# State Of New Mexico
# Children Youth and Families Department
# Family Services Division
## Prevention Initiatives Bureau

## REQUEST FOR APPLICATION [RFA]

**Title: Family Resource Center**

**RFA No. FRC-FY27-30**

**Issuance Date: September 1, 2026**
**Application Due: October 1, 2026**

Children, Youth & Families Department
STATE OF NEW MEXICO

The New Mexico Children, Youth and Families Department (CYFD), Family Services Division, Prevention Initiatives Bureau (PIB), is seeking applications from agencies and organizations to provide services as a Family Resource Center.

**This RFA (Request for Application) is open Statewide.** Applicants must specify the county or counties they intend to serve.

Successful applicants will enter into a Provider Agreement (PA) for three (3) years, beginning in Fiscal Year 2026 (January 1, 2027) through Fiscal Year 2030 (June 30, 2029). Please note that any PAs awarded are subject to available funding, provider performance, and shifting program priorities. Unlike a standard grant, which provides flexible funding for a project, these organizations enter into a binding contract to deliver specific services. This ensures that all services meet consistent statewide safety and performance benchmarks.

**Important Note:** *This is a procurement for Provider Agreements and is not a grant. Organizations are applying to join an approved network of providers to be reimbursed for specific services delivered.*

New Mexico has developed the Thriving Families Plan in conjunction with CYFD's State Prevention Plan to achieve the overarching goal to prevent and reduce child maltreatment in a way that meets the unique needs of families and communities. The strategy to achieve this goal is the development of Family Resource Centers (FRCs), which will provide a primary prevention comprehensive service delivery model that yields a wrap-around case management structure inclusive of all state resources. The FRCs must be able to co-locate state resources, provide case management services to families, and support families to access services needed to support their family well-being. Services include access and resourcing to primary health care, mental health services, early intervention services, home visiting services, and basic tangible needs such as food, clothing, housing, etc.

**Awarded Providers must comply with the CYFD Background Check policy:**

In accordance with 8.8.3 NMAC, the **Criminal Offender Employment Act** (NMSA 1978, §§28-2-1 to 28-2-6) and the **New Mexico Children's and Juvenile Facility and Program Criminal Records Screening Act** (NMSA 1978, §§32A-15-1 to 32A-15-4), all Applicants selected pursuant to this RFA must comply with CYFD's background check policy.

This rule applies to all operators, employees, volunteers (including student interns), and prospective staff for any program that has or could have primary custody of children for **twenty (20) hours or more per week**. This includes, but is not limited to:

- CYFD Provider programs receiving funding or reimbursement.
- Children's behavioral health services.
- Licensed and registered childcare and shelter care.
- Juvenile treatment facilities.
- AOC supervised visitation and safe exchange programs.

**Compliance Requirements:**

- **Submission:** The Provider must submit fingerprint cards and the required fees to the CYFD Background Check Unit (BCU).
- **Verification:** The BCU will conduct nationwide State abuse and neglect background checks.
- **Eligibility Letter:** A **CYFD eligibility letter** must be in the individual's personnel file **prior** to them having any unsupervised direct contact or potential access to clients.
- **Fees:** The Provider is responsible for all related background check fee

## APPLICATION SEQUENCE OF EVENTS

CYFD, Family Services Division, Prevention Initiatives Bureau will make every effort to adhere to the following schedule. Any Provider Agreement resulting from this RFA will be finalized with the most advantageous Applicant(s) as per the schedule below or as soon thereafter as possible.

**These dates are subject to change at the discretion of the CYFD Procurement office without the need for an amendment.**

| Action | Responsible Party | Due Date |
|---|---|---|
| Issuance of RFA | CYFD\| FSD\| Prevention Initiatives Bureau | 09/01/2026 |
| Pre-Application Conference via Teams (see below for link) | CYFD\| FSD\| Prevention Initiatives Bureau & CYFD Procurement | 09/11/2026 at 1:00 PM MDT |
| Deadline to submit Questions | Applicant | 09/14/26 at 5:00 PM MDT |
| Response to Written Questions | CYFD\| FSD\| Prevention Initiatives Bureau | 09/15/2026 |
| **Submission of Application** | **Applicant** | **10/1/2026 by 5:00 P.M. MDT** |
| Application Review | CYFD\| FSD\| Prevention Initiatives Bureau Committee | 10/2/2026-10/16/2026 |
| Selection of Finalists | CYFD\| FSD\| Prevention Initiatives Bureau Committee | 10/19/2026 |
| Finalize Contractual Agreements | CYFD Procurement | **Upon CYFD approval** |
| Contract Awards | CYFD Procurement | **Upon CYFD approval** |

## PRE-APPLICATION CONFERENCE

**09/11/2026 at 1:00 pm**
**Microsoft Teams meeting**
**Join:** https://teams.microsoft.com/meet/248557971718172?p=U0xbPeApKuYzDOKnYz
**Meeting ID:** 248 557 971 718 172
**Passcode:** UZ2UT6DV
**Dial in by phone**
+1 505-312-4308, 781087712# United States, Albuquerque
**Phone conference ID**: 781 087 712#

## QUESTIONS

Questions about this RFA shall be submitted via email to ASD.CDU@cyfd.nm.gov no later than the date indicated in the Sequence of Events. Written responses to written questions will be posted on the Bonfire portal at: https://cyfd.bonfirehub.com/ for the benefit of all applicants on the date indicated in the Sequence of Events.

## PROVIDER APPLICATION SUBMISSION AND DUE DATE

Organizations applying must submit a complete application no later than **October 1, 2026, by 5:00 PM MDT**.

**Submit all applications ELECTRONICALLY to:** Bonfire at: https://cyfd.bonfirehub.com/ in pdf format. Submissions must include an e-signature with a date and time stamp.

If you have questions or problems submitting your proposal through Bonfire, please contact **Michelle Taylor at 505-372-8300 or by email** ASD.CDU@cyfd.nm.gov

**LATE AND INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED**.

## APPLICATION FORMAT AND RESPONSE

Applications that do not adhere to the following requirements may be rejected:

- **Submission Limit:** Applicants shall submit only one (1) electronic application.
- **Authorized Signature:** The Coversheet must be signed by the person authorized to legally obligate the applying organization.
- **Document Standards:** Applications must be typewritten on standard 8½ x 11-inch digital pages.
- **Typography:** Use an easily readable 12-point font (e.g., Arial, Courier, or Times New Roman) with single spacing and minimum 1-inch margins on all sides.
- **Page Limits:** The **Narrative Response is limited to 12 pages**. The following items do **not** count toward this limit:
    - Appendix A (Coversheet)
    - Appendix B: Budget
    - Financial Statements
    - NM Tax ID and Proof of Insurance
    - Organizational Chart
    - Resume of Supervisor

**Organization:** Applicants must organize their application in the sequence outlined below. Points will be awarded based on the thoroughness and clarity of the narrative responses to RFA specifications B and C.

