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**Alabama Council on Human Relations (ACHR) Continuation Application-Year 4 FY22**

**A. GOALS: Describe additions, deletions, or revisions to your Program Goals, Measurable Objectives, and Expected Outcomes that since last year’s application; reasons for changes. If no updates or changes have occurred, include a sentence to that effect.**

**1. Summary of program goals and objectives, progress/outcomes and challenges.**

A form with more detail is included in the appendices.

<b>Program Goals</b>	<b>Measureable</b>	<b>Progress/Outcomes</b>	<b>Challenges</b>
1: The Program will increase capacity of E/HS staff to recognize and appropriately assist children and families who are in trauma, affected by substance abuse problems, domestic violence, and similar issues including special needs.	Use of Conscious Discipline training for all E/HS staff	Purchased 10 session overview online course, also purchased Infant/toddler online course series for staff to access from their computers, and an SEL online course for adults—all with multiple seats. One Center Educator and a Mentor Teacher attended 7-day Conscious Discipline Institute to bring back information to share.	Because of COVID, we were unable to train our entire E/HS staff as planned. We are hoping for spring 22.
	Assist staff with resources	Children’s books around trauma purchased for use in staff training on trauma and trauma sensitive care	Have not been able to complete the related training due to COVID concerns (want a hands-on training)
	Locate and utilize additional resources available to provide quality services for individual children who have special needs.	Purchase sensory items for classroom kits as well as weighted blankets and animals to help children with special needs.	Related survey not complete as other things have taken precedence during COVID
2: The Program will support E/HS families that are in or approaching crisis and continue to support them until they no longer need it, reject the support, or leave the program.	Identify children & families who are in or approaching crisis.	Revised the family engagement summary (FES). It was distributed to families via hard copy and Survey Monkey. All FEA’s and Parent Educators use it; information gathered is entered in Child Plus.	Allows privacy for parents answering questions; they seem to respond more honestly. Through resulting goal setting and discussions, trauma often is identified. Have worked on new resources for referrals for families in need of help.
	Involve more parents in active family engagement research-based classes/trainings that meet E/HS regulations	Began July 21 using Ready4K Txt tool; 3 dev. appropriate parenting text/wk to parents.  Holding weekly parenting classes via Zoom including	There has been a learning curve in set-up of this program; parents also have had a learning curve.  Have had fairly good parent participation via Zoom.

<b>Program Goals</b>	<b>Measureable</b>	<b>Progress/Outcomes</b>	<b>Challenges</b>
		on ACES and resilience and social and Emotional connections	Want to improve on that and return to some in person – hugs needed.
3. The Program will continue efforts to enhance children’s school readiness.	Many of the objectives were about things like increasing outside participation in school readiness committee		Everyone was so busy with COVID-related concerns/ decision making that this has not happened. Nov. 2021 scheduled event with 2 of 4 school systems participating on committee by zoom (expected 3).
	Continue to improve children's school readiness - focus on self-regulation/social skills and higher order thinking and cognition.	Staff worked with parents via phone, Zoom, text, etc. Issued tablets with learning programs for children including Hatch Ignite. We used Facebook, YouTube videos. Parents/children participated very little in Ignite despite teachers asking parents to encourage children to use it. Participation was better on Facebook and Tube activities.	The children’s outcome scores dropped a little on the measures we were able to do, but they did fairly well considering COVID stress. We are proud of our classroom staff and parents – but have work to do going forward.
4. The Program will increase access to and documentation of health events	Improve documentation of immunizations/well child checks, dental	The Imprint System has been helpful. Some pediatricians used telehealth if shots were not needed. Staff updated the list of pediatricians and pediatric dentists in our areas. This list was distributed to all Early/Head Start parents as well as posted on Facebook.	Again, a challenge then – and now. Because of the back-log it is hard to get appointments. Staff cautions parents not to miss a medical or dental appt.
5. The Program will continue efforts to find a location in eastern Russell County because of population shifts.	Current information shows the need is there.	Until recently, we believed we had found a good location; after much effort, determined the partnership was not viable.	Must continue to search for and find a suitable, affordable, location available long-term in an area where there are not a lot of options.
6. The Program will further improve Children’s attendance/ timeliness	Review attendance tracking and current process for signing children in/out to determine if there are more efficient ways to make tracking faster and	July 21 We implemented a bar code scanning system that scans attendance directly into the ChildPlus System.	There was/is a learning curve and there still are some technical glitches in the ChildPlus scanning system. We believe part of it will resolve when a planned up-grade to

