaluation Team following each data collection and analysis period. The local evaluators will also gather and analyze data about the second question in Table 5.

The timing of submission of the final set of data will be such that it gives the local evaluators time for their data analysis and meaning-making and the QIC-EC Evaluation Team enough time to analyze and make meaning from the data across sites. Time also needs to be allowed for dissemination and integration of findings.

Type of Data Collected

The QIC-EC Evaluation Team and the QIC-EC Team will work with the R&D projects during the initial meeting in March 2010 to develop consensus on common methods for data collection and analysis for the first cross-site evaluation questions listed in Table 5. Measures and methods used with treatment and comparison groups in each site will be appropriate to answering question one, the site's particular research question, and the participating population. The QIC-EC Team has recommended common measurement instruments (see Table 4, pages 26-28) that will address question one. Final determination of the common measurement instruments will be made jointly by the R&D projects, the QIC-EC Team, and the QIC-EC Evaluation Team.

The second, third, and fourth cross-site evaluation questions in Table 5 do not require common measures or methodologies. The R&D projects and the QIC-EC Evaluation Team will work together to generate an evaluation design that (a) respects the local situation and (b) generates new knowledge about those three evaluation questions that is useful and meaningful both locally and across the field as a whole. The R&D projects are responsible for IRB approval of their data collection tools and methods.

2.5.14 Forging a Community of Practice

Throughout the project period, the QIC-EC Team will work collaboratively with grantees

individually and as a group in order to share thinking, activities, results, and challenges. This type of learning will take place through local evaluators and other key personnel joining the QIC-EC Evaluation Team and the QIC-EC Team in forming a Community of Practice.

A Community of Practice (CoP) is a collaborative group formed for learning and sharing knowledge focused on the group's common goals. In this case, the goal is ensuring high quality evaluations of the R&D projects individually and across the sites. Members of the CoP will have opportunities to discuss, question, brainstorm, share, and support each other around critical issues related to evaluation. Within the framework of the CoP, the QIC-EC Evaluation Team and QIC-EC Team will:

- Provide a supporting context for the CoP participants to work collaboratively to share knowledge and experience related to conducting research/evaluation.
- Offer technical assistance as funding allows for conducting local evaluations of the R&D projects in a way that is philosophically congruent with the complexity of the relationships within and among the situations where the R&D project is occurring.
- Reach agreement with the local evaluators and other key personnel on common measures, questions, and, as appropriate, methods for data collection and data analyses such that the QIC-EC Evaluation Team can conduct a secondary analysis of individual R&D project analyses to look at patterns across R&D sites for the cross-site evaluation.
- Facilitate interactions that help answer the full range of evaluation questions identified for the cross-site evaluation.

2.5.15 Site Visits to R&D Projects

Members of the QIC-EC Evaluation Team will visit each R&D project site at least three times (funds permitting) during the 40 months of the project to: (a) provide support and assistance; (b) verify the quality of measures; (c) address any issues related to the data collection and analysis that affect the cross-site evaluation; and (d) gather information for the third and fourth cross-site evaluation questions shown in Table 5.

Additionally, the site visits will help the QIC-EC Evaluation Team better understand the context of each R&D project. Such understanding will aid in refining the interpretations of cross-site data and in preparing the cross-site evaluation reports. These visits are likely to occur at the same time the QIC-EC project director visits the sites.

2.5.16 Products of R&D Projects

R&D projects are required to develop useful products related to the implementation and outcomes of their projects. Products may include print materials, electronic materials, and electronic channels for communicating and disseminating information.

R&D projects are required to:

1. Produce a manual that details procedures and materials that will contribute to and promote evidence-based and evidence-informed strategies, practices, and programs, and that may be used to guide replication or testing in other settings and with other populations.
2. Produce a scholarly article for publication in the ZERO TO THREE professional journal.
3. Contribute to the QIC-EC electronic newsletter.
4. Develop and disseminate documents through various venues (e.g., presentations at professional meetings, postings on the QIC-EC website, presentations for Learning Network webinars).

Additional useful products may be developed. All products that are developed with funding provided by the QIC-EC should be in formats that make them accessible to interested individuals. All publications must acknowledge the QIC-EC funding source; the QIC-EC Team will provide grantees a common statement in this regard.

2.5.17 Summary of Requirements for R&D Project Applications

Proposed research and demonstration projects must:

1. Have a theoretical base and be guided by a clearly articulated logic model.
2. Test interventions that result in robust evidence and new knowledge about how increasing protective factors and decreasing risk factors can contribute to optimal child development, strengthened families, and a decreased likelihood of child maltreatment for children birth-5.
3. Address the primary caregiver and target child core area at the individual level of the social ecology and at least one other core area of the remaining three levels of the social ecology: social support (relationship level), community connections (community level), and public policy and social norms (systems level).
4. Target infants and young children, ages birth-24 months at the inception of the project, who are at high-risk for abuse, neglect, and abandonment, including those

impacted by substance abuse or HIV/AIDS, and for whom there is no substantiated Child Protective Services report; provide a rationale for the targeting.