**Appendix A: Coversheet** (Must be Complete and Signed)

**Section B: Organizational Capacity**

1. **Key Personnel:** Provide the name, title, and qualifications (education, licensure, and work experience) for all key personnel. While resumes are only required in the Supporting Documentation section, detailed records must be maintained on-site and available for inspection.
2. **Participant Inclusion and Governance:** Describe the formal process for including families (program participants) in the Applicant's organizational planning and improvement. Specifically, detail if the Applicant maintains a Community Advisory Board or if program participants serve on the Board of Directors.
3. **Subcontractors:** Provide a statement identifying any subcontractors, the specific services they will perform, and the estimated percentage of the total work they will handle.
4. **Policy Training:** Describe the process for ensuring all personnel, including subcontractors, are fully trained in the Applicant's internal policies and procedures.
    a. Applicants must provide a statement confirming that written Policies and Procedures governing all proposed FRC components are either in place or will be finalized prior to service delivery. These P&Ps must be kept on file and remain subject to inspection by CYFD.
5. **Professional Development:** Outline the ongoing training and professional development structure provided to staff and subcontractors to maintain high service standards.

6. **Quality Assurance (QA):** Describe the Applicant's QA system, including specific policies, reporting procedures, and the personnel responsible for monitoring program performance and safety benchmarks.
7. **Technical and Administrative Systems:** Applicants must confirm their commitment to utilize the following state-mandated systems:
8. NMSTAR (Falling Colors): For mandatory vendor registration, contract management, and electronic invoicing. Applicants must register with Falling Colors to receive reimbursement for services. Successful applicants will be required to sign a formal State Scope of Work (SOW) and attest to these requirements within the NMSTAR system managed by Falling Colors.
   YESNM (New Mexico Health Care Authority - HCA): For the initiation, transmission, and closed-loop tracking of public benefit and resource applications. Within three (3) months of contract execution, the Provider must successfully claim and configure the Family Resource Center agency profile within the YESNM Connect platform. Furthermore, all front-line navigators (case managers) staff funded by this Agreement must complete the HCA-approved system training and maintain active user credentials. The Provider will utilize this infrastructure to receive incoming community referrals, update service availability, and securely transmit outgoing referrals to external health, social, and economic stability partners.
9. PFS Online Data System (PFSODS - FRIENDS National Center): The Provider shall utilize the PFSODS portal to input, store, and manage the pre- and post-test data generated by the FRIENDS Protective Factors Survey (PFS-2) Retrospective Version administered to caregivers at program discharge. Designated administrative and programmatic staff must complete the platform training to ensure accurate data entry, protect client confidentiality, and generate the mandatory monthly extraction reports required for CYFD performance metric validation.
10. Applicants must clearly define the structural model used to deliver services across their proposed county or service area. If the applicant intends to utilize alternative delivery methods, such as a Mobile FRC Unit or Satellite Brick-and-Mortar Locations, they must provide an operational plan that addresses the following:
    a. For Mobile FRCs: Provide a tentative monthly rotation schedule, list designated parking sites, and explain the vehicle's capacity to host private family consultations.
    b. For Satellite Sites: Provide the physical addresses, operating hours, tentative monthly rotation schedule and confirmation of whether these sites are leased, owned, or shared community spaces.

**Section C: Description of Service Delivery**

**Service Standards:**

1. Describe how Applicant will collaborate with other entities to meet the needs of families served. (Child Protective Services, home visiting providers, medical providers, early childhood education and care providers, etc.)
2. Detail the Applicant's strategy to establish and govern collaborative, 'no-wrong-door' co-location partnerships with state departments (such as ECECD, CYFD, DOH, HCA, and DWS) through Memorandums of Understanding (MOUs) that explicitly outline liability, resource sharing, and fiscal firewalls to prevent the unallowable subsidization of external agency operational costs.
3. Describe the Applicant's system for tracking and documenting the specific amount of time spent by staff on

services for each individual family. Include how this data is verified for accuracy, how it aligns with the required Case Management.
4. Name and describe the evidence-based parenting, nutrition, and budgeting curriculum to be utilized for onsite classes.

**Case Management:**

1. Describe the Applicant's plan to implement Case Management, including how staff will be supervised to ensure compliance with these timelines and activities:

**Note:** *Applicants must describe how they will maintain service flexibility to maintain services for the fluctuation of referrals and specific progress of families.*

2. Describe training procedures for Family Navigator (Case Manager)s for compliance with Family Navigator (Case Manager) role in the FRC.
3. Describe how Family Navigator (Case Manager) gain knowledge, and stay informed, of community resources to make referrals and meet the needs of families.
4. Describe the process for conducting a trauma-informed Needs Assessment, ensuring the interview is completed within a reasonable timeframe. The description must specify who will participate, where the assessment will occur, and the specific trauma-informed techniques used to gather family needs. Additionally, explain how these gathered strengths and challenges will be synthesized and incorporated into the Individualized Service Plan (ISP)
5. Describe how Family Navigator (Case Manager) inform parents/guardians of their rights and safeguards.
6. Describe how Family Navigator (Case Manager) will assist families in accessing training, leadership opportunities, and connection with other parents/guardians.
7. Describe how staff will integrate Motivational Interviewing (MI) into daily interactions and parenting curriculum delivery to facilitate intrinsic motivation for change for families.
8. Describe the target population for this service. Include the allowable duration of service time for families who have an ISP.
9. Describe how Applicant will implement parenting, nutritional and budgeting education for families.

**Professional Development**

1. Describe how professional development for Applicant's employees will be developed to address the needs of FRC personnel (both new and established) and how the ongoing training of employees will be conducted.
2. Describe how employees required six (6) hours of trauma-informed training will be tracked and how those practices will be implemented in daily work.
3. Describe how Applicant's new employees (including independent contractors) are trained and mentored in using Motivational Interviewing.
4. Describe how at least twelve (12) hours of relevant professional development for employees are provided yearly. Describe how professional development hours are tracked.

**Supporting Documentation**

1. **Provide a Resume** for the person(s) responsible for the FRC Director. Failure to provide the required Resume(s) will result in disqualification of the Application from further consideration.
2. **Organizational Chart:** Submit an organizational chart showing the chain of supervision and a statement explaining how the FRC fits into the Applicant's broader management structure.
3. **Financial Stability:** Applicants must submit copies of the most recent year's independently audited financial statements, as well as financial statements for the preceding three (3) years if they exist. The submission must include the audit opinion, the balance sheet, and statements of income. If independently audited financial statements do not exist, Applicant must state the reason and, instead, submit sufficient information.
4. **Provide a copy of Applicant's New Mexico Taxation and Revenue Tax ID Certificate** [CRS]: If you are not currently registered forms can be downloaded at: http://www .tax.newmexico. gov/Businesses/ forms-publications.aspx

5. **Provide Proof of insurance(s):**
   As part of an Agreement with the Children, Youth and Families Department, Protective Services Division, Prevention & Initiatives Bureau, every successful Applicant is required to carry two types of insurance coverage:
   a. Professional/General/Auto Liability (one million fifty-thousand-dollar (1,050,000.00) minimum).
   b. Surety Bond (no employees) OR Dishonesty Bond (employees) each requires twenty-five percent (25%) of contract amount (ten thousand dollars ($10,000) minimum).

