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Executive Summary

THE NORTH CAROLINA PARTNERSHIP FOR CHILDREN, INC. (NCPC)

OVERVIEW

NCPC is the state-level, nonprofit organization that administers the award-winning Smart Start initiative. NCPC's mission is to advance a high quality, comprehensive, accountable early childhood system that benefits each child beginning with a healthy birth.

As a grant making institution, NCPC provides state, federal, and private funding to a network of 75 local grantees that operate as independent nonprofits serving all NC counties. NCPC awards discretionary and non-discretionary grants. A portion of the funds are developed as competitive grants, while other funds are granted based on a non-discretionary allocation methodology determined by the NCPC Board. To receive non-competitive funding, grantees submit programs or interventions for approval by NCPC, ensuring alignment with data, research, and best practice.

NCPC will address the issue area of Healthy Futures and the funding priority of early childhood by using the SIF grant to expand the innovative, evidence-based Shape NC: Healthy Starts for Young Children Initiative through an issue-based approach. The SIF grant will support Phase III of Shape NC to deepen the community impact toward improved health outcomes and decreased health disparities among children birth to five in childcare. Phase III subrecipients will be selected to serve children in NC counties that have a high rate of households at or below 200% of FPL and a greater than state average rate of childhood overweight and obesity. NCPC will collaborate with its partners to ensure high quality subrecipient selection and implementation, including the Blue Cross Blue Shield of North Carolina (BCBSNC) Foundation, UNC-Chapel Hill (UNC-CH), the Natural Learning Initiative (NLI) at NC State University, and Be Active Kids (BAK). As purveyors of the Shape NC model components, these partners work closely with NCPC and grantees to strengthen implementation.

NCPC is requesting federal funding of $1,000,000/year for a period of five years. Previous fundraising efforts have secured cash on hand to meet the initial match requirement. Additional sources include the BCBSNC Foundation, which has funded the initiative's first two phases at a rate of $1,000,000/year. Shape NC remains a priority of the Foundation, understanding that population level change takes time and resources.

PROJECT SUMMARY

NC ranks 5th worst in the US for childhood obesity with 29.4% of low-income NC children ages 2-4 either overweight or obese (NC Division of Public Health, 2012). Shape NC brings together three core components of child nutrition, physical activity and outdoor learning to improve health and nutrition

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practices in childcare. Shape NC subrecipients select childcare centers to receive technical assistance (TA) around the core components of the initiative. Using ongoing assessment, TA providers support childcare improvements in nutrition, physical activity, outdoor learning and family engagement. Measurable outcomes include an increase in the number of health and nutrition best practices implemented in participating childcare settings as well as improved Body Mass Index (BMI) of children.

Subrecipients chosen through an open and competitive process to replicate Shape NC may include nonprofits or institutes of higher education that have experience providing TA in childcare and knowledge of best practices in health, nutrition, and physical activity instruction. A single evaluation will be conducted to include all subrecipients to effectively measure impact of Shape NC. Given that Shape NC has preliminary evidence, anticipated growth will be limited and efforts will focus on full implementation and replication. Evaluation results will help determine when further scale up is advised.

With over 23 years of experience impacting positive outcomes for children, NCPC is well equipped to support this effort. NCPC has a successful record of granting, managing, and measuring impacts of projects from multiple funding streams. Personnel are chosen for their accomplished backgrounds and education in early childhood, health, and evaluation. Shape NC partners are internationally renowned as seasoned researchers and purveyors of the Shape NC core components. The extensive experience of the team of partners supporting Shape NC and the preliminary level of evidence, provide an exceptionally strong foundation to produce measurable impacts for young children.

Program Design

PROGRAM DESIGN - RATIONALE AND APPROACH

Issue and Priority Areas: NCPC proposes to address the Issue Area of Healthy Futures by using the SIF grant to expand local implementation of the evidence-based Shape NC: Healthy Starts for Young Children Initiative in select counties across North Carolina. The SIF grant will support Phase III of Shape NC implementation and be used to deepen the community impact toward improved health outcomes and decreased health disparities among young children in childcare. The developmental period of early childhood has been identified as a critical time for obesity development (Cunningham, Kramer, & Narayan, 2014). Due to the significant portion of time many children spend in childcare, these settings may be a particularly rich avenue to combat the incidence of overweight and obesity. North Carolina enrolls 249,654 children in regulated childcare annually (NCDCDEE, 2014). In an effort to capitalize on the natural spaces where large numbers of children are located, Shape NC
targets childcare settings to ensure that children's earliest experiences with food and physical activity inspire a lifetime of healthy behaviors. With a key outcome of improved quality of health and nutrition practices among early care and education providers, Shape NC also meets the SIF grant funding priority for Early Childhood Education.

NCPC will take an issue-based approach to implement Shape NC Phase III and award funds to subrecipients that serve low-income communities in multiple counties across North Carolina. Each of the subrecipients will replicate the evidence-based Shape NC model to address health outcomes related to improved nutrition and physical activity among young children in childcare and children entering kindergarten at a healthy weight. In its first two phases, the Shape NC initiative targeted communities with demonstrated readiness to implement the project well. In Phase III, an emphasis will be placed on serving children who live at or near the federal poverty level (within 200% of FPL, NC's income eligibility for childcare subsidy). In addition to targeting children who live in low-income households, this next phase of implementation will focus on awarding funds to NC counties that have rates of early childhood overweight and obesity that are greater than the state average of 29.4% (as measured by the percent of children 2-4 living in households of 185% or less of Federal Poverty Level at the 85th percentile or greater for weight). Many of these counties lie in the rural regions of the state.

Statement of Need: In the last 20 years, obesity rates in U.S. children and youth have skyrocketed (Ogden, Carroll, Kit, & Flegal, 2012; Pate, Davis, Robinson, Stone, McKenzie, & Young, 2006; Singh, Kogan, VanDyck, 2010). According to the Centers for Disease Control and Prevention, 17% of approximately 12.5 million children ages 2 -- 19 years are obese (CDC, 2012). In North Carolina, two-thirds of all adults (65.7%) are overweight or obese, and North Carolina ranks 5th worst in the US for childhood Obesity (North Carolina Division of Public Health [NCDPH], NC-NPASS data, 2012).

Obesity begins early for North Carolinians. Nearly one third (29.4%) of North Carolina children ages 2-4 years living in low-income households of 185% or less than federal poverty are either overweight or obese (85th or 95th percentile respectively) (North Carolina Division of Public Health, NC-NPASS data, 2012). While the state average of 2-4 year olds who are overweight or obese is 29.4%, the rate of overweight/obese children of the same age/income is higher in more than half (51) of North Carolina’s 100 counties. In nine of those counties (Wilkes, Dare, Macon, Graham, Anson, Robeson, Sampson, Martin, and Tyrell), the percentage rises to greater than or equal to 35%. When disaggregated by race, the data further shows that Hispanic and American Indian children in North Carolina have the highest rates of overweight/obesity with 34.9% and 31.6% respectively (NC-NPASS data, 2012).
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These data are alarming as an increasing amount of evidence suggests that being overweight during childhood and adolescence is significantly associated with a variety of medical concerns (Daniels, 2006). Sadly, children who are overweight or obese during early childhood are at increased risk of becoming overweight or obese adults (Brisbois, Farmer, & McCargar, 2012), and four of the leading 10 causes of death in the US are related to obesity (NCDPH, 2016). Research also tells us that children consume relatively few servings of fruits and vegetables, and eating and activity habits learned during the early years tend to track as children age (Jones, Hinkley, Okely, & Salmon, 2013; Kwon & Janz, 2012; Mikkila, Rasanen, Raitakari, Pietinen, & Viikari, 2004; Pearson, Salmon, Campbell, Crawford, & Timperio, 2011). The research further stipulates that brain structure itself and cognitive development can be influenced by early diet and nutrition with demonstrated higher verbal IQ scores among adolescents who had received a high-nutrient diet in the postnatal period (Isaacs et al., 2008). While the data suggests significant concerns regarding the healthy future of overweight or obese children, there is also evidence that intervening during the early years, particularly in childcare, could have a positive impact on children's health outcomes (Kaphingst & Story, 2009). Shape NC: Healthy Starts for Young Children is such an intervention and was created to increase the number of children starting kindergarten at a healthy weight, and in turn, better able to succeed in school.

Current Solution and Scale: The obesity rate in North Carolina among children ages 2-4 has nearly doubled in the last 30 years (North Carolina Institute of Medicine [NCIOM], 2013). In 2012, shared concerns among clinicians, practitioners, advocates and policy leaders alike regarding trends in young children’s incidence of obesity led to a call for action and the development of the NCIOM Early Childhood Obesity Prevention Task Force. The task force was charged with two goals: 1. Examine evidence-based and evidence-informed strategies from prior NC and national task forces that focus on reducing childhood obesity; and 2. Develop a blueprint to prevent or reduce early childhood obesity in NC. The task force found that although there were some promising strategies occurring across the state, greater education, integration, and scale of the obesity prevention activities were needed. The resulting recommendations were compiled and published by NCIOM in 2013 in the document, "Promoting Healthy Weight for Young Children: A Blueprint for Preventing Early Childhood obesity in North Carolina." Based on prior success with reduced tobacco use behaviors, the task force recommended a multifaceted strategy using all levels of a socioecological model that integrated strategies in public policy, the community and environment, and clinical interventions. The Shape NC initiative, then in its first phase of implementation, was highlighted in the community and environment chapter as one of the few initiatives that specifically focuses on promoting healthy
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weight among young children ages birth to five years. In addition to clinician education and voluntary public policy efforts, the NCIOM early childhood obesity task force strongly recommended that Shape NC be expanded. The goal identified was to secure resources and implement Shape NC in 500 childcare centers by the year 2018. Though making great gains in improving implementation of quality health and nutrition practices in participating sites, scaling up at the rate recommended has been challenging with the current funding and delivery structure. To date, Shape NC has been implemented locally in 148 centers.