5. Have clearly articulated and feasible plans for identifying, recruiting, engaging, serving, and retaining families throughout the project timeframe.
6. Describe how the characteristics, culture, and community of the target population are integrated into the proposed intervention with respect to the design, implementation, and appropriateness of the intervention; the administration of assessment tools; and the interpretation of assessment data.
7. Propose interventions: (a) that advance the promotion-prevention continuum approach; (b) that reflect criteria along the evidence-informed to evidence-based continuum; (c) with evaluation research designs that employ a comparison group (or randomized control group) with similar demographic and risk characteristics to those in the treatment group; and (d) with evaluation research designs that employ a quasi-experimental design, if randomized control groups are not proposed, that includes the use of both quantitative and qualitative data collection methods.
8. Show the level and history of the partners' collaborative efforts, with respect to the coordination-cooperation-collaboration continuum; have clearly defined roles and responsibilities of all partners; identify a primary submitting institution or organization responsible for administering the grant; and provide a letter of commitment from each of the collaborative partners listed in the proposal.
9. Include memoranda of agreement with public or private entities from which specific administrative data will be collected. (At a minimum, this should include a collaborative relationship with the State or local child welfare agency.)
10. Specify partnership roles for parents to ensure the active participation of parents in planning and implementing the research project.
11. Demonstrate awareness of and responsiveness to factors shown to contribute to successful implementation of evidence-informed and evidence-based programs: staff selection; training, technical assistance, coaching, mentoring, and supervision; internal management support; systems-level partnerships; and staff and program evaluation.
12. Demonstrate the organizational capacity to effectively deliver the project, such as fiscal controls and a data management system.

13. Identify key qualified personnel who will have responsibility for management activities and for implementation of the intervention activities, as well as a qualified local evaluator who will be responsible for implementing the rigorous local evaluation included in the proposal and participating in the cross-site evaluation.
14. Propose a utilization-focused local evaluation that includes both the findings and the processes of evaluation to ensure the greatest value from resources allocated to evaluation.
15. Describe other essential elements of the project, including the IRB process to be used that will conform with the HHS regulations, an a priori power analysis that helps ensure a sufficient sample size, and plans for tracking cost data and community level context data.
16. Indicate how key project personnel will participate in the cross-site evaluation, the Community of Practice, the QIC Learning Network, and all required meetings, conference calls, and webinars.
17. Include plans to document the project and produce a detailed manual to guide the replication of the project in other settings or with other populations.
18. Propose plans that indicate active participation in dissemination and integration of new knowledge by making project materials widely accessible, contributing to the QIC-EC electronic newsletter, producing an article for the ZERO TO THREE professional journal, and disseminating lessons learned through additional venues (e.g., presentations at professional meetings, postings on the QIC-EC website, presentations at Learning Network webinars).

Part 3. Eligibility, Pre-Submission, and Submission Requirements

3.1 Eligible Applicants

Collaborations

Interagency collaborations or partnerships are required for R&D projects between institutions and organizations with experience and expertise in child welfare, child maltreatment prevention, early childhood programs, and other related areas. The following are guidelines regarding the interagency collaborations. R&D project applicants must:

1. Demonstrate existing interagency collaborations or partnerships. Grants will not be made to newly created collaborative partnerships.
2. Identify a primary submitting institution or organization responsible for administering the grant.
3. Describe the nature and level of the interagency collaboration with respect to the coordination-cooperation-collaboration continuum.
4. Collaborate with their state lead agency for the Federally-funded Community Based Child Abuse Prevention (CBCAP) Program (see www.friendsnrc.org for state contact information).
5. Collaborate with their state Early Childhood Comprehensive Systems leaders (see <http://www.state-eccs.org/index.htm> for state contact information) and with their state children's trust or prevention fund (see <http://www.ctfalliance.org> for state trust fund contact information).
6. Obtain memoranda of agreement with public or private entities from which specific administrative data will be collected. At a minimum, this should include a collaborative relationship with the State or local child welfare agency.
7. Include partnerships with parents or primary caregivers in the planning and implementation of the R&D projects. For example, parents may help researchers and program staff design the overall project to help ensure that all aspects related to identifying, working with, retaining, and reporting back to families is as strong as possible.