**Appendix B: Budget**
**This Appendix requires a one-year projection, the budget serves as the financial baseline for the full Provider Agreement term. *This is a reimbursement-based Provider Agreement, if awarded, the budget must demonstrate the Applicant's capacity to sustain operations while awaiting payment cycles.**

| Budget Line Item | Description | Approved Budget |
|---|---|---|
| **Direct Costs** | | |
| Personnel Services | Direct Service Expenditure for Salaries & Benefits for personnel providing direct services to families who come to the FRC | $ |
| Program Materials | Expenditures for educational and recreational supplies distributed to or utilized for individuals receiving the services in this contract and who are not employees of the vendor. | $ |
| Emergency Discretionary Funds (EDF) | Expenditure for EDF | **$** |
| In-State Travel & Mileage | Expenditure for Travel & Mileage. *(In-State travel shall be reimbursed according to the N.M. Mileage and Per Diem Act)* | $ |
| Training | Expenditure for Training | $ |
| **Indirect Costs** | | |
| Technology/Equipment | Expenditure for Technology/EMR Bear/Subscriptions Zoom/DocuSign; Equipment Rental, Equipment Lease | $ |
| Facilities | Expenditure Facilities | $ |
| Insurance | Insurance for land, buildings, automobile insurance (if transporting clients), professional liability insurance | $ |
| Office Supplies | Expenditures for off-the-shelf office supplies used by staff, not clients. | $ |
| Contractual Services | Need Prior Authorization (examples: sub-contracting direct | $ |

| | | |
|---|---|---|
| | services) | |
| Indirect Admin Staff Salaries & Benefits<br><br>**-OR-**<br><br>Administrative Overhead (if claiming Admin. Overhead, the cap is 10%) | List job titles for each -who provide support but do not work specifically for this program receiving these funds. Provide the percentage of time that will be put in support toward this funded project.<br>**-OR-**<br>Admin. Overhead (include percentage) | $ |
| **Grand Total** | | $ |

**LINE-ITEM BUDGET DESCRIPTIONS**
**This document is to be used in conjunction with the budget table. Below are brief descriptions of each line item to consider when completing budget.**

## Direct Costs

### Staff Salaries and Benefits

Provide the job title(s) and list the totals for each of the following salary and benefits line items: full-time, part-time, and temporary personnel who work directly serving families for this specific program receiving these funds, this includes personnel who are providing direct service supervision. Provide the percentage of time that will be put in service toward this funded project.

### Program Materials

Include expenditures for educational and recreational supplies distributed to or utilized
for individuals receiving the services under this program and who are not employees of the agency.

### Emergency Discretionary Funds (EDF)

Emergency Discretionary Funds (EDF) are utilized to assist the family with the goals identified in the Family Plan. [8.10.6.17 NMAC - Rp, 8.10.6.16 NMAC, 03/15/16] EDF use must follow the CYFD Prevention Initiatives Bureau EDF Manual. **Once the budget is finalized, the dollar amount you select for EDF must remain and cannot be moved out later.**

### Travel

Instate travel may be paid to employees of the program who are traveling to perform work on behalf of the program. In-state travel will be reimbursed according to the N.M. Mileage and Per Diem Act. Out- of-state travel may be reimbursed with prior approval from the PROCURING AGENCY and in accordance with the N.M. Mileage and Per Diem Act.
N.M. Mileage and Per Diem Act has been set at 100% of the internal revenue service standard mileage rate set January 1 of the previous year for each mile traveled.
https://www.irs.gov/tax-professionals/standard-mileage-rate

### Training

Programs may attend training courses relevant to their contract performance with prior approval from the PROCURING AGENCY. Ex: Registration Fees, meals and lodging.
Other Program Costs. Available for Primary Prevention Service (Prevention Awareness Events and activities to provide information on behalf of the program.)

## Other Program Costs

Available for marketing materials.

## Indirect Costs

***Important**: You must choose one of the two methods below to account for administrative costs. You cannot claim both.*

**Option 1**: **Itemized Executive & Administrative Salaries & Benefits**

Use this if you want to list specific personnel (Executive or Administrative) who support the project but do not work exclusively on it. For each role, provide:

1. Job Title
2. Total salary (Full-time, Part-time, or Temp)
3. Percentage of time dedicated to this project

**Option 2: Administrative Overhead (Capped at 10%)**
Use this if you want to claim a flat overhead rate.

1. The Cap: This is strictly limited to 10% of the total estimated cost.
2. The Rule: This 10% limit covers all administrative expenses, whether direct or indirect.

**Technology and Equipment**
The following costs must be cost allocated as appropriate: computer equipment, internet services, hotspots, etc. that assist with internet connections in remote areas, telecommunications equipment, Electronic Health Records (EHR) systems (like EMR Bear), and similarly related items.

**Facilities**
The following costs must be allocated as appropriate: Rent of land and buildings (office space for direct service staff), utilities, maintenance of land and buildings.

**Insurance**
The following costs must be cost allocated as appropriate: insurance for land and buildings, automobile insurance (if transporting clients), professional liability insurance.

**Office Supplies**
Include expenditures for off-the-shelf office supplies that are used by staff, not by clients.

**Other**
Provide a detailed description of any other costs associated with this project. These must get prior approval from the PROCURING AGENCY.

**Contractual Services**-Need PROCURING AGENCY Authorization
Examples include Sub-contracting direct services, and audits required by PROCURING AGENCY.

**The only line item that you cannot move funding out of is EDF.**

## APPLICATION SCORE SUMMARY

| RFA CRITERIA | POINT |
|---|---|
| **Appendix A: Coversheet** | Pass or Fail |
| **Section B. Organizational Capacity** | 30 |
| **Section C. Description of Service Delivery** | |
| Service Standards<br>Case Management<br>Professional Development | 30<br>30<br>30 |
| **Appendix B: Budget** | Pass or Fail |
| **Supporting Documentation**<br>Resume of Person Providing Supervision<br>Organizational Chart<br>Financial Stability<br>NM Taxation and Revenue Tax ID<br>Provide Proof of Insurance | Pass or Fail |
| **Total Points Available** | **120** |
| | |

## Appendix A

| CYFD Request for Application<br>RFA #: FRC-FY26-30<br>Title: CYFD Family Resource Center (FRC) | |
|---|---|
| Name of Applicant Organization: | Fed EIN#:<br>N.M. CRS #:<br>DUNS #: |
| Mailing address:<br><br>Physical address: | State Supplier Vendor #: |
| Contact Name: Telephone number:<br>Title:<br>Email address: Website URL: | |
| **List the county / counties Applicant intends to serve:** | |
| If Applicant is **not** registered as a Vendor to do business with the State of New Mexico, please follow the link at http://www .tax.newmexico. gov/Businesses/ forms-publications.aspx to get registered. | |
| **Signature of Applicant:** I hereby certify that I am authorized to sign this application, that all information contained in this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. | |
| Authorized Signature:_____ Date: _____<br><br>Name (print):_____ Title:_____ | |
| **The information on this form must be filled out completely and sign with e-signature with date and time.** | |

**Scope of Services:**

The Provider shall operate a Family Resource Center (FRC) to serve as a community resource hub where families can access support services that promote family stability and well-being. FRC services shall include the following:

1. Provide Parenting classes.
2. Provide Budgeting education/guidance/assistance.
3. Provide Nutrition education.
4. Assist families in securing stable housing.
5. Assist families with establishing/maintaining utility services.
6. Assist families to identify and secure services including Medicaid, housing vouchers, obtaining driver's licenses, obtaining government benefits, and securing early childhood intervention services for children age birth to five (5) years old. The Provider shall utilize the statewide YESNM Connect platform as the mandatory infrastructure for initiating, transmitting, and documenting these benefit and resource applications.
7. Sourcing and securing additional community classes, services, resources.
8. Offer trauma-informed prevention resources via specially trained navigators.
9. Provide crisis response and transportation as necessary. For the purposes of this Agreement, "Crisis Response" is defined as the immediate, short-term provision of universal, low-barrier support to families experiencing acute situational, environmental, or logistical stressors. This function is strictly limited to immediate de-escalation, rapid resource mobilization, basic needs provisioning, and immediate "warm handoff" referrals to specialized emergency or clinical services. It explicitly excludes clinical mental health crisis triage, psychiatric assessments, therapeutic interventions, or any services requiring a clinical license, which must be diverted immediately via the established clinical firewall.
10. Institutionalize a closed-loop referral workflow by establishing and maintaining an active, verified Organization Claim Profile within the YESNM Connect platform. The Provider shall utilize the platform to receive incoming community referrals, update service availability, and transmit outgoing referrals to external health, social, and economic stability partners.