Program Goals	Measureable	Progress/Outcomes	Challenges
	easier while maintaining accuracy		internet speed is complete. There is also user error. If someone double scans, thinking it did not take, child appears to be absent. Staff has learned to check the classroom before calling a parent. That is NOT a time saver.
7. The Program will insure the agency continues to meet its growing in-kind requirement.	Increase sources and improve documentation of donated time and goods (In-kind).	One activity was to more regularly up-date website and Facebook page to let people know how they can help, thank donors and let them know they make a difference. We have done this. We also updated volunteer forms to make them quicker/easier to complete.	Getting enough NFS is a big challenge; the grantee owns all E/HS facilities. We searched for and found a location in rural Russell (above) with the thought that renting would help with NFS. In the end, the projected costs to the program, up-front but also on going, far outweighed any in-kind we could have gained.
8. The Program will improve staff ability to work with those whose native language is not English.	Locate additional resources for foreign language speakers, find resources to translate more documents into Spanish, and, when there are several families who speak a language other than English or Spanish, into other languages.	During this period we have gotten all parent orientation forms translated into Spanish. Holding firm with two education staff who speak Spanish. We put information on the benefits of bilingualism on the website. Our website translates into 12 languages (with the option to translate into more as needed).	Unsuccessful in finding a qualified Home Visitor or FEA who speaks Spanish. This summer we did a Facebook query for bilingual volunteers who could call in during parent orientation- got responses saying we should pay for this service. Disheartening to think that is the only type of response we got. Also a concern from perspective of NFS, which was the reason we asked for volunteers.
9. The Program will continue to improve ways of communicating with parents including expanding parents' electronic access to and interest in materials.	Improve rapid group and individual communication with parents; continue texting information to parents (through ChildPlus) and explore other avenues like blogs, Gmail chats for potential use.	We now are using multiple avenues– Texting (usually from ChildPlus), ACHR website, Facebook, and You tube. Parents have responded well to these modes. Staff has increased skills in these areas during COVID as well as frequency of use. Now have 926 followers on Facebook. This year, 29,221 people interacted with content on our Facebook page.	Lack of affordable/reliable internet access, especially in rural areas is an issue for some families.

<b>Program Goals</b>	<b>Measureable</b>	<b>Progress/Outcomes</b>	<b>Challenges</b>
	Continued to improve ACHR's YouTube channel; created and uploaded variety of videos useful to parents and linked others. During this period the YouTube Channel increased from 5 videos to more than 130.	During COVID, staff made many videos -activities for children (53 videos created), staff reading books to children (62 videos), exercise videos (4 videos), cooking activities (3 videos). A video series about how to fill out Parent Orientation forms since staff were not doing face-to-face orientation with parents. Playlists were created on our channel, including linked videos from other agencies and resources (including Conscious Discipline, OHS, and HighScope) that can help our families and children.	Staff finding enough time to keep everything current and interesting.
10. The Program will improve staff retention to increase quality of program services and reduce the need for repetitive training	Evaluate the work environment to find ways (working within regulations and child needs) to make it more inviting to employees.	Provided individual support and discussion via phone, text messaging and interfacing apps. Plan to start doing these in person again on a routine basis, even if some are virtual to keep staff informed and provide another avenue of support.	Difficult to find the time to do all of the things we would like to do to support staff, especially individually.
	Creatively improve human resources functions to make information more understandable, accessible to staff to support staff retention.	Created new staff survey, beginning use. Beginning to schedule exit interviews to gather data.	Finding qualified classroom staff and other positions, even bus aides, is a major challenge. Reasons include ongoing increase in Pre-K programs, COVID, and our low salaries compared to those in the area (high due to lack of employees in every job type). We must find a way to increase salaries, without decreasing staff. We need every position we have.
11. The Program will work in partnership with other programs in the community and with law enforcement to reduce the violence and crime that is	Offer information to families about safety at home.	Began August 2021-offering parenting classes virtually (safe sleep, shaken baby, Adverse Childhood Experiences (ACE), Parental Resilience, Social	With COVID could not work toward the objectives that included in-person meetings.  We find the time to