Eligible Institutions/Organizations

The following institutions/organizations are eligible to apply as lead agencies for collaborating entities:

1. Public/state and private institutions of higher education, including Historically Black Colleges and Universities and Tribal or Native American Colleges and Universities
2. Collaborative multi-agency entities or partnerships with a lead agency that has 501(c) (3) IRS status and a child-focused or family-centered mission
3. Cooperative multi-site agencies with a lead agency with 501(c) (3) IRS status serving communities that are over-represented in the child welfare system
4. Educational, human service, non-profit organizations, or collaborative multi-agency entities/partnerships with a lead agency that has 501(c) (3) IRS status, serving African American children and families.
5. Educational, human service, non-profit organizations, or collaborative multi-agency entities/partnerships with a lead agency that has 501(c) (3) IRS status, serving Alaska Native and Native American children and families.
6. Tribal, Alaska Native, Native American agencies or organizations
7. Institutions, organizations, agencies providing services to substance exposed or HIV exposed infants and young children
8. Non-profit or for-profit educational, social, human service agencies and organizations
9. Agencies, departments, or offices of state governments that have established a focus on infants and young children
10. Consortia including state or local government offices, agencies, or departments; public and/or private non-profit agencies, organizations, institutions; institutions of higher education; agencies providing services to high-risk populations or culturally diverse populations; local and community affiliates or chapters of state, regional or national organizations.
11. States and territories.

3.2 Description of Awards and Timeframe

Number and Amount of Awards

A minimum of three and a maximum of five projects will be funded. Available funding per project will depend on the actual number of projects selected. Further, because the nature and scope of the proposed research for each project is expected to vary, the total amount awarded to each successful applicant may also vary. The QIC-EC reserves the right to reduce the total number of awards should there be an insufficient number of worthy proposals or should an applicant not meet the requirements.

Overall Timeframe

Table 6: R&D Project Years

R&D Project Year	Timeframe	Number of Months
1	March 1, 2010 – September 30, 2010	7 months
2	October 1, 2010 – September 30, 2011	12 months
3	October 1, 2011 – September 30, 2012	12 months
4	October 1, 2012 – June 30, 2013	9 months
TOTAL Length of R&D Projects		40 months

Important Year-One Dates

- The start-up date of the funded R&D projects will be March 1, 2010.
- Two key personnel from each funded R&D project must attend all grantee's meetings; the first meeting will be held March 24 – 25, 2010.
- The R&D project staff should make any needed refinements to their plans March 1 – April 30.
- The R&D projects must be in full operation by May 27, 2010.

Important Year-Four Dates

Year 4 of the grant period will be from October 1, 2012 – June 30, 2013.

- Project activity should end March 31, 2013.

- Project wrap-up should take place April 1 – June 30, 2013.
- Final project, budget, and evaluation reports are due no later than July 31, 2013.

3.3 Key Dates in the RFP Process

Pre-Submission Technical Assistance Webinar.....	October 15, 2009
Letter of Interest Due.....	November 9, 2009
Invitation to Submit Proposals Distributed	November 30, 2009
Proposals Due.....	January 19, 2010
Announcement of Awards	February 26, 2010
Effective Date of Grants/Start-Up.....	March 1, 2010

3.4 Pre-Submission Technical Assistance Webinar

The QIC-EC will host one technical assistance webinar prior to the deadline for prospective applicants to submit a letter of interest. Prospective applicants are strongly encouraged to have multiple members of the proposed collaboration team register for the webinar.

The webinar will take place on Thursday, October 15, 2009 from 3:00 – 5:00 PM EST. Registration for the webinar will open on the first day the RFP is distributed. Registration will be via a link provided on the QIC-EC website: <http://www.qic-ec.org>.

The webinar will focus on: (a) an overview of the QIC-EC goals; (b) an overview of the R&D projects; (c) the RFP guidelines and submission requirements; (d) conceptual issues related to the research question, research design, local evaluation, and cross-site evaluation; and (e) procedural issues related to implementing the R&D projects.

Prospective applicants will have an opportunity to submit questions prior to the beginning of the webinar and during the webinar. The Powerpoint slides used in the webinar and an audio of the webinar will be posted on the QIC-EC website, along with responses to any questions that were submitted. As questions are raised by potential applicants during the webinar, these questions and answers will be added to the Q & A

section of the QIC-EC website. The QIC-EC will post relevant resources on its website, including the QIC-EC literature review, to assist prospective applicants in accessing important information regarding the various aspects of the RFP. Information shared via the webinar should help prospective applicants to determine their real interest in the work of the QIC-EC and their capacity to meet the requirements of the R&D projects.

3.5 Two-Stage Submission Process

Responding to this RFP will occur in two stages: submission of a letter of interest and submission of a full proposal, if invited. Letters of interest and the full proposals must be submitted both electronically and in hard copy. Two hard copies of the letter of interest and two hard copies of the full proposal must be mailed to the QIC-EC and postmarked by the dates the electronic copies are due.

