The completed application, budget and all required supplemental documents must be submitted electronically to [home.visiting@dcyf.wa.gov](http://home.visiting@dcyf.wa.gov) by April 4, 2022 12pm PST. Applications submitted after this date/time will NOT be accepted.

The completed application must address all of the required questions and supplemental documents described in this document and submitted electronically by April 4, 2022 12pm. Please use this template as the format for the application, using Arial 10pt font (or equivalent/larger), with all the margins no less than 1 inch. Application Sections 1 through 9 (excluding the Budget and Supplemental Documents) may not exceed 25 pages in length. Any pages in excess of the 25-page limit will not be included in the review.

1. **Organization Information *(not scored)***
2. **Organizational Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization Name |  | Tax ID |  | | |
| WA State Vendor # |  | UEI or DUNS Number |  | | |
| Mailing Address |  | State |  | Zip |  |
| Physical Address (if different) |  | | | | |
| Phone Number |  | | | | |

1. **Organization Type:** (*If Other please describe*: **)**
2. **Contact Information**

Person Completing this Application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |  | |
| Title |  | | | | | |
| E-mail |  | | | Phone Number (incl. area code) | |  |

Chief Executive Information [Note: This will be the signatory on the contract agreement.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |  | |
| Title |  | | | | | |
| E-mail |  | | | Phone Number (incl. area code) | |  |

Home Visiting Manager Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prefix |  | First Name |  | Last Name |  | |
| Title |  | | | | | |
| E-mail |  | | | Phone Number (incl. area code) | |  |

**2. Expansion Proposal Overview *(not scored)***

**A. Current Home Visiting Program Name and Model**

|  |  |
| --- | --- |
| Home Visiting Program Name |  |
| Program Model |  |

**B. Home Visiting Program Service Capacity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Typical Monthly Caseload | Requested Number of New FY23 HVSA Expansion funded slots  *(not current slots)*  + | Current HVSA funded  slots + | Non HVSA funded slots  = | New Total Slots |
| Number of Families served in typical month (slots) |  |  |  |  |
| ***(this will be your “new slots” throughout application)*** |
| Number of Children served in a typical month |  |  |  |  |

**C. Current and Proposed Counties Served**

Please make sure your proposed counties here align with your service areas described in Section 4A below.

|  |  |
| --- | --- |
| **Current County(ies) served by your program** | **Proposed County(ies) for this application** |
|  |  |

**D. Home Visiting Program 12-month Budget – July 1, 2022 – June 30,2023**

Please note, if the proposed budget exceeds $300,000, this application will automatically be disqualified.

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested New FY23 HVSA Expansion Funding *(not current budget – not to exceed $300,000)* +** | **Current HVSA Funding (*before expansion*)**  **+** | **Non HVSA funding**    **=** | **New Total HV Program Funding** |
| **$** | **$** | **$** | **$** |

**E. Home Visiting Program Funders** – list ALL of the funders your home visiting program in the current and future fiscal years.

|  |  |  |
| --- | --- | --- |
| Name of Funder | Funding $ | Terms of Funding (dates) |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**F. Brief Abstract**: Please describe your proposed expansion

Please describe in 1 to 2 paragraphs a high-level summary of the key features of your proposed expansion (e.g., newsletter blurb).

|  |
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**3. Advancing Equity and Reducing Disparities *(35 points)***

i. How will this program expansion support your organization in advancing racial equity? 20 points

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| --- |
|  |

ii. Describe how your program engages parents in leadership, policy development, or planning at a program and organizational level. 5 points

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| --- |
|  |

iii. How does your organizational leadership connect with the community you serve? 5 points

|  |
| --- |
|  |

iv. Describe how your organization supports - through policy and practice - the delivery of services to meet the diverse cultures, races, ethnicities, and trauma-related experiences of the populations served by your programs. 5 points

|  |
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|  |

**4. Proposed Community/Population to be Served and Capacity to Reach *(80 points)***

1. **HVSA Priority Populations**

i. All HVSA Contractors are expected to enroll participants who identify with at least two (2) of the priority characteristics listed in the table below; participants may identify with additional characteristics. In the table below, please check which HVSA priority characteristics your home visiting program will serve with expansion funding.