Phases I (2011-2013) and II (2014-2016) of Shape NC were developed and implemented through a six-year, $6 million initiative of the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation and NCPC, with specific efforts directed toward early childhood. During Shape NC's first three years, NCPC conducted a grant competition and awarded 19 Shape NC grants to communities spanning 27 counties across North Carolina. Grantees focused on community-wide efforts and worked with a designated childcare center in each county to transform it into a model for nutrition and physical activity best practices for other local centers. These designated childcare centers were called Model Early Learning Centers (MELCs). Grantee applications in Phase I were prioritized for demonstrated readiness to implement the initiative.

Shape NC Phase II (2014-2016) attempted to begin bringing the initiative to scale by building on the strengths of Phase I and moving from 19 MELCs to a goal of an additional 240 Expansion Centers and Homes by the end of 2016. Phase II maintained a delivery structure using four regional hubs that had been designated in Phase I. The state was divided into four regions, and each region was assigned a lead grantee to coordinate the training and technical assistance (TA) activities. The lead grantees employed a full-time "Training Specialist" who provided TA to the MELCs throughout the region to assist them in increasing the number of best practices adopted in order to reach "Demonstration Site" status. Demonstration Sites then serve as training grounds for future Shape NC Expansion Sites and other childcare providers in the community by giving tours and sharing tips and information with childcare colleagues. Shape NC Phase II continued to provide regional training and intensive support to the MELCs from Phase I while also offering less intensive, targeted training and support to each of the Expansion Sites. Whereas Phase I MELCs were required to address best practices in all five areas of health and nutrition measured (Breastfeeding and Infant Feeding; Child Nutrition; Outdoor Play and Learning; Infant and Child Physical Activity; and Screen Time), the Expansion Sites were required to pick only one area on which to improve, further diminishing the scale up efforts. Phase II also included on-line CEU based coursework for early childhood professionals across the state in
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response to the NCIOM task force recommendations.

As of the 2015 Phase II, Year 2 Progress Report conducted by a third party evaluator, Shape NC had expanded to 148 locations and was demonstrating statistically significant child level outcomes after only two years of Phase II implementation. For all children in both Expansion Sites and MELCs with data at each wave of collection, the percent of children at normal/healthy weight increased by 5.4%; this increase was 7.6% for MELCs that received the more intensive training and support. Children enrolled in MELCs with 2 waves of data also saw statistically significant decreases in Body Mass Index (BMI) percentile, though this did not hold true for the Expansion Sites.

While these data are promising, initial evaluation of results of Phase II appear to indicate that the less intensive support of the Expansion Centers may have yielded fewer child level health outcomes, particularly around measures of BMI percentiles. Both TA and financial resources offered to the MELCs of Phases I and II were significantly greater than those offered to the Expansion Sites of Phase II. Grantees and Shape NC participating childcare providers report that this under-resourcing has created substantial barriers to meeting the goals of the initiative and providing lasting impacts for the families and communities. Additionally, Hub Grantees were resourced with both a Hub Specialist and a Community Engagement Specialist who not only supported the work at the childcare level, but also worked to engage the broader community in healthy lifestyle promotion. Engaging community stakeholders in the Shape NC activities further builds on the NCIOM recommendations to create stronger cultures of change and to address obesity prevention in the community/environment area as well as with clinicians and public policy leaders.

Theory of Change: The goal of Shape NC Phase III is to intervene early with children who are either overweight/obese or at-risk of overweight/obesity to ensure they enter kindergarten at a healthy weight. The NCIOM Early Childhood Obesity Prevention Task Force identified a significant need for improved education of childcare providers and others working with young children in out of home care as well as stronger policies and regulations to support implementation of high quality health and nutrition best practices. Implementing Shape NC Phase III in childcare settings intervenes at a critical time in children's development and impacts an environment that has a significant influence on children's health and nutrition needs.

Through subrecipient awards, funded organizations will implement coaching, consultation, and ongoing TA to childcare settings using skilled and knowledgeable TA providers and/or coaches versed in the Shape NC core components. The core components of Shape NC Phase III will remain the same as Phases I and II but will more strongly focus on the integration of improved child nutrition,
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increased physical activity, and well-aligned policies, practices, and family engagement activities that support children's healthy development within childcare. The Shape NC Phase III core components include implementation of the following:

NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE (Go NAP SACC): An online tool developed at the University of North Carolina at Chapel Hill (UNC-CH) that assesses a childcare program’s implementation of best practices in healthy eating and physical activity habits for children. Shape NC Phase III grantee TA providers will use the Go NAP SACC with Shape NC childcare sites to identify a program’s strengths and needs, as the basis for improvement planning, and to measure childcare site progress. Go NAP SACC assessments will be conducted on a semi-annual basis during the life of the grant to ensure continuous quality improvement and to support the use of data for goal setting and planning.

BE ACTIVE KIDS (BAK): BAK is the signature health program of the Blue Cross Blue Shield of North Carolina Foundation designed to increase physical activity of both children and adults in childcare. BAK is a play-based, teacher-directed model with demonstrated evidence of increasing children’s activity levels when planned time for movement play is incorporated as a regular part of a childcare schedule. TA providers in the Shape NC initiative, as well as the childcare participants, will be trained in the BAK framework for integrating physical activity into children’s learning. TA providers who have not already done so during Phase I or Phase II will also be trained in the Train the Trainer model for BAK. Additional coaching and support will assist childcare providers in integrating the BAK model into their daily instructional practices. Phase III will also use Implementation Coaches who will also be trained in the train the trainer model.

PREVENTING OBESITY BY DESIGN (POD): A project of the Natural Learning Institute (NLI) at North Carolina State University, POD promotes the importance of the natural outdoor play and learning environment in the daily experiences of all children. Nature-based, outdoor environments are designed to foster learning, curiosity and physical movement through playground design. NLI works with childcare centers to transform their existing traditional playgrounds into stimulating, nature-based play and learning environments offering diverse opportunities for increased physical activity and healthy nutrition. "Edible landscapes" installed and managed by the centers include designated vegetable gardens and permanent fruit tree orchards. The MELCs of Shape NC Phase I each received design and training support for transforming their existing traditional playgrounds into stimulating, nature play and learning
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environments offering diverse opportunities for increased physical activity and healthy nutrition. "Edible landscapes" installed and managed by the centers included designated vegetable gardens and permanent fruit tree orchards. The use of gardens, bike/transportation paths, dramatic play environments and other intentionally designed spaces encourage a wide variety of motor skills including running, balancing, jumping, climbing, bending, and reaching. Shape NC Phase III will expand the use of POD and outdoor environment design with a train the trainer model for participating grantee TA providers.

Results will be assessed at both the center and child outcomes level. Specific, measurable outcomes will include: 1. Increased number of health and nutrition best practices implemented in participating childcare sites as measured by the Go NAP SACC assessment tool; 2. Increased percentage of children at a healthy weight as measured by improved child BMI status; and 3. On target physical and social-emotional development as measured by a criterion referenced, child assessment tool (e.g., Teaching Strategies Gold Child Assessment).

Shape NC Phase III will accomplish its goals by providing significant investment in community-based, non-profit organizations familiar with, and experienced in, providing coaching and consultation to childcare providers in their communities. These organizations may include Smart Start Local Partnership agencies, Child Care Resource and Referral agencies, or other eligible entities with the knowledge and experience in providing early childhood coaching and consultation services related to Shape NC or other health and nutrition content. Funding organizations located within and near the communities served ensures that selected grantees have a strong understanding of the community and its needs while also having established relationships with the local childcare programs and other stakeholders. Additionally, organizations currently providing coaching and consultation in the community are well positioned to embed and integrate the Phase III coaching activities with work currently underway, thereby creating an effective, cost-efficient and more sustainable model of service delivery. Subrecipients will ensure childcare settings that participate in Shape NC receive the resources needed to change and adopt new policies. Depending on the assessed needs of the childcare setting, investments may be made to provide meal service equipment to support family style dining with children or to provide gardening supplies for the children to use in an outdoor learning environment. Other areas of significant investment will include support for the contracted purveyors of the core components and independent evaluation.

In addition to the core components from Phases I and II, Shape NC Phase III will employ two full-time Implementation Coaches to support successful subrecipient replication and local implementation.
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of the Shape NC model. Coaches will use an evidence-based coaching framework and will be well trained in Implementation Science to ensure sub-grantees are able to bring the project to fruition effectively.

Participating childcare providers in Phase III will be selected by the subrecipients and may include current Shape NC participants as well as new providers that serve a high population of children receiving subsidized childcare (i.e., who are in low-income homes). Selected grantees will be required to choose the childcare centers with which to implement the Shape NC initiative using the Phase III priorities of low-income and high rates of obesity or at-risk of obesity. Subrecipients may use child health data or demographics data to assist in their selections.

NCPC will support subrecipients by providing technical assistance to ensure successful and effective implementation of the Shape NC Phase III model through on-site visits, intensive implementation coaching, assistance with data collection, and provision of documents and other resources (e.g., a childcare provider readiness assessment). NCPC will further support subrecipients by adopting an evidence-based coaching framework, and in turn training TA providers to ensure consistent, high-quality coaching and consultation is provided to each of the Shape NC childcare providers. NCPC will also provide (either directly or through vendor contracts with BAK, UNC-CH, and/or NLI) training and TA support (including train the trainer level) in each of the three core components of the Shape NC initiative.

