

Notice of Funding Opportunity

Application due 07/10/2026

HRSA

Health Resources & Services Administration

Maternal and Child Health Bureau








Division of Home Visiting and Early Childhood Systems

Early Childhood Comprehensive Systems SEED Project: Scaling Effective Early Childhood Systems Development (ECCS SEED)

Opportunity number: HRSA-26-057



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/10/2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.



Step 1:

Review the Opportunity

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Basic information

Health Resources Services Administration

Maternal and Child Health Bureau

Division of Home Visiting and Early Childhood Systems

This program will improve access to quality health and human services for families who are expecting a baby, or have children up to age 5. Funding “seeds” community projects to establish scalable and sustainable systems of care that serve eligible families.

Summary

The Early Childhood Comprehensive Systems: Scaling Effective Early Childhood Systems Development (ECCS SEED) Initiative will advance the U.S. Department of Health and Human Services’ Make America Healthy Again (MAHA) priorities by preventing chronic disease and improving early childhood health and development. ECCS SEED will fund eligible entities to connect families to evidence-based health services in their communities. Parent leaders and state and local partners will guide this work to ensure services meet families’ needs.

ECCS SEED will:

1. Establish or expand Coordinated Intake and Referral Systems (CIRS).

- CIRS gives families an easy single-entry point to assess their health needs and efficiently connect them to services that support healthy children and families.

2. Implement evidence-based early childhood health and development models in high-need communities.

- Evidence-based early childhood development models improve health and well-being for both parents and their young children and prevent chronic disease. Models are implemented community-wide in pediatric or public health settings, including those in rural areas.

3. Lead effective state-level early childhood coordination.

- Effective state-led coordination improves how health care, early learning, family services, and economic support agencies work together to support healthy early childhood development. State-led coordination also expands successful approaches to additional communities in the state, Tribe, or territory.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Early Childhood Comprehensive Systems SEED Project: Scaling Effective Early Childhood Systems Development (ECCS SEED)

Opportunity number:

HRSA-26-057

Announcement version:

Initial

Federal assistance listing:

93.491

Key dates

NOFO issue date:

6/08/2026

Informational webinar:

See [Join the webinar](#)

Application deadline:

07/10/2026

Expected award date is by:

09/30/2026

Expected start date:

09/30/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

4. Achieve sustainability.

- Align project activities with other local, state and federal funding sources so that longer-term funding can sustain the work in the future.

Through these areas of focus, ECCS SEED will show measurable improvements in family health outcomes to ensure children grow up in healthy, safe, and nurturing families and communities.

Funding details

Application type: New

Expected total available funding in FY 2026: \$7,000,000

Expected number and type of awards: 8 Cooperative agreements

Funding range per award: Up to \$875,000

We plan to fund awards in five 12-month budget periods for a total five-year period of performance from 09/30/2026 to 07/31/2031.

Eligibility

You can apply if your organization is a domestic public or private entity, including an Indian tribe or tribal organization, as those terms are defined in 25 U.S.C. § 5304 (formerly 25 U.S.C. § 450b). See 42 CFR § 51a.3(a). If funded, for-profit organizations are prohibited from earning profit from the federal award (see [2 CFR 200.400\(g\)](#)).

Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- Native American tribal governments. (federally recognized)
- Native American tribal organizations. (other than federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Small businesses.
- Others. (see text field entitled “Additional Information on Eligibility” for clarification)

Additional information on eligibility

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Does not include all required application forms and attachments described in the [application checklist](#).

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

The Early Childhood Comprehensive Systems: Scaling Effective Early Childhood Systems Development (ECCS SEED) Initiative will improve access to quality care for prenatal-to-age-5 (P-5) families. It will promote healthy child development and family well-being by identifying family needs early – like mental health support, parenting education, food or housing assistance – and connecting both children and caregivers to high-quality services. These services are critical because children’s early years shape their health for life.

Effective systems of care for P-5 families:

- Boost families’ strengths through parenting education that help build positive, nurturing relationships between parents and their children.
- Improve efficiencies in health systems by detecting and addressing developmental concerns among young children through timely screening and referrals to early intervention.
- Address the root causes of chronic disease early in life by reducing stressors and connecting families to services, such as mental health care, nutrition assistance, and stable housing.
- Support^[1] flourishing among young children by promoting preventive care and healthy child development, and track progress on child health outcomes.

Centralized Intake and Referral Systems (CIRS)

ECCS SEED recipients will establish or expand centralized intake and referral systems (CIRS) for P-5 families that offer easy, timely screenings of families’ health needs, starting in pregnancy, and connect families to appropriate resources. This includes addressing parents’ concerns for their kids and linking them to services that prevent chronic health issues, such as regular well-child visits, early intervention, WIC^[2], housing supports, and more. ECCS SEED recipients will work toward making CIRS services universally accessible to all P-5 families in their state and will increase CIRS participation by health and family service providers. CIRS improves health at a population level.

Evidence-based early childhood health and development community models

ECCS SEED recipients will select one high-need community of focus^[3] and implement an evidence-based early childhood health and development model in that community. These models offer parenting education and whole family (parent and child) health screenings, and support timely well-child visits. They are offered in places that are easy for pregnant women and families with young children to access, such as their homes, pediatric care practices, or community-based settings. See [Appendix C](#) for examples of evidence-based early childhood health and development models. ECCS SEED recipients will work toward making the selected model universally accessible to all P-5 families in the community.

State-level early childhood coordination

Guided by family experiences, ECCS SEED recipients will support state-level leadership and early childhood coordination so that state and local agencies that serve P-5 families work together to better support early childhood health and development. This approach brings together health care providers, child care and early learning providers, human service agencies, and family leaders into a cross-sector system that is easy for P-5 families to navigate and meets their health needs.

Achieve program sustainability

ECCS SEED recipients will develop a sustainability plan and secure funding to maintain project activities beyond the period of performance. This includes aligning the ECCS SEED project with longer-term funding streams that could sustain and expand specific ECCS SEED activities. Examples of other funding streams could include Medicaid/CHIP, Title V Maternal and Child Health Services Block Grant (Title V), Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), state general funds, public-private partnerships or philanthropic funds.

Program goals

ECCS SEED will support a comprehensive standard of care for all P-5 families that builds family strengths, provides preventive care and education, conducts whole family (caregiver and child) screenings, connects P-5 families to services, and ensures families can access intensive interventions when needed. Through this work, ECCS SEED is designed to achieve measurable improvements in child flourishing.^[4]

The program goals are to:

- Increase access to coordinated, comprehensive care for P-5 children and families.
- Improve the quality of services to meet the health needs of both parents/caregivers and children during the P-5 period.

Program objectives

- Establish or expand centralized intake referral systems (CIRS), working toward statewide reach.
 - 80% of unique families (counted once, not duplicated) connected to CIRS have been screened for whole family (parent and child) health needs.
 - 60% of unique children (9-30 months) connected to CIRS (counted once, not duplicated) have received timely developmental screening using a validated parent-completed tool.
- Implement an evidence-based early childhood development model in pediatric or public health settings in your community of focus.
 - All identified pediatric or public health providers in your community of focus have implemented the model.
 - 60% of P-5 families served by the model have received a timely well-child visit.
- Lead statewide coordination of P-5 early childhood systems.
 - You have convened state and local cross-sector partners and trained parent leaders, and engaged both in decision-making.
 - You have developed and implemented state and local guidelines and policies to improve early childhood health and development, and P-5 family well-being.
- Secure long-term and sustainable funding to spread project activities statewide.
 - You have obtained at least one other source of funding to expand or enhance ECCS SEED activities.
 - You have obtained other sources of funding to sustain successful ECCS SEED activities.