While those who submit a letter of interest are under no obligation to submit a proposal, those who desire to submit a proposal **MUST** submit a letter of interest first and be invited to submit a full proposal. **ONLY** those proposals that have been invited by the QIC-EC team will be reviewed.

Stage 1: Submitting a Letter of Interest

Interested applicants will submit a five-page letter of interest that describes, among other matters, the research topic and strategy for their proposed research and demonstration project. The QIC-EC team will review each letter of interest in light of the required content listed in section 3.6.3.

Stage 2: Submitting a Proposal

Letters of interest that are received by the deadline, include all of the required components, demonstrate an existing capacity to execute a research project of this nature, and are judged as aligned with the QIC-EC's vision for the R&D projects, will be invited to submit a full proposal. Those invited to submit a full proposal will be notified by email no later than November 30, 2009.

3.6 The Letter of Interest

3.6.1 Format

The letter of interest should include a single-spaced face sheet and a narrative that is

limited to five (5) double-spaced 8 ½" by 11", single-sided pages with standard one-inch margins on all sides. A 12-pt Times New Roman font should be used for all text. The five narrative pages should be numbered consecutively. Charts, graphs, and tables do not have to be double-spaced and a smaller font size may be used (not less than 11-pt Times New Roman).

3.6.2 Face Sheet

A one-page face sheet should serve as the cover sheet for the letter of interest. The face sheet, which is not included in the five-page narrative limit, should be single-spaced and should include the following components:

- Proposed descriptive title of the proposed R&D project. The proposed title should summarize the main idea of the proposed research project and should identify the variables, population, and/or theoretical issues under study.
- Name, affiliation, mailing address, telephone number(s), fax number and email address of the individual identified to assume primary responsibility for implementing the intervention.
- Name, affiliation, mailing address, telephone number(s), fax number and email address of a second contact person.
- Names and location of all institutions and organizations which are included in the interagency collaboration/partnership.
- An original signature on the two original hard copies of the letter of the individual identified to assume primary responsibility for implementing the intervention.

3.6.3 Content

The letter of interest should include each of the following components. Headings should be used to identify each component:

Organizations and Organizational Capacity

1. Indicate the names and types of organizations that comprise the collaboration/partnership.
2. Describe the existing organizational capacity of the collaboration/ partnership to plan

and implement a research project of this nature.

3. Include a description of the role and significance of each partner to this project and a brief description of the collaborative history between the partner organizations.
4. Indicate which organization will serve as the lead entity and receive and manage grant funds.

Target Population

Provide a description and justification of the population at high risk for child abuse and neglect which will be the focus of the R&D project.

Goals

Describe the intended goal(s) of the proposed R&D project.

Methodology/Research Design

Generally, describe the proposed methodology or research design of the R&D project including the nature of the intervention and the evaluation.

Role of Parents

Describe the role of parents/parent leaders who could be potential partners in the development of the project proposal and in other proposed activities.

Data Management

Describe how data will be managed and shared between the partnership organizations as well as how data analyses will be shared with the QIC-EC.

Contribution to the Field

Describe how this proposed work will expand knowledge and contribute to greater understanding of the prevention of child abuse and neglect for young children and their families, the promotion of optimal child development, and strengthened families.

3.6.4 Manner of Submission

Letters of interest must be submitted electronically AND in hard copy form by mail or delivery service. Faxed letters of interest will not be accepted.

- Electronic submission of the letter of interest must be sent to the QIC-EC e-mail address, qic-ec@cssp.org, and must be received no later than 5:00 PM EST on November 9, 2009. AND
- Two original hard copies of the letter of interest, with an original signature, must be postmarked (if using US Mail) or marked as received by the carrier (if using UPS, FedEx, or another delivery service) by November 9, 2009 and sent to: QIC-EC * Center for the Study of Social Policy * 1575 Eye Street, NW, Suite 500 * Washington, DC 20005 * Attn: Charlyn Harper Browne.

The QIC-EC will not make exceptions for postal errors or other delivery errors. An acknowledgement of receipt of both forms of the letter of interest will be e-mailed to the signatory identified in the letter of interest.

3.6.5 Reviewing the Letters of Interest

Letters of interest will be reviewed and scored by a team of three reviewers. Reviewers will include members of the QIC-EC Team as well as National Advisory Committee members and other professionals in maltreatment prevention-related fields who have not been involved in the development of proposals for QIC-EC R&D project funding. Clearly defined criteria, aligned with the requirements for the letter of interest, will guide the reviewers in determining the score for each letter.

Letters of interest that are received by the deadline, include all of the required components, demonstrate an existing capacity to execute a research project of this nature, and are judged as aligned with the QIC-EC's vision for the R&D projects, will be invited to submit a full proposal. The signatory will be notified by email no later than November 30, 2009. Those who submitted letters of interest and are not invited to submit a full proposal will be notified by email, as well.