Strategy Description: NCPC will select subrecipients to implement Shape NC Phase III among North Carolina counties with high rates of overweight/obesity and children receiving childcare subsidy. Shape NC is unique in that it addresses healthy weight promotion in early childhood settings, uses a comprehensive and integrated approach that includes improved health and nutrition practices and increased physical activity, and engages children, childcare providers and families in healthy lifestyle activities. By utilizing TA providers already engaged with childcare centers in their quality improvement efforts, Shape NC builds on the strengths and resources of communities and presents a cost effective model of coaching and TA support. A key component of the Shape NC initiative is the ongoing and continuous use of the assessment of health and nutrition best practices to identify childcare strengths and needs. TA providers use the data collected to complete action planning and goal setting and ensure ongoing continuous improvement of childcare quality.

Independent evaluations of the Shape NC Initiative during Phases I and II have demonstrated promising results with increased percentages of children at a healthy weight and improved BMI statuses. Preliminary evidence also suggests that childcare sites benefit most when receiving the full
range of supports of the Shape NC model rather than individual, less intensive targeted supports. Model fidelity and consistency of implementation will be fundamental to continued progress toward desired outcomes.

PROGRAM DESIGN - PROPOSAL FOR SUBRECIPIENT SELECTION

Subrecipient Profile: Implementation of the Shape NC Phase III Initiative will be conducted by eligible subrecipient organizations (or coalitions of organizations) that have the necessary capacity and resources to successfully support the program model. Subrecipients will replicate the same Shape NC intervention in multiple communities across North Carolina that have high rates of children receiving subsidized childcare (an indication of low-income, at or below 200% of FPL) and a rate of childhood overweight/obesity greater than the state average. Awardees may include non-profit, community-based organizations or institutes of higher education that have experience providing coaching and consultation to the childcare community as well as knowledge of best practices in health, nutrition, and physical activity instruction in early childhood. Examples of organizations may include childcare resource and referral agencies, Smart Start local partnership agencies, other community non-profit organizations, or early childhood departments in local community colleges or universities.

Plan for Subrecipient Selection Process: An open and competitive Request for Application (RFA) process will be conducted in order to select the highest quality sub-grantees available. NCPC will use its standard RFA template to develop a clear Scope of Work, Measurable Outcomes, Data Collection and Evaluation Requirements, Prescribed Deliverables, and Scoring Criteria. A general timeline of the process will ensure that the RFA is written and released within two months of award to NCPC, and sub-grantee applicants will have eight weeks to respond to the application. Submitted applications will be reviewed using an objective scoring process with both internal staff and external expert reviewers. All reviewers will receive clear directions and training on scoring and will be individuals with knowledge of the Shape NC framework or content. Reviewers will be chosen for their expertise, and selection of reviewers will include avoidance of conflict of interest, perceived or otherwise. Both a technical and a qualitative review of all applications will be conducted, and each application will be scored on the quality of its content as well as whether it meets the funding priorities (high rate of children in low income homes and high rates of overweight/obesity). Selected sub-recipients will be notified within 30 days of application deadline, at which time grantee agreements will be developed and signed. Sub-awards will then be made within 30 days of award notification, meeting the six month timeline requirement.
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Approximately eight sub-awards will be made. Award amounts will range between $100,000 and $150,000 per year. Smaller grants will be for new or single community subgrantees while larger awards will be made for subgrantees serving multiple counties and that have a demonstrated track record of successful Shape NC or other community health initiative implementation. It is the goal of NCPC in Phase III to provide the full range of intensive services and supports that were provided to the original 19 MELCs. Subrecipients will be required to use awards to provide dedicated staff support for coaching and consultation with the childcare providers, offer significant, annual financial stipends to childcare programs to make identified changes, support travel for TA providers, and implement family and community engagement activities.

Although NCPC intends to award fewer grants in Phase III than in earlier phases (8 versus 19), the award amounts are substantially greater than most of the Phase II grants to allow for effective replication and sustainable scale up. NCPC anticipates that agencies from multiple counties may apply in partnership with one another so that similar numbers of children may be served. Grantees that serve multiple counties will be required to demonstrate how all communities will be provided equitable service delivery if outside of their local county. Service delivery may be a shared activity of more than one non-profit entity, though a single agency will act as the fiscal agent.

Identifying High Performing Subrecipients: Award amounts and selection will be based on the following criteria: 1. Demonstration that the service area has a high population of children in low-income households as measured by the percentage of children in care who receive childcare subsidy; 2. Demonstration that the service area has a rate of early childhood obesity above the state average, with prioritization for counties with a rate of 35% or greater; 3. Demonstration of data and evidence of measurable outcomes of success of previously implementing Shape NC or similar childhood health initiatives; 4. Demonstration of strong community collaboration and support for improved health practices from a variety of stakeholders; 5. Demonstration of the ability to meet the match requirements. 6. Demonstration of the capacity to efficiently collect and report out data and evidence of data-driven strategic planning and decision making; 7. Evidence of subrecipient agency capacity and viability (is financially sound and has clear leadership); and 8. Evidence of a clear, viable plan for sustaining the work after the grant period.

Subrecipients that provide data and other evidence of previous, successful implementation of Shape NC or other child health initiatives, inclusive of strong community engagement and collaboration activities, will be sought for larger subgrant awards and to act as Shape NC community implementation models. As part of the application process, these subrecipients would be expected to
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describe the activities and partnerships currently in place in their communities that support a culture of health and improve health and nutrition practices as an integrated approach. The subrecipient implementation models will provide additional peer support to the other subrecipients with less experience or less demonstrated impact with Shape NC implementation. These grantees would have an added requirement to serve as models of collaboration for other grantees and to assist in peer coaching activities.

Capacity to Implement Award Process: NCPC is an experienced grant maker of private, state, and federal dollars through both competitive and non-competitive processes. In addition to grant awards made through the privately funded Shape NC initiative, NCPC has acted as the grant intermediary for several Race to the Top-Early Learning Challenge (RTT-ELC) federal grant projects. As one example, to implement the Assuring Better Child Development (ABCD) project, NCPC released a grant competition to select 14 regional lead agencies. NCPC has provided programmatic and financial oversight and management for each of these grants, including performance and budget monitoring. When overseeing various grant projects with subrecipients, NCPC recognizes the importance of appropriately resourced staffing to ensure high quality grants management. For each of its projects, including Shape NC, NCPC provides Project Officers who are expert in the content areas of the funded grants to support implementation. The Project team also works closely with NCPC's finance department to provide contract and budget support - including administration, allocation, and fund reimbursement. NCPC's Contracts And Grants Management Officer will be responsible for ensuring all standardized granting procedures are followed and will coordinate development and release of the grant application process to select subrecipients in collaboration with the Shape NC Project Officer.

Subrecipient Readiness and Capacity: With the support of RTT-ELC funds, NCPC has been receiving consultation from the National Implementation Research Network (NIRN) to develop practices that apply Implementation Science to activities and programs. NCPC acknowledges that readiness and capacity are fundamental to effective implementation and will use resources developed by NIRN to support our processes. The assessment of subrecipients' readiness and capacity will occur during the grant competition process and will be significantly weighted in the scoring criteria. Reviewers will assess an applicant's readiness (having the necessary skills and knowledge) by reviewing each applicant's previous experience and/or training with Shape NC content or other health and nutrition related content in early childhood and by looking at staff competencies in providing TA. Indicators of readiness include evidence of personnel that have been trained in the core components of Shape NC (BAK, POD, and the Go NAP SACC tool), have trained others in the core components, or that have
training in other closely related content in the key areas of nutrition, physical activity, and outdoor learning. In addition to prior training in the core components, indicators of readiness to implement growth will include the degree to which the applicant demonstrates knowledge and experience with family and community engagement activities. Applicants will be required to describe evidence of leadership and board support for the project as further demonstration of their readiness to secure matching funds and effectively implement Shape NC Phase III.

Capacity of the subrecipients (having the necessary resources) will be assessed by reviewing the personnel and organizational structure of the applicant. Applicants will be assessed as to whether they identify enough staff, as well as qualified staff with the appropriate experiences and backgrounds, to provide the services of the grant. Applicants will also be assessed for the degree to which they describe their ability to leverage their community resources and services. For example, applicants may partner with other community TA providers through a process of developing clear Memoranda of Understanding (MOU) to ensure a consistent, cost-effective, and embedded approach to coaching, consultation or TA with the childcare programs across their county. Budget and financial viability of the applicants will also be reviewed as part of determining capacity of the potential subrecipient.

PROGRAM DESIGN - PROPOSAL FOR EVALUATION

Capacity to Ensure Success: Evaluation and the assurance of using evidence-based programs are cornerstones of NCPC's work with grantees. With a department dedicated to ensuring all funds invested by NCPC and its grantees are directed toward programs that have at minimum, preliminary evidence of impact, NCPC is well positioned to manage and ensure successful and effective evaluation of the Shape NC Phase III Initiative. NCPC's Research and Evaluation Department is led by Dr. Kim McCombs-Thornton whose PhD in Maternal and Child Health coupled with 20 years of experience managing research, evaluation, and data collection projects provide a strong foundation for guiding the evaluation requirements of the SIF grant. Dr. McCombs-Thornton has coordinated the independent evaluation efforts of multiple statewide projects funded through NCPC including the Smart Start Reach Out and Read (ROR) evaluation, the RTT-ELC ABCD evaluation, the RTT-ELC Leaders Collaborative Project evaluation, and the Shape NC Phases I and II evaluations to name a few. Each of these projects involved the implementation of research informed initiatives in multiple North Carolina locations and serving a variety of diverse communities across the state. Coordination of these efforts included the recruitment of seasoned third party evaluators through a requests for proposals process, collaboration with evaluators in developing study design, coordination of data collection to ensure quality of data, monitoring of project evaluation deliverables, and coordination of
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messaging of evaluation results. NCPC will apply equally rigorous oversight and management to the Shape NC Phase III evaluation process.

