Funding Announcement Overview

The National Quality Improvement Center on Family-Centered Reunification (QIC-R) is led by The Institute for Innovation and Implementation at the University of Maryland School of Social Work and includes the following partners: Children and Family Futures, Tribal Law and Policy Institute, Youth MOVE National, and the Center for the Study of Social Policy. The QIC-R is funded by the U.S. Department of Health and Human Services, Administration for Children & Families' Children's Bureau (CB) through grant #90CZ0029-01-00. The purpose of the QIC-R is to install, implement, and evaluate selected practices and interventions in local implementation sites (LIS) with the goal of supporting the timely, stable, and lasting reunification of families by preserving, nurturing, and strengthening parent-child relationships and supportive community connections and resources.

The target population for the QIC-R is children in foster care with a goal of reunification and the parent(s) or other family members with whom they will be reunified. The QIC-R represents an opportunity to reshape child welfare through a focus on community- and family-level strengths and challenges to improve well-being for both children and parents and achieve lasting reunification and permanency. The QIC-R uses a framework grounded in implementation science and, in partnership with the CB, will identify five to seven LIS to implement evidence-based, evidence-informed, or promising approaches or practices that are inclusive of comprehensive, culturally responsive, trauma-informed, and individualized services for youth in foster care and their families. The QIC-R will work with sites to develop implementation, evaluation, and sustainability plans in order to create systemic change and promote comprehensive, holistic, family-centered reunification services and supports; ensure that foster care programs and families serve as a support to, not a substitute for, parents and biological families; support children in achieving stability while experiencing foster care; and comprehensively assess and address the needs of children and families through an inclusive array of services and localized family supports within communities of origin while addressing specific focus areas.

The QIC-R will provide high quality, responsive, individualized, and flexible technical assistance to support implementation and sustainability of family-centered reunification practices. LIS will engage in a quality learning collaborative designed to enhance implementation and provide opportunities for peer-to-peer and cross-site learning sessions. The QIC-R will conduct an in-depth evaluation, in partnership with the sites, including site-specific and cross-site process and outcome findings. The QIC-R will create written products and produce webinars, an online course, animated shorts, and a video series based on the findings and lessons learned. The QIC-R will disseminate broadly their findings and resources. Their evaluation findings will inform the development of a catalogue of best practices and interventions that will include the protocols, tools, and products that are necessary to scale up and replicate the interventions. The QIC-R will build a body of knowledge based on effective engagement, services, and interventions to support family-centered reunification for and with youth in foster care and their families.

Glossary of Application Terms

Adaptation: Making slight changes to a practice while maintaining fidelity to the core elements of the intervention to improve fit with client, organization, and/or system characteristics. Conversely, it is often the case that service systems and organizations need to adapt to the delivery standards of an evidence-based practice to support implementation and sustainment with fidelity.

Children and Youth: For the purpose of this application and program, children and youth are individuals from infancy through young adulthood who are still in the care of a child welfare agency.

Data Manager: Data Managers are established at each site and have a minimum of 20% effort assigned to the project. The Data Manager is the primary point of contact for all activities related to the site's data and evaluation. They are trained by the QIC-R Evaluation Team on how to collect, enter, and submit all data for their site (including administrative data, process data, surveys, and fidelity data as appropriate). The Data Manager is also responsible for coordinating all logistics associated with data collection, data management, and data de-identification. On a minimum of a monthly basis, Data Managers will submit their data to the Evaluation Team, who will then review and clean the data. If there are questions or discrepancies, the Evaluation Team will have data cleaning calls as needed with the Data Manager. The Data Manager is responsible for coordinating the resolution of any issues identified or discussed on these calls.

Evidence-Based Practices (EBPs): Practices designed for prevention or treatment that are validated by some form of documented scientific evidence. This includes findings typically established through controlled clinical studies. EBPs typically have a defined curriculum or describe a set of services that, when implemented with fidelity, have been validated by scientific evidence.

Evidence-Informed Practices (EIPs): Practices using the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

Family: For the purpose of this application and program, family is defined as the unit of parent(s) and children and youth (including siblings) who have a goal of reunification. Family may be defined more broadly and the QIC-R would defer to the tribe's definition of family.

Family-Centered Practice: A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes.

Fidelity: The extent to which an intervention is implemented as intended by the designers of the intervention. Fidelity refers both to the implementation of the intervention components and activities and to whether they were implemented in the intended manner.

Integrity: The extent to which an intervention is implemented in a way that thoughtfully accommodates local needs and circumstances while remaining true to the intervention's core ideas, to ensure that improvements in practice are in line with what is known to be effective.