3.7 The Proposal

3.7.1 Format

The proposal is limited to 75 double-spaced, 8 ½" by 11", single-sided pages with standard one-inch margins on all sides. The page limit includes the one-page abstract, proposal narrative, budget, budget narrative, and bibliography but does not include the cover letter, face sheet and required appendices.

A 12-pt Times New Roman font should be used for all text. The pages of the abstract,

proposal narrative, budget, budget narrative, and bibliography should be numbered consecutively beginning with the one-page abstract. Charts, graphs, and tables do not have to be double-spaced and a smaller font size may be used (not less than 11-pt Times New Roman); this includes the budget page(s).

3.7.2 Manner of Submission

The proposal and all required appendices must be submitted electronically AND in hard copy form by mail or delivery service. Faxed proposals will not be accepted.

- Electronic submission of the proposal must be sent to the QIC-EC email address and must be received no later than 5:00 PM EST on January 19, 2010. The proposal and appendices must be submitted electronically as one single document. Applicants must ensure the proposal with all appendices is complete; a pdf format is recommended. The email address is qic-ec@cssp.org AND
- Two original hard copies of the proposal and appendices must be postmarked (if using US Mail) or marked as received by the carrier (if using UPS, FedEx or another delivery service) by January 19, 2010 and sent to: QIC-EC * Center for the Study of Social Policy * 1575 Eye Street, NW, Suite 500 * Washington, DC 20005 * Attn: Charlyn Harper Browne.

The QIC-EC will not make exceptions for postal errors or other delivery errors. An acknowledgement of receipt of e-mailed copy and the hard copies of the proposal will be e-mailed to the signatory identified in the cover letter.

The two hard copies of the cover letter must include original signatures of the individual identified to assume primary responsibility for implementing the intervention and representatives from each of the partnering organizations. Electronic signatures are not acceptable on hard copies.

3.7.3 Order of the Proposal Content

The proposal and all required appendices must be submitted in the following order. Each component will be described in the sections that follow:

1. One-page cover letter
2. Face sheet
3. One-page abstract

4. Proposal narrative
5. Budget and narrative budget justification
6. Bibliography
7. Appendix

3.7.4 One-Page Cover Letter

The hard copies of the cover letter must include the signature of the individual identified to assume primary responsibility for implementing the intervention and the signatures of a representative of each of the partnering organizations.

3.7.5 Face Sheet

The face sheet must include all of the following contact information:

- Name, affiliation, mailing address, telephone number, fax number and email address of the individual identified to assume primary responsibility for implementing the intervention.
- Name, telephone number, fax number, email address, institutional mailing address and the title/position of an official signatory (e.g., grants manager, agency director, chief financial officer, etc.) from the primary submitting institution or organization responsible for administering the grant (should be different from the individual identified to assume primary responsibility for implementing the intervention).

3.7.6 One-Page Abstract

The abstract is limited to one page. The abstract, which should be single spaced, should serve as the project summary and should succinctly describe:

- The problem under investigation and its relevance to the child maltreatment prevention field.
- The theoretical framework for the proposed research.
- The goals, objectives and expected outcomes for the proposed research project.
- The target population and the need for research focused on the target population.

- The research design/methodology and how the choice of design will contribute to advancing knowledge about evidence-informed or evidence-based program and system prevention practices.

3.7.7 Proposal Narrative and Evaluation Criteria

The proposal narrative provides the majority of information by which a proposal is evaluated and ranked in competition with other proposals. The proposal narrative should be concise and complete. In preparing the proposal narrative, information that is responsive to each of the requested content components—which also serve as evaluation criteria—must be provided. It is important, therefore, that this information be included in the proposal in a manner that is complete and clearly identified; headings should be used.

Background, Objectives, and Relevance

(15 points)

1. Describe relevant background information that provides a rationale for the focus of the R&D project.
2. Describe the nature of the interagency collaborations or partnerships within the community, state, tribe, region, or territory across systems that have a role in the prevention of abuse and neglect. Explain in very specific terms:
 - The nature of each partner's roles, responsibilities, and contribution to the collaboration and to the proposed project; which partner/partners will make the final decisions
 - The history of the partners' collaborative efforts
 - The level of the partners' collaborative efforts, with respect to the coordination-cooperation-collaboration continuum
 - How risks and resources will be shared
 - How data will be shared among partners and with the QIC-EC Team
3. Describe how parents are actively engaged in planning and implementing the proposed research project.
4. Identify the target population, including any special characteristics (e.g., HIV/AIDS affected), and the factors that would characterize the population as at high-risk of

child maltreatment; incorporate demographic data as needed.