**Implementation Milestones & Curriculum Selection**

1. Curriculum Selection and Approval: Within one (1) month of contract execution, the Provider must select and finalize the specific educational curricula to be utilized for all Parenting Classes, Budgeting Coaching, and Nutrition Education. Selected curricula must be submitted in writing on the organization's letterhead and emailed as an attachment to the assigned CYFD Program Specialist for formal review and alignment approval prior to launch.

2. Staff Training and Certification: Within three (3) months of contract execution, all designated FRC personnel tasked with delivering the specialized programming must successfully complete all necessary trainings, certifications, or credentials required to facilitate the selected parenting, budgeting, and nutrition curricula. Proof of completion must be maintained in agency personnel files and available for CYFD audit.
3. Co-location Space and MOU: Within two (2) months of contract execution the Provider shall establish and dedicate co-location space within the facility to operationalize a "no-wrong-door" access model, allowing families to interface with cross-agency services seamlessly. The utilization of FRC physical space by any external state entity or community partner must be legally governed by an executed Memorandum of Understanding (MOU). This MOU must explicitly detail liability allocations and resource-sharing agreements. FRC prevention contract funds must strictly fund FRC programming and shall not be utilized to subsidize or offset the core operational, utility, or administrative costs of any other state agency or co-located entity. A copy of each executed MOU must be submitted to the assigned CYFD Program Specialist within ten (10) days of execution.
4. Within one (1) month of contract execution, the Provider must successfully claim and configure their Family Resource Center agency profile within the YESNM Connect platform. Furthermore, all designated navigators, case managers, and front-line staff utilizing this contract's funds must complete the New Mexico Health Care Authority (HCA) approved system training and obtain active user credentials. Written confirmation of profile activation and a roster of credentialed staff must be submitted to the assigned CYFD Program Specialist.

**A. Performance Measures**:

**1.** At least seventy-five percent (75%) of external service referrals initiated by FRC navigators (including housing applications, utility assistance, and Medicaid enrollments) will achieve "closed loop" verification, defined as a documented, system-validated completion status, receipt confirmation, or intake approval notice transmitted back to the Provider directly within sixty (60) days of referral.

**Verification Pathways**

To meet the "closed loop" standard, the program provider must obtain and document confirmation through one of the following two pathways:

a. **Pathway A (YesNM Integrated Sources):** A documented, system-validated completion status, receipt confirmation, or intake approval notice transmitted back to the provider directly within the YesNM Connect platform.
b. **Pathway B (Non-YesNM Sources):** Documented staff confirmation consisting of a completed intake form, an official service approval notice, or a direct email/written confirmation from the receiving agency's representative, manually uploaded to the family file and logged into the provider's Monthly Data Log.
c. **Reporting and Auditing**
Referral data and completion rates from both pathways must be consolidated and

verifiable via monthly system-generated extraction reports in addition to the Monthly Data Logs submitted to CYFD.

2. At least eighty percent (80%) of parents/caregivers who enroll in an FRC-hosted evidence-based curriculum (parenting, budgeting, or nutrition classes) will successfully graduate or complete the full course sequence, as verified by program attendance sheets and completion certificates.
3. At least eighty percent (80%) of families engaged with the FRC will successfully complete the goals identified in their Individualized Service Plan.
4. At least eighty percent (80%) of parents/caregivers discharged from FRC services will demonstrate self-reported improvement in protective factors, as measured by a positive increase between their retrospective "before" and "now" ratings on the FRIENDS Protective Factors Survey (PFS-2) Retrospective version, administered at discharge and tracked within the PFS Online Data System (PFSODS).

## B. STATUTORY AUTHORITY/REQUIREMENTS

1. *Provider must adhere to the Trauma Responsive Care and Services Training Requirements in Attachment A.

2. Per Diem and mileage, and other miscellaneous expenses, will be paid in accordance with the Department of Finance and Administration (DFA) Rule, found at 2.42.2 NMAC.

3. If Provider's performance of the Scope of Work provides services/care to children in CYFD custody (Client) or if the performance of the scope of work requires Provider's access to Client data, Provider, its executive staff, employees, volunteers, interns, or other individuals acting on behalf of Provider, and prospective subcontractors are required to obtain Background Checks (a screen of CYFD's information databases, state and federal criminal records and any other reasonably reliable information about an individual) in accordance with 8.8.3.2 NMAC. (Example) Providers that will provide services/care to children in CYFD custody, or that require Provider's access to Client data must perform background checks on its executive staff, employees, volunteers, interns, and other individuals acting on behalf of Provider, and prospective subcontractors in accordance with 8.8.3.2 NMAC.

4. Provider shall provide written notice, via email, within 30 days to their Program Specialist of any loss of staff, as well as the hiring of new staff who provide services under this SOW.

5. Branding and Program Name: The Provider shall operate the program under the name "Family Resource Center" and shall identify it as a "CYFD Family Services Initiative" in all public-facing contexts. The Provider shall not rename the program or use an alternative brand identity for these services without prior written approval from CYFD. All promotional materials, whether printed or electronic (including brochures, posters, flyers,

advertisements, and Provider websites), must include the official, approved CYFD logo and must have prior CYFD approval before use.

6. For scopes of work that require Provider employees to hold a professional certification and/or licensure, Provider shall provide the following to their CYFD Program Manager within thirty (30) days of execution of the Agreement for each individual employee:
    a. Proof the individual is in good standing with their respective regulatory body, such as a licensing board.
    b. Maintain applicable certification and/or licensure throughout the term of this Agreement.
    c. Provide immediate notification of any pending actions before their respective regulatory body.
    d. Provide immediate notification if any such certification and/or licensure is suspended or revoked and immediately cease providing services.

7. Provider shall not subcontract any portion of the services to be performed under this agreement without the prior written approval of CYFD. No subcontract shall relieve the Provider from its obligations and liabilities under this agreement, nor shall any subcontract obligate direct payment from CYFD or ASO. Provider must notify subcontractors that they are subject to the requirements of this document and when applicable item I. **Annual Financial Reports.**

8. Independence of Prevention Services and Clinical Firewall Mandate
   The FRC operates strictly as a universal, low-barrier Primary Prevention initiative. FRC services, classes, and resource navigation must be completely decoupled from any clinical, therapeutic, or medical programs operated by the Provider.
    a. Prohibition of Mandatory Clinical Onboarding: The Provider is strictly prohibited from requiring families or individuals to undergo Community-Based Mental Health (CBMH) onboarding, diagnostic assessments, or clinical intakes as a prerequisite or screening tool for entering the FRC or receiving FRC deliverables.
    b. Voluntary Clinical Referrals Onl**y:** If an FRC Family Navigator identifies a potential mental health need during a standard primary prevention Needs Assessment, a referral to the Provider's CBMH division or an external mental health practitioner may be offered as a voluntary resource option. The family or individual must be allowed to decline clinical services while remaining fully eligible for all FRC support.
    c. Separation of Record**s:** All FRC participant data, intake logs, and FRIENDS database records must be structurally partitioned and kept confidential from the Provider's clinical mental health billing records.