Intervention: A combination of practices, program elements, and strategies designed to produce behavior changes or improvements among individuals, an entire population, and/or organizations and systems.

Lived Experience: Knowledge and expertise gained from personal experiences. In this application and project, parents with lived experience include those who have directly experienced the child welfare system. These parents may have had their child removed from their custody or experienced connections to the system more broadly. Youth with lived experience have directly experienced the child welfare system and specifically foster care. Parents and youth with lived experience have gained insights and expertise in the child welfare system based on their personal experiences. Foster parents have gained unique knowledge and expertise from personal experiences and will be important partners in your work. Their lived experience should be considered unique from the experience of biological family.

Local Implementation Sites (LIS): Selected child welfare agencies that lead the local implementation process, work directly with the QIC-R, and participate in the quality learning collaborative.

Parent(s): For the purpose of this application and project, parent(s) are the individuals who are often birth parents with guardianship of their child(ren) prior to removal. This definition also includes others such as kin who are parenting and have guardianship of the child(ren) at the time of removal.

Purveyor: An individual or group of individuals who have designed an intervention or practice model that is implemented with fidelity.

Promising Approaches or Practices: Programs and strategies that have some scientific research or data indicating positive effects in delaying untoward outcomes, but do not have enough evidence to support generalizable conclusions.

Quality Learning Collaborative (QLC): An initiative in which teams of peers from selected Local Implementation Sites come together to learn, implement, study, and apply quality improvement methodology to the topic of family-centered reunification.

Reunification: For the purpose of this application, reunification refers to reuniting children and youth in foster care with the parent(s) from whom they were removed. This also may include children and youth who were removed from and will be reunified with a non-parental caregiver; those caregivers will also receive services and will be included in the target population.

Eligible Applicants

Eligible applicants are limited to state governments, county governments, and federally recognized American Indian/Alaskan Native tribal nations with responsibility over foster care services. This competition is limited to the named entities because of the purpose of this grant: to support the timely, stable, and lasting reunification of families by preserving, nurturing, and strengthening parent-child relationships and supportive community connections and resources, including through the meaningful engagement of birth parents, foster families, youth, alumni of foster care, and other stakeholders. Therefore, QIC-R grantees need both the access and authority to assess and make changes in child welfare agencies and workforce practices. A designated state or county government, or tribal nation will lead the project as the primary applicant.

Primary applicants are encouraged to contract with private agency contributors as strategic partners to add additional expertise where child welfare services are provided in such partnerships. However, the inclusion of independent sub-awardees is prohibited (i.e., your subcontractor can be a vendor that provides expert services, but it cannot independently manage part of the work). Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for or receive awards under this announcement.

The applicant is expected to be the lead agency, directly managing every aspect of the work, and may not subcontract this responsibility to another entity. The application must designate the lead staff person from the applicant agency. Each partnering agency must demonstrate recognition of and commitment to the applicant as the lead agency. The application also should identify designated lead staff from each partnering agency.

As primary applicants, child welfare agencies should lead and coordinate efforts between any strategic partners and ensure continuous communication, training, and technical assistance from the QIC-R. In addition, primary applicants must show multilevel support from agency and government leadership. The QIC-R team understands that there are many cultural overlays and adaptations that must be taken into consideration when selecting sites. To provide equitable opportunity for both tribal and non-tribal applicants, we will not compare tribal applications to non-tribal applications.

Expectations

Conceptualizing the Approach

The LIS will identify, select, adapt, implement, and collect data on evidence-based, evidence-informed, and/or promising programs and interventions that are intended to improve outcomes related to family-centered reunification practices. In this proposal, child welfare agencies should describe their approach to improving outcomes related to family-centered reunification practices. The approach may include direct practice level interventions (e.g., clinical interventions, child welfare practice interventions) and system level interventions (e.g., workforce training, structural, policy, system partnerships).

At least one intervention must be a direct practice intervention for families aimed at addressing the needs of children, youth, and/or parents and caregivers to support reunification. These interventions must be measured at the child/caregiver level. Applicants may include additional interventions that are aimed at addressing systemic changes. The QIC-R has researched and drafted _Family-Centered Reunification in Child Welfare: A Review of Best Practices_, a document that LIS can use to guide the selection of interventions. LIS are not required to select interventions highlighted in the document but will need to describe why their selected intervention(s) were chosen and be able to adequately respond to related application questions.