Program Goals	Measureable	Progress/Outcomes	Challenges
growing rapidly in our areas.		and Emotional Connections. Beginning in October 2021- offering parenting classes on Self Awareness and Self Defense techniques. Programs Coordinator connected Opelika Mayor Police Department in a collaborative effort to reduce gun violence in the neighborhoods surrounding Darden Center. There has been a great improvement during the past six months.	continue to reach out and partner in various ways to decrease violence in our area.

**2. School Readiness Goals**

Copies of EHS and HS School Readiness goals are uploaded in the appendices. As indicated in the chart above, our children’s outcome scores dropped a little on the measures we were able to do, but they did fairly well considering the problems caused by COVID. We are proud of the efforts of our classroom staff, our education support staff and the children’s parents in working together to help children continue to learn under challenging circumstances.

**B. SERVICE DELIVERY:** describe rationale for changes or updates. If none, include sentence to that effect. Describe any challenges and how program is working to address those challenges.

**1. Service and Recruitment Area**

**Challenges:** Recruiting in Russell County continues to be a challenge because of the location of the facility ACHR owns, which 25 years ago was in the midst of an area full of young families living in poverty. That is no longer true. Many opportunities for employment closed or moved out of the area, so younger residents moved to be closer to employment. We will continue to search for another facility.

Because of the conversion approved last year, we are adding EHS classrooms and serving

fewer Head Start children at Darden Center. Due to COVID there have been supply chain problems so completing the work for the conversion has become a challenge. As one example, we were notified that playground equipment for the new EHS area that was expected in July or August would not arrive until January 2022. DHR will not license the area until required equipment arrives, installed, inspected and approved.

## **2. Needs of Children and Families**

During this period when there have been, and still are challenges due to COVID, obviously the needs of children and families, as well as staff have changed some. Because of the actions of the government (extra funding in LIHEAP, additional unemployment benefits and so on) and the generosity within the community (Food Bank and so forth) most families had the essentials.

**Challenges:** It is the uncertainty, caused by constant changes that have caused angst. For example, only a few weeks ago, a resurgence of COVID in our area caused many problems, including the need for some children and staff to quarantine, thus again disrupting in-person services. It has been harder than usual for families (and our staff) to plan. Our mental health provider has been offering additional assistance as needed and we increased the scope of the recently signed contract to be sure that the needs of children, families and staff can be covered.

Additionally, children need stability. Our challenges in being able to recruit and retain enough qualified staff, are not helping children with stability.

## **3. Chosen Program Option(s) and Funded Enrollment Slots**

Our Head Start program runs on two schedules. We provide a duration schedule for at least 45% of our Head Start children (121 required; serve up to 125). Seven Head Start

classrooms at Darden Center and at least 13 children in an Edelman Center classroom follow the duration schedule (204 five-hour days which is 1020 hours). King Center classrooms (108 children) and two Edelman rooms (34) follow the original Head Start schedule (160 5-hour days; 800 hours).

When the conversion is complete, our Early Head Start program will have 13 classrooms (ten at Darden Center in Opelika serving 80 children and three at Edelman Center in Hurtsboro serving 24 children in Russell County. Home Based Educators serve an additional 88 children in the two counties.