**At least two (2) boxes must be checked in order to be eligible for HVSA funding.** 5 points

|  |  |  |  |
| --- | --- | --- | --- |
| (x) | HVSA Priority Characteristics | (x) | HVSA Priority Characteristics |
|  | Poverty/Low income/Economic Insecurity |  | Non-English-speaking or Recent Immigrant Families |
|  | Homeless/Unstable Housing |  | Current and Previously Incarcerated Parents |
|  | Parent Mental Health/Behavioral Health Illness |  | Teen Parents |
|  | Racial and ethnic groups experiencing disproportionality |  | History or current experience with Substance Use, including Tobacco |
|  | Enrolled in WorkFirst/TANF |  | Parents with Low Educational Attainment |
|  | Prior Involvement in Child Welfare System |  | Parents and/or Children with Disabilities |
|  | Intimate Partner Violence |  | Currently or formerly in the Military |

|  |
| --- |
| Comments: |

**B. 2022 Expansion Priority Populations, Communities, and School Locales**

*This expansion funding opportunity is prioritizing service to populations identified as high-risk through the 2020 Home Visiting Needs Assessment and who would benefit the most from home visiting. These populations are described in the 2022 Application Guidance Section 2. While applications proposing additional or other populations, communities, or service areas will be accepted, this funding opportunity will offer additional points to those proposing to expand serving the following groups, communities, and school locales. In response to all questions in this section, please describe only the new caseload proposed in this expansion and not your current caseload, and make sure your numbers do not total more than your proposed new caseload for each question.*

i. Please use the following table to describe how many families on your proposed caseload expansion will be from the priority race/ethnic groups; if you will not specifically be serving families from the identified race/ethnicity populations below, please leave blank, and in the comments box you may describe any other ethnic and racial populations to be served. **To receive the 10 points, at least 50% of your *new* expansion caseload (# new family slots proposed in Section 2B) must be represented by one (1) or more of the**

**Priority Race/Ethnicity populations in this table.** 10 points

|  |  |
| --- | --- |
| Priority by Race/Ethnicity and other priority populations | Number of Families Expected to Serve in a typical month  (caseload once fully operational) |
| American Indian / Alaska Native\* |  |
| Black / African American |  |
| Pacific Islander |  |
| Hispanic |  |
| \*If you will be serving American Indian/Alaska Native populations, please align your caseload numbers here with those in section iv below. | |

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| Comments: |

ii. Please use the following table and describe how many families on your proposed caseload expansion will be from the priority population: Immigrants and Refugees; if you will not specifically be serving these communities, please leave blank. **To receive priority points at least 50% of your *new* expansion caseload (Number of new family slots proposed in Section 2B) must be immigrant and/or refugee families.** 10 points maximum

|  |  |
| --- | --- |
| Priority Population | Number of Families Expected to Serve in a typical month  *(caseload once fully operational)* |
| Immigrant Families |  |
| Refugee Families |  |
| Please describe the immigrant and refugee families you propose to serve in more detail. | |

iii. Please use the following table and describe how many families on your proposed caseload expansion will be from rural and remote/frontier communities that have no or minimal access to home visiting services; if you will not specifically be serving these communities, please leave blank. **To receive priority points at least 50% of your *new* expansion caseload (# new family slots proposed in Section 2B) must be from the rural or remote/frontier communities with no or minimal access to home visiting services.** 10 points maximum

|  |  |  |
| --- | --- | --- |
| Priority Population | County(ies) | Number of Families Expected to Serve in a typical month  *(caseload once fully operational)* |
| Families from Rural Communities with minimal access to home visiting |  |  |
| Families from Remote Rural/Frontier Communities with minimal access to home visiting |  |  |
| Please justify how the counties you identified here meet the priority definition of rural or remote/frontier communities with minimal access to home visiting. | | |