Background

History

The ECCS SEED supports state capacity and infrastructure building to coordinate community early childhood systems. ECCS SEED advances CISS priorities including: expanding maternal and infant health home visiting programs; increasing obstetrician and pediatrician participation in state Title V and Medicaid plans; developing capacity of maternal and child health centers; serving rural populations; and expanding outpatient and community-based service programs for children with special health care needs.

Since 2002, the ECCS Program has funded efforts to coordinate statewide, cross-sector early childhood systems to improve early childhood health outcomes. Over time, ECCS has helped states:

- Strengthen cross-sector collaboration.
- Involve families with young children in strategic planning.
- Develop governance structures that reflect family and community needs.

Over time, ECCS transformed early childhood systems by making parent voice central in decision-making. Between 2021 and 2024, family participation in state early childhood program planning grew fivefold from 86 to 463 parents. ECCS funding increased access to P-5 services, helping states identify and address early signs of child developmental delays and chronic health issues, while promoting whole family well-being.

ECCS SEED represents the next evolution of the ECCS program. ECCS SEED moves from solely supporting statewide efforts to “seeding” community-wide projects, backed by state leadership, to establish impactful and scalable systems of care for P-5 families in high-need communities, including in rural areas. Both state and local components of ECCS SEED build on activities included in previous ECCS-funded statewide early childhood strategic plans.

Need

The period from pregnancy through age five (P-5) is crucial for healthy child development.^[5] Early experiences and relationships shape health across the lifespan.^[6] During this time, however, many pregnant women and parents of young children feel stressed and overwhelmed. These challenges can make it harder for caregivers to provide safe, stable, nurturing relationships (known as early relational health - see Appendix A) that young children need to thrive.^{[7],[8]} Negative experiences in early childhood are linked to health problems later in life, including heart disease, diabetes, and other chronic diseases.

Missed opportunities to identify developmental delays early can affect children's health and development, school readiness, and long-term well-being.^[9] Some communities face additional barriers to health and well-being because of geographic isolation and fewer services available,^[10] such as tribal communities, rural/frontier areas, and communities with high rates of infant mortality.

Evidence shows that identifying and addressing child, family, and community risk factors early in life can prevent chronic disease and behavioral health conditions and promote lifelong health.^[11] Family-centered interventions that assess needs and connect families to health care, early learning, and human services can reduce stress and challenges in the home, and help parents better support and bond with their young children.

Despite this evidence, gaps in services often limit families' access to comprehensive preventive care during the P–5 period. Limited coordination across health, early childhood, and social service systems leads to inefficiencies that burden families, providers, and public and private health care payers. High-quality, coordinated state and local maternal and early childhood systems of care can better connect families to a full range of supports that promote well-being.^[12] CIRS during the P-5 period can identify family needs early and increase efficient referrals to appropriate clinical and community supports.^[13]

Health providers play a critical role in effective CIRS. When health providers connect parents to clear referral pathways and follow-up to ensure receipt of care, families are more likely to access evidence-based services. This coordinated approach leads to improved child development, stronger family functioning, and better long-term health outcomes compared to fragmented or lower-quality care.^[14] In addition, a range of evidence-based models implemented in pediatric and community-based settings have been shown to significantly improve child and family health.^[15] When implemented across a community and guided by family input, these models can help improve population-level outcomes for children and families.^{[16],[17]}

Program requirements and expectations

Application requirements

Successful applicants will demonstrate state, Tribe, or territory leadership and the ability to work across sectors to implement, learn from, spread, and sustain efforts that strengthen early childhood systems for P-5 families. You are expected to:

- Advance and coordinate state-level systems implementation and policy.
- Secure and collaborate with community partners.
- Engage families in program design and implementation.
- Use data to support continuous quality improvement.

- At a minimum, successful applicants will involve these key sectors:
 - Clinical and public health.
 - Early care and education.
 - Human services, including food and housing assistance.

For the purposes of this NOFO, HRSA defines community-level efforts as activities implemented among all P-5 families within a selected community of focus. Your community of focus must be a county, multiple counties, county equivalent(s), or a comparable geographic area for Tribal or territory applicants. You must identify community-specific data sources for your proposed community of focus to establish baseline process and outcome measures, as described below, and to meet annual performance reporting requirements.

A [funding preference](#) will be given to applicants focusing on local implementing communities with high-infant mortality rates.

Core activities

Successful ECCS SEED recipients will accomplish the following:

Core activity 1: Establish or expand Coordinated Intake and Referral Systems (CIRS).

- **Establish new or expand existing CIRS to assess and respond to the needs of P-5 families** - Build referral pathways among health providers and other family-serving systems to improve systems navigation and care coordination for P-5 families.
- **Increase reach** - Establish CIRS within your community of focus and work towards statewide expansion adding new providers each year, particularly health providers.
- **Track and achieve outcomes** - Use CIRS to:
 - Increase screenings of whole family needs.
 - Improve timely child developmental screenings.
 - Monitor referral completion.
 - Improve service coordination.
 - Reduce wait times between intake, referral and service delivery.

Core activity 2: Implement an evidence-based early childhood health and development model.

- **Implement community-wide** - In your community of focus, work with clinical providers and/or public health organizations to implement an evidence-based model that promotes nurturing parent-child relationships, supports healthy child development, and provides preventive education to parents. Examples include Reach Out and Read, Family Connects, and Infant Early Childhood Mental Health Consultation (IECMHC), among others. See [Appendix C](#) for a list of additional models.
 - Implement across multiple settings and providers within the community of focus, in locations familiar to P–5 families, such as homes, community health centers, pediatric practices, WIC offices, or local health departments. Select a model responsive to community needs, informed by family input and local data, and work toward serving all P–5 families within the community of focus.
- **Track and achieve outcomes** – Use the model to:
 - Increase timely well-child visits.
 - Promote child flourishing in P-5 families.
 - Increase the number of parents and their children served by the model.
 - Train, support, and monitor providers to ensure high-quality implementation.

Core activity 3: Lead state-level early childhood systems (ECS) coordination.

- **Provide strategic statewide ECS leadership** – Lead and coordinate statewide early childhood systems efforts to align ECCS SEED activities with broader ECS strategic plans.
- **Engage parent and caregiver leaders** – Engage, train and compensate parents and caregivers with experience navigating early childhood services in program design, implementation, and decision-making.
- **Facilitate ECS cross-sector collaboration** – Bring together statewide ECS partners across health, early care and education, and human services to identify and address systems gaps, reduce duplication and administrative burden, increase efficiency, and improve the care for P-5 families. Use existing early childhood advisory groups when appropriate and include Tribes/Tribal Organizations as applicable. Other example partners are listed in [Appendix B](#).

- **Develop policies and guidelines** – Develop or update state and local administrative policies and guidelines to improve early childhood health and development and P-5 family well-being. Examples include: developing ways to bill for P-5 family services in new settings, establishing governance structures that include paid family leaders, creating incentives for high-quality pediatric medical homes, or developing cross-sector data sharing agreements.
- **Provide Technical Assistance (TA) and use Continuous Quality Improvement (CQI) –**
 - **For CIRS implementation:** Provide TA and CQI to support implementation, expansion, and sustainability of CIRS informed by family and provider experience data.
 - **For community-wide early childhood development model implementation:** Build provider capacity to tailor and implement the evidence-based model effectively, documenting lessons learned to inform expansion and sustainability efforts. Use CQI, including family and provider experience data, to improve timely well-child visits and child flourishing in P-5 families. Engage partners in CQI, including community service providers, families served, model developers (as appropriate), and experts in CQI methods.