In addition to coordinating statewide independent evaluation projects, the Research and Evaluation Department staff provide various levels of support to NCPC grantees to assist them in reviewing and selecting programs that are supported by evidence to produce desired outcomes. Research Department staff provide TA in assessing community level data and comparing the research of various interventions to assist in determining the most potentially impactful and appropriate program to address or improve desired results. TA by the Research and Evaluation Department also includes supporting grantees in identifying appropriate outputs, outcomes, outcome measures, and reporting activities. Data from grantees are collected and reported to NCPC through an online platform on a quarterly basis and the data informs regular calls and site visits to local grantees to discuss data collection, results, and how the grantee could use the data to improve implementation. NCPC also uses evaluation results to apply data-driven decision making for the adjustment of program interventions at the state level. As an example, following evaluation of the Smart Start ROR program in which significant results were achieved using an enhanced implementation model, NCPC required that grantees awarded continuing ROR funding include the enhanced component as part of their projects. In another case, NCPC made significant adjustments to the Leaders Collaborative model based on survey and interview data collected during the first round of evaluation.

As a further resource for grantees, NCPC has contracted with various researchers to conduct literature reviews and assess levels of evidence for a wide variety of early childhood, family support, and health interventions. These reviews have been compiled into the Smart Start Resource Guide of Evidence-Based and Evidence-Informed Practices that identifies four levels of evidence: evidence informed, promising; evidence informed, emerging; evidence based, established; and evidence based, well-established. Grantees are encouraged to use the Smart Start Resource Guide to select research informed programs as well as to ensure implementation at the local level aligns with implementation guidelines based on the research.

Both Phase I and Phase II of the Shape NC initiative included an evaluation component. During those project implementation phases, NCPC oversaw a centralized, and uniform independent evaluation process. NCPC developed clear guidance as well as tools for uniform collection and reporting of data from the Shape NC grantees and coordinated data collection between its grantees and the evaluators. To ensure evaluation procedures of Shape NC Phase III are designed with rigor and in a way that reflects the key outcomes expected, NCPC’s Research and Evaluation Department
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will again oversee a centralized and uniform independent evaluation process that coordinates research partners, develops an appropriate timetable, determines and adequate budget, and develops a rigorous research methodology. Shape NC Phase III is an issue based strategy that will be implemented with fidelity across subrecipients. Therefore, designing a centralized evaluation allows for consistent measurement and evaluation across all awardees. It will also increase the statistical power of the evaluation, making it more likely that any significant results that exist can be realized.

NCPC will use a competitive RFP process to identify a highly qualified Research Partner and will apply rigorous selection procedures in choosing the best-qualified applicant. Selected evaluators will have to demonstrate a strong understanding of experimental and quasi-experimental research design, reliability of data collection, a variety of data analysis procedures, assessing program fidelity and demonstrated experience conducting large-scale scientific research and evaluation.

Dr. McCombs-Thornton will work jointly with the Shape NC Project Officer to ensure a clearly outlined scope of work that effectively addresses effective research design and appropriate outcome measures. Shape NC Project Staff will work closely with subrecipients to ensure reliable and timely data collection and reporting of both site level and child level data. In Phase III, NCPC will also continue its ongoing relationship with the purveyor of the Go NAP SACC online assessment tool, UNC-CH, which has committed to continuing to support the collection, management, and cleaning of childcare assessment data to ensure data reliability and quality for analysis.

Subrecipient Readiness and Capacity for Evaluation: Although subrecipients will not be conducting their own evaluations, they will need the capacity and ability to understand data reliability, effective collection procedures, and program outcome measures. NCPC will develop a subrecipient selection process that includes a review of each of the grantee's capacity to report clean, reliable data using valid measurement instruments. Written questions and interviews, if necessary, will be conducted to determine the potential grantee's current staffing capacity (both quantity and experience/backgrounds with data collection and reporting). Assessment of potential grantees will also include the availability of resources to ensure timely and accurate data reporting can be achieved. To ensure evaluation requirements do not inadvertently keep some lower resourced grantees from being awarded, NCPC will gauge the grantees' abilities to recruit appropriate personnel for evaluation activities (by reviewing proposed and operating budgets) and adjust project awards as necessary to assist grantees in acquiring needed resources.

The Shape NC Project Coordinator currently provides ongoing TA and training supports to Phase II Shape NC grantees regarding data collection and reporting. The Project Coordinator will continue this
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role in Phase III of the project. Additionally, Shape NC Phase III will add a half-time Evaluation Officer to further support the coordination and oversight of evaluation activities. The Evaluation Officer will reside in the Research and Evaluation Department and work in collaboration with the Project Coordinator to oversee ongoing evaluation and data collection activities. All grantee personnel responsible for data collection will be fully trained by either the selected independent evaluator, the Evaluation Officer, or the Shape NC Project staff, dependent on the chosen measure, to ensure data reliability. NCPC's ongoing involvement as well as sufficient funds for staff to support the evaluation at the local level will help ensure consistent data collection and participation in the evaluation.

Technical Assistance Plans, Staff and Contractor Roles: Technical assistance to subrecipients regarding evaluation will focus on data collection and reporting procedures. At the local level, the need will be for subrecipients to understand the importance of, and have the capacity to conduct, timely and reliable data collection, understand desired outcomes, and participate in required evaluation activities.

The need for evaluation technical assistance will be assessed at several points. The first assessment will occur during the initial application process as described above. The next assessment will take place during training on how to use the data collection instruments as the subrecipient staff will likely play a key role in collecting data. Training will include opportunities for practice that will help the contracted evaluator and NCPC understand the need for additional TA. Lastly, as data begin to roll in, the contracted evaluator and the NCPC Evaluation Officer will review the data to determine the need for refresher training on the data collection instruments.

NCPC project staff, the Research and Evaluation Director and Officer, and the Contracted Evaluator will coordinate training activities to ensure all subrecipients understand the outcomes and evaluation procedures. NCPC will also provide standardized resources and tools for data collection that will be coordinated by the Project Coordinator with support from the Evaluation Officer. The Project Coordinator, who has been working with the Go NAP SACC tool since its development, will act as a liaison between the Contracted Evaluator, the Go NAP SACC tool purveyor, and the subrecipients. In addition to any other necessary training activities, subrecipient staff collecting and reporting on data will receive training directly from the purveyor on use of the Go NAP SACC tool.

The Project Coordinator will support data collection and monitor reporting deliverables. The contracted evaluator will be responsible for ensuring all ethical standards for evaluation are met, including any training required by Shape NC subrecipients for project staff. The Research and Evaluation Director and the Project Officer for Shape NC will conduct monthly to quarterly check-ins
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with the evaluators to ensure ongoing communication and address any barriers to meeting deliverables project deliverables or challenges with research design. The Research and Evaluation Director and the Project Officer will also collaborate with CNCS staff to review evaluation plans and strengthen strategies to ensure appropriate implementation of reporting of the evaluation.

Evaluation Strategy: To ensure results produced through the Shape NC Phase III evaluation meet a moderate to strong level of evidence, care will be taken to work with the Contracted Evaluator to craft a technically sound evaluation design. NCPC will incorporate specific design requirements in the RFP. First, they will be asked to explore the feasibility of a randomized control trial (RCT). We anticipate there are several factors that will make a RCT at the child or family level improbable. For instance, it is likely that insufficient funds will be available to randomly assign children to Shape NC childcare centers and non-Shape NC centers as this could require the project to pay for actual child care. Without randomization at the child level, NCPC would request the third party evaluator to include a comparison group of children in non-Shape NC centers. The evaluator would then be tasked with implementing a quasi-experimental design that would use sophisticated methods to address selection bias such as propensity score analysis, difference in difference models, or the use of an instrumental variable among other potential approaches. Evaluators who propose a quasi-experimental design at the child level would also be asked to consider the pros and cons of randomizing childcare centers to participate in Shape NC (randomization at the center level rather than at the child level). We anticipate advanced statistical analyses would still be required to control for differences at the child level in this case.

The evaluator will also be asked to include a power analysis to ensure sample sizes are adequate and data analysis appropriately matches the conditions of the study. Program evaluation results will be used to understand the impact of the initiative, and progress reports will be used to make adjustments to implementation and ensure that outcomes can be achieved over time.

Adequacy of Budget: NCPC will budget $400,000 per year for the purpose of evaluation. This amount represents 20% of the total budget and is well above typical recommendations of between 5% and 7% (W.K. Kellogg Foundation Evaluation Handbook). Several reasons explain why $400,000 is an adequate budget for evaluation. First NCPC will utilize a centralized and uniform evaluation process that allows for cost-effective evaluation design and implementation. Second, NCPC Project Staff will assist with monitoring and collecting data from subrecipients on a regular basis thereby reducing task burden of data collection by the evaluator. Additionally, much of the data collected is done so electronically with a tool currently in use. Data related to health and nutrition best practices
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are uploaded online through the Go NAP SACC online platform. Go NAP SACC data are maintained by the UNC-CH purveyor, and costs to collect, clean and export the Go NAP SACC data will be contracted directly with UNC-CH outside of the $400,000 for the third party evaluation contract. The TA Providers or childcare staff members conduct child level assessments, so the task of assessment will also not be a responsibility of the evaluator. Using staff on site at participating centers to conduct data collection further reduces the cost burden of research assistants and others needed to conduct data collection. Finally, the allocated budget amount for evaluation is well above other successful large-scale independent evaluation studies funded for multi-year projects implemented through NCPC such as the RTT-ELC ABCD evaluation.