iv. Please use the following tables to describe how many families on your proposed caseload expansion will be from one (1) or more federally recognized Tribes in Washington State or one (1) or more of the listed school locales once fully operational *(please refer to the Guidance Section 2 and its Appendices depicting the school districts located in each school local and a map showing their locations)*. If your expansion will not specifically be serving a Washington Tribe or a priority school locale, please leave describe geographic service area in the “other service area” box at the end of the table. **To receive priority points at least 50% of your new caseload (# new family slots proposed in Section 2B) must be represented by a federally recognized Tribe in Washington State or one (1) or more of these Priority School Locales.** 10 points maximum

| Tribe  Please list each Tribe to be served | Number of Families Expected to Serve in a typical month (*caseload once fully operational*) |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

\*If you will be serving specific tribes, please align your caseload numbers here with the Indian/Alaska Native caseload numbers in your caseload numbers here with those in section i above.

| Largest School District in Locale  *(Associated Counties)* | Number of Families |  | Largest School District in Locale  *(Associated Counties)* | Number of Families |
| --- | --- | --- | --- | --- |
| Clarkston *plus (Asotin)* |  |  | Shelton *plus (Mason)* |  |
| Kennewick *plus (Benton)* |  |  | Pioneer *plus (Mason, Grays Harbor)* |  |
| Prosser *plus (Benton, Klickitat)* |  |  | Omak *plus (Okanogan)* |  |
| Wenatchee *(Chelan)* |  |  | Tonasket *plus (Okanogan)* |  |
| Lake Chelan *plus (Chelan, Douglas, Okanogan)* |  |  | Ocosta *plus (Pacific, Grays Harbor, Lewis)* |  |
| Port Angeles *plus (Clallam)* |  |  | Ocean Beach *plus (Pacific, Wahkiakum)* |  |
| Quillayute Valley *plus (Clallam, Jefferson)* |  |  | Newport *plus (Pend Oreille, Stevens)* |  |
| Vancouver *(Clark)* |  |  | Bethel *(Pierce)* |  |
| Columbia (Walla Walla) *plus (Columbia, Walla Walla, Garfield, Franklin)* |  |  | Clover Park *(Pierce)* |  |
| Kelso *(Cowlitz)* |  |  | Franklin Pierce *(Pierce)* |  |
| Longview *(Cowlitz)* |  |  | Tacoma *(Pierce)* |  |
| Eastmont *(Douglas)* |  |  | Burlington Edison *(Skagit)* |  |
| Grand Coulee Dam *plus (Douglas, Grant, Okanogan)* |  |  | Mt Vernon *plus (Skagit)* |  |
| Kettle Falls *plus (Ferry, Stevens)* |  |  | Sedro Woolley *(Skagit)* |  |
| Pasco *(Franklin)* |  |  | White Salmon *plus (Skamania, Klickitat)* |  |
| Othello *plus (Franklin, Adams)* |  |  | Everett *(Snohomish)* |  |
| Ephrata *(Grant)* |  |  | Marysville *(Snohomish)* |  |
| Moses Lake *(Grant)* |  |  | Mukilteo *(Snohomish)* |  |
| Aberdeen *plus (Grays Harbor)* |  |  | East Valley (Spokane) *(Spokane)* |  |
| Elma *plus (Grays Harbor)* |  |  | Spokane *(Spokane)* |  |
| Port Townsend *plus (Jefferson)* |  |  | West Valley (Spokane) *plus (Spokane)* |  |
| Auburn *(King)* |  |  | Colville *plus (Stevens)* |  |
| Federal Way *(King)* |  |  | Rochester *plus (Thurston, Lewis)* |  |
| Highline *(King)* |  |  | Walla Walla *plus (Walla Walla)* |  |
| Kent *(King)* |  |  | Ferndale *(Whatcom)* |  |
| Renton *plus (King)* |  |  | Sultan *plus (Whatcom, Skagit, Snohomish)* |  |
| Bremerton *(Kitsap)* |  |  | Goldendale *plus (Yakima, Klickitat)* |  |
| Cle Elum-Roslyn *plus (Kittitas, Grant)* |  |  | Sunnyside *plus (Yakima)* |  |
| Centralia *(Lewis)* |  |  | Toppenish *plus (Yakima)* |  |
| Chehalis *plus (Lewis)* |  |  | Yakima *(Yakima)* |  |
| Onalaska *plus (Lewis)* |  |  | | |