**Challenges:** As mentioned above, we were unable to finalize the partnership with a church near the edge of Phenix City to provide space for our Russell County E/HS children closer to where families now live and work. Based on the need for EHS services in Russell County, we had planned to place the two EHS classrooms we received in our initial conversion at that location. While we were planning and negotiating the agreement, the children were served home based. Fortunately, when it began to look like the agreement might not work out, we began to plan space for those children in the new EHS area at Darden. As a result, when we are licensed and can open, the new area will have five EHS classrooms. We must search again for space to the east in Russell County. However, we are pleased to say that with a great recruitment effort this year that although we have a small wait list, Edelman, our Russell County Center in Hurtsboro, currently is fully enrolled.

#### **4. Centers and Facilities**

**Challenge:** We were granted a conversion last year and are in what should have been the final stages of reworking Head Start indoor and outdoor space to serve additional EHS children and families. Everyone is very excited about the opportunity for families with

infants/toddlers.

Unfortunately, some items required for the new area to be licensed by DHR will not arrive on time (supply chain problems). Additionally, we are having difficulty recruiting sufficient staff because of the increase in starting pay in our area due to shortages of persons in almost every job type. There are help wanted signs everywhere. We know we can resolve these things resolved, but it is a challenge.

## **5. Eligibility, Recruitment, Selection, Enrollment, and Attendance**

**Challenges:** Currently we have challenges in recruiting and attendance, especially at Edelman Center in Hurtsboro in rural Russell County. Several times in the early 90s, representatives of the Hurtsboro Mayor and City Council contacted ACHR asking us to provide Head Start services there. Hurtsboro was a small community, with many families living with low incomes there and in the surrounding area. Eventually we agreed, applied for and were awarded a grant. We were able to open Marian Wright Edelman Center in Hurtsboro in 1996.

Over the years, the area lost jobs, and people began moving away. The nearby elementary school closed in 2011. Our most recent full Community Assessment (2018) showed the population shift, and that has continued. In 2019 we began searching for a location for our classrooms further east, toward Seale (it has an elementary school) or Phenix City. We almost had an agreement this past year, but it did not work out. We are trying again. At this time, Edelman Center is full, but we do not have a waiting list. In rainy weather, our attendance drops because some families live on long narrow roads that are not safe for our buses to travel.

## **6. Education and Child Development**

**Challenge:** The challenge we have in recruiting and retaining sufficient qualified staff,

and the too frequent need to train new staff instead of being able to spend more time on in-depth staff training has an impact on the ability of classroom staff to support children's learning. There are no updates or changes.

## **7. Health**

**Challenge:** It is always a challenge to obtain the well-child documentation for our children. Parents forget to get it during the visit; pediatrician's offices do not have time to provide it later in a timely manner. With COVID, this has been and still is, an even greater challenge. Offices were closed for months, pediatricians are still playing "catch-up" and if a parent misses an appointment it is difficult to schedule another. There are no updates or changes.

## **8. Family and Community Engagement**

**Update:** Because of COVID, Family Engagement staff (and Home Based Educators) found it necessary to become more creative in order to recruit children. Normally, word of mouth has been sufficient, but with COVID, that was not happening as much. With the help of some of our creative staff, including educators, creation of yard signs, table covers, T-Shirts for staff and parents, and other items with our logo and information about E/HS were created. As the community began to offer limited events, staff began attending and doing distanced recruiting.

## **9. Services for Children with Disabilities**

### **Challenges**

#### **a. Children who have severe social/emotional challenges.**

Although they do not count as children who have disabilities, we have a large number of children who have considerable social/emotional concerns. Our intervention/

behavior specialist is assisting teachers, as is our contracted mental health provider. In some cases that is not enough. Some children in this group would do better and be less disruptive in the classroom if they had a dedicated staff person of their own, but funds do not allow that, nor can we find persons to hire. In addition to being better for the child(ren) it would reduce stress to staff, and might help lessen staff turnover.