Present Level of Evidence: The Shape NC Initiative has produced preliminary evidence of promising results regarding both improved childcare provider practices as well as improved healthy weight status among children in care. Shape NC has been implemented in two phases, each with a separate third party evaluation. In Phase I, the focus was on improving practices in the 19 model early learning centers (MELCs), and evaluation results found that participating childcare sites nearly doubled the number of best practices being implemented (Vaughn, 2013). Phase II continued to address implementation of best practices as well as increase the number of centers participating and impact child level outcomes. Independent evaluation of Phase II is currently underway and is in year two of a three-year evaluation process. In the Phase II evaluation process, the priority child health outcomes are assessed by collecting data to determine the percentage of children in the MELCs and selected Expansion Sites (2/region) that are at a healthy child weight. Two Expansion Sites were randomly selected for each region to be able to compare progress in the new programs. Based on procedures described by Vaughn (2013), height and weight data, along with child age and gender, is collected every six months and used to calculate BMI, BMI percentile, BMI z-score, and percent of children at normal weight (defined as BMI for sex and age below the 85th percentile). This longitudinal child-level data will effectively track changes in healthy weight. The first wave of height/weight data was collected in November 2014, the second in May 2015, and the third in November 2015. Currently, two waves of data have been completed and analyzed.

The Year 2 Progress Report for Phase II notes the following demonstrated results: 1. A 20.6% increase in the percent of implemented health and nutrition best practices by MELCs (DeMarco & DeMarco, unpublished); 2. Forty-four of the Expansion Sites also saw improvement in at least one area (DeMarco & DeMarco, unpublished); 3. Some of the childcare sites (the MELCs) receiving more intensive coaching support and greater financial resources appeared to make greater progress with
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best practice implementation; 4. Sixteen of the 17 MELCs with data improved on Criteria A (Meet 55% of all indicators across 5 areas [Child Nutrition, Breastfeeding/Infant Feeding, Physical Activity, Outdoor Play, and Screen Time]) at Wave II, some substantially -- Lulus from 63% to 96%, (a 52.4% increase), Excel Christian from 53% to 83% (a 56.5% increase), and Chatham from 48% to 78% (a 62.3% increase) (DeMarco & DeMarco, unpublished).

In Phase III, implementation will be conducted with the same intensity across all subrecipients to provide equal opportunities for progress at all participating childcare centers. Additionally, the Phase III model will include a layer of coaching to support consistent and effective TA across subrecipient programs. These adjustments to Phase III will support ongoing progress and achievement of continued and strengthened results.

PROGRAM DESIGN - PROPOSAL FOR GROWING SUBRECIPIENT IMPACT

NCPC Capacity to Support Growth: NCPC has demonstrated experience in scaling up and replicating models of intervention. Most notably, the Shape NC Initiative began as a pilot project in Phase I with only 19 participating childcare centers. In Phase II, the goal was to begin bringing the project to scale and develop stronger, community wide impacts within the Phase I grantee counties. To date, Shape NC has reached 148 childcare centers and homes and has been the catalyst for a number of community health coalitions that have conducted various campaigns from open space use to family resiliency. Other examples of NCPC's experience with scaling and replication include the Smart Start Reach Out and Read (ROR) model. The Smart Start ROR model also began as a pilot project in a few select communities and now reaches children in 40 counties across the state.

NCPC also possesses the appropriate resources to ensure fidelity and effective replication of program models. Phases I and II of the Shape NC initiative provided time and opportunity to develop the model and build a strong infrastructure of implementation support now in place. NCPC uses a tiered approach to supporting grantee capacity that includes both broad training as well as one on one assistance. The Shape NC Project Officer and Project Coordinator are available to provide oversight for project implementation, TA to grantees and their subrecipients through webinars, and regularly scheduled peer-to-peer coaching calls and meetings. NCPC, in coordination with the contracted purveyors, has developed a host of resource documents that further support and guide program implementation including a clear logic model that outlines a theory of change and describes each of the required components of the intervention, expected outputs, and desired outcomes.

Approach to Growing Program Model: Shape NC Phase III will grow the program model in two ways. First, through the open and competitive award process, communities with high rates of children
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receiving childcare subsidy and not currently served in Phases I and II will be selected to replicate the Shape NC model, thereby increasing the number of children in low-income homes impacted by the Shape NC initiative. Second, the model will be expanded to serve additional childcare settings in communities currently participating in Shape NC. In both subrecipient instances, grantees will be required to identify how they will ensure that childcare settings chosen as participants serve a high population of children in low-income homes. NCPC recognizes that the Shape NC model has a preliminary level of evidence. Therefore, the focus of Shape Phase III implementation will be on model fidelity through limited scaling to produce a deeper impact and further validate the Shape NC program. Greater prioritization in the selection of subrecipient communities and childcare settings that serve large groups of children in poverty will ensure the expansion serves more children from low-income homes.

To ensure program growth, NCPC will use an intentional, data-driven, and layered approach to implementation. All participants will be trained and receive ongoing TA and consultation through the purveyors of BAK, POD, and Go NAP SACC. Subrecipients will be provided with a clear logic model using the stated theory of change and outlining the components, outputs, and outcomes. Each Shape NC participating childcare center, in collaboration with a subrecipient TA provider, will develop action plans for improved practices and to ensure effective continuous quality improvement. TA providers use intentionally designed action plans to support more effective TA provision to each center. Subrecipients will also devise action plans for implementation and continuous quality improvement of project implementation with support from NCPC. Added to Phase III, will be the use of a coaching model to support effective TA and assist in data driven-decision making. This model was used successfully to build local capacity during an RTT-ELC project in the NC Transformation Zones (deeply under resourced and rural communities). NCPC will employ two full-time Implementation Coaches to support local implementation and replication. Ongoing feedback loops and "plan-do-study-act" cycles will occur between childcare settings, families, coaches, TA providers, subrecipients, NCPC and contractors to allow for adjustments as needed based on data and implementation feedback.

Assessment of Subrecipient Capacity for Growth: Success of the Shape NC initiative relies on the subrecipients' abilities to effectively implement the Shape NC Phase III program model with fidelity. This includes maintaining a strong team of TA providers to support childcare programs and who understand the connections between health and nutrition content, the use of data to drive continuous quality improvement, and the ability to support developmentally appropriate and effective instruction in early care and education settings. Using resources from the National Implementation Research
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Network (NIRN), NCPC will assess the subrecipients' capacities for effective implementation. Various characteristics and evidence will be reviewed during the application process, and assessed regularly, to ensure that the subrecipient is well situated for growth. These characteristics include: 1. Qualifications of staff; 2. Staff competencies; 3. Organization of subrecipient; 4. Strong agency leadership; 5. Financial soundness; and 6. Operationalization of the "buy-in" process by practitioners and families. Once awarded, subrecipients will submit semi-annual outcomes and quarterly progress reports for review and assessment of progress. Evidence of implementation effectiveness will be measured by 1. the number of participating childcare settings; 2. the percent of best practices (as measured by the Go NAP SACC tool) being implemented; and 3. the number of childcare settings becoming demonstration sites (in turn creating learning spaces in the communities for sustainable change and health promotion).

Technical Assistance and Resources: NCPC has developed and maintains numerous resources that will be available to support the Shape NC Phase III implementation. NCPC has received significant support from NIRN through the RTT-ELC funding and has chosen to adopt an Implementation Science framework to support programs. The Project Officer, a member of NCPC's Implementation Science team, and the Implementation Coaches will offer planning assistance to the subrecipients using NIRN Implementation Science tools and resources. Planning assistance will support subawardees to address questions of community need, fit with other community initiatives, and needed resources.

NCPC has also developed an e-learning platform, Fabrik, on which a self-paced Shape NC webinar series is housed. In Shape Phase II, over 1500 childcare providers across the state registered for the series and at least half earned .5 CEUs for completion. This series will continue to be available to all Shape NC Phase III participants for non-credit. Additionally, Shape NC Phase III will build on the success of the webinar series, expand the content based on assessed needs, and offer a second series for additional CEUs. The series, which will be available statewide, creates an opportunity to sustain the content learning long beyond the grant. Included with the webinar series are handouts and various other resources and documents that providers can use in their communities and with their families. During development and release of the series, NCPC's Knowledge Management Specialist will provide needed Fabrik supports (e.g., registration assistance, helpdesk support, etc.).

Another support that NCPC piloted in Phase II, and will fully implement as a TA support in Phase III, is the use of a "Breakthrough Series Collaborative." These specially designed communities of practice provide opportunities for teams of Shape NC participants, from families to subgrantee
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executive directors, to think and act strategically, to accelerate their implementation knowledge, and to produce stronger and more lasting change that is specific to their community’s needs. Not only do the Breakthrough Collaboratives create accelerated change, they provide the foundation for communities of practice that can be sustained and effective beyond the life of the grant.