9. Non-Discrimination And Equal Opportunity Compliance
   Provider hereby agrees to comply with the Civil Rights Act of 1964 (42 U.S.C. 2000d, et

seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794, et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12150, et seq.) and all other applicable federal and State laws, rules, and regulations. These laws and regulations prohibit discrimination based on any protected class.

10. Provider agrees to abide by all federal and state laws, rules, and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws of the State of New Mexico, Provider assures that no person in the United States shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, pregnancy, child birth, or condition related to pregnancy or childbirth, be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed or contemplated under this Agreement. If, in the sole discretion of CYFD, the Provider is found not to be in compliance with these requirements during the life of this Agreement, the Provider agrees to take appropriate steps within a reasonable time to correct these deficiencies.

11. Policies and Procedures (P&P) Compliance: Provider shall develop, maintain, and adhere to written Policies and Procedures that govern all FRC components outlined in this Scope of Work. These P&Ps must align with CYFD FRC Standards and NMAC regulations. Documentation must be made available for review during Site Visits and upon request by CYFD Program Specialists to ensure operational consistency in service delivery, safety protocols, and administrative oversight.

12. Federal Grant Or Other Federally Funded Agreements
    a. Lobbying. Provider shall not use any funds provided under this Agreement, either directly or indirectly, for the purpose of conducting lobbying activities or hiring a lobbyist or lobbyists on its behalf at the federal, State, or local government level, as defined in the Lobbyist Regulation Act, NMSA 1978, §§ 2-11-1, *et. seq*., and applicable federal law. No federal appropriated funds can be paid or will be paid, by or on behalf of Provider, or any person or entity for influencing or attempting to influence an officer or employee of any Department, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal agreement, or the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal agreement, grant, loan, or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any Department, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection of any applicable federal agreement, grant, loan, or cooperative

agreement, Provider shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

b. Political Activity. No funds hereunder shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.
c. Suspension and Debarment. For agreements that involve the expenditure of federal funds, each party represents that neither it, nor any of its management or any other employees or independent Providers who will have any involvement in the services or products supplied under this Agreement, have been excluded from participation in any government healthcare program, debarred from or under any other federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offense defined in 42 U.S.C. Section 1320a- 7, and that it, its employees, and independent subcontractors are not otherwise ineligible for participation in federal healthcare or education programs. Further, each party represents that it is not aware of any such pending action(s) (including criminal actions) against it or its employees or independent subcontractors. Each party shall notify the other party immediately upon becoming aware of any pending or final action in any of these areas.
d. Fiscal and Administrative Standards. Providers shall adhere to all local, State, and federal regulations applicable to their operations. For Agreements that involve the expenditure of federal funds, Providers shall adhere to fiscal and administrative standards in accordance with:
    i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance): https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniformadministrative-requirements-cost-principles-and-audit-requirements-for-federal awards
e. State of New Mexico Manual of Model Accounting Practices (MAP's) issued by the New Mexico Department of Finance and Administration- Financial Control Division: Manuals | New Mexico Department of Finance and Administration (state.nm.us)
f. The State of New Mexico State Auditor, State Audit Rule: http://www.saonm.org/state_auditor_rule Title 2 CFR, Chapter I, Part 170, Reporting Sub-award, and Executive Compensation Information Title 2 CFR, Subtitle A, Chapter II, Part 200, Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards FASB and AICPA Statements and Professional Pronouncements. U.S. General Accounting Office, Government Auditing Standards, (The Yellow Book, current revision).

12. Cost Restrictions on Personnel Compensation

a. Prohibited Incentive Compensation (Bonuses): Provider shall not use funds provided under this Agreement for any incentive compensation, including but not limited to bonuses for cost reduction, efficient performance, suggestion awards, safety awards. Any such payments made by the Provider to its employees shall be considered unallowable costs and will not be reimbursed by CYFD.

b. Prohibited Cost of Living Adjustments (COLAs): Temporary or permanent Cost of Living Adjustments (COLAs) are not allowable costs under this Agreement. CYFD will only reimburse for fixed base salaries and wages as established in the Provider's budget at the time of execution.
c. Compliance: Failure to adhere to these restrictions may result in a finding of non-compliance and the requirement to return any improperly spent funds.

13. Mandatory Use of Department Systems and Forms:

a. Provider shall utilize only the official forms, templates, and reporting systems designated and provided by CYFD for all contractually required documentation, including but not limited to: Incident Reports, Intake Forms, Individual Service Plans, Additional Emergency Discretionary Funding.
b. All contractually required documents must be submitted in the Department-approved format (e.g., Adobe PDF) and must utilize the Department's required verification methods, including authenticated digital signatures.
c. The use of the Provider's internal software, databases, or alternative reporting formats (e.g. internal spreadsheets) shall not be accepted as a substitute for official CYFD forms unless prior written authorization is granted by the CYFD Family Services Prevention Initiatives Bureau Supervisor. Failure to use mandated CYFD forms may result in the rejection of deliverables and/or the withholding of associated payments.

14. Grantor (CYFD) Information.

If applicable, funding under this agreement is from the Catalog of Federal Domestic Assistance (CFDA) Program:
CFDA Number:
Program Title:
Agency/Office:
Grant number:
Provider's Bradstreet Data Universal Numbering System Number:

15. Provider Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013) [Federal Grant funded projects only].

This Agreement and employees working on this Agreement will be subject to the whistleblower rights and remedies in the whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L.112-239) and FAR 3.908.

Provider shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41U.S.C.4712, as described in section 3.908 of the Federal Acquisition Regulation.

Provider shall insert the substance of this clause, including this paragraph3), in all subcontracts over the simplified acquisition threshold.

16. Agreements and subgrants that involve the expenditure of federal funds for amounts in excess of one hundred fifty thousand dollars ($150,000), require Provider to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 74017671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

17. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) — For agreements that involve the expenditure of federal funds, Providers that apply or bid for an agreement exceeding one hundred thousand dollars ($100,000) must file the required certification. Each tier certifies to the tier above that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal agreement, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier- to-tier up to the non-federal award.

18. For agreements that involve the expenditure of federal funds, Provider must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds ten thousand dollars ($10,000) or the value of the quantity acquired during the preceding fiscal year exceeded ten thousand dollars ($10,000); procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

19. For agreements which involve the expenditure of federal funds, and under which Provider is considered a subrecipient, the provisions of Appendix A shall apply and are incorporated herein.

20. The terms of this agreement are contingent upon sufficient appropriations made by the Legislature of New Mexico and the federal government for the performance of this agreement. If sufficient appropriations and authorizations are not made by the state and federal government, this agreement shall terminate immediately upon written notice by the Agency to Provider.

21. Place of Employment. Providers shall provide proper signage of business name.

**C. TARGET POPULATION**

Provider shall be a resource hub, co-location space with other community partners, and provide case management services within their specified county. _____will provide services to the following jurisdictions: _____.