Core activity 4: Secure long-term, sustainable funding.

- **Pursue sustainability** - Plan for sustainability early by identifying long-term funding sources to support CIRS and community-based early childhood development models. Potential sources may include state funds, philanthropic or private funding, Medicaid or CHIP, Title V, or MIECHV. See [Appendix C](#) for additional examples of sustainability strategies.
- **Obtain sustainable funding for successful activities** - Throughout award period, transition from ECCS SEED funds to sustainable funding sources to support successful project activities.

Performance measurement, evaluation, and continuous quality improvement

Successful applicants will:

- Set up data collection systems within 6 months of award and confirm baseline estimates with HRSA.
- Maintain robust Continuous Quality Improvement (CQI) and performance measurement to track progress, support accountability, and inform improvements at state and community levels. Identify processes and mechanisms for continuous learning through data-informed quality improvement. This may include:

- Outlining a feedback loop that uses family experiences and outcomes to inform ECCS SEED strategy, administrative policies, model implementation, and resource allocation.
- Using validated tools to track data and inform CQI cycles both statewide and at community levels. See [Appendix D](#) for examples.
- Tracking progress toward all ECCS SEED objectives and outcomes.

Required reporting

You will report progress towards program objectives to HRSA annually through the [Discretionary Grant Information System \(DGIS\)](#).

You will also complete progress reports with qualitative and quantitative elements, and requests for information, as required. **HRSA will provide additional reporting instructions after awarding funds. *Represent questions asked in progress reports.**

You will provide baseline estimates for select measures in your application and confirm or update those estimates within 6 months post award. See the [Performance Reporting and Evaluation](#) for more information.

Performance measures successful applicants will track

Establish or expand CIRS.

- Number of TA activities for CIRS implementation, by audience and method.
- Number of unique families who have used the CIRS.*
- Number of unique providers who have used the CIRS.*
- Number of referral sources represented in CIRS, by type.*
 - Referral source types will be categorized as health, early care and education, and human services.*
- Average amount of time between whole family health screening and referral process through CIRS.*
- Percentage of unique families connected to the CIRS with whole family health needs screened.
 - Whole family health needs will be categorized as health, early care and education, and human services.
- Percentage of children (aged 9–30 months) connected to the CIRS with a timely developmental screening using a validated parent-completed tool, as aligned with [MIECHV](#).

- Percentage of unique families connected to the CIRS with appropriate services received.

Implement an evidence-based model in pediatric or public health settings in your community of focus.

- Percentage of trained providers reporting increased knowledge on the model.
- Percentage of trained providers reporting action steps towards model implementation, collected one-month post-training.
- Number of P-5 families in the community of focus reached via the implemented model.*
- Percentage of children (aged 6 months–5 years) reached via the implemented model that are flourishing, as aligned with the [National Survey of Children's Health](#).
- Percentage of children (aged 0–5 years) reached via the implemented model who received a timely well-child visit, as aligned with [MIECHV](#).

State-level coordination of P-5 ECS.

- Number of guidelines and policies developed and implemented.
- Number of individuals, organizations, and localities implementing guidelines and policies.
- Number of family members engaged in program development and evaluation.

Secure long-term, sustainable funding.

- Percentage of ECCS SEED funding allocated for direct/enabling services or systems-level activities.
- Other sources of funding for ECCS SEED activities and dollar amount secured from each source.
- Number of communities across state reached via CIRS.*

Statutory authority

The ECCS SEED program is authorized by 42 U.S.C. § 701(a)(3) (Title V, § 501(a)(3) of the Social Security Act).

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Participate in the planning and development of all phases of this cooperative agreement.
- Participate, as appropriate, in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects to provide strategic input and support alignment with federal goals.
- Review plans for activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement.
- Assist to support collaboration with federal and state contacts, HRSA-funded grants, and other entities.
- Participate with award recipients in peer-to-peer information exchange and the dissemination of project findings, best practices, and lessons learned from the project.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Work with the federal project officer during the award to refine data and reporting plans to align with the ECCS SEED performance measurement approach.
- Collaborate with HRSA on CQI efforts, including responding to surveys, participating in interviews, and providing other reports upon request.
- Participate in peer networking and other TA opportunities.
- Provide advanced notice of any publications or materials produced, giving the federal project officer the opportunity to review, discuss, and provide input on any publications, audiovisuals, and/or other materials produced as part of the project (drafts and final products).

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
 - Project Budget Information in the [Application Guide](#).
 - [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in the [Two-Tier Application Guide \[PDF\]](#).

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide \[PDF\]](#).

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-057.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

FAQs will be posted on our TA webpage after the webinar with a link to Grants.gov Related Documents tab.

Join the webinar

For more information about this opportunity, join the webinar. More information on the HRSA-26-057 webinar will be posted at a later date to the documents tab in Grants.gov.

We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.



Have questions? Go to [Contacts and Support](#).



Step 3:

Build Your Application

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Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit**?
<input type="checkbox"/> Project narrative	Project Narrative Attachment form	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit**?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	Yes
<input type="checkbox"/> 4. Project organizational chart	Yes
<input type="checkbox"/> 5. Partnerships	Yes
<input type="checkbox"/> 6. Agreements with other entities	Yes
<input type="checkbox"/> 7. Funding preference or priority documentation	Yes
<input type="checkbox"/> 8. Multi-year budgets, fifth year budget	No
<input type="checkbox"/> 9.–15. Other relevant documents	Yes

Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Project Abstract Summary form	With application.
<input type="checkbox"/> Grants.gov Lobbying form	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 40 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments

Font: A readable font like Arial, Courier, CG Times, or Times New Roman.

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables.

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides.

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the [Application Guide](#).

Project narrative

Introduction

See merit review criterion 1: [Need](#)

- State the purpose of your ECCS SEED Initiative, and goals for state/Tribe/territory (referred to as “state” in this NOFO), in alignment with the NOFO [Purpose](#).
- Describe how ECCS SEED funding will help you advance the goals and objectives outlined in the NOFO [Purpose](#).
- Identify your [community of focus](#) and specify if it is a rural community, as applicable.
 - You can determine if a county is rural using [HRSA’s rural eligibility assessment tool](#).
- Identify your key partners statewide and at the community level.
- Provide the estimated number of P-5 families within your community of focus using the American Community Survey (ACS), if available, or another comparable data source if ACS is not available for your community of focus. Use the most recently available data.
- Briefly describe the evidence-based model you plan to implement in your community of focus to improve quality of care for P-5 families, and the community settings you will target for implementation.

Need

See merit review criterion 1: [Need](#)

Needs of P-5 families

- Describe the early childhood health and development needs, and family well-being needs of P-5 families in your state and within your community of focus.
 - Include state- and community-level data on high priority maternal and child health outcomes, relevant vital statistics, demographics, and service receipt, utilization and/or need patterns (including referrals), as available.

- Include state-level estimates of rates for developmental screenings, well-child visits, and child flourishing.
 - Consider using the most current NSCH data as well as data available from the [Title V Information System](#), and [Medicaid Core Set Data Dashboard](#).
- If applicable, describe any specific needs of rural communities you intend to serve.
- If applicable, describe needs and provide data identifying communities with high infant mortality rates if you propose including these areas in your community of focus. See [Attachment 7](#) for more information on funding priority communities.

System needs

- Describe the extent to which these needs are reflected in a statewide early childhood systems strategic plan or needs assessments used to guide state Medicaid/CHIP, Title V or MIECHV activities.