Breakthrough Collaboratives, are a model developed by the Institute for Healthcare Improvement (IHI), and they help participants to first understand and evaluate issues and then begin testing changes that help them make breakthrough improvements. Impact of changes are assessed through the use of "plan-do-study-act" cycles in which evidence and data are used to understand effectiveness and identify needed changes/adjustments. Other breakthrough collaboratives "...have achieved dramatic results, including reducing waiting times by 50 percent, reducing worker absenteeism by 25 percent, reducing ICU costs by 25 percent, and reducing hospitalizations for patients with congestive heart failure by 50 percent. In addition, IHI has trained over 650 people in the Breakthrough Series methodology, thus spawning hundreds of Collaborative initiatives throughout the health care world, sponsored by organizations other than IHI" (IHI, 2003). NEMOURS, a non-profit committed to children’s health is currently using the breakthrough collaborative model with six states (not including North Carolina). Shape NC has sought NEMOURS' guidance during the pilot period and will contract with a provider skilled in facilitating early childhood health breakthrough collaboratives as part of supporting effective implementation for growth in Shape NC Phase III.

Sustainable changes require both a bottom up and a top down approach. Shape NC Phase III will provide resources to subrecipients to implement sustainable changes while also working to align state policies and standards with other agency leaders so that the health and nutrition practices become foundational to improved quality in early childhood. NCPC, in collaboration with the Division of Public Health convenes a group of state leaders called I-HOPE who have committed to advancing state level policies to support improved child care nutrition and physical activity practices.

Organizational Capability

ORGANIZATIONAL CAPABILITY -- BACKGROUND AND STAFF CAPACITY

Track Record and Resources: NCPC has a successful record of granting, implementing, managing, and monitoring various projects from multiple funding streams. During an earlier childcare quality initiative, NCPC led the Smart Start network to improve access to high quality childcare centers. The average quality star rating of childcare settings jumped from 2.7 in 2011 to 4.29 (out of 5) in 2015. Of particular note, NCPC has implemented the Shape NC initiative for over five years. Accomplishments of Phase I included the establishment of 19 model early learning centers, development of community
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wide action plans, and significant increases in the number of health and nutrition best practices implemented in the participating Shape NC sites. In Phase II, accomplishments included expansion of the Shape NC model to 148 childcare settings, demonstration site status assigned to seven of the 19 model early learning centers (indicating a high percentage of best practices are implemented as well as having a POD designed outdoor learning environment), and a 6.5% decrease in BMI of children for all centers.

NCPC has current capacity to effectively implement the proposed project. The Project Officer and Project Coordinator are masters degreed professionals in social work and public health and are experienced in program implementation, implementation science, and analyzing data to drive decision making and continuous improvement. Each has extensive experience addressing children’s health and nutrition needs and have five and two years experience respectively working directly with the Shape NC initiative. Together, the Project Officer and Coordinator monitor progress toward project goals, ensure model fidelity, and oversee grantee compliance with fiscal and programmatic grant requirements. The Project staff work closely with the contracted purveyors who are also well-qualified for their roles. The UNC-CH researchers have conducted extensive work developing the Go NAP SACC tool and continue to research its effectiveness. NLI is internationally recognized as experts in nature-based outdoor learning design, and also continue to develop their work and research the effectiveness of naturally designed children’s landscapes.

NCPC is well equipped to support the collection and analysis of data for evaluation. NCPC’s Research and Evaluation department is led by a PhD level director with 20 years of experience in conducting and overseeing program evaluation. The Research and Evaluation Department also includes a Data Analyst and Research Assistant, each with the appropriate levels of education and experience to support the work as needed. A key function of this department is to monitor the collection and analysis of data. NCPC currently collects quarterly outputs and outcomes data on all funded activities across its 75 grantees through an electronic platform. To further support the evaluation emphasis of the SIF grant, a portion of the direct operating budget will be used to add a .5 FTE Evaluation Officer position. The person hired will have at least a masters level education and experience conducting or assisting with research, data collection, and analysis.

NCPC's current annual organizational budget is $99,219,124. The federal grant share requested of $1 million per year would represent 1% of the annual budget. The SIF grant award would represent a small portion of NCPC's operating budget, and as such indicates minimal implications financially and that NCPC has the current organizational infrastructure to effectively manage the funds and make
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subrecipient awards. With the additional SIF dollars, NCPC will be able to focus on expanding internal capacity to provide coordination and oversight of the evaluation process as well as give quality support to subrecipients as needed.

As noted, the Shape NC project has two current dedicated and experienced project staff. In Phase III, two Implementation Coaches will be added to support model fidelity with replication. In addition to NCPC staff, the contractors providing the core components of the Shape NC initiative (i.e., BAK, POD, and Go NAP SACC) will continue to provide training and consultation support to the subrecipients to ensure effective implementation. Within NCPC, the Shape NC initiative sits in the Strategic Initiatives Unit of the Early Childhood Systems Department. The department director provides leadership and oversight to ensure the work of the initiative is integrated at a broader state level and will be the primary contact with the CNCS Project Officer. The department director and/or agency Deputy Director participate in state leadership teams, such as the I-HOPE group, a collaborative workgroup co-facilitated by NCPC and the NC Division of Public Health, that works to develop and implement state policies to support health and nutrition quality standards in childcare and communities. The NCPC Board of Directors, made up of 26 early childhood and business leaders appointed from across the state, are responsible for determining agency strategic direction. In a recently approved revised strategic plan, the NCPC Board of Directors made clear that supporting early childhood health and the systems that impact health was of utmost importance if NCPC were to achieve its mission and vision. NCPC board and staff leadership will continue to support partnerships and relationship building with foundations and other external partners to ensure the match requirements are met and maintained throughout the life of the grant and beyond.

Systems to Maintain Program Compliance: NCPC is an experienced grant recipient of private, state, and federal funding. Most recently, NCPC was the recipient of RTT-ELC federal grant funding totaling $11 million for four years and has demonstrated a high quality of fiscal management and compliance with all federal requirements. NCPC is audited annually by the state auditor, including audit of federal grant projects, and has received zero audit findings for the past 12 years. The finance department at NCPC is experienced with federal grant requirements and will provide oversight and management of grant expenditures. Examples of internal controls include multiple level reviews -- both programmatically and fiscally -- before expenditures or grant award payments are made, review of quarterly normal trial balances, and ongoing review and monitoring of grantee budgets and rates of spending. Monthly project expenditure reports are provided to directors and project officers to monitor spending. Subrecipients will provide detailed budgets and narratives to be approved prior to awards...
and contracts being made to ensure spending at the subrecipient level also complies with all grant requirements. Project staff will monitor quarterly progress reports to ensure that implementation is occurring appropriately, will work closely with the Implementation Coaches, and will conduct on-site visits to also monitor for program fidelity and compliance.

Criminal History Checks are a current requirement of all staff hired at NCPC. NCPC’s Human Resources (HR) Department coordinates a service contract with Castle Branch, an agency that conducts background checks, to ensure all employees have no history of criminal activity prior to hire. All newly hired staff with SIF funds will also be required to receive a criminal history check. In response to this grant application, the HR department reached out to Castle Branch to confirm the history checks met the requirements of the National Service Criminal History Check for vulnerable populations. We have learned that Castle Branch is only able to conduct the state criminal history checks. We plan to use Field Print, a channel provider of the FBI for the national criminal history checks. We are also researching whether another provider (Capital Associated Industries) can provide full service (state and national) criminal history checks. All current and new staff applied to the grant will be reassessed accordingly and as needed to ensure they comply with all of the background check requirements. Furthermore, the criminal history requirement will be included in the subrecipient contract terms and conditions, and subrecipients will also be required to comply with the National Service Criminal History Check requirements for vulnerable populations.

Capacity to Maintain Relationships: NCPC has a long history of supporting non-profit agencies throughout North Carolina. Established in 1993, NCPC has built strong relationships with its network of 75 grantees. During its 23-year existence, NCPC has been committed to being a collaborative partner with its network. NCPC has demonstrated this commitment through its focus on organizational leadership development for the grantee executive directors in the form of leadership symposia and executive director forums, as well as an intensive eight month leadership development training and community of practice for local leaders. NCPC works together with its grantees both in small workgroups as well as regional leadership teams to co-create long-term goals for children’s well-being in the form of performance based improvement indicators as well as project level outcomes aligned with grantee program planning. NCPC staff conduct monthly and quarterly group calls with grantees and quarterly in-person meetings to review goals, progress, share successes and challenges, and adjust strategies when needed. We emphasize a collaborative relationship approach while maintaining accountability. NCPC’s commitment to excellence for children and families across the state by fully supporting high quality service implementation is core to its mission.
ORGANIZATIONAL CAPABILITY - SUPPORT, MONITORING, & OVERSIGHT

Prior Experience Setting and Implementing Goals: NCPC has led and supported a network of non-profit agency grantees across North Carolina for 23 years. NCPC’s strategic roadmap outlines a direction that guides the agency's work to ensure that all North Carolina children birth to five years of age have the services and supports needed for future academic and life success. All initiatives that NCPC supports, either directly or through grants, are designed to align with its strategic direction.

NCPC ensures excellence and impact toward its mission and vision by setting and monitoring progress for measurable statewide goals toward which all grantees must work and with which funded strategies must align. The NCPC Board of Directors along with input from external content experts, NCPC staff, and grantee representatives annually review and determine benchmark standards on a set of statewide, population-based Performance Based Improvement System (PBIS) indicators. Examples of PBIS indicators to which strategies might align include: 1. the percentage of children receiving subsidized childcare (i.e., who are low-income) who are enrolled in high-quality (5-star rated) centers or homes; 2. the percentage of children who are enrolled in childcare and who have teachers with appropriate educational backgrounds; and 3. the percentage of children who are at a healthy weight.