For the purposes of this Agreement, "Family" is defined as any household or support constellation that includes at least one child (birth to age 18) and a primary caregiver. This includes, but is not limited to:

a) Biological Parents: Including non-custodial parents working toward reunification.
b) Legal Guardians & Adoptive Parents.
c) Kinship Caregivers: Relatives or "fictive kin" (close family friends) providing care, regardless of formal legal custody or licensure.
d) Foster Parents: Licensed resource parents providing temporary care for children in CYFD custody.
**e)** Expectant Parents: Individuals who are pregnant or in the process of adopting or securing legal guardianship.

**D. Deliverables**

1. The Family Resource Center (FRC) will be housed in a facility that is accessible to the community and is adequate in both design and size to meet the program goals.
2. The FRC facility must maintain design to be a friendly and welcoming space, utilizing a trauma-informed approach. This design must include a Community Closet that is maintained by the FRC.
3. The hours of the center must include evening hours, weekend hours, and non-traditional hours to meet family stabilization needs.
4. The FRC will provide space for co-location for ECECD, CYFD, DOH, HSD, DWS and other local community providers, as needed, who are not employed by the FRC to assist families with access, application assistance, referrals and connection to services and classes in a variety of areas that support well-being. Co-location space is provided to support the 'no-wrong-door' model. The FRC shall provide a co-location plan to CYFD and ensure that the use of space by other state entities is governed by a Memorandum of Understanding (MOU) that outlines liability and resource sharing, ensuring FRC funds are not used to subsidize the core operational costs of other state agencies.

## E. PROGRAM REQUIREMENTS AS OUTLINED HERE AND IN FRC STANDARDS

The Provider shall establish and maintain the FRC as a universal Primary Prevention initiative, providing localized case management, service navigation, and dedicated co-location space for community partners as outlined in this Scope of Work and the New Mexico FRC Standards. The FRC must serve as a safe, accessible, and low-barrier community environment where families can voluntarily access services that support family resilience, strengthen protective factors, and promote overall health and well-being prior to the onset of child welfare intervention.

**Single Individuals / Single Walk-Ins:**
While comprehensive case-management and family-focused programs are restricted to households with children, the FRC shall serve as a point of contact for single individuals walking into the FRC. For single individuals, the Provider is not required to complete a full family intake or formal Needs Assessment. Instead, the Provider shall offer immediate resource navigation, provide relevant informational materials, and actively help the individual establish contact with appropriate adult-serving community resources (e.g., adult shelters, behavioral health clinics, or food pantries).

The Provider shall strictly adhere to the following access mandates:

1. **Referral Processing**
   Referrals for families seeking comprehensive services may not be denied. A baseline intake and assessment must be conducted before determining if the FRC can meet the family's long-term needs. If the FRC cannot meet those needs, the Provider must actively support the family in accessing and connecting with an external resource that can.
2. **Zero-Denial Policy**
   The Provider shall operate under a strict zero-denial mandate for families. The Provider shall not reject or screen out any family referred to the center without first assessing their eligibility and providing hands-on navigation to alternative community resources if they do not qualify.
3. **Waitlist Prohibition**
   The use of a service waitlist for families is strictly prohibited. To prevent service delays, the Provider shall adjust internal staff assignments, optimize caseload distribution, or utilize temporary personnel to ensure timely service entry within five (5) business days of referral.

Family Navigators (case manager) practices must be trauma informed, and strengths based. Case management requires working with other community resources who could potentially support the family.

All case management activities will be documented in the family file including:

1. Referral
2. Intake Documents/Forms

3. Family Needs Assessment
4. Individual Service Plan
5. Individual Service Plan Reviews (as applicable)
6. Discharge Letter and Discharge Summary
7. Completion of Retrospective Survey at twelve hours (12) of service or upon Discharge within FRIENDS Protective Factors web portal.

All Documentation of activities must be documented within five (5) calendar days of the activity. Documentation is required to have:

1. Names of all persons with whom contact was made
2. Beginning and ending times of contact
    a. Types of Contact:
        i. Phone
        ii. Text
        iii. Email
    b. Types of Visits:
        i. In-person (face to face)
        ii. Telephonic (video and voice)
3. A "visit" is any time spent with the family "face to face" (in-person or telephonically). Phone calls, texts and email are not considered "visits".
4. Description of the Case Manager's a description of interactions.
5. Description of current family needs and strengths.
6. Description of ongoing progress toward goals.
7. Family members' perception of ongoing progress.
8. The purpose of any visit with the family.
9. Follow-up plan (if applicable) and next scheduled visit or appointment
10. Referrals to needed services (including dates, times, and party who received referral)
11. Communication/correspondence with entities the family has been referred to
12. Release of Information (ROI), which must be in place before communicating with anyone outside of the family members who've consented to services. Provider shall never ask a family member to sign a blank ROI or one with no end date.
13. Provider must have a signed ROI in order to release any information on adult family members who are participating in FRC services.
14. If a child is under the age of fourteen (14) the child's parent/legal guardian must sign the ROI. If the child is older than fourteen (14) the child must sign the ROI giving the Provider permission to release information to any organization outside of itself.
15. FRCs can only release information/documents that the FRC has generated.

**Family Navigator Caseload Size**

The active caseload size for a full-time Family Navigator (case manager) shall range between fifteen (15) and twenty (20) families, fluctuating within these parameters based on the intensive tracking and stabilization needs of the households served. To maintain compliance with the strict

waitlist prohibition outlined in this Agreement, the Provider shall actively monitor caseload thresholds and utilize staff cross-coverage to ensure immediate service entry for all arriving family referrals.

**Duration of FRC Case Management Service**

The standard duration for comprehensive FRC family case management and navigation services is ninety (90) calendar days. A single, allowable extension of up to thirty (30) additional calendar days may be granted under exceptional circumstances if documented family stabilization needs dictate continued support. To secure this extension, the Provider must submit a formal written request and justification to the CYFD Program Specialist prior to the expiration of the initial ninety (90) day service period. Services may only continue beyond the standard ninety (90) days upon receipt of written approval from CYFD Program Specialist.

**Referral**

The Family Resource Center (FRC) Referral serves as the official intake mechanism to provide voluntary, community-based support to families experiencing stressors associated with child welfare risk factors. The referral form establishes the formal relationship, initiating data tracking and family progress metrics. The referral date initiates a 90-day service window for families utilizing an Individualized Service Plan (ISP). This timeline applies strictly to targeted ISP case management and does not restrict family participation in general FRC resources, classes, or community events. Families may re-engage for subsequent ISP support cycles based on need; prior participation does not impact eligibility for any FRC services. Every new cycle requires a complete restart of the administrative process.

**Intake**

After receipt of referral, the Family Navigator will immediately complete Intake with the family. The following documents will be reviewed and signed by the Head of Household:

1. Family Rights and Responsibilities
2. Grievance Procedure
3. Consent and Confidentiality
4. Completion Demographic Information
5. Transportation Authorization
6. Release of Information (if applicable)

**Needs Assessment**

The Provider shall conduct a structured Needs Assessment for families engaging in comprehensive FRC support services to identify the specific needs of the children, parents, relatives, caretakers, or guardians.

1. If the assessment determines that FRC programs can meet the family's needs, the Family Navigator shall collaborate with the family to develop an Individualized Service Plan (ISP).
2. If the FRC cannot directly meet the family's specific needs, the Provider shall actively assist the family in accessing appropriate external community resources.
3. The Provider shall document all active service links and complete a formal discharge.