System gaps

- Describe the systems gaps statewide and in your community of focus that affect P-5 whole family needs and child developmental screenings, timely well-child visits, and child flourishing.
- Identify current challenges in your state's early childhood system.

Examples include:

- Fragmented governance.
- Limited CIRS infrastructure.
- Lack of sustainable financing options.
- Underrepresentation of family and community voices in decision-making.
- Gaps in workforce capacity.
- Inefficient or inadequate cross-sector coordination.
- Poor data integration.

Approach

See merit review criterion 2: [Response](#)

Establish or expand Coordinated Intake and Referral Systems (CIRS).

- Describe how you will establish or expand CIRS to improve system navigation and care coordination for P-5 families, including in your community of focus, and work towards statewide reach. Set clear goals for the scaling you aim to achieve for each year of the initiative.

- Describe how your CIRS will increase whole family needs screenings and improve receipt of timely child developmental screenings and assure the CIRS is responsive to families' needs.
- Describe what specific screenings, assessments, and referrals will contribute to whole family needs assessments through the CIRS.
 - At a minimum these should include assessments for parent and child health, early care and education needs, and human services needs.
- Clearly list the providers ([See Appendix A](#)) and service delivery entities that will be included in the CIRS and describe how you will increase the number and types of participating providers, especially health providers, over time, based on families' needs.
- Describe the coordinated data infrastructure that will support the CIRS, and how you will monitor referral completion, improve service coordination, and reduce wait times between intake, referral and service delivery.

Implement an evidence-based model for early childhood health and development.

- State the evidence-based model for early childhood health and development you plan to implement in your community of focus and note in which clinical or public health settings you will implement, as appropriate for the model. Refer to [Appendix C](#) for examples.
- Explain why the model is well suited to local P-5 families' needs, and how you will tailor the model to the community of focus.
- Describe how you will work toward universal, community-wide implementation to reach more families each year of the award. Set clear goals for the scaling you aim to achieve for each year of the initiative.
- Describe how the model will increase timely well-child visits and child flourishing, and how the model will connect families to CIRS to meet their whole family needs.
- Describe how you will learn from implementation of the model in your community of focus and prepare to scale effective model service delivery to other communities.
 - Note whether you plan to expand the model to additional communities during the award period.

Lead state-level early childhood coordination.

- Provide strategic statewide ECS leadership:
 - Describe how you will provide strategic leadership and coordination of state and community maternal and early childhood systems efforts.

- Describe how you will align ECCS SEED activities with broader ECS strategic plans or initiatives, and partner with existing state and local ECS advisory groups.
- Engage parent and caregiver leadership:
 - Describe how you will meaningfully engage, train, and compensate parents and caregivers as leaders in ECS design and program decision-making, including how you will build on or expand existing parent engagement efforts.
- Facilitate ECS cross-sector collaboration:
 - Describe how you will collaborate with statewide ECS partners across health, early care and education, and human services sectors essential to early childhood health and development.
 - Describe your partnerships with Medicaid/CHIP, Title V, MIECHV, and other state partners.
- Develop policies and guidelines:
 - Describe how you will identify state and local administrative policies and guidelines that need to be updated or developed to improve early childhood health and development and P-5 family well-being. Share how you will work with partners to update or develop them.
- Provide Technical Assistance (TA) and use Continuous Quality Improvement (CQI):
 - Describe how you will provide TA to support implementation, expansion, and sustainability of CIRS in your community of focus, and other communities when you expand.
 - Describe how you will build the capacity of community service providers to help them tailor and implement the evidence-based model in your community of focus.
 - Describe how you will use CQI to monitor progress, improve child and family outcomes, and document lessons learned to inform sustainability and expansion.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Provide a work plan timeline in [Attachment 1](#) that includes each major activity that you will use to achieve each of the objectives proposed in the [Approach](#), [Performance reporting and evaluation](#), and [Sustainability](#) section for the entire period of performance.

- Organize your workplan and timeline by project goal or objective and identify responsible staff and partners. Clearly distinguish between statewide and community-level tasks and responsibilities.

Resolving challenges

See merit review criterion 2: [Response](#)

- Identify potential anticipated barriers you may face in this initiative and how you propose to resolve them.
- Specifically consider how you will address possible challenges associated with:
 - Cross-sector collaboration.
 - Partnering with families and community members.
 - Obtaining sustainable funding sources.
 - Providing technical assistance for identified capacity needs.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

- Describe how you will carry out high-quality monitoring and performance improvement for activities both statewide and at the community level:
 - This includes supporting the measurement and CQI capacity of community partners and any related TA or information technology resources you will provide.

Measurement strategy

- Describe how you will begin work with initial community partners in the first 6 months to collect the required measures described in the [Performance Measurement, Evaluation, and CQI](#).
- Provide baseline estimates for the measures listed below. See the [Performance Measurement, Evaluation, and CQI](#) section for more information. Note that you will confirm or update baselines in the first 6 months of the award, so estimates (including 0) are appropriate:
 - Number of P-5 families in the community of focus reached via the implemented model.
 - Number of communities across state reached via CIRS.
 - **If establishing a new CIRS, 0 is acceptable.**
 - Number of unique families who have used the CIRS.
 - **If establishing a new CIRS, 0 is acceptable.**

- Number of unique providers who have used the CIRS.
 - **If establishing a new CIRS, 0 is acceptable.**
- Number of referral sources represented in CIRS, categorized by health, early care and education, and human services.
 - **If establishing a new CIRS, 0 is acceptable.**
- Describe how you will collect accurate child and family outcome data, including:
 - Percentage of children (aged 6 months -5 years) reached via the implemented model that are flourishing, as aligned with the [National Survey of Children's Health](#).
 - Percentage of children (aged 0-5 years) reached via the implemented model who received a timely well-child visit, as aligned with [MIECHV](#).
 - Percentage of unique families connected to the CIRS with whole family health needs screened.
 - Percentage of children (aged 9-30 months) connected to the CIRS with a timely developmental screening using a validated parent-completed tool, as aligned with [MIECHV](#).
 - Percentage of unique families connected to the CIRS with appropriate services received.

CQI and data systems

- Describe your capacity to manage and integrate data across ECS sectors and communities.
- Describe your CQI (e.g., Plan-Do-Study-Act cycles, see [Appendix D](#) for more examples) approach for this project, and how you will engage families and community partners in CQI.
- Describe how you will use real-time data and input from families, providers, and communities to improve your work statewide and at community levels.

Data privacy

- Provide an assurance that data privacy, consent, and cybersecurity protections will be maintained.
 - As applicable, include plans for seeking IRB approval, establishing HIPAA compliance and use of Electronic Health Records for CIRS.

See the [reporting](#) section for more information.

Sustainability

See merit review criterion 4: [Impact](#)

- Describe your plan to sustain successful ECCS SEED activities after the award period.
- Describe how you will align ECCS SEED Initiative design with activities supported by other funding streams to increase the likelihood of sustainability after initial ECCS SEED investment and launch.
- Describe how you will work with key decision-makers to obtain additional, longer-term funding sources over the award period that can support future spread and scale:
 - This may include working with partners that administer other funding streams (i.e. Medicaid/CHIP, Title V, MIECHV, state general funds, philanthropic, and private funds) to establish memoranda of understanding or other funding relationships.
- Highlight any past successes you have had in increasing funding support for ECS activities at the state or community levels:
 - Describe any existing funding you plan to leverage in addition to ECCS SEED funding to support your activities.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

- Describe your organizational capacity to achieve the program goals and objectives described in the [Purpose](#) section and the activities included in the [Program Requirements and Expectations](#) section.
- You'll include a project organizational chart as [Attachment 4](#).
- Include the capacity of your identified community partners to carry out activities identified in your workplan.