NCPC staff provide annual data reports for each county, and follow up with those partnerships serving counties that did not meet the standards for the required indicators.

In addition to the population-based benchmarks set for grantees, NCPC uses a data advisory group to develop common outputs and outcomes for locally determined activities. The data advisory group, made up of grantee program staff and NCPC evaluation and program staff, has identified common outputs, outcomes and outcome measurement tools that are now in use for monitoring program progress and impact for all strategies funded through NCPC. NCPC provides clear goals to grantees and provides them with the necessary supports for effective program implementation, participation in external evaluation, and reporting.

Experience Evaluating Performance of Recipients: NCPC has extensive experience evaluating grantees’ performance implementing outcomes focused initiatives. NCPC has overseen the performance of federally funded RTT-ELC grant subrecipients for its Assuring Better Child Development, Child Care Health Consultation, and Transformation Zone projects over the course of the last four years. For the past five years, NCPC has been evaluating grantee performance of the Shape NC initiative through on site visits, regular meetings and communications, oversight of budgeting, and review of quarterly and semi-annual data collections and reports. For each of these initiatives NCPC recruited third party evaluators that produced both statewide and local results.
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Additionally, all grantees funded with state grants must collect and report on outputs and outcomes for all strategies and interventions implemented. NCPC implements a process of quality assurance that includes reviewing grantee progress toward desired outcomes and using data to inform strategy choice, implementation, and on-going improvement. Desk monitoring occurs through a quality assurance review process following each data submission period. Feedback on reporting is provided and can trigger targeted planning and assistance to grantees as indicated. Each grantee is then further assessed through a biennial, on-site quality assurance visit.

Plan for Technical Assistance and Other Services: In Shape Phase III, subrecipients will receive a variety of technical assistance and training supports to ensure outcomes are achieved. The Project Officer and Project Coordinator will provide overall leadership and coordination of content and assessment tool training by the contractors. The Evaluation Officer will provide training on data collection and will monitor for reliable data reporting. The Evaluation Officer will also provide one on one support to the subrecipients around data collection and analysis. Additionally, the two Implementation Coaches will be hired to provide intensive support on-site with the subgrantees and their TA providers. Implementation Coaches will use Implementation Science principles and methods to assist grantees in effectively replicating the Shape NC model with fidelity from initial startup in new grantees to full implementation.

Plan to Build Subrecipient Capacity to Manage Federal Grants: NCPC will support the capacity of subrecipients in multiple ways. Proactively, NCPC will make the federal grants requirements clear during grant competition. Links to the various resources will be included in the competition notice, and a bidders conference will be held during which highlights of the requirements will be addressed. Assessing capacity to manage federal grant requirements will be included in the review of applications. Once awarded, a post-award meeting will be held with subrecipients and again, the requirements will be reviewed. Examples of appropriately written budgets and budget narratives, training for submission of cost-reimbursement documents, as well as any related guidance will be provided upon award to assist subrecipients in complying with all requirements. The primary area we anticipate that subrecipients may need assistance with is complying with the criminal background check requirements, so we will offer specific training and TA to assist grantees to comply. In the first year after awards are made to grantees, monthly phone calls will be held with subrecipient agency and/or project directors to maintain support and keep sub-grantees updated on requirements and information. Afterwards, regular planning calls will continue with a periodicity dependent upon need, but no less than quarterly.
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Plan for Building Intervention Scaling and Evaluation: To fully support scale up and replication of the Shape NC model, NCPC will use funds to add .5 FTE of an Evaluation Officer and 2 FTEs for Implementation Coaches to the project team. The implementation coaches will support local implementation efforts directly to ensure model fidelity. Example areas of support will include helping grantees assess childcare center readiness, engage community stakeholders, and connect new grantees with mature grantees to observe effective implementation. The use of a centralized, uniform independent evaluation will be overseen by NCPC. The Evaluation Officer will coordinate with the independent evaluator and the subrecipients to ensure reliable and timely data collection and submission. As part of the startup procedures for subrecipients, the Evaluation Officer will provide training on the importance of timely and reliable data collection. Once the independent evaluator has been selected, and the evaluation designed, subrecipients will receive further training and resources to provide the most accurate data for evaluation possible. The evaluation will help inform timing and plans for additional scaling of the Shape NC initiative.

Plan for Subrecipient Performance Measurement Systems: Performance measurement will be uniform across subrecipients in order to ensure comparable data collection for the independent evaluation process and to effectively measure model impact. To determine appropriate and effective performance measures, NCPC will review prior evaluation data and outcomes from Phases I and II. Based on results from prior phases, ambitious but achievable, measurable outcomes will be determined. Performance outcomes will follow appropriate measurement guidance and will be specific, measurable, attainable, relevant, and time-bound. New grantees replicating the Shape Initiative for the first time will have expectations more similar to those reached during Phase I, while continuing grantees will be expected to achieve greater impacts. Subrecipients will submit outputs data on a quarterly basis using the Smart Start online data entry system. The data system will be expanded to include data specific for this new project. The Project Officer and Evaluation Officer will review these data. NCPC will work with the contracted evaluator to develop a timeline for collecting outcomes data. In Shape NC Phases I and II, these data were collected two times each year. Additionally, expenditures will be reviewed for appropriate spend down rates as evidence of effective implementation. Expenditures, outputs, and outcomes will be reviewed by the Program Officer and assessed quarterly to determine whether appropriate progress is being made. Based on data, the Project Officer will determine training needs or areas of needed improvement. As questions arise or themes emerge from the data, additional training, coaching and/or technical assistance will be provided to the group of subrecipients or individually as needed. Training and TA may be provided by
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the Project Coordinator, Implementation Coach, Evaluation Officer, or contractor depending on the issue or need.

Plan for Monitoring for Compliance and Progress: The Project Officer will collect progress reports and data from subrecipients on a regular basis as noted above. These reports, including expenditure reports, will be monitored to ensure compliance with grant requirements is met. The Project Officer will conduct site visits at least annually to ensure each project is being implemented appropriately. The Project Officer will also work closely with the Finance Department to maintain effective, compliant fiscal controls. Furthermore, the Project Officer will coordinate with the Accountability Unit to determine fiscal monitoring requirements to be included in NCPC's structure of biennial fiscal monitoring procedures.

ORGANIZATIONAL CAPABILITY -- STRATEGY FOR SUSTAINABILITY

Commitment to Continued Investment: This past year, the NCPC Board of Directors convened a task force to review and revitalize its strategic direction. The vision of the agency has remained clear, "Each child reaches his or her potential and is prepared for success in a global community." To see this vision to fruition, the Board of Directors adopted a new strategic roadmap in January of 2016 to take NCPC into the next decade. The strategic roadmap further states that, "Recognizing that children only thrive when their environment supports optimum growth and whole-child development, NCPC will focus on the health and wellness of the people and communities that influence and support young children's healthy development and growth." The Shape NC initiative and NCPC's partnership with the Blue Cross Blue Shield of North Carolina Foundation are viewed as an integral strategy to achieving our vision. With a strong focus on children's health and quality childcare, in addition to supporting the Shape NC initiative through ongoing training and implementation resources, the agency has made seeking ongoing funding for the Shape NC initiative one of its top priorities.

Strategy for Ensuring Continued Evaluation and Sustainability: A key purpose of the Shape NC initiative evaluation has been to identify the intervention components that create the greatest impact for sustainable change. The Phase II final evaluation will include analysis that looks at the collective and individual levels of influence that each component has on intervention outcomes. This information will be used to determine what components of the intervention are most necessary to sustain. Additionally, NCPC is working at the state level with leadership groups such as the I-HOPE group to support policies and state systems that would drive changes to childcare quality indicators. Addressing policies and practices at the state level creates the space for best practices implemented in
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the Shape NC model to become standard across programs rather than only in selected grantee areas. Technical assistance will also be provided to subrecipients on ways to creatively use funding for strategies with aligned goals to help sustain the work of the Shape NC initiative. For example, many potential grantees for the Shape NC initiative currently provide TA in childcare settings for other purposes. Blending the Shape NC content into that work and integrating Shape NC content into other professional development platforms will provide the opportunity for the Shape NC framework to be a standard practice. Additionally, the community action planning aspect of the project results in communities learning about assets that can be tapped and partnerships that can be developed to contribute to the overall effort. Thus far, participating grantees have collectively leveraged $286,769.52 in additional resources.

NCPC and the BCBSNC Foundation are both committed to continuing to evaluate the impact of Shape NC and view evaluation as a critical component for ongoing implementation. Identifying recommendations for sustainability will be included in the contracted evaluator’s scope of work to help plan the best approach and most critical components for ongoing implementation after the project is complete. To support sustained evaluation procedures, subrecipients will be encouraged to maintain the tools and resources for data collection and reporting. Ensuring subrecipients are fully trained in the use of the Shape NC assessment tools will provide them the foundation needed to use data and evaluation procedures to understand continued impact and progress beyond the grant period.