We are trying to be creative and find university students in a related field to spend part of their day in one of these classrooms. Of course, to do so they have to be vaccinated and provide the documentation required by DHR (same as for staff).

**b. Meeting the required 10% of children with disabilities.**

We have multiple challenges in this area. One is finding enough skilled teachers to work in HS and EHS due to pay and national employment challenges. Even with training/supports, teachers working with severely challenged children find working with some of these children very stressful day-to-day when trying to provide high quality services for all children.

Now that the LEAs we work with have preschool classrooms in the school systems for children with disabilities alongside typically developing children, frequently when we refer a child to an LEA for evaluation, the least restrictive environment determined by them is the LEAs preschool classroom. Therefore, we lose children in that group before the IEP is completed.

Additionally, the cut off score for an LEA to label/serve a child with a disability is higher in Alabama than in surrounding states, leaving some children who need supportive speech/language, developmental delay, and similar services to be ready to go to kindergarten without benefit of services from the LEA based on an IEP/IFSP.

Fortunately, our area has several providers, many of whom will accept Medicaid, so we are able to obtain services for these children, but they do not count towards our 10%.

Most parents of children in this group have been willing to help access services for their children to help their children succeed long-term.

## **10. Transition**

**Challenges:** With COVID the past two years, transition has been more of a challenge. Normally, after parents have completed all of the paper work required for a child's entry into Early Head Start or Head Start, the child's teacher makes a transitional home visit to meet both the child and the parent(s). During that visit, the teacher talks with the parent to learn what the child is especially interested in, what makes the child angry or frustrated and so forth. Also during that visit, the child begins to get to know the teacher. The family is given an ACHR booklet, "Going to Preschool," that describes a day at the center to read many times to the child. That helps the child know what to expect in the classroom and on the playground. If we know that the child has special needs and will need extra attention in the classroom, often our Intervention/Behavior Specialist goes with the teacher to get to know the child and parent and sometimes begins to make plans with the parent. In these ways, in most years, the children have smooth start in the center because they know their teacher, and the teacher knows something about them.

Because of COVID concerns, transition visits in late fall of 2020 were held either virtually (Zoom) or by phone and the parents received the booklet during the orientation document exchange at the car. Unfortunately, by the time we were opening in 2021, COVID was again a problem and transition visits were done in the same way. We will be glad when teachers are able to return to doing a normal transition visit because the phone or Zoom visits do not

provide the child, parent and teacher with a smooth a transition.

Normally each spring staff arrange field trips to most receiving elementary schools for our Head Start children who will be attending kindergarten at that school in the fall. Because of COVID, we were unable to provide those transitional visits in spring 2020 nor in spring 2021.

## **11. Services to Enrolled Pregnant Women**

**Challenges:** Finding enough reasonably affordable dental care for our prenatal participants is normally a challenge, with COVID, it is a greater challenge. There are no updates or changes.

## **12. Transportation**

**Change:** Normally our busses carry 22 to 29 children with two to three aides. With distanced seating required by COVID, we can seat only 14 children on a bus. Additionally, with the 12<sup>th</sup> child, in Alabama, two aides with at least a GED or HS diploma are required. Before COVID, that was not a problem. Currently finding qualified employees is difficult. Despite having many applications (most from persons without a diploma or GED), sometimes we cannot find the second aid for a bus. Because of the distances in the rural areas, most of the buses cannot double route and get the children to/from the center at a reasonable time.

**Challenge:** Transportation is an expensive part of the program, and we are aware many Head Start programs no longer transport children. During sequestration in 2013, our transportation manager was out sick. The coordinator provided training for drivers and mentioned that we might have to drop or drastically reduce our transportation program. The drivers were silent. Then one spoke up and said, “We have CDLs and we will get jobs. But the children we pick up in the county and their families are in great need.” Heads nodded. The Coordinator said, “I have driven in some of those areas – there are cars parked in yards.”