**Individual Service Plan (ISP)**

ISPs must be developed within five (5) days following the Needs Assessment with each family by the Family Navigator. The family drives the goal and outcome. The family and the Family Navigator co-create the strategies and timeline to meet the family's desired goal/outcome.

1. Goals must adhere to the S.M.A.R.T (Specific, Measurable, Attainable, Relevant, & Timely) Format. Strengths and needs of the family will be discussed during the development of an ISP.
2. ISPs must be reviewed with the family every thirty (30) days, ISPs can be reviewed and updated more often, if needed.
    a. In this process the Family Navigator will assist the family to identify and secure services with other providers and resources, these are called "strategies" that will be used to achieve the ISP goals.

**Discharge Process**

Service Duration: The duration of services is determined by individual family needs but shall not exceed a maximum timeframe of three (3) months (90 days) per active service cycle.
Definitions of Discharge

1. **Successful Goal Completion**
   Definition: The family demonstrates sufficient progress and has successfully fulfilled their primary Outcomes and SMART goals outlined within the Individualized Service Plan (ISP).Procedure: Upon verification of goal completion by the Family Navigator, staff must prepare, document, and deliver a formal Discharge Summary and Letter of Discharge.

2. **Program Transfer**
   Definition: Following the initial Intake and Needs Assessment, or during active service delivery, the FRC identifies that the family requires specialized services better suited to their needs. The FRC facilitates a warm handoff to a more appropriate community program.

   Procedure: Staff must document the receiving program details, complete a *Discharge Summary*, and issue a *Letter of Discharge* to the family.

3. **Voluntary Family Withdrawal**
   Definition: The family exercises their right to self-determination and verbalizes or submits a formal notification that they wish to discontinue voluntary FRC prevention services. This withdrawal can occur at any point in the service timeline.

   Procedure: Staff must immediately document all verbal and written communication

4. **Unscheduled Family Disengagement**
   Definition: The family becomes non-responsive, fails to appear for scheduled appointments, or ceases participation without explanation. This requires mandatory incident reporting.
   Procedure: Staff must document all outreach efforts. A *Discharge Summary* and *Letter of Discharge* must be mailed directly to the family's last known physical address. In compliance with the CYFD Family Services Division, Prevention Initiatives Bureau Directive, an official Incident Report must be completed and submitted for any significant family disengagement.
   a. Triggering Events for Mandatory Incident Reports is required under any of the following four conditions:
      i. A family suddenly ceases contact or participation without providing an explanation.
      ii. Repeated and unaddressed attempts to contact a family fail over documented concerted efforts (defined specifically as five (5) consecutive attempts across multiple channels like phone, text, or email).
      iii. A family communicates a formal withdrawal of support or engagement.
      iv. A family fails to appear ("no-shows") for scheduled appointments or critical meetings.

**Emergency Discretionary Funds**

Emergency Discretionary Funds (EDF) are utilized to assist a family receiving services under this contract with the goals identified in their Individualized Service Plan. EDF must be used in accordance with NMAC (New Mexico Administrative Code) 8.10.6.17 and CYFD PIB EDF Manual.

1. A Individualized Service Plan must be developed prior to utilizing EDF for families.
2. EDF is granted per specific program enrollment for the duration of active service; if a family later re-enters the prevention continuum through a separate initiative (e.g., transitioning from a Family Resource Center to a Family Outreach Program), that distinct enrollment resets their baseline eligibility for that current case cycle.
3. An amount up to $350.00 per family is the standard baseline allowable expenditure. Expenditures within this baseline do not require prior approval from the CYFD Prevention Initiatives Bureau (PIB). Contract providers have full autonomy to authorize and disburse these funds up to this limit based on documented family needs.
4. If additional funds that exceed three hundred fifty dollars ($350.00) are needed for a family, Provider must receive prior approval from CYFD PIB utilizing the EDF request

form. Send request by secure email to the PIB for review and approval. No additional funding may be dispersed before approval is obtained.

Provider must maintain documentation for EDF transactions. Provider must have a Policy & Procedure for Provider staff to adhere to. Provider must document EDF dollar amount for each family on Monthly Data Log. Documentation will be requested by CYFD PIB and will be viewed during Site Visits conducted by CYFD PIB.

**Incident Reports**

Providers are required to report any serious incidents to their assigned CYFD Prevention Initiatives Bureau Program Specialist. Reports must be emailed to the agency's Program Specialist within twenty-four (24) hours of the incident's occurrence. Such incidents may include, but are not limited to:

A. Documentation of any serious incident involving a child and/or the family:

1. Disengagement
2. Fire, flood, or other natural disaster which creates structural damage or
3. poses health hazards to the family.
4. Any outbreak of a contagious disease, dangerous to public health.
5. Suicide or attempted suicide of a child or any family member.
6. Death of a child or family member receiving services from the Provider.
7. Any suspected abuse or neglect of a child.
8. Incidents that include acts of physical harm to a Provider's employee by a child or family member receiving services.

B. Documentation of any significant employee issue, which may impact services and/or families:

1. Disciplinary action

2. Health and safety issue

3. Fire, flood, other natural disaster, or any man-made disaster or event which creates structural damage to Provider's facility.

4. Rules violation or action involving liability including treatment complication, accidents, or injuries to a child.

5. Activities that place clients at risk or harm or cause unusual pain.

6. Any action by an employee of the program which presents or poses possible physical and/or psychological impairment of a client.

C. Actions taken to resolve the issue must be documented.

Suspected abuse or neglect shall be reported immediately to CYFD Protective Services, Statewide Central Intake. Reports can be made by dialing 855-333-SAFE, by calling #SAFE from a cell phone, or by texting 505-591-9444.

**Professional Development**

Provider will complete the following training for employees and volunteers:

1. Trauma informed and trauma responsive practices.* Per Attachment A
2. CYFD Family Resource Center Orientation
3. CYFD EDF Module
4. Cultural and Linguistic Competence and Title VI Compliance: Training focused on ensuring services are accessible, culturally responsive, and free from discrimination. This must include practical strategies for overcoming language barriers, understanding regional demographic needs, and adhering to federal civil rights laws prohibiting discrimination based on race, color, or national origin.
5. Mandated Reporter
6. Motivational Interviewing (evidence-based according to the Title IV-E Prevention Services Clearinghouse)
7. Protective Factors (by Prevent Child Abuse America) Knowing the Protective Factors | Prevent Child Abuse America
8. National Family Support Network Standards of Quality for Family Strengthening and Support (Director/Management Only).
9. Provide at least (12) twelve professional development hours each fiscal year for Family Resource Navigators and director/management. Training and/or conferences must be pertinent to FRC services may be utilized if the Provider demonstrates that it meets the unique need of the population. Justification for training and/or conferences will be requested.
10. Other training as required by CYFD with reasonable notice.

**General Staff Qualifications/Experience**

FRCs reflect the unique culture and community of the people they serve.

**1. Family Navigators** (case managers)

Family Navigators (case managers) provide comprehensive navigation services for families seeking assistance through the FRC. The Family Navigator will partner with families to determine their strengths and needs, develop a plan of action, and connect them with resources in the community that can help them meet their goals. Case management practices must be trauma informed, and strengths based. Family Navigators are required to work with other services in the community who are supporting the family to ensure collaboration.