The applicant's approach must address at least **four of the seven focus areas** listed below:

1. Child welfare systems' philosophy and culture related to working with birth families and parents with children in foster care

2. Comprehensive assessment of family needs with meaningful input by parents, relatives, significant family supports, and children and youth

3. Provision of timely and tailored in-home and out-of-home biological family/family of origin services that intentionally support reunification **through collaborative practice with other service providers** that intentionally support reunification and **ensures the service array**

4. Preparation of foster families that promotes and demonstrates parental support and engagement, shared-parenting and development of meaningful connections

5. Development of reunification-centered resources and services in the neighborhoods and communities of origin and where reunified families will live

6. Maintaining children's important connections by providing foster care services in their neighborhoods, keeping them in the communities and schools of origin, and facilitating participation in activities of interest that children not in foster care can enjoy

7. Comprehensively addressing both child and parental well-being, including trauma related to removal and temporary placement in foster care

Quality Learning Collaborative

All selected LIS are required to participate in the QIC-R National Quality Learning Collaborative (QLC) process. Through the QLC process, LIS are supported through an implementation science framework using data to adapt and refine interventions over time with the ultimate goal of producing manuals for replication in other child welfare agencies. Additionally, the QLC supports LIS in building their local collaborative capacity, and technical assistance will be provided to LIS using the Collaborative Practice Model (CPM). CPM is an adaptable framework that includes tools and tailored technical assistance to support LIS in building local collaborative capacity with stakeholders such as substance abuse treatment agencies, the court system, mental health providers, and several other community partners whose resources can help achieve child welfare outcomes.

The QLC process will begin immediately following the announcement of the awards and will continue through September 29, 2025. During these four+ years, LIS are supported by the QIC-R through responsive technical assistance, monthly tailored webinars and learning opportunities, monthly implementation team meetings, centralized data analysis, quarterly reports for all interventions, and bi-annual, two-day collaborative learning sessions (one in-person and one virtual each year).

Each LIS selects an implementation team to participate in the QLC comprised of six to eight participants who represent the key roles and functions necessary to successfully advance identified intervention(s) and supports. These individuals must include executive leaders with decision-making ability; youth leaders who are currently involved in or are recent alumni of the foster care system; parent leaders with lived experience; and the Data Manager/evaluator position. Additional team members may include child welfare staff who provide services and supports; partner organizations; community providers; court professionals; foster parents; intervention purveyors; interventionists; community stakeholders; elders; natural helpers and healers; and other community stakeholders who support tribal sovereignty and cultural responsiveness from a holistic lens. The implementation team may evolve over the course of the project.

Parent and Youth Partnership

Each LIS is expected to meaningfully partner with youth and parents with lived experience in their planning, implementation, institutional analysis, and evaluation processes. Your application should demonstrate that the youth and parent partners are in roles which have clearly defined responsibilities, decision-making capacity, share mutual accountability and responsibility across the team, and have leadership opportunities throughout the life of the project. This level of partnership requires youth and parents in roles with clearly defined responsibilities and your application should reflect your organization's capacity to fully support youth and parents with lived experience in these roles. Ideally, these youth and parents are co-designers of your proposal. Foster parents have gained unique knowledge and expertise from personal experiences and will be important partners in your work. Their lived experience should be considered unique from the experience of biological family/family of origin, but it is also important to include throughout the components of the project.

Institutional Analysis

The first QLC activity is participation in an Institutional Analysis (IA) conducted by the QIC-R team. Following the notification of award, the QIC-R will begin the process of scheduling the IA with each site. The IA is an examination of practices, policies, and agency infrastructure to help identify underlying beliefs or concepts that may create systemic or deep-seated barriers to implementing a particular practice. The IA, led by CSSP, helps the LIS understand how features of the child welfare agency and its partners shape the supports provided to and approaches used with families. The information gathered is utilized as part of the readiness assessment and to inform the LIS's implementation and individualized technical assistance plans. Here you will find more information on what to expect during an IA.

Evaluation

The QIC-R evaluates each site independently while incorporating multiple cross-site process and evaluation components to assess the best practices implemented throughout the sites. The evaluation is tailored to cultural and community factors as appropriate. Utilizing a Formative Evaluation process, the QIC-R evaluation team serves as the centralized, coordinating entity for the evaluation of each LIS and provides expertise in implementation, evaluation, and child welfare research. The QIC-R evaluation team works with each LIS to design and implement the most rigorous and feasible evaluation plan and logic model and collaborates with each LIS to support the implementation and evaluation of evidence-based, evidence-informed, or promising practices, programs, and interventions to help build evidence of effective family-centered reunification practices. The LIS is required to identify and fund a local Data Manager to support the evaluation process. The Data Manager works as a liaison with the LIS team and the QIC-R evaluation team.