Specifically discuss:

Staffing and capacity

- Describe current and planned staffing structure and demonstrate the experience of your organization with similar projects.
- Discuss how you will follow the approved plan outlined in your application, properly account for federal funds, and document all costs to avoid audit findings.
 - If you plan to make subawards or expend funds on contracts, describe the systems and procedures your organization has in place to ensure proper documentation of funds and costs incurred by subrecipients.

- Provide a list of key project personnel, including any proposed partners that will be engaged to fulfill the needs and requirements of ECCS SEED.
 - Briefly describe relevant qualifications, subject matter expertise, and experience of staff and partners to carry out the work.
- Describe how you will secure TA from outside sources to increase your capacity.

Advisory structures

- Identify advisory bodies or stakeholder groups that will guide the initiative (e.g., Early Childhood Advisory Councils, Family Leadership Councils) or plans to engage those groups if you're not already involved.

Partnerships

- Specify any subrecipients and scope of work for any planned subawards, including whether they are a statewide or community-level partner.
- Provide an initial list of existing or anticipated community partners that will implement ECCS SEED activities in [Attachment 5](#).
 - Make a note of each partner's expected timeline for implementing ECCS SEED project activities and a brief summary of their P-5 population reach, as available.
- Include letters of support in the application with key partners (e.g., Medicaid/CHIP, Title V, MIECHV, Tribal entities, family-serving organizations) in [Attachment 6](#).
 - If selected for ECCS SEED, confirmed letters of agreement from partners will be required within 90 days of the project period start date.
 - You may identify additional partners after the award.

Readiness

- Describe your and your partners' readiness to implement and sustain ECCS SEED strategies, including:
 - Leadership capacity.
 - Data system.
 - Existing CIRS infrastructure.
 - Cross-sector partnerships.
 - Sustainable funding sources.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- Provide a narrative that explains the amounts requested under each line in the budget:
 - Specifically describe how each item will support the achievement of proposed objectives.
 - You must submit a budget narrative for each year of the period of performance (Years 1 – 5).
 - If no changes are anticipated for Years 2-5, applicants should clearly state that the budget remains consistent across the period of performance.
- Note that HRSA anticipates allocation of funds to community of focus specific activities will decrease over time as sustainability efforts increase, and as funds shift to support the goal of statewide expansion of CIRS.
- Be sure to include details and justification for the following in the appropriate category(ies):
 - Costs associated with supporting a statewide lead position.

- Costs associated with supporting the engagement and participation of community partners, including other staffing costs such as model developers, family and IT leads, etc.
- Costs associated with securing TA to build capacity.
- Costs associated with supporting the time commitment and other contributions of key partners, including family leaders and community partners including any subawards to external organizations.
- Costs associated with performance monitoring and CQI activities.

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

Attachments

Place your attachments in this order in the Attachments form. See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work plan

Attach the project's work plan. Make sure it includes everything required in the [Project narrative](#) section.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide \[PDF\]](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in Attachment 2.

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

Attachment 5: Partnerships

Provide an initial list of existing or anticipated community partners that will implement ECCS SEED project activities as part of this program. Make a note of each partner's expected timeline for implementing ECCS SEED project activities and a brief summary of their P-5 population reach, as available.

Attachment 6: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

Attachment 7: Funding preference documentation

Provide documents that prove you qualify for Servicing Areas with High Rates of Infant Mortality funding preference.

See the [selection process](#) section for information about how these documents are used.

Attachment 8: Multi-year budgets, fifth year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit; however, any related budget narrative does count. See Section 3.1.4 of the [Application Guide](#).

Attachment 9-15: Other relevant documents

You may use attachments 9 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project Abstract Summary form	With application.
Grants.gov Lobbying form	With application.

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the community of focus you plan to serve. For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



Step 4:

Understand Review, Selection, and Award

In this step

Application review	<u>42</u>
Selection process	<u>47</u>
Award notices	<u>48</u>

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide](#). The members use these criteria.

Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Identifies the community of focus and whether it is rural.
- Clearly states the purpose and goals of the proposed initiative in alignment with ECCS SEED objectives, and how well the purpose and goals reflect the needs of P-5 families.
- Demonstrates a clear understanding of the early childhood health and development and family well-being needs of P-5 families in the state and the community of focus.
- Provides an estimated number of P-5 families in the community of focus.
 - Cites American Community Survey (ACS) or a comparable most recent data source.
- Demonstrates an understanding of the current landscape, including state and community gaps in early childhood systems, cross-sector collaboration, and engagement of family and community leaders and input.
- Identifies system gaps and identifies current challenges in the state's early childhood system.

Criterion 2: Response (30 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenge](#) sections.

The panel will review your application for how well it demonstrates a strong approach to gaps identified in the [Need](#) section and proposes solutions to identified challenges.

Criterion 2(a): Approach (25 points)**Criterion 2(a.1): Coordinated intake and referral systems (8 points)**

- CIRS:
 - Describes actionable and realistic plans to establish or expand CIRS in the community of focus and work toward statewide reach.
 - Identifies providers that will be included in the CIRS, especially health providers, and has a strong plan to increase the number and types of providers that participate over time.
 - Describes how the CIRS will increase whole family needs screenings and timely child developmental screenings and respond to families' needs.

Criterion 2(a.2): Evidence-based model (8 points)

- Evidence-based model for early childhood health and development:
 - Describes actionable and realistic plans to implement an evidence-based model in clinical or public health settings in the community of focus that is well-suited to family and community needs and will be scaled community-wide.
 - Describes how the model will increase timely well-child visits and improve child flourishing outcomes.
 - Demonstrates a strong plan to capture lessons learned from model implementation in the community of focus and using them to prepare for future spread and scale into other communities.

Criterion 2(a.3): Lead state-level early childhood coordination (9 points)

- Lead state-level early childhood coordination:
 - Describes plans to provide strategic ECS leadership, align with existing ECS efforts, facilitate cross-sector collaboration, and develop and update policies and guidelines to support P-5 families.
 - Describes plans to meaningfully prepare and engage family representatives as leaders in ECS design and program decision-making.

Criterion 2(b): High-level work plan and resolving challenges (5 points)

- Work plan:
 - Includes a [high-level work plan](#) that includes major activities used to achieve each of the objectives proposed in the Approach section.
 - Distinguishes clearly between state and community responsibilities.
- Anticipated barriers:
 - Identifies likely implementation barriers and proposes reasonable solutions.

Criterion 3: Performance reporting and evaluation (20 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for how well it demonstrates the resources necessary to carry out high-quality monitoring and performance improvement and proposes activities that will build the CQI capacity of community partners.

Evaluation

Criterion 3(a): CQI and data systems (6 points)

- Provides a clear plan for CQI, and strong use of input and data from families, providers and communities to inform the work statewide and at community levels.
- Provides a strong approach to support data integration across ECS sectors and communities.

Criterion 3(b): Data privacy (4 points)

- Provides an assurance that data privacy, consent, and cybersecurity protections will be maintained.

Performance measurement

Criterion 3(c): Measurement strategy (10 points)

- Includes strong plans for baseline data collection and alignment with required ECCS SEED measures described in [Performance reporting and evaluation](#).
- Outlines effective plans for timely and accurate collection of performance data, including whole family needs screenings and child developmental screenings among families served by CIRS.
 - This includes timely well-child visits and child flourishing among families served by the evidence-based model.