**2. FRC Director**

FRC Director or staff from Provider agency shall oversee the operations and programs of the FRC, including the services and support it provides to families, by completing the following tasks:

1. Develop and implement a strategic plan for the FRC in collaboration with staff, community partners, and stakeholders. Due date within one hundred eighty (180) days of fully executed Agreement.
2. Oversee the day-to-day operations of each FRC, including managing staff, volunteers, and resources.
3. Develop procedure and schedule for parenting classes that meet the needs of all members of each family served by the FRC.
4. Coordinate outreach efforts to ensure that families in the area are aware of the FRC and the variety of services it provides.
5. Collaborate with community partners to identify and address systemic barriers that impact the well-being of families in the area.

Monitor and evaluate programs and services to ensure that they are meeting the needs of families and achieving intended outcomes**.**

**3. Administrative Support**

Administrative support will assist Provider staff and clients, to include greeting clients, answering phone calls and other administrative tasks typical for that position including record keeping, program support data entry and filing.

**Community Advisory Board (CAB)**

Provider shall organize a Community Advisory Board (CAB) for the FRC. The advisory board must consist of the following members:

1. Persons who have utilized services of the FRC. To encourage parent leadership.
2. Community members who collaborate with the FRC.
3. State agency representative from at least one co-locating agency.

The advisory board must meet on a quarterly basis at minimum. CYFD must be given 7-day notice of the meetings. Meeting minutes must be sent to CYFD within thirty (30) days of the Community Advisory Board meeting.

**J. INVOICING, WORKBOOKS, ENCOUNTERS:**

1. Provider shall submit a fiscal year marketing plan to the PIB Program Specialist within two months of Agreement execution.
2. *Provide the Trauma Training Tracking Sheet with invoice that includes the following information:

a. *Report current leaders, employees, volunteers, interns, or other individuals acting on behalf of Provider, who have made direct contact with families who have worked for Provider for more than three (3) months, and
b. *Provide certification of completion for those current leaders, employees, volunteers, interns, or other individuals acting on behalf of Provider, who have completed the initial training requirements.

3. Monthly Program Reporting

   By the 10th of each month, Provider shall submit a single Monthly Reporting Packet (using CYFD templates where provided) containing:

   i. Monthly Data Log (CYFD template provided)
   ii. FRIENDS Protective Factors Survey (PFS-2) Retrospective Monthly Report: An aggregate data report exported directly from the PFS Online Data System (PFSODS) for all participants discharged during the reporting month. The report explicitly tracks progress toward the mandatory performance measures.
   iii. Community Advisory Board quarterly meeting Minutes.
   iv. Activity Calendars: Schedules for the upcoming month's events to include Parenting classes, Budget classes, Nutrition education classes. Calendar must include date and time.
   v. Monthly Report (CFYD template provided)

4. Invoicing and Fiscal Procedures

   a. Submission Deadline: Invoices for the preceding month are due by the 10th. Failure to meet this deadline will result in delayed payment.
   b. Standard Billing Packet: All financial documents must be submitted as one consolidated PDF in the following order:
      i. Invoice
      ii. Expenditure Report
      iii. Time and Effort Report
      iv. Detailed General Ledger
      v. Purchase Order

   No invoicing is permitted without a signed Agreement and valid Purchase Order in place. Failure to submit invoice documentation by the 10th of every month will result in delayed payment.

## K. SITE VISITS, TECHNICAL ASSISTANCE, CORRECTIVE ACTION PLAN PROCEDURE:

Deliverables will be measured by ongoing monitoring of performance outcomes by PIB through review of Monthly Data Logs, Monthly Reports, Monthly Calendar, Receipt of CAB meeting minutes, and on-site visits to ensure deliverables are met.
A formal Site Visit of Provider shall be conducted once a year and shall be arranged to determine validity of data provided. This includes off-site and on-site monitoring activities. Provider will receive 30 days' notice that they have been selected for a Site Visit with specific dates of off-site activities and on-site activities. One week before off-site activities begin, Provider will receive an agenda, list of family files for review. On or Off-site activities include:

a. Review of Monthly Data Packets and Performance Measures.
b. Review of family files, fiscal records, and human resource folders.
c. Review of organizational Policy & Procedures, focusing specifically on unique FRC operating procedures.
d. Review of FRC Operational Schedules: Audit of monthly calendars, marketing materials, and posted hours to verify consistent delivery of evening, weekend, and non-traditional hours.
e. Memorandum of Understanding (MOU) Audit: Inspection of executed MOUs with co-located state and community entities (including ECECD, CYFD, DOH, HSD, DWS) to verify that resource-sharing terms prevent the subsidy of outside core operational costs using FRC funding.
f. Space Adequacy Assessment: Physical walk-through to confirm the facility is accessible to the local community and is sufficient in layout, size, and utility to execute core program goals.
g. Environment & Trauma-Informed Design Review: Direct observation of the facility environment to evaluate its layout against trauma-informed, welcoming, and family-friendly standards.
h. Community Closet Inventory: Visual inspection and verification of a dedicated, actively maintained, and operational Community Closet on the premises.
i. Co-Location Space Verification: Inspection of the physical infrastructure designated for the "no-wrong-door" multi-agency co-location model.

If CYFD PIB determines there are program deficiencies, Provider is required to create a Technical Assistance Plan with their designated PIB Program Specialist to address the program deficiencies. If contractual deficiencies persist, a Focused Site Visit is arranged.

A Focused Site Visit "focuses in" on priority areas that CYFD PIB identifies as needing improvement or was not achieved after working a Technical Assistance Plan. A

Corrective Action Plan is developed by Provider in response to the Focused Site Visit findings. Corrective Action Plan must address specific issues or gaps in Provider's processes or operations.

a. Corrective Action Plan must describe the problematic situation.
b. Corrective Action Plan must include creating a well-laid-out plan to address the problem.
c. Corrective Action Plan must include a schedule with a list of activities to be completed, with focus on critical tasks to help come into compliance.

Provider must submit a draft Corrective Action Plan to CYFD PIB for approval before it is implemented. This plan must be submitted within two weeks of Focused Site Visit, if significant contractual deficiencies are not corrected within the designated time frame from the written notification of the finding, a contract amendment or termination (immediate or other), could occur.

**L. Client Records and Confidentiality**

1. Provider shall maintain complete records for families served. Records must be sufficient to fulfill the provisions of the Scope of Work, and to document the services rendered under the Scope of Work. Such records shall be available for inspection by the CYFD Prevention Initiatives Bureau and its designees immediately upon request.
2. Provider shall protect the confidentiality of all information and records and shall not release any information about the children, youths, and caregivers to whom services are provided to any third party without the express written authorization of the children and youths (NM Statue Chapter 32A Children's Code § 32A-6A-15) , and caregivers to whom services are provided or CYFD PIB and its designees.
3. Provider shall comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and applicable regulations and all other State and federal rules, regulations and laws protecting the confidentiality of information. If Provider may reasonably be expected to have access to CYFD's Protected Health Information (PHI) as defined by HIPAA, Provider shall execute the HIPAA/HITECH Business Associate Agreement as a separately executed mandatory Agreement which is hereby incorporated by reference into and made part of this Agreement. Failure to execute the HIPAA/HITECH Business Associate Agreement when required by CYFD shall constitute grounds for termination of this Agreement. HITECH Act Enforcement Interim Final Rule | HHS.gov