|  |
| --- |
| Other service areas (*Please describe other service area(s) you propose to serve in more detail, if not a tribal community or in the 61 priority school locales.)* |

v. Please tell us why you selected these populations/communities/school locales/service areas for this expansion described in this section (4B) and Section 4A. 5 points

|  |
| --- |
|  |

**C. Capacity to Reach Proposed Populations and Service Area**

i. What makes your program/organization well-positioned to serve the proposed expansion population/community indicated in Sections A and B above? In your answer please tell us how your program fits in the existing service array and connects to other organizations, families, and important elements of the proposed community. 10 points

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ii. Outreach, Referrals and Enrollment: What is your program approach and interactions with other community partners or related internal programs of your organization that will support referrals into this home visiting program? How has this changed as a result of the COVID-19 pandemic? 5 points

|  |
| --- |
|  |

iii. In the table below, please include the names and relationships you have with 5 to 8 key internal or community partners from whom you expect to receive referrals into your program. 5 points

| Organization / Program Name | Location (City) | Internal / External to your organization | Description of Current Referring Relationship |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

iv. Sustaining Family Engagement/Enrollment Performance: How will you guarantee strong engagement of families with this expansion, ensuring families remain in and complete your program? In your answer please reflect specifically on the last 2 to 3 years of your program’s performance in engaging families (enrollment and retention) and answer the questions below. 10 points

* Describe your successes and challenges in this area prior to and during the COVID-19 pandemic;
* How have you addressed low enrollment in your program, if applicable; and
* How have you worked to improve family engagement?

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**5. Staffing *(60 points)***

1. **Staffing Plan and Caseload Expectations**

i. In the table below, please indicate the FTE count (#) for each staff category allocated to your home visiting program by funding source: requested new staff, currently HVSA funded staff, NonHVSA funded staff, and your new total for staff FTE if your proposed expansion is funded. Full-time equivalents (FTE) are determined as follows: a 1.0 FTE is a person who works at least 35-40 hours per week for 50 weeks per year. Please use the comment section to clarify if staff work less than a full year. 5 points

| Staff Role | Requested New Staff FTE  + | Currently HVSA funded Staff FTE  + | NonHVSA funded Staff FTE  = | New Total FTE |
| --- | --- | --- | --- | --- |
| Home Visitor FTE |  |  |  |  |
| Supervisor FTE |  |  |  |  |
| Administrative Support FTE directly supporting the home visiting program |  |  |  |  |
| Data Support Staff FTE directly supporting the home visiting program |  |  |  |  |
| Management Staff FTE directly supporting the home visiting program |  |  |  |  |
| Additional Direct Service FTE directly supporting the home visiting program |  |  |  |  |
| Other staff supporting home visiting program *(please describe in comments)* |  |  |  |  |
| **Total FTEs** for all 6 categories above |  |  |  |  |

|  |
| --- |
| Comments: |

ii. Describe how many staff will be newly hired and how many existing positions will have hours increased in the proposed expansion. (not scored)

|  |
| --- |
|  |

iii. Caseload Expectations: In the table below, please describe your program’s caseload expectations for program staff (caseload is the typical of families each position will hold at any given time) according to their expected FTE status. 5 points

|  |  |  |
| --- | --- | --- |
| Staff Role  *(please use categories in table above)* | Number of *New* FTE | Expected Caseload (*Number of families if applicable)* |
| Home Visitors 1.0 FTE |  |  |
| Home Visitors - other FTE (Please describe:       FTE) |  |  |
| Supervisors |  |  |
| Other Staff |  |  |

iv. In the table below, please tell us which of the staff described above will be independent contractors and not employees of your organization and what their expected caseload will be, if applicable. (not scored)

|  |  |  |
| --- | --- | --- |
| Contractor Staff Role  *(please use categories in table above)* | Number of New Contractor FTE | Contractor Caseload *(Number of families if applicable)* |
| Home Visitor |  |  |
| Supervisor |  |  |
| Other |  |  |

|  |
| --- |
| Comments: |

**B. Expansion Timeline**

i. What is your anticipated ramp-up timeline for staff recruitment, hiring, training, and serving families? (please check each cell in the table below to depicts your timeline for each row) 5 points