The response was “Yes, but most don’t move – they don’t run.” Another said, “Some families don’t have enough gas for every day.” That situation continues in our counties, so though it is tempting to drop transportation to be able to increase staff salaries, we have not.

**C. GOVERNANCE, ORGANIZATIONAL, AND MANAGEMENT STRUCTURES -** describe rationale for changes or updates; include examples. If none, include sentence to that effect. Describe any challenges and how program is working to address those challenges.

**1. Governance**

We are very appreciative of the contributions of both our ACHR Board and the PC. Just before COVID started, the PC suggested renaming what we had been offering as “Conscious Discipline” training or “Parent Training” be renamed “Parent Café.” It is no stranger than things businesses do to attract us to buy products or attend events. Over a period of weeks, Parent Café was supposed to include many topics, including parenting skills. Unfortunately, due to COVID, Parent Café ended almost before it began and due to COVID, was not successful, even with Zoom. Two of those parents are again on the PC, and we are determined to try their idea this year, soon after the first of the year.

**2. Human Resources Management**

The unemployment rate in our area at this writing is 2.5%. As one workshop presenter recently said, that is quite a challenge, because most of that 2.5% percent do not have the skills we need, the interest in filling the positions we need filled, a clear background check, the willingness to work for what we can pay, etc.

Therefore, we must work harder on a smooth intake process, effective training, retaining the staff we have and bringing them to the level we need. Unfortunately, at this point, the Pre-K classes (40 in our two counties, not to mention those in surrounding counties) pay more and seek out our staff, who are known to be well-trained. There also is the perception, at least, that Pre-K

requires less daily documentation from its teachers than Head Start does. In our area, it is a challenge to obtain and retain sufficient qualified staff in most positions, but because of their numbers, classroom positions and home based parent educators (home visitors) are the most challenging.

### **3. Program Management and Quality Improvement**

During the past few months, we have had an unusual amount of turnover in classroom staff and Home Based Educators (home visitors). Salaries are a tremendous challenge because some businesses such as Target and even some fast food establishments are paying an entry-level salary of \$14 an hour or more because they are struggling to have enough staff. Some businesses have reduced their hours because they cannot fully staff. After talking repeatedly with staff, we expect the coming vaccine mandate to have a further impact on staff turnover.

Of course, staff turnover affects training and program quality. To be most effective in supporting children's learning and positive social skills, both of our curricula, High Scope and Conscious Discipline, are most effective when staff have experience using the curriculum. Staff also need experience to use effectively the High Scope COR Advantage, our assessment tool. Additionally, instead of focusing on more advanced training for current staff, staff who provide training must spend time training new hires. Recently we lost a teacher who had been with our program for eight years due to the coming vaccine mandate.

This year one area of focus is to review what data we are and are not collecting and to assure that we store and transmit data securely in this internet age. We want to assure that we are collecting all the data we need for informed decision-making, but not more than is needed, and that we fully utilize the data we collect.

## D. Budget and Budget Justification Narrative

### Justify the budget by addressing the following:

1. **Detailed narrative-costs by object class category** identified within *SF-424A Section B-6*. Explain significant personnel and fringe adjustments for budget period for item a & b. For each item c through h, ensure narrative aligns w/amounts requested for direct.

**Note:** Summary Narrative below; detailed budget justification for EHS and HS in Appendices.

#### a. **Personnel Costs**

Supports all required areas for a quality program including meeting staff-child ratio; includes education, family engagement, health/nutrition, disabilities/mental health and support areas such as transportation, maintenance, clerical services, NFS, supervision and training.

#### b. **Fringe**

In addition to the required items such as FICA, as part of our efforts toward staff retention, agency pays almost the full health insurance cost for staff including dental and vision (starting at 3 months per ACA) but not for family members (staff pays if choose option) and 10% of gross salary toward retirement after a year of employment. We pay for a life insurance policy for each employee starting when eligible for health insurance. The cost of health insurance is beginning to be a challenge.