- Explain the need for research focused on the target population.
 - Describe the challenges of serving families at high-risk for child maltreatment and how the proposed project would successfully overcome these challenges.
5. Identify the problem area and specify the solution that is needed.
 6. Describe the theoretical framework for the proposed research that guides the “how” and “why” of the research activities.
 7. Describe the relevance of the proposed research project to (a) the QIC-EC goals, (b) maltreatment prevention practice, and (c) maltreatment prevention policy.
 8. Explain how completion of the proposed research project could advance child abuse and neglect prevention knowledge, approaches, methodology, practice, services, and policy.

Approach

(40 points)

1. Describe the focus of the research including:
 - The core areas of focus, including the primary caregiver and target child core area at the individual level of the social ecology and at least one other core area of the remaining three levels of the social ecology: social support (relationship level), community connections (community level), and public policy and social norms (systems level).
 - The specific research question(s) and how it is aligned with the overarching research question of the QIC-EC.
 - The goal(s) and objective(s) for the planned research.
2. Describe the rationale for the research design including how the research methods and strategies:
 - Align with the most current knowledge about effective programs and practices for working with infants, young children, and their families and the criteria along the evidence-informed and evidence-based practices continuum.
 - Demonstrate an understanding of: (a) issues related to child maltreatment

prevention and infant and child development; (b) the characteristics and needs of the parents and children; (c) and services available to young children and families at great risk for child maltreatment.

3. Describe the design of the research intervention including:
 - The frequency and intensity of contact and service or intervention with participants.
 - Any innovative features of the research project such as design, technological innovations, staff training and coaching, or social and community involvement.
 - How the planned intervention(s) will increase protective factors and decrease risk factors.
 - How the planned intervention(s) will address the three outcomes—optimal child development, increased family strengths, and decreased likelihood of child maltreatment—and the respective domains and indicators of the outcomes.
 - The strategies for incorporating the six factors found to contribute to the successful implementation of evidence-based programs, if appropriate: (a) staff selection; (b) staff training; (c) coaching, mentoring, and supervision; (d) internal management support; (e) systems-level partnerships; and (f) staff and program evaluation.
 - A logic model that presents the conceptual framework for the proposed project and explains the linkages among program elements.
4. Describe the strategies for selection of the target population including:
 - Identifying, recruiting, engaging, and retaining children and their families.
 - Indicators that the community context of the research project is conducive to success.
5. Describe the plan to support knowledge dissemination and integration efforts including:
 - Knowledge dissemination and integration within the population served and partner organizations involved in the research.
 - The plan to produce a manual that details procedures and materials that will contribute to and promote evidence-based and evidence-informed strategies,

practices, and programs, and that may be used to guide replication or testing in other settings and with other populations.

- A description of how the manual and other resources and products will be made accessible to interested individuals.
- How the research design has the potential to be replicated in other regions or other collaborations addressing the same or similar issues.

6. Describe the overall management of the work including:

- A monthly and/or quarterly timeline of the proposed research over the 40 months of the funding period. Include projections of key milestones, activities, and known deadlines.
- How key personnel will work together to ensure an effective connection between the research intervention and the evaluation.
- Potential barriers or impediments to the completion of the proposed research along with solutions and alternative actions.

Evaluation

(30 points)

1. Describe the overall orientation of the evaluation including how:

- It is a utilization-focused design that attends to the use of both the findings and the processes.
- It is a participatory research approach that promotes appropriate utilization of the emerging research findings during implementation of the research.
- The population is selected.
- Contact with the comparison/control group will be achieved during the research.
- Data are collected and analyzed regarding the comparison/control group.
- Complexity concepts are integrated into the evaluation design.

2. Describe the evaluation plan in terms of the four phases of evaluation: design evaluation, collect data, make meaning from data, and shape practice.

3. When describing the “design evaluation” phase, include:

- Type of research/evaluation design (e.g., experimental design with assignment to treatment and control groups, quasi-experimental, etc.).
 - How the treatment and comparison/control groups are selected
 - How the design is methodologically sound and constitutes rigorous evaluation.
 - The process for securing IRB approval and how it will conform with HHS regulations.
4. When describing the “collect data” phase, include how the evaluation would gather data to measure the following:
 - Risk Factors
 - Protective Factors
 - Intervention strategies.
 - The targeted outcomes of optimal child development, increased family strengths, and decreased likelihood of child maltreatment.
 - Other short-term and long-term outcomes.
 5. When describing the “collect data” phase, include a description of the data collection infrastructure and how it would be sufficient to support a methodologically sound and rigorous evaluation. Include the timing and nature of data collection including the screening, baseline, midterm and final data collections.
 6. Describe the plans for tracking population level community factors and cost data.
 7. When describing the “make meaning” phase of the evaluation, provide the plan for qualitative and quantitative data analysis, synthesis, and interpretation that includes:
 - The extent that any changes in the target population can be attributed to the project’s research intervention.
 - How it will answer the overall research question of the project.