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staffing Ramp Up Plan | JUL  2022 | AUG  2022 | SEPT 2022 | OCT  2022 | NOV  2022 | DEC 2022 | JAN 2023 | FEB 2023 | MAR  2023 | APR  2023 | MAY 2023 | JUN  2023 |
| Recruitment |  |  |  |  |  |  |  |  |  |  |  |  |
| Hiring |  |  |  |  |  |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |  |  |  |  |  |
| Begin Caseload |  |  |  |  |  |  |  |  |  |  |  |  |
| Full Caseload |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Comments: |

**C. Staff Recruitment and Retention**

i. Describe your program abilities and challenges to quickly hire and train new staff in the coming months. 5 points

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| --- |
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ii. Describe specific strategies you will use to recruit and hire staff for this expansion who are:

the “right” individuals for your team (qualified, good fit for the organization, good fit for home visiting work) **and**

representative of and able to connect with the diverse needs, cultures and experiences of your proposed expansion population described in Section 4 A and B. 10 points

|  |
| --- |
|  |

iii. Please reflect on your program’s strengths and weaknesses with staff retention in the last few years, including any recent history (1-2 years) of home visitor and supervisor turnover, your understanding of the causes behind staff turnover, and your approach to retaining staff/preventing turnover for the expanded program. 10 points

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| --- |
|  |

**D. Staff Support and Supervision**

i. Thinking about program supervision of home visitors and supervisors, how do you implement Reflective Supervision (RS), and what benefits arise from using RS? Please address in your response both topics before the COVID-19 pandemic, during the COVID-19 pandemic, and expected with this expansion. 10 points

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|  |

ii. In addition to Reflective Supervision, please describe strategies your program and organization use to support a trauma-informed and supported staff to deliver home visiting services to a diverse array of families; please including in your response a discussion of your approach before the COVID-19 pandemic, during the COVID-19 pandemic, and expected with this expansion. 10 points

|  |
| --- |
|  |

**6. Home Visiting Service Content *(20 points)***

i. Briefly describe the essential elements of your home visiting program. Include the expected frequency of home visits (or the range based on participant characteristics). Include any program components to specifically reduce inequity and focus service on the diverse cultures, ethnicities and other characteristics of the populations served by your program. 5 points

|  |
| --- |
|  |

ii. Screening and Assessments: Assessment and Measurement tools may be used to determine family status and progress on specific milestones. Some home visiting programs/models use standardized tools to track specific indicators. In the table below, briefly describe how (including the tools used by your program) and how often your home visiting program typically administers participant screenings and assessments for the following indicator areas. 5 points

| Assessment Area | How do you assess in this area? (use tool name if applicable) | When/how often |
| --- | --- | --- |
| Child development\* |  |  |
| Parent child interactions\* |  |  |
| Caregiver mental health and depression\* |  |  |
| Family economic circumstances and stability, including housing stability |  |  |
| Relationships, social support, intimate partner violence\* |  |  |
| Medical and dental health and access\* |  |  |
| Substance use disorder, prevention and treatment\* |  |  |
| Other: |  |  |
| Other: |  |  |

