



Early Childhood Iowa Area Board FY2024 Family Support Home Visitation Request for Proposal

900 W 3rd St
Boone, Iowa 50036
515-433-4893
ajclaman@boonecounty.iowa.gov

DEADLINE

Emailed Application Due Date: March 8, 2023 by 12:00 PM

Hard Copy Application Due Date: March 9, 2023 (by 12.00 P.M. Noon)

Late Applications Will Not Be Accepted

ANTICIPATED CONTRACT TERM

July 1, 2023 – June 30, 2024

With options to renew for 2 additional years

Request for Proposal Purpose:

The BooSt Together for Children Early Childhood Iowa Area Board is seeking proposals for Family Support Home Visitation Programming that target children, pre-birth to age 5 and their parents in Boone & Story County.

Mission Statement

"Every child beginning at birth will be healthy and successful"

BooSt Together for Children Early Childhood Iowa Area Board Request for Proposal Information FY2024

The BooSt Together for Children Early Childhood Iowa Area Board has agreed to distribute this Application for Early Childhood Iowa funds. This will establish uniform guidelines and procedures for soliciting grant proposals from early childhood providers who provide services to children age prenatal through age five.

The BooSt Together for Children ECI Area Board plans to allocate funds for Early Childhood Services in FY2024. Contingent upon receipt of Early Childhood Iowa Funding, the BooSt Together for Children ECI Area Board is announcing the Request for Proposal for FY2024 with the option to renew for two additional contract years. The total amount of funding available may be **approximately** \$250,000.00 for Family Support Home Visit Programming from the School Ready program funds for FY2024.

Purpose of the Early Childhood Iowa Initiative

Early Childhood Iowa (formerly Empowerment) was established by Iowa state legislation during the 1998 session in an effort to create a partnership between communities and state government with an emphasis on improving the well-being of families with young children. The BooSt Together for Children ECI Area Board has been established to improve results for young children and their families residing in Boone and Story County.

BooSt Together for Children Community Plan Indicators and Priorities

A Community Plan was developed by the BooSt Together for Children Area Board in support of residents prenatal through five, and their families in Boone & Story County, Iowa. It highlights goals, indicators and priorities of the BooSt Together for Children Area Board, that affect the well-being of Boone & Story County's youngest citizens. In addition, the plan identifies community assets, common needs, and gaps in services that help "steer" the BooSt Together for Children ECI Area. The community plan can be used as a guide for grant writing and funding decisions. Applicants will find funding priorities in the BooSt Together Community Plan, which is located at: <http://www.boostforchildren.org/> (scroll down from the main page to the Community Plans and Reports box).

Early Childhood Iowa Tools

Early Childhood Iowa has tools that may assist applicants and at this time can be found at <https://earlychildhood.iowa.gov/> or <https://earlychildhood.iowa.gov/toolkit-tools>. The BooSt Together for Children Early Childhood Iowa area board is not responsible for changes to state tools and/or if the website is inaccurate or has moved.

Home Visitation Tools, Resources and Guidance

In addition to state **Tool FF** the Home Visiting Evidence of Effectiveness (**HomVEE**) website from the U.S. Department of Human Services is a resource that provides information on home visitation models.

Intended Population and Benchmark Targets

Early Childhood Iowa requires specific enrollment criteria for long term home visitation programs; 90% of families enrolled during the course of each fiscal year are required to meet one of the three criteria. Families meeting two or more Long term home visitation criteria [A, B, C], are given priority.

- A. Have an income at or below 200% of the federal poverty level (self-report);
- B. Have a parent that has achieved a high school diploma or less education;
- C. Have a child that has a current Iowa Family Service Plan (IFSP) or Individualized Education Plan (IEP).

The BooSt Together for Children ECI Area Board encourages applicants to have strategies to serve more than 90% and extra consideration may be given to applicants who do. Describe this in the appropriate section of the RFP and note the percentage you will target. In addition to enrollment criteria, the following benchmark targets have been established by the State Home Visitation Program Director in consultation with the Early Childhood Iowa office. It is the desire of the BooSt Together for Children ECI Board for long term home visitation programs to meet at a minimum the below targets. These targets are to be addressed in this proposal in the appropriate section of this application.

Minimum Target	Best Practice Target	Family Support (Home Visitation Strategy) Benchmarks
40%	60%	Percent of enrolled families that are prenatal each fiscal year
20%	0%	Percent of families whose income is at or above 201% of the federal poverty level each fiscal year.
40%	65%	Percent of first-time moms in enrolled each fiscal year

Funding Parameters

Funding parameters for Early Childhood Iowa can be found within State [Tool G](#). Access to the [Tool G](#) can be found on the [Early Childhood Iowa](#) website. **It is highly recommended applicants review [Tool G](#) prior to submitting an application.** It is also the responsibility of the applicant to know and understand all relevant state Tool Kit Tools mentioned within this request for proposal.