Criterion 4: Impact (15 points)

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for how well it shows the proposed activities will have a lasting impact and be financially sustainable:

- Proposes a reasonable plan to sustain successful ECCS SEED activities after the award period.
 - Describes how ECCS SEED Initiative design will align with other funding streams that could support the work after initiative launch.

- Demonstrates an understanding of other longer-term funding sources that could support spread and scale of ECCS SEED activities, and the ability to influence funding decisions to obtain additional funding.
- Develops a compelling statewide strategy for scaling successful CIRS efforts, with clear annual growth goals throughout the performance period.

Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which it demonstrates the organizational capacity and readiness of core team (staff and leadership) and key partners to effectively carry out the proposed work, and:

- Describes appropriate capacity, qualifications, and experience to effectively carry out the work, including oversight of federal funds.
- Provides a reasonable strategy to engage advisory bodies or stakeholder groups.
- Demonstrates strong existing partnerships or capacity to build them with key stakeholders (e.g., Title V, Medicaid, family-serving organizations).

Criterion 6: Support requested (5 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine the budget and budget narrative are reasonable, well-justified, and aligned with ECCS SEED goals and objectives described in the [Purpose](#):

- Clearly supports program activities across state and community levels.
- Justifies support for key personnel, family and community partners, TA, data collection, CQI, and CIRS infrastructure.
- Demonstrates understanding of federal fund management and subrecipient oversight.
- Reflects an appropriate shift in resource allocation over time (e.g., heavier front-end investments in community-level support, increasing sustainability in later years, etc.).
- Provides a budget narrative for Years 1–5.
 - For later years, highlights changes from Year 1, or states that there are no changes.

We do not consider **voluntary cost sharing** during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Funding preferences

This program includes funding preferences, based on Servicing Areas with High Rates of Infant Mortality. If we determine that your application meets these criteria, we will move it up in our ranking of fundable applications. Qualifying for a funding preference does not guarantee that you will receive funding.

Servicing areas with high rates of infant mortality

Qualifications to meet the funding preferences:

Qualification 1: Service of areas with high infant mortality rates

You can request funding preference if:

- The community of focus you select has infant mortality rates higher than either the state or national average, as measured by the [CDC Wonder Linked Births/ Infant Death Records data](#) of deaths of children under 1 year of age.
- Your community of focus includes multiple counties, the weighted average infant mortality rate across those counties must be higher than either the state or

national average.

- You are a Tribe or U.S. Territory and CDC Wonder data is not available for your community of focus, you may provide commensurate data from a governmental vital records agency to meet the funding preference.
- You provide your response in [Attachment 7](#). Please limit your response to one page.

If your organization does not propose rates or activities related to the funding preference, you can indicate “Not applicable” on [Attachment 7](#) and you will not receive the funding preference.

Other

Only one eligible entity per state or jurisdiction will receive an award under this funding opportunity. An exception shall be made for Tribes, including Tribal governments and Tribal organizations, in states or jurisdictions where another type of eligible organization receives an award to ensure best use of resources and geographic spread.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5: Submit Your Application

In this step

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Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Application deadline

You must submit your application by 07/10/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the [Application Guide \[PDF\]](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide \[PDF\]](#).

Have questions? Go to [Contacts and Support](#).



Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.



Step 6: Learn What Happens After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with HRSA mission and strategic priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account

for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- Harm reduction” models.
- Housing-first approaches..
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities:

To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and conditions of this award. This includes termination under [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
<p>Implementing, acquiring, or upgrading health IT for activities funded by any entity.</p>	<p>Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.</p> <p>Visit to 45 CFR 170, Subpart B learn more.</p>
<p>Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act.</p>	<p>Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.</p> <p>Visit ONC Health IT Certification Program to learn more.</p>

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- **DGIS performance reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where you will report annual performance data to us. You will submit a DGIS Performance Report annually, by the specified deadline.
 - To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at link. The type of report required is determined by the project year of the award’s period of performance. You can see the full OMB-approved

reporting package at [Discretionary Grants Information System](#) on our website (OMB Number: 0915-0298 | Expiration Date: 12/31/2026).

- DGIS forms:
 - Project abstract
 - Financial form
 - Direct & enabling services
 - Engagement of persons with lived experience
 - Technical assistance
 - Guidelines & policy
 - Knowledge change
 - Behavior change
 - Form 10

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	August 1, 2026 to July 31, 2027 (administrative data and performance measure projections, as applicable)	Period of performance start date	90 days from the available date
b) Non-Competing Performance Report	August 1, 2027 to July 31, 2028 August 1, 2028 to July 31, 2029 August 1, 2029 to July 31, 2030 August 1, 2030 to July 31, 2031	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	August 1, 2030 to July 31, 2031	Period of performance end date	120 days from the available date

Please see [Performance measurement, evaluation, and continuous quality improvement](#) section for more details.



Contacts and Support

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Agency contacts

Program and eligibility

Division of Home Visiting and Early Childhood Systems

Maternal and Child Health Bureau

Attn: Early Childhood Comprehensive Systems SEED

Project: Scaling Effective Early Childhood Systems Development (ECCS SEED)

Health Resources and Services Administration

HomeVisiting@hrsa.gov

301-443-1440

Financial and budget

LaToya Ferguson

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

lferguson@hrsa.gov

301-443-1440

HRSA Contact Center

Open Monday through Friday, 7 a.m. to 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

Appendices

Appendix A: Glossary

Frequently used acronyms

- **CIRS:** Coordinated Intake and Referral System
- **CQI:** Continuous Quality Improvement
- **ECCS SEED:** Early Childhood Comprehensive Systems: Scaling Effective Early Childhood Systems Development Initiative
- **MCH:** Maternal and Child Health
- **MIECHV:** Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- **P-5:** Prenatal-to-age-5
- **TA:** Technical Assistance
- **Title V:** Title V Maternal and Child Health Services Block Grant

Important terms

Child flourishing: For the purpose of this NOFO, “child flourishing” is defined as the consistent presence of positive developmental and relational experiences in early childhood, including: (1) feeling safe and emotionally connected to caregivers; (2) showing curiosity and interest in learning; (3) demonstrating the ability to recover from everyday challenges; and (4) expressing positive emotions and enjoyment in daily life. Child flourishing emphasizes not only the absence of risk factors, but the proactive promotion of secure relationships, resilience, and healthy developmental trajectories that support long-term health and school readiness. <https://nurtureconnection.org/child-flourishing-a-critical-indicator-for-erh/>

Community-level: For the purposes of this NOFO, HRSA considers community-level efforts to be activities implemented locally within a community of focus rather than statewide.

Coordinated (or centralized) intake and referral systems (CIRS): A single place or process, or a set of interconnected processes, that provides an individual or family with information about available resources and supports, screens for specific needs, and facilitates referrals to programs and services that are the best fit for those needs. CIRS (also known as centralized access points) can also connect families to services and facilitate care coordination and other information exchange across service providers/organizations. CIRS often carry out common shared tasks across organizations, including community outreach and recruitment, screening and assessment,

determination of fit, and referral to comprehensive services. They vary in scope and reach and may be housed either within one central entity that screens and refers all individuals or throughout various agencies with connected referral systems.

Early childhood health and development Refers to activities, resources, and/or services for both the child and caregivers that positively impact a child's healthy development in the early years. Healthy and positive child development emerges best in the context of nurturing, positive, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness.

Early childhood system: An organized, purposeful group that consists of interrelated and interdependent partners and subsystems working together to develop seamless systems of care for children from the prenatal period to kindergarten entry and their families. An early childhood system brings together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders, families, and other stakeholders—to achieve agreed-upon goals for thriving children and families. These systems help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way. (For more information, see [Understanding Systems Building](#).)