8. When describing the “shape practice” phase of the evaluation include:
 - How the findings will mesh with the knowledge dissemination and integration plans described in the Approach section.
 - Plans to evaluate knowledge dissemination and integration efforts.
9. Describe how the local evaluator and other key personnel will work with the QIC-EC Evaluation Team to support the cross-site evaluation.

Organizational Profiles and Capacity

(10 points)

1. Provide a biographical sketch, including relevant experience, of the individual identified to assume primary responsibility for implementing the intervention, the local evaluator, and other proposed project staff. Provide a job description for each key staff person.
2. Demonstrate that the project team has the expertise and experience to implement the proposed research project, meet project goals and objectives, and conduct a rigorous evaluation.
3. Describe the experience and capacity of the applicant lead agency and all collaborating partners.
 - Provide evidence of the lead agency’s experience in managing multi-year projects.
 - Provide evidence of the lead agency’s work related to early childhood, family strengthening, or prevention of child abuse and neglect.
 - Describe the role of the collaborating partners in the research and demonstration projects.
4. Describe how the proposed project will fit into the overall organizational structure of the lead agency and how it is an organizational fit for the partner agencies.

3.7.8 Budget and Narrative Budget Justification

(5 points)

R&D project applicants should propose a budget with the Federal portion not exceeding

\$1,240,000 over the 40-month funding period (4 project years). A proposed budget that exceeds this amount of Federal funding will not be considered.

R&D project applicants must show non-Federal resources—in-kind or cash—that will be used to support the project. Each funded project must provide a 10% match of the total approved cost of the project (Federal and non-Federal). For example, with a proposal for \$1,240,000 in Federal funds, the non-Federal match should be valued at \$137,778 for a total budget of \$1,377,778. The matching funds must be from non-Federal sources. Applicants will be held accountable for commitments of non-federal resources even if their commitment exceeds the amount of the required match. Failure to provide the required amount will result in the disallowance of Federal funds.

Actual available funding per project will depend on the final number of projects selected and the nature and scope of each project. The budget figure per project given here is based on funding a maximum of five projects.

Guidelines for Budget Preparation

1. Provide line-item detail and detailed calculations for each budget category identified (see Table 7, pages 67-68).
2. Present budget amounts and computations in a columnar format: column 1, budget categories; column 2, Federal budget; next column(s), non-Federal match budget(s); and last column, total budget.
3. Develop a budget that spans the 40 months of the funding period (see Table 6, page 51).
4. Reflect the costs for each of the four funding cycles as delineated in the following chart, noting that years one and four have fewer twelve months in the funding cycle.
5. Allocate a minimum of 15% of the Federal award per project year for the local evaluator.
6. Allocate 7% of the total funding request for the cross-site evaluation. The QIC-EC will withhold this amount from the final award; this should be reflected in the applicant's proposed budget.
7. Show the non-Federal share as cash or in-kind contributions. Applicants are encouraged to meet their match requirements through cash contributions.

8. Provide the totals for the direct charges, indirect charges, and project costs.
9. Provide a narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness and allocation of the proposed costs.

Further Notes on the Budget

Any costs incurred in the preparation of the application are the responsibility of the applicant. Requests for reimbursement of this cost will not be approved.

The Quality Improvement Center on Early Childhood (QIC-EC), through the Center for the Study of Social Policy (Prime Contractor), agrees to reimburse R&D Project recipients (Subcontractor) using a cost reimbursement agreement for its reasonable, allocable, and allowable costs as defined in the terms and conditions of the prime contract with the DHHS/Children's Bureau.

The applicant lead agency will be responsible for the direct and indirect costs related to the implementation of all tasks of the R&D project until invoices are submitted and paid through the QIC-EC.

The applicant lead agency should demonstrate in the organizational capacity section that it has an adequate infrastructure, fiscal controls, and accounting procedures to manage the budget and to bear the project costs per a reimbursement mechanism.

Table 7: Budget Categories

Category	Description	Justification
PERSONNEL	Costs of employee salaries and wages	Identify the key staff. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent (be sure to note the varying lengths of funding cycles); annual salary; grant salary; wage rates; etc.
FRINGE BENEFITS	Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.	Provide a breakdown of the 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. (This item does not include costs of consultant travel).	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 two key staff to attend two QIC grantee meetings per year and two CB-sponsored workshops should be detailed in the budget.
EQUIPMENT	"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000.	For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy or section of its policy that includes the equipment definition and attach it to the proposal in the Appendices section.
SUPPLIES	Costs of all tangible property other than that included under the Equipment category.	Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.
CONTRACTUAL	Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts with secondary recipient organizations.	Specify the individual or organization receiving the contract and the purposes of the contract.