- c. **Travel** – for training - in separate Excel Spreadsheet and in training grids.

- d. **Equipment** – none

#### e. **Supplies**

Items needed to run center offices -- folders, paper, clips, toner, etc. and some computer or printer replacement for staff. Supplies-classroom education (paint, brushes, markers, crayons, books, manipulatives, laminating etc. Some similar

supplies for training so teachers learn to use these materials properly in classroom.

Diapers and wipes for Head Start children with special needs and for all Early Head Start center based. Health room supplies such as toothbrushes & toothpaste, first aid items for both the health room and classrooms.

f. **Contractual – See # 2 below**

g. **Construction - NONE**

h. **Other –** Janitorial (Paper goods ex. tissue, toilet tissue, napkins etc.; cleaning supplies for centers & classrooms. Maintenance (repairs & general maintenance; cost of water, electricity and natural gas. Insurance (cost of insurance for liability-children, buildings and vehicles. Phone/Utilities (phones, internet connectivity)

2. **Identify and explain each delegate agency agreement, partnership contract, and any single item costing more than \$150,000 in “Contractual” and “Other” budget categories.**

We do not have a delegate agency and have no contract costing more than \$150,000.

We have a contract with East Alabama Mental Health for mental health services. Cost per year is \$8,000 to \$27,000 depending on need for service at a given time and whether a child’s insurance will help with the cost.

3. If applicable, describe the **planned use of cost-of-living adjustment (COLA)** funds based on the related Program Instruction.

Not applicable in this period.

4. **Key features of organization’s financial and property mgt system & internal controls to maintain effective control & accountability for grant funds, property, and other assets.**

The sections just below are excerpts from ACHR’s fiscal policies as passed by the ACHR Board. In some cases, items are abbreviated slightly for space. Additional sections cover topics such as personnel and insurance.

## **Internal Controls**

ACHR will continue to employ systematic measures to conduct business in an orderly, efficient manner, safeguard assets and resources, deter and detect errors, fraud or theft, ensure accurate and complete accounting data, produce reliable, timely information and ensure adherence to its policies and those of our grantors. These measures include but are not limited to:

- Conflict of Interest statement signed by board members, fiscal staff and other key agency staff.
- Fiscal duties distributed among multiple people to help ensure protection from error and fraud.
- Only authorized persons have physical or indirect access to key documents, blank checks, etc.
- Checks signed by two persons; signature stamps are not used.
- List of checks written sent to bank; bank staff compares to checks received prior to payment.

## **Purchasing Policies**

- Comply with all applicable federal and state regulations, as well as ACHR Policies on things like gifts and gratuities and conflict of interest.
- Control costs but ensure quality, particularly with goods that should last for years.
- Limit purchases to items or services necessary to effectively run the program; all purchases must be approved by CEO or Administrative Coordinator (not a member of fiscal staff).
- Minimize opportunities for theft or misuse.
- If there is an invoice for an item (most likely a repair) but fiscal staff has no signed requisition, the appropriate manager must approve and write a requisition for the approval of the CEO or designee prior to payment. If item or service was not a justifiable purchase, appropriate steps must be taken and documented, depending on situation.
- Copies of all requisitions, invoices and related documentation will be filed in the fiscal department, then archived and eventually destroyed per ACHR's records retention procedure.
- Equipment means an item of personal property (which is any property except real property which is buildings/land) which costs \$5,000 or more per unit and which has a useful life of more than one year.
- Consider both lease and purchase options as well as use of surplus property; wherever possible.
- "Micro Purchases" - purchases of \$3000 or less per the Supercircular. Can be done without soliciting competitive quotations; price must be analyzed (such as comparing catalog prices) and purchase made if the price is considered reasonable.

Though quotations are not required, it is expected that staff purchasing will be aware at all times of the importance of securing as much benefit for the funds available as possible and acting accordingly, which means pricing items, but not wasting time on

small differences. Small business, minority and/or woman-owned businesses always must be considered and utilized when possible. Requisitions are required for these purchases and should be computer signed by the appropriate persons.