Early relational health: Early relational health is an emergent term for the capacity to develop and sustain safe, stable nurturing relationships, which in turn prevent the extreme or prolonged activation of the body's stress response systems. Healthy and positive child development emerge best in the context of nurturing, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness.

Family: For the purposes of this NOFO, the term “family” means custodial and non-custodial primary caregivers, inclusive of pregnant women and their partners; biological parents, adoptive, and kinship caregivers; and their children from birth through age 5.

Family engagement: Family engagement refers to individuals who are involved in a range of activities that engage families in the planning, development, and evaluation of programs and policies at the community, organizational and policy level.

Family leadership: Occurs when families are engaged as valued partners and their input is heard, understood, and influential in decision-making. The involvement and leadership of families in early childhood systems efforts acknowledge that personal experiences fill knowledge gaps and increase the accountability of systems to the families and communities they serve.

Prenatal-to-age-five (P–5): For the purposes of this NOFO, the population including children through age 5 (including prenatal development), and their families (including pregnant women and parenting individuals).

Provider: For the purposes of this NOFO, the term “provider” refers to professionals and paraprofessionals who provide health and human services to P-5 families such as: psychologists, social workers, infant mental health professionals and infant/early childhood mental health consultants, public health nurses, nurse practitioners, midwives, infant and early childhood home visitors, traditional medicine practitioners, birthing/obstetric, pediatric, family medicine, primary physicians and allied health professionals, community health workers, doulas, promotoras, care coordinators, parent/peer educators, and early intervention and early learning professionals.

Rural: HRSA defines the following areas as rural: Non-metropolitan counties; Outlying metropolitan counties with no population from an urban area of 50,000 or more people; Census tracts with RUCA codes 4-10 in metropolitan counties; Census tracts of at least 400 square miles in area with population density of 35 or fewer people per square mile with RUCA codes 2-3 in metropolitan counties; Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties.

State/tribe/territory-level recipients: Inclusive of each state of the United States, the District of Columbia, each territory or possession of the United States, and each federally recognized Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304)).

Sustainable: Systems changes, services or capacities that are built to last, rather than temporary due to funding constraints, lack of incentives, or structures that do not produce permanent connections.

Technical assistance (TA): Provide a range of supports (e.g., individualized consultation, group learning, peer exchange) and prioritize all relevant audiences such as family-serving providers, public health and early childhood agencies, Tribal organizations, and family leaders.

- Examples of TA Activities may include:
 - Supporting implementation of models that promote family health, mental health, and early childhood development, ensuring fidelity to the model and adaptation to local needs.
 - Supporting community partners in reviewing referral data and strengthening CIRS processes.
 - Building leadership skills among parents and caregivers involved in early childhood systems.

- Offering tools and guidance to help community teams carry out continuous quality improvement (CQI) and measure outcomes (e.g., family experience, system navigation, access to services).

Universal: For the purpose of this NOFO, “universal” refers to all families receiving care from any family-serving provider will be offered services and/or resources through the selected evidence-based early childhood health and development model.

Whole family: For the purpose of this NOFO, “whole family” refers to an approach that addresses the needs, strengths, and well-being of both the child and their caregivers together. This includes integrating supports for child health, development, and flourishing with services that promote caregiver physical and mental health, economic stability, and parenting capacity. Whole family approaches recognize that child and caregiver well-being are interdependent and that coordinated, cross-sector supports lead to stronger, healthier families and improved lifelong outcomes.

Appendix B: Recommended partners

Recommended partners include, but are not limited to, the following:

Partners for CIRS implementation*	
<i>*Includes Community-Level Partners, as appropriate</i>	
Primary Care Associations (PCAs)	Federally Qualified Health Centers (FQHC)
Community Health Centers (CHC)	Quality Improvement Initiative Leads
Rural Health Centers	Managed Care Organizations (MCOs)
School-Based Health Centers	Accountable Care Organizations (ACOs)
Area Health Education Centers (AHECs)	Migrant Health Centers
Academic Health Centers	Pediatric Practice Networks
Reach Out and Read Affiliates	Pediatric Residency Programs
County Health Departments	HealthySteps Hub Organizations
Cross-Sector Early Childhood Systems Hubs and/or Initiatives	Tribal Health Services/Indian Health Service
Health Quality Improvement Organizations	Community/Regional Health Systems
Early Childhood Champions	Safety Net Hospitals and Clinics
Help Me Grow Affiliates	State & Local Chapters of Professional Organizations

State/tribe/territory-level partners

Medicaid & CHIP State Agencies	MIECHV/Tribal MIECHV Programs
Other State/Tribe/Territory Agencies or Entities that support Recommended Partners	State Departments of Health & Mental Health
State Primary Care Offices	Title V
Centralized/Coordinated Intake & Enrollment Initiatives	Early Childhood Advisory Council(s) including for ITCP , TPEC , and/or other ECS awards, as applicable
Early Childhood Integrated Data System Leads	Tribal Consortiums/Tribal Agencies
Family Leadership Organizations/Councils	Tribal Early Learning Initiative (TELI)
IDEA Part C Interagency Coordinating Council	Infant Early Childhood Mental Health Consultation, Pyramid Model, or aligned initiatives
Head Start Collaboration Offices	State Departments of Education

***Community-level partners**

Adult Education and Family Support	Home Visiting
Child Welfare	Housing
Diaper Banks	Legal Aid
Domestic Violence	Mental/Behavioral Health
Early Care and Education	Nutrition, including WIC/SNAP, Lactation, Breastfeeding
Early Childhood Systems Initiatives	Other Human Services
Early Intervention	Service Coordination
Family and Community Representation	Family and Early Childhood Programs Serving American Indian and Alaska Native Communities
Funders	Substance Use
Urban Indian Organizations	

Appendix C: Early childhood health and development models and resources

A variety of effective evidence-based models and resources exist to promote healthy early childhood development and family well-being. The following list highlights selected models and resources for use in early childhood systems, pediatric settings, and community-based public health programs.

This is not an exhaustive list, and inclusion does not constitute endorsement by HRSA. However, the models listed below are included based on their demonstrated capacity to advance ECCS SEED key child and family outcomes.

System-building and care coordination model

- [**Help Me Grow \(HMG\)**](#): A national model that connects families to community-based developmental and behavioral services through centralized access points and system-wide collaboration.

Models for clinical and public health settings

- [**Family Connects**](#): A universal nurse home visiting model supporting families of newborns through comprehensive, community-linked care and referrals during the early postpartum period.
- [**Indigenous Triple P**](#): Enables providers to tailor their delivery of the Triple P program to suit American Indian and Alaska Native families.
- [**Infant and Early Childhood Mental Health Consultation \(IECMHC\)**](#): A mental health promotion evidence-based approach that partners mental health professionals with family-serving providers in a variety of early childhood settings to strengthen their ability to support children's mental health and caregiver capacity for positive parenting.
- [**Play & Read – Video Interaction Project \(VIP\)**](#): An evidence-based program implemented during well-child visits. Uses videotaped parent-child interactions and coaching to promote shared reading, pretend play, and routine-based learning opportunities.
- [**Promoting First Relationships**](#): An evidence-based program for service providers to help parents and caregivers nurture young children's healthy emotional development.
- [**Reach out and Read**](#): A national early literacy program embedded in pediatric care, particularly well-child visits. Clinicians encourage families to read aloud together, supporting brain development and strengthening caregiver-child bonds.

- [Triple P](#): An evidence-based parenting program that gives parents simple and practical strategies to help them build strong, healthy relationships.