Funding

Upon the execution of a mutually binding contractual agreement between the LIS and the University of Maryland, Baltimore, the QIC-R provides funding to accepted LIS to support the implementation of proposed interventions. **This funding amount varies depending on the number of LIS selected.** LIS receive five years of funding, with year one funding serving as startup support to implement proposed strategies. LIS may include between **$70,000 and $100,000 for year one** and between **$140,000 and $200,000 in years two through five** in their proposed budgets. LIS are responsible for using this funding allocation to support project personnel, purveyors, interventionists, project supplies, stipends, etc. The QIC-R covers costs of travel to QLC learning sessions and will cover the costs of consultation from experts as needed.

Primary applicants are encouraged to contract with private agency contributors as strategic partners to add additional expertise where child welfare services are provided in such partnerships. However, the inclusion of independent sub-awardees is prohibited.

Immediately following the notice of award, the University of Maryland, Baltimore will request final budgets and budget narratives and will begin the contracting process. TA will be provided during this process as needed to finalize the agreements. See sample contract language and budget templates here.

Required Application Components

This section outlines the required submission components for your main project narrative and budget.

- Title Page
- Abstract (400 words or less)
- Narrative (Sections A-D)
- Project Organizational Chart
- Budget
- Budget Narrative
- Letters of Commitment from Partners

All applications must be received by May 7, 2021 by 11:59 PM ET

Applicants should email their application to: qicreunification@ssw.umaryland.edu

Please keep Section 1 (Project Narrative) of this application to 30 pages or less.

Title Page
Name of Project:

Please indicate if you are applying as a:

County_____ State _____ Territory _____ Tribe _____

A. Contact Information (Person completing the application form on behalf of the lead child welfare agency)

Name:

Title:

Organization/Tribe:

Address:

Phone number:

Fax number:

Email address:

Organization/Tribe's website:

B. Key partner(s) participating in this application

Name:

Title:

Organization:

Address:

Phone number:

Fax number:

Email address:

Organization website:

Name:

Title:

Organization:

Address:

Phone number:

Fax number:

Email address:

Organization website:

Abstract

Your abstract should be no more than 400 words. It should include the project name, brief description of your approach, partners/stakeholders involved, population to be served, project goals, and intended outcomes.

Section 1: Project Narrative

I. **Need and Population (10 Points)**

   a. Describe the geographic area in which the intervention(s) will be implemented (urban, suburban, rural, tribal, county, city, state, etc.).

   b. Describe the demographic makeup of children and youth in foster care served in the tribe, state, county, or region that is the focus for this application. Tribes may not currently be collecting these data. If you do not collect data requested below, provide the data you are currently collecting. Please provide as much of the following data as possible:

      i. Number of children and youth in foster care

      ii. Age, race, sexual orientation, gender identity of children and youth in foster care

         1. Please describe any data-based racial disproportionality of the children and youth in foster care

      iii. Age, race, sexual orientation, gender identity of parents of children and youth in foster care

         1. Include largest group entering into care by age, race, gender identity, sexual orientation

         2. Include largest group not reunifying by age, race, gender identity, and sexual orientation

      iv. Average number of days children and youth spend in foster care annually

      v. Average number of placement moves experienced by children and youth in foster care annually

      vi. Placement types children and youth in foster care with the goal of reunification would experience and the average number of children and youth in those placement types annually

      vii. Average number of youth with a permanency goal of Another Planned Permanent Living Arrangement (APPLA)/emancipation annually

      viii. Average number of children and youth placed outside of their county

      ix. Percentage of children, by age and race, who have length of stays less than 90 days

      x. Re-entry data (based on previous length of stay if possible)

      xi. Reasons for removals (types) on entry (including substance use disorders, mental health disorders)

      xii.   Termination of Parental Rights/Non-reunification based on removal type (reasons/what's standing in the way)

      xiii.   Age by reason for removal

      xiv.   Types of permanent placement other than reunification with parents

      xv.   Service types received by children and parents to support reunification

c.   Are there any areas related to reunification that you do not have data on, but would like to collect data in the future?

d.   Describe family-centered reunification supportive practices, policies, etc. that your agency and systems partners have implemented including the following:

      i.   What do you believe has been successful? What has success looked like? What has facilitated the success?

      ii.   Are there additional efforts you are currently working toward?