Budget/Cost Effectiveness

BUDGET ADEQUACY -- BUDGET JUSTIFICATION

The proposed budget is both reasonable and sufficient to ensure the grant requirements can be met. Personnel in the budget include current staff as well as the addition of a half-time Evaluation Officer to assist subrecipients and implementing sites to carry out evaluation activities and report data consistently, and two full-time Implementation Coaches to ensure effective replication and expansion of the Shape NC model using Implementation Science principles. A full-time Project Officer will provide subrecipient oversight, grant project reporting, and budget management. A full-time Project Coordinator will support the coordination of the training webinar series, develop e-communications, and work with the contracted purveyors to assure coordinated training and assistance to TA practitioners and all implementing sites. Leadership for the project will be provided in part by the Research and Evaluation Director as well as the Systems Department Director who will and provide support to state level nutrition and physical activity policy and practice improvements and serve as the federal project liaison. Other personnel supported by the budget include a portion of the Knowledge
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Specialist to support the web series and the contract and grants officer to support the grant competition and fiscal activities. Additionally, a portion of the contract and grants officer’s time is included to support the embedding of grant monitoring into NCPC’s existing internal process. Finally, due to the significant data reporting and progress monitoring that will be required of an NCPC programmer to expand the online systems for project outputs and outcomes data. A portion of the programmer’s time will be required in the first year of the grant only.

To ensure subrecipients have adequate funding, over 90% of the federal funds will be used for sub-awards. Approximately eight awards will be made ranging from $150,000/year. Other contract and consultation expenditures include: POD and Go NAP SACC. A Request for Proposal will be released and used to run the Breakthrough Collaborative as well as to offer outdoor learning and support to grantees’ participating childcare centers. Evaluation will be included in the budget plans per year. Remaining funds will be used to support operating expenses (approximately two and a half offices for the Project staff and Evaluation Officer (coaches will not need office space), travel expenses (including funds for four Local Convening) for Implementation Coaches, Project Officer, and Project Manager, external meetings, and meeting expenses to support ongoing community feedback loops, and the breakthrough collaborative series. Supplies including supplies under $1,000 each) such as laptops, meeting supplies (pens, pads, clipboards) will signify a childcare center’s status as a demonstration site, and printing childcare center certificates. Other costs include utilities (phone) and salaries for grant funded personnel.

Budget Alignment with Narrative: The budget narrative and costs described above. The budget addresses personnel needs including project leadership, subrecipients, subawards, subcontractors for purveyors, evaluation, monitoring, and planning with and reporting to CNCS. Each expense is explained and justified. Estimated contract costs are based on actual costs during Phases I and II program costs due to philanthropically underserved areas. We believe these costs are cost-effective due to the significant infrastructure components developed in the past five years of the initiative’s development and implementation.
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BUDGET ADEQUACY -- CAPACITY TO RAISE MATCH

Prior Experience Achieving Match: NCPC has a 23-year history as a non-profit agency that supports a network of other nonprofits. As such, fundraising and fund development has been important to agency viability. NCPC's board has developed a new fund development committee to assist staff with fundraising and development activities including seeking grants, foundation donations, planned giving, and individual donation campaigns for NCPC and its network of non-profits. Much of NCPC's funding comes with a percentage match requirement, which over the last 10 years has continued to increase. Over the course of the last three years, NCPC and its network of statewide non-profits raised on average $19,389,366 in program match.

Match Raised and Committed: NCPC currently has cash on hand that far exceeds the initial required $500,000 match amount. Over the course of Shape NC's almost six-year implementation, the BCBSNC Foundation has provided $1,000,000 per year in funding and has promoted the initiative internationally as a key strategy to reduce childhood obesity. BCBSNC Foundation originally suggested the Shape NC model to NCPC and requested NCPC take the lead in implementing this innovative initiative. The success of NCPC's leadership together with the effectiveness of the program model have helped to solidify the Foundation's significant commitment to the Shape NC initiative. The Program Officer for the Foundation has made clear that BCBSNC Foundation continues to be impressed by the work of the Shape NC initiative and intends to support a Phase III for the project with substantial financial assistance and is also committed to helping bring in other supportive foundation partners. The total actual dollar amount committed (anticipated to be between $500,000 and $750,000 per year) will be available after the foundation's next board meeting (in early fall).

Plan for Securing Total Match: Together, NCPC and the BCBSNC Foundation have agreed to actively seek any additional match needed. NCPC's communications department has developed an infographic and "one-pager" describing the importance and impact of the Shape NC initiative. These documents will support conversations with various potential funders. In addition to the ongoing commitment from BCBSNC Foundation, contacts and discussions are already in process with multiple other funders and foundations. The Shape NC initiative aligns well with state and national funders' current missions and we anticipate Shape NC will be a desirable initiative in which funders would wish to invest.

Capacity to Assist Subrecipients to Secure Match: NCPC is committed to supporting the work of local non-profits across North Carolina. Providing support to our network of grantees in the area of fundraising and fund development is evident in the agency's strategic plan and currently funded
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strategies.

NCPC's fund development unit provides training and technical assistance to grantees around fundraising and other development activities to assist them with their individual match requirements. This type of support to NCPC's grantees will continue throughout the life of the grant. Training is coordinated by the fund development manager, and provided directly through a contracted webinar series with Grants Plus, and through regularly scheduled expert speakers invited to the grantee executive director forums, symposia and the National Smart Start Conference (presented by NCPC). In addition, NCPC will use our fund development and communications experience and expertise to provide Shape NC grantees with specific assistance, such as communications collateral, talking points with messages targeted to different audiences, ideas for potential funders, and written templates to ensure their success in securing matching funds.

Clarification Summary

Narrative Clarifications

EVALUATION:

1. Please confirm that it is your intention that all subrecipients will implement all components of the model. If that is not the intention, how do intend to evaluate impact?

We confirm that all sub-recipient will be implementing all components of the model, described as use of the NAP SACC tool, Be Active Kids, and Preventing Obesity by Design. This will allow us to effectively evaluate impact.

GRANT COMPLIANCE: Please provide responses to these five questions in the clarifications narrative and email Parita Patel (ppatel@cns.gov) the documents requested.

1. Please confirm you have an active registration in the System of Award Management (www.sam.gov) to be eligible to receive an award from CNCS.

We confirm that we have an active registration in the SAM. Our current registration expires 5/4/2017. We also confirm that we will maintain an active registration throughout the lifetime of the grant.
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2. Your estimated unrestricted revenue was less than your expenses in at least 2 of the last 3 years. Please provide assurance that your organization has the capacity to raise the required match to operate your program.

Our organization operates on a cash accounting basis during the fiscal year, however, our finances are reported on an accrual accounting basis. Expenses incurred in June but not paid until the following fiscal year create the appearance of our expenditures being greater than our revenue. We assure the reviewers that we have ample unrestricted revenue to meet our expenses each fiscal year and will have the capacity to raise the required match. In addition to our unrestricted revenue, we maintain a significant amount of cash and investments on hand.

3. Your organization has less than one month of cash and investments on hand. Please provide assurance that your organization has the capacity to raise the required match to operate your program.

Our current annual operating budget is $2.9 Million. As of 7/9/2016, we have $2.4 Million dollars cash on hand. This amount gives us nearly our annual operating expenses. We have significant resources and assure the reviewers that we have the capacity to raise the match needed to operate our program.

4. As of 06/21/2016, the applicant has not submitted a copy of the current A-133 to the Audit Clearinghouse. Please provide me a copy of/link to your most recent A-133 audit or certify that you are not required to file one.

We certify that we have not been required to file an A-133 audit in the past. If we are awarded a SIF grant, and are required to file an A-133 audit as a result, we confirm that we will comply with such a requirement.

5. As a potential new grantee to CNCS, you are required to complete four (4) pre-award documents
and an on-line financial certification and National Service Criminal History check course prior to the award of your grant. The Office of Grants Management will send you a separate email regarding the completion and submission of the following documents: Direct Deposit Sign-Up Form (SF-1199A); Payment Management System Access Form; Recipient Contact Sheet; the Financial Management Survey Form (FMS); and the certification you have taken the on-line courses 'Key Concepts of Financial Management for Federal Grantees' and 'National Service Criminal History Check (NSCHC) Course.' These documents must be completed and returned as quickly as possible to ensure a timely Notice of Grant Award should you be selected for funding. Please confirm that you are able to comply with this requirement.

If awarded the SIF grant, we confirm that we are able to comply with timely completion of all required forms, terms, and conditions, including all four (4) pre-award documents.

BUDGET Notes:
Per Ms. Patel's suggestion, we are including some budget questions with our clarifications because these particular questions ask for recalculations of our budget even though the budget submitted met the requested items as is. We would appreciate the opportunity to further clarify if necessary.

Question 1. Overall Match: Please recalculate budget to ensure the non-federal share of the budget equals or exceeds the federal share of the budget.

The current calculations of the budget submitted show that the federal share of the budget equals $1,000,000.00 and the non-federal share of the budget also equals $1,000,000.00. The budget submitted ensures a non-federal share that is equal to the federal share. Please be sure reviewers are calculating both sub-totals from budget section I and budget section II. The indirect costs of 78,637.00 (budget section II) are included in the non-federal share of our budget.

Question 3. Overall Match: Please recalculate budget to ensure total amount in Source of Funds section match the amount of budgeted Grantee Share exactly.

These funds do match. We calculated $500,000.00 cash on hand and $500,000.00 proposed for a
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total of $1,000,000.00. The grantee share calculated in the budget also exactly equals $1,000,000.00. Please be sure reviewers are calculating both sub-totals from budget section I and budget section II. The indirect costs of 78,637.00 are included in the non-federal share of our budget.

Question 9. Other Costs: Please provide the calculation for criminal history checks and confirm in the budget narrative that all staff in covered positions will have checks paid for via this grant.

We confirm that all staff in covered positions will have background checks paid for via this grant. We assigned full and partial FTEs from this grant to 11 NCPC staff members, all in covered positions. We estimated background checks at $100 per check. 11 covered positions x $100 background check = $1100.

Continuation Changes

N/A