Table 7: Budget Categories, continued

Category	Description	Justification
OTHER	Enter the total of all other costs. Such costs may include but are not limited to: insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.	Provide computations, a narrative description and a justification for each cost under this category.
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 (HHS) or another cognizant Federal agency.	An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.
NON-FEDERAL RESOURCES	Amounts of non-Federal resources that will be used to support the project; to be 10% of the total budget. The 10% match can be in-kind or a cash contribution.	The firm commitment of these resources must be documented and submitted with the application so that the applicant is given credit in the review process. A detailed budget must be prepared for each funding source.

3.7.9 Bibliography

Applicants should include a list of references cited in the proposal.

3.7.10 Appendix Entries

Only the following documents should be included in the appendix and in this order:

1. Logic Model
2. Proof of non-profit status or other IRS status-listing in the IRS tax-exempt organizations, copy of IRS tax exemption certificate
3. Certification/Assurances:
 - Lobbying Certification to be found at <http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>
 - Assurances-Non Construction Program Form 424B to be found at <http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>
4. Letters of commitment from all collaborative partners listed in the proposal
5. Memoranda of Agreement from public or private entities from which specific administrative data will be collected
6. Resume/curriculum vitae of the individual identified to assume primary responsibility for implementing the intervention (limited to five pages)
7. Capability statement and resume/curriculum vitae of the local evaluator (limited to five pages)
8. An organizational chart for the lead agency and one for the collaborative
9. Lead applicant organization's Board of Directors list
10. Most recent audit report and current financial statement for the lead applicant organization
11. Copy of the lead applicant organization's policy on equipment purchases, disposal and uses, if applicable.
12. Copy of the documentation of the lead agency's Federally approved Indirect Cost Rate

Part 4. Proposal Review, Announcement of Awards, and Key Dates

4.1 Review of Proposals

Invited proposals that are complete and are submitted by the deadline will be reviewed for scientific merit; feasibility based on collaborations and organizational capacity; feasibility and appropriateness of the approach, evaluation plan, and proposed budget related to project goals, activities, and staffing; potential contribution to the overall goals and objectives of the QIC-EC; and potential contribution to the body of knowledge in the child maltreatment prevention field. Additional review components relate to the potential for the greatest impact on the field, the degree to which the proposal addresses unserved or underserved populations and the overall combination of projects.

Proposals will be reviewed and scored by a team of three reviewers. Reviewers will include members of the QIC-EC Team as well as National Advisory Committee members and other professionals (with expertise in family strengthening, child abuse and neglect prevention, early childhood, and evaluation or research methods) who have not been involved in the development of proposals for QIC-EC R&D project funding.

Applicants are advised to thoroughly review and carefully follow the guidelines delineated in each section of this RFP. The reviewers will determine and provide comments on the strengths and weaknesses of each application and give each application a numerical score based on a detailed scoring system. Reviewers will evaluate the extent to which the proposal addresses the criteria described in section 3.7 and the specific information required for each section of the proposal narrative, budget, and narrative budget justification in a way that is clear, logical, and appropriate.

Reviewers will assign points to each section of the proposal narrative and the budget. The maximum points to be awarded to each section are listed below:

Background, Objectives, and Relevance	15 points
Approach	40 points
Evaluation	30 points
Organizational Profiles and Capacity	10 points
Budget and Narrative Budget Justification	5 points

The results of the competitive review are a primary factor in making funding decisions. In addition, the QIC-EC Team may choose to interview top scoring applicants prior to making a final award decision. The QIC-EC Team may elect not to fund any applicants having known management, fiscal, reporting, programmatic, or other problems that make it unlikely that they would be able to effectively complete the proposed activities.

4.2 Announcement and Notice of Awards

Announcement of awards will be made on or before February 26, 2010; successful applicants will be notified by email or phone on that date. A Notice of Award will be mailed to each successful applicant after February 26, 2010. The Notice of Award signed by a representative of the Center for the Study of Social Policy is the authorizing document.

The Notice of Award will include statements on the conditions of award and the administrative and fiscal reporting requirements. The terms of award refer to the OMB administrative guidelines and to the HHS grant administrative regulations 45CFR Parts 74 and 92 (Part 92 is applicable when State and local governments are eligible to apply) and other ACF, ACYF policies.

4.3 Key R&D Project Dates

Pre-Submission Technical Assistance Webinar.....	October 15, 2009
Letters of Interest Due	November 9, 2009
Invitations to Submit Proposals Distributed.....	November 30, 2009
Proposals Due.....	January 19, 2010
Announcement of Awards	February 26, 2010
Effective Date of Grants/Start-Up.....	March 1, 2010
Refining the Plans	March 1 – April 30, 2010
Grantees Meeting	March 24 & 25, 2010
Projects in Full Operation	May 27, 2010
Projects End	June 30, 2013

Part 5. Bibliography

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