      iii.   What barriers have you encountered and how have you attempted to overcome/minimize the barriers?

      iv.   What have you attempted that has not been successful, and why?

      v.   What have your state/county/tribe systems partners implemented related to family reunification?

      vi.   What collaboration with other system and community partners to improve your reunification outcomes have you experienced (include local housing authority, if applicable)?

      vii.   What policies related to family visitation/family contact (frequency, time, supervision, child developmental stages) do you have that support family-centered reunification?

      viii.   What safety/risk/strengths/needs assessment models does your agency use?

e.   Describe the local needs of youth in foster care with a goal of reunification and the parent(s) with whom they are going to be reunified, as well as how these local needs were identified.

f.   Describe why and how participation in the QIC-R will enhance the quality and cultural responsiveness of services and supports for reunifying diverse youth with their families in your area.

II. Intervention Model (20 Points)

a.   Describe your intervention(s) and approach

      i.   Describe why you selected your intervention model based on local needs and any supportive measures already in place.

b. Describe how you will address a minimum of four of the seven focus areas below through your approach:

   i. Child welfare systems' philosophy and culture related to working with birth families and parents with children in foster care;

   ii. Comprehensive assessment of family needs with meaningful input by parents, relatives, significant family supports, and children and youth;

   iii. Provision of timely and tailored in-home and out-of-home biological family/ family of origin services through collaborative practice with other service providers that intentionally support reunification and ensure the service array

   iv. Preparation of foster families that promotes and demonstrates parental support and engagement, shared-parenting and development of meaningful connections;

   v. Development of reunification-centered resources and services in the neighborhoods and communities of origin and where reunified families will live;

   vi. Maintaining children's important connections by providing foster care services in their neighborhoods, keeping them in the communities, early care and education, and schools of origin, and facilitating participation in activities of interest that children not in foster care can enjoy; and

   vii. Comprehensively addressing both child and parental well-being, including trauma related to removal and temporary placement in foster care and parents' service needs.

c. Describe the specific outcomes of your identified interventions.

d. Describe the roles and commitments of system and community partners in the interventions that you selected.

e. Describe the evidence-based, evidenced-informed program(s), or promising practices and intervention(s), including tribal best practices, that you will consider implementing to reach the identified outcomes of selected focus areas.

   i. Provide any research and literature available on the effectiveness of identified interventions.

   ii. Describe instruments/measures that will be used in assessing the fidelity of proposed intervention(s), if available. (We recognize that some proposed interventions may not have fidelity instruments, and the QIC-R will work with LIS in developing these over time.)

   iii. Describe how you will maintain the integrity of the implementation and accountability to clients. This could include utilizing the right staff, constantly assessing the results that are being achieved, and making course corrections as necessary.

f. Describe any existing tailored services provided to meet the specific needs of children, youth, and their parent(s) or relatives with a goal of reunification.

   i. How will you leverage any existing services, practices, and/or partnerships around family-reunification in your site?

   ii. Describe how the child welfare agency and provider program(s) will support families to care for their children in their own communities while maintaining and strengthening connections.

III. Implementation Plan (20 Points)

a. Describe your readiness and the feasibility of your implementation plan in consideration of the following local implementation factors. Please include challenges, opportunities, and how your plan integrates into or builds on current work.

   i. Resources (examples: leveraging of funding, staffing structures, partnerships, match, etc.)

   ii. Capacity (examples: infrastructure; roles and responsibilities of lead agency and system and community partner agencies; day-to-day operations; staff time to support youth and parent partnership in implementation team)

   iii. Collaboration with system and community partners (including current and proposed linkages and any memoranda of agreements in place)

   iv. Use of data to inform decision-making

b. Describe the specific details of implementing your selected intervention(s), including:

   i. Population of focus

   ii. Estimated number of children and youth who will be served over the life of the project

   iii. Eligibility criteria

   iv. Referral mechanisms

   v. Partners and stakeholders

   vi. Workforce development strategies

c. Describe your strategies for integrating interventions within current policies, programs, and practices, and your plans to develop systemic change.

d. Describe your strategies for implementing interventions within 120 days of receiving QIC-R funding. We understand that these timeframes may be challenging for some sites. If you are not able to implement services within 120 days, please explain anticipated barriers and provide an updated timeline, which may include a phased approach.

e. Describe how the identified partners will work together in a manner that is seamless to families to support successful implementation.

f. Describe how children, youth, parents, and families will be engaged as partners to inform the design, implementation, evaluation, and oversight of your interventions. Describe how they will be supported by agency leadership to engage in the work throughout the duration of the project. Please include strategies for financially compensating youth and parents including FTE support and stipends.

g. Describe all additional funding sources and existing infrastructure that will support the implementation of the proposed interventions.

h. Describe the impact that the COVID-19 pandemic has had on your reunification outcomes and practices.

i. Describe a plan for sustainability after the termination of QIC-R support.