- "Small Purchases" -- expenditures from \$3,000 - \$149,999 for services, supplies or other property per the Supercircular. Must obtain price or rate quotations (may be on line search, vendor quotes, from phone calls etc.) from an adequate number of qualified sources (3 if possible; the greater the cost, the more essential this is). Must retain documentation of quotes.
- ALL contracts for labor, services, work or for the purchase of lease of materials, equipment, supplies or other personal property involving \$15,000 or more and using CSBG, SWX or other funds through the state must be done by sealed bid per the CSBG Policies & Procedures 2012.
- Purchases services, supplies or other property over the Simplified Acquisition Threshold of \$150,000 may be done by sealed bids, competitive proposals or noncompetitive proposals.

At ACHR, the first preference (for non-construction projects) is by competitive proposal. Staff will write a RFP (request for proposal) listing all details of the item or service needed that will be used in the evaluation of the proposal; advertise the RFP; and award the project based on the evaluation factors.

For purchases at this level in some cases the agency may use sealed bids or, with the agreement of the funder, noncompetitive proposals.

- No matter which of the 3 categories above a purchase falls under, all purchases made for Head Start/Early Head Start (except for an emergency purchase without which the center would have to close) must have at least one price quote, and if possible 2. They must then be reviewed by the Fiscal Coordinator or designee and deemed reasonable, allowable and allocable prior to the purchase.

### **Property/Inventory**

- The Purchasing Assistant will maintain an inventory in GMS including description of item, date of purchase or acquisition, the grant charged, the price or fair value of the item and its location; and when property is disposed that will be noted.

NOTE: For efficiency within the agency, all items that are not consumables are entered. Therefore not all items entered are not depreciable items of any "real" long-term value. Assets with a value of less than \$5,000 will be entered into inventory at the discretion of the CEO and the Fiscal Coordinator.

5. **Identify each source of non-federal match**, including estimated amount per source and valuation methodology. Explain program determined that proposed non-federal match is allowable per [45 CFR §75.303](#) and [Section 1303.4](#).

Sources of NFS uploaded on separate spreadsheet. Valuation of goods is thrift shop

value unless new at which is store value. Hourly rate of general volunteers based on average of lowest hourly we pay employees + fringe. Hourly of professionals who volunteer in field valued at going rate for that service. Time and goods are deemed allowable if the program has or would purchase the time or item with federal funds.

6. **If proposing a waiver of the non-federal share** match requirement, provide a detailed justification that conforms with the criteria under [Section 640\(b\)\(1\)-\(5\)](#) of the Act.

Given that ACHR owns all of its facilities, that local businesses continue to be financially stressed so give less, that we again have fewer volunteers, and that some want to be paid, we project that we will need a waiver in year 3/1/22 – 2/28/23 for HS/EHS.

Before making a formal request, we are projecting based on years pre-COVID and we will continue to seek additional sources of NFS. Last year we actively searched for foundation grants but were unable to obtain funding. We plan to search again this year.

7. **If proposing a waiver of the 15% limitation on development and administrative costs**, provide justification that meets requirements of [Section 1303.5](#) and contact regional office.

We are not requesting a waiver of the limitation on administrative costs.

8. **If requesting an enrollment reduction request**, describe the budget implications of the reduction request and any cost-savings measures considered prior to seeking reduction.

We are not requesting a reduction in enrollment.

9. **If requesting a conversion** (see [Section 1302.20\(c\)](#)):

We are not requesting a conversion

10. **If requesting funds for the purchase, construction, or major renovation of facilities** not previously approved, explain the need for and proposed use of such funds..

We are not requesting assistance with facilities.

11. **If requesting funds for equipment**, describe procurement procedures to be followed for purchase of equipment. See equipment definition at [45 CFR §75.2](#).

We are not requesting funds for equipment.