Guidelines, toolkits, and national resources

- **Bright Futures**: Guidelines for health promotion, prevention, and clinical supervision across infancy through adolescence.
 - [Bright Futures Clinical Practice](#)
 - [Bright Futures in States & Communities](#)
- [CDC: Learn the Signs. Act Early](#): Developmental monitoring tools for parents and healthcare providers to promote early identification of developmental delays.
- [CDC: Essentials for Childhood](#): Framework for preventing child abuse and neglect and promoting safe, stable, nurturing relationships.
- [Tribal Early Childhood Research Center \(TRC\)](#): The TRC promotes early childhood research in partnership with American Indian and Alaska Native (AI/AN) communities. It collaborates with AI/AN Head Start, Home Visiting, Child Care, and TANF leaders, researchers, and federal partners to strengthen culturally relevant, community-led approaches.
- [Brazelton Touchpoints](#): An evidence-based professional development program that assists family providers in engaging families more effectively through a strengths-based mindset and by partnering with them during the critical and challenging periods of child and family development.

Appendix D: Selected data, CQI tools, and resources for alignment

This appendix highlights selected frameworks, data sources, and tools that can support cross-sector alignment, measurement, and CQI efforts in early childhood systems, particularly in the context of CIRS development and broader systems integration. These resources may be useful for assessing population needs, identifying system-level gaps, aligning services across sectors, and strengthening partnerships with core early childhood stakeholders. This list is not exhaustive.

Systems alignment and performance frameworks

- [Children's Health Care Quality Measures](#): Includes CMS's Core Set of Children's Health Care Quality Measures, useful for aligning early childhood health priorities with Medicaid and CHIP programs.
- [CSSP's Early Childhood Systems Performance Assessment Toolkit \(Version 3.3\)](#): Developed by the Center for the Study of Social Policy, this toolkit helps assess and strengthen early childhood systems performance through continuous improvement and cross-sector coordination.
- [Indian Health Service \(IHS\) Statistics](#): Offers national and regional health statistics specific to American Indian and Alaska Native populations, including maternal and child health indicators.
- [MIECHV Program Benchmarks](#): The Maternal, Infant, and Early Childhood Home Visiting Program tracks benchmark areas in 19 areas including improvements in maternal, newborn, and child health, improvements in coordination and referrals for other community resources and supports, and improvements in school readiness and child academic achievement.
- [Title V Information System \(TVIS\)](#): Provides state-level performance and outcome measures related to maternal and child health, including early childhood health and development indicators.
- [Tribal Early Childhood Research Center \(TRC\)](#): TRC offers publications and tools developed in collaboration with tribal early childhood programs to support culturally relevant research, evaluation, and systems-building.

National early childhood and family data sources

- [Head Start Family and Child Experiences Survey \(FACES\)](#): A national study that collects data on the development, well-being, and early learning experiences of children in Head Start, as well as program quality and family engagement.
- [National Survey of Child and Adolescent Well-Being \(NSCAW\)](#): A longitudinal study examining the functioning, service needs, and outcomes of children involved with the child welfare system.
- [National Survey of Children's Health \(NSCH\)](#): Provides national- and state-level data on children's physical and emotional health, family environments, and access to care.

Partnership and continuous quality improvement tools

- [Breakthrough Impact \(through IHI Breakthrough Series\)](#): Structured collaborative learning model that brings teams together to test, share, and scale best practices to achieve rapid, measurable improvements.
- [IHI's Model for Improvement](#): Framework that guides teams to set clear aims, select meaningful measures, and test change ideas to drive measurable system-level outcomes.
- [Lean Six Sigma](#): Data-driven improvement methodology that combines Lean principles (reducing waste) and Six Sigma (reducing variation) to enhance quality, efficiency, and outcomes.
- [PARTNER Tool \(Program to Analyze, Record, and Track Networks to Enhance Relationships\)](#): A social network analysis tool that measures and maps relationships between partners to strengthen collaboration and system-building.
- [Plan-Do-Study-Act \(PDSA\) Cycle](#): A CQI method used to test, refine, and implement changes in systems and service delivery through small, rapid cycles. PDSA is widely used in early childhood, health, and public health systems to promote data-informed action.
- [Wilder Collaboration Factors Inventory](#): A validated self-assessment tool to assess the strength of collaboration among organizations in a coalition or partnership.

Endnotes

1. For the purpose of this NOFO, “child flourishing” is defined as the consistent presence of positive developmental and relational experiences in early childhood, including: (1) feeling safe and emotionally connected to caregivers; (2) showing curiosity and interest in learning; (3) demonstrating the ability to recover from everyday challenges; and (4) expressing positive emotions and enjoyment in daily life. Child flourishing emphasizes not only the absence of risk factors, but the proactive promotion of secure relationships, resilience, and healthy developmental trajectories that support long-term health and school readiness. <https://nurtureconnection.org/child-flourishing-a-critical-indicator-for-erh/> ↑
2. United States Department of Agriculture’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). ↑
3. For the purposes of this NOFO, HRSA considers community-level efforts to be activities implemented locally within a community of focus rather than statewide. Your community of focus should be a defined geographic area and may be a county, municipality, health or service planning area, rural area, or another designation used to geographically differentiate populations and allocate resources. ↑
4. Donney, J. F., Ghandour, R. M., Kogan, M. D., & Lewin, A. (2022). Family-centered care and flourishing in early childhood. *American Journal of Preventive Medicine*, 63 (5), 743–750. <https://doi.org/10.1016/j.amepre.2022.06.015> ↑
5. Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2006). *Early childhood interventions: Proven results, future promise*. Rand Corporation. ↑
6. Anderson, L. M., Shinn, C., Fullilove, M. T., Scrimshaw, S. C., Fielding, J. E., Normand, J., ... & Task Force on Community Preventive Services. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine*, 24 (3), 32–46. ↑
7. <https://policycentermmh.org/app/uploads/2025/05/MMH-Fact-Sheet.pdf> ↑
8. Lages, E. M., Da Silva, M. A. M., Soares, F. C., & Munhoz, T. N. (2025). The Impact of Maternal Depression on Early Parenting: A Systematic Review. *Harvard Review of Psychiatry*, 33 (4), 179-190. <https://doi.org/10.1097/hrp.0000000000000434> . ↑
9. Spielberger, J., Gouvêa, M. & Rich, L. (2012). Improving School Readiness: A Brief Report from the Palm Beach County Family Study. Chicago, IL: Chapin Hall at the University of Chicago. [Improving_School_Readiness_DP_09_20_12.pdf](https://www.chapinhall.org/sites/default/files/2012-09/Improving_School_Readiness_DP_09_20_12.pdf) ↑
10. <https://www.cdc.gov/maternal-infant-health/infant-mortality/index.html> ↑
11. Schultz, Dana et al. (2024), ‘An Assessment of Help Me Grow Western New York’s Progress Toward Strengthening Early Childhood Systems’ *Rand health quarterly* 2, 12 (1). ↑
12. Association of Maternal & Child Health (AMCHP) Programs, & National Institute for Children’s Health Quality (NICHQ). (2017). Early childhood developmental screening and Title V: Building better systems. <https://www.nichq.org/resource/early-childhood-developmental-screening-and-title-v-building-bettersystems> ↑
13. Schultz, Dana et al. (2024) ‘An Assessment of Help Me Grow Western New York’s Progress Toward Strengthening Early Childhood Systems’ *Rand health quarterly* 2,12 (1). ↑
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15. See [Appendix C](#) for evidence-based models implemented in clinical and public health settings that demonstrate capacity to advance intended ECCS SEED child and family health outcomes. [↑](#)
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