\*Priority assessment areas

iii. COVID-19 Impacts: How has the COVID-19 pandemic affected the delivery of your home visiting program services (including, but not limited to assessments)? What specific strengths and strategies have been adopted to support implementation of the service elements of your home visiting program? 5 points

|  |
| --- |
|  |

iv. Outgoing Referral Networks: In the table below please summarize the top 8 to 10 services to whom your program refers/plans to refer home visiting participants for needed resources; enter the organization’s name next to the appropriate primary service category (listed in “Services Delivered” column) and a short description of your *current* relationship with each organization. 5 points

|  |  |  |
| --- | --- | --- |
| Outgoing Referral Networks:  Organization Names | Services Delivered  (complete those relevant to your program and population) | Description of Referring Relationships |
|  | Child Maltreatment Prevention |  |
|  | Child welfare |  |
|  | Intimate Partner Violence Prevention |  |
|  | Early Childhood Development |  |
|  | Education |  |
|  | Health |  |
|  | Mental Health |  |
|  | Substance Use Support |  |
|  | Housing |  |
|  | Other: |  |
|  | Other: |  |

**7. Program Quality, Fidelity and Technical Assistance *(20 points)***

i. Please describe how you manage your program to be successful in implementation and assure performance in areas such as enrollment, home visitors’ caseloads, screening assessments, frequency of visits, and other essential program components. 10 points

|  |
| --- |
|  |

ii. How and with whom does your home visiting program currently utilize for technical assistance (TA) with your national model and other TA providers? 5 points

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| --- |
|  |

iii. Tell us a specific example of how your program works to improve its methods and delivery [using Continuous Quality Improvement (CQI) tools]. Please share the issue you explored, how you tested various improvement ideas, what you learned (positive and negative), and how you adjusted your program to reflect successful learnings. 5 points

|  |
| --- |
|  |

**8. Evaluation *(25 points)***

i. Describe how your home visiting program currently collects data on participants’ demographic information, service utilization, and program impacts? How do you apply what you learn from program data towards improvement? 5 points

|  |
| --- |
|  |

ii. Describe your data management system and software used to manage this information. And in the table below, please select which data system(s) you currently use for your home visiting program, if applicable. 5 points

| **Home Visiting Data System** | (x) please select all that apply) |
| --- | --- |
| Visit Tracker |  |
| FLO (NFP Data) |  |
| Apricot |  |
| DAISY |  |
| Other |  |
| None of the above |  |

|  |
| --- |
| Comments if Other or None of the above: |

iii. DCYF tracks specific data indicators to support home visiting program evaluation; some of these require client data matching with other State education and social services systems. 15 points

|  |  |
| --- | --- |
| By applying for this funding, you acknowledge and accept the expectations that our organization will seek consent for families to routinely share information collected by the HV program with DCYF for evaluation purposes *(please check adjacent box to indicate you agree)* |  |

|  |
| --- |
| Comments, concerns, questions, or barriers to sharing client level data (not scored): |

**9. Organization Infrastructure *(25 points)***

i. Please briefly describe your entire organization’s mission, history, strategic goals and programs, and leadership. 5 points

|  |
| --- |
|  |

ii. Practically speaking, please describe your organization’s resources (management, administration, communications, human resources, financial systems, and other infrastructure) to support this expansion effort and to maintain high quality home visiting services during implementation, even during the COVID-19 pandemic. 10 points

|  |
| --- |
|  |

iii. Describe your organization's experience and ability to successfully manage complex, multi-year grants and projects. Please include in your answer a summary of your organization’s capacity for financial management/accounting and fiscal oversight of grant funds, and describe your financial system’s ability to accurately assign and track expenditures across multiple funding sources and payment points. 5 points

|  |
| --- |
|  |

iv. Reflecting on your organization’s commitment to your home visiting program and this expansion effort, how might your program adapt in the future with the understanding that HVSA financial investment (base funding) may not increase over time (e.g. cost of living increases)? 5 points

|  |
| --- |
|  |

**10. Budget Proposal Instructions *(20 points)***

Please use Budget Template (MS Excel version) provided with application; PDF versions of the Budget will not be accepted. **Instructions for completing the budget are provided in the Application Guidance starting on page 22**; please refer to the instructions to prevent disqualification of your submission.

**11. Supplemental Documents *(required, but not scored)***

**Please submit all the required Supplemental Documents outlined in the Application Guidance starting on page 24**; please refer to the instructions for this section in the Guidance document to prevent disqualification of your submission.