IV. Evaluation Feasibility and Capacity (20 Points)

a. Describe your organization's local evaluation capacity and its commitment to collaborating with the QIC-R Evaluation Team for evaluation research, including the identification of a local Data Manager (at least 20% FTE).

b. Describe your continued quality improvement process and how your agency will modify interventions based on data analysis and findings over the course of the project.

c. Proposed evaluation plan

 i. Indicate ability to access and collect data. Data sources may include one or more of the following: child welfare administrative data, Medicaid claims, workforce data, surveys and focus groups/interviews conducted at multiple time points, program-specific data, and other administrative data.

 ii. Please indicate your ability to collect and shared de-identified data with the QIC-R. Please describe any anticipated barriers and your strategies for addressing these barriers.

 iii. Describe the proposed sampling strategy (i.e., who are you going to recruit to receive services in your identified intervention(s), and how are you going to do that?).

 iv. Describe data collection procedures and processes for ensuring confidentiality.

 v. Describe any IRB or human subject regulatory procedures specific to your agency, site, state, or tribe that apply. Your agency may not have a formal IRB but will have a process for ensuring that youth involved in research projects are protected. As relevant, describe your team's experience in working with these regulatory groups and any potential challenges that may arise.

V. Local Implementation Site Commitment to the QIC-R (20 Points)

a. Describe the agency and system partner organizations' commitment to the values and principles of family-centered planning, positive youth development, cultural and linguistic humility and responsiveness, and family- and youth-driven care. Please include any relevant information on how lessons learned have impacted your agency's commitment.

b. Describe the process for accessing complete case files and giving records to those outside the agency. (NB: This is a required component of the Institutional Analysis.)

c. Describe the agency's ability to contract and enter into a mutually binding contractual agreement with the University of Maryland.

    i. [This is a sample of the UM contract language](). It will be expected that applicants share this sample with their contracting body to review and ensure that language negotiations will be possible. If there are concerns about contractual language, this should be noted in the application. We provide this sample during the application process to ensure a more streamlined contracting process if a site is selected, which will allow for a more efficient implementation and transfer of funding.

d. Describe the long-term level of commitment from leadership within the child welfare agency and provider partners to family-centered reunification.

e. Describe LIS commitment to actively participate in the QIC Learning Collaborative and other meetings.

    i. Describe LIS capacity for five to seven key implementation staff (including youth and parent partners) to travel to in-person learning sessions four times over the course of the grant. The QIC-R will cover travel costs; travel will only occur when it is deemed safe by tribes, local state and federal guidelines.

    ii. Describe LIS commitment to learn from and share practice, policy, and organizational lessons with peers through the learning collaborative process.

    iii. Describe LIS commitment to cross-site data sharing to promote learning and implementation enhancements.

Section 2: Personnel, Organizational Chart, Budget, and Supporting Documentation

VI. Key Personnel (5 Points)

a. Identify key personnel who will implement the proposal, including individuals responsible for collecting data and working with the QIC evaluation team.

b. Describe the roles and FTE of each of these key personnel.

c. Describe the hiring agency for these key personnel.

d. Describe who will be part of the initial LIS implementation team for the QLC.

e. Provide a Project Organizational Chart.

    i. Diagram of proposed staffing illustrating relationships between child welfare agency director, partners, and LIS implementation team members.

VII. Budget and Budget Narrative (5 Points)

a. Provide a detailed budget for your funding request that minimally includes:

    i. Personnel FTE and salary/benefits.

    ii. Materials/supplies/stipends.

    iii. Arrangement with each strategic partner, including each partner's budget, narrative, and scope of work.

    iv. [Here](#) is a budget template.

b. Provide a budget narrative describing how the funding will be applied.

VIII. Additional information

a. Provide letters of commitment from named partners in the proposal.

b. Please feel free to send us any additional information that would demonstrate what your site brings to this application process (e.g., brochures, policies, videos, pictures, interviews, training curricula, etc.). For each item of supplemental information included, please provide information on its purpose, intended audience and dissemination approach. This section is not required; however, it allows reviewers to further assess local site capacity. You may reference and attach additional materials to the application submission email.