Applicant Eligibility

To be considered eligible for funding the applicant must:

- Target children, pre-birth to age 5, and their parents in Boone or Story County, either directly or indirectly.
- Adhere to the principle that no discrimination will be practiced as to race, religion, sex or national origin.
- Identify a single lead organization as the official applicant if proposals are developed jointly by more than one agency or organization. Participating agencies and organizations can be included as co-participants, sub-grantees, or subcontractors.
- Have the ability to cash flow the project as funding is provided in monthly disbursements.
- Be a not-for-profit entity or group 501(c)(3), or substantially meet the requirements to be certified as not-for-profit, or have a not-for-profit administer the funding; local governments, churches, and schools. Exceptions may be made for certain services.
- Demonstrate a commitment and ability to comply with all reporting requirements and relevant state and federal laws, including all rules and policies implemented by the BooSt Together for Children Area Board. The Home visitation Provider will ensure services are provided to families on a voluntary basis.
- Assure that the diverse needs of families in the service area are met by assessing disparities, inequities and unintended consequences of issues.
- Retain participants in the home visiting program for the entire length of their eligibility minimizing participant attrition rates.
- The contractor will maintain full family service capacity at all times with the exception for the first 90 days, following contract start date. [A period to build a client referral base]. During the first 90 days the Contractor will receive the per family slot amount of \$400.00 per family enrolled in program. Every effort shall be made to meet weekly with newly enrolled families. However, no incentive or disincentive pay-out will occur until full capacity is reached. Full Capacity is a minimum of 45 families: A minimum of 10 Families in Boone County and 35 families in Story County. The Contractor's performance is measured by their ability to maintain family service capacity at an average of 95% or higher of the family service capacity at any given time. (See appendix for Family Support Home Visit Tracking Form).
- Incentive: The Contractor must have provided 10 or more home visits multiplied by a minimum of 45 families over the course of the quarter to receive the incentive. Contractor receives \$2000.00 in incentives for Family Support Home visitation programming in Boone & Story County, (i.e., funds may be used for bonus stipend for Direct Care Worker or Professional training). (All Performance Measures and DAISEY Data shall be documented and inputted in the DAISEY website to receive incentive).
- Disincentive: If the Contractor does not meet the minimum of 9 Home visits multiplied by their planned family capacity at the end of the quarters, \$1000.00 will be deducted from payment as a disincentive for not meeting the minimum threshold for the quarter.
- Provide the prescribed home visiting dosage by model. The Contractors performance is measured by their ability to provide an average of nine home visits per family during a quarter of service. (Home Visits in general to last a minimum of 60 to 90 minutes).
- Assure that enrolled families that have not received any home visits during the month have an organization supervisory review to determine the course of action.
- Discharge families that have not received any home visits for a 60- day period.

- Expand access to evidence-based home visiting in the Boone & Story County Communities.
- Develop and expand a robust referral and outreach network that includes birthing hospitals/centers, WIC, Maternal-Child Health Programs, Primary Care Physicians, Child Care Providers, Parents and other Community Partners.
- Coordinate activities with early childhood service providers available in Boone & Story Counties.
- Participate in professional development activities with the Iowa Association for the Education of Young Children, The Institute for the Advancement of Family support Professionals, the national evidence based model and other partners.
- Maintain a local coordinated intake system to process referrals and information regarding family support programming and to promote the availability of family support programming.

Application Criteria

Applicants must meet the following criteria:

1. Demonstrate that the applicant's project strategy was developed to meet priorities in the BooSt Together for Children ECI Community Plan and ultimately link to family support and parent education services/programs, and community resource management and planning.
2. Qualifies under guidelines for Early Childhood Iowa Funding ([Tool G](#)).
3. Must follow the outline format and page limitations.
4. Must be typed using a single-spaced 11- point font, with numbered pages.
5. Incomplete applications may or may not be considered.

Requirements for Funded Programs

Applicants awarded funds are required, but not limited to:

- Submit required performance measures, required by the State Early Childhood Iowa Board. The Board reserves the right to request additional performance measure data other than what is required within the state tool(s). It is the applicant's responsibility to know and understand all proposed performance measures for the service being applied for. For a copy of the most current state Performance Measures review [Tool P](#) and [Tool O](#).
- Participate in two on-site visits with the ECI Director. first visit after first the Quarter and second visit in spring of fiscal year.
- Provide the board with a copy of the agency's most current financial audit summary during the fiscal year.
- Adhere to Family Support guidelines where applicable. ECI Area Boards are required in Iowa Code, Chapter 256I.9(2), to give priority funding to programs who are evidenced-based, research based or promising models for home visitation as defined in [Tool FF](#). Only programs who have received/working on the Iowa Family Support Credential (IFSC) and a national evidence-based model are eligible to apply. If a program is working on earning the IFSC and a national evidence-based model, submit the program's plan for earning this achievement. If a credential or evidence-based model has already been achieved please provide a copy of the certification/verification. All programs must also participate in the **DAISEY** Data Collection System or data management systems dictated by Early Childhood Iowa. The [Iowa Family Support Data Dictionary](#) is available as a resource. All staff paid with grant funds must achieve the National Family Support Certification by the successful completion of the national family support certification exam. Direct service FSPs that are hired after January 1, 2021 will have one year to earn their certification. For more information on the national family support certification exam: institutefsp.org.
- Submit three quarterly progress reports utilizing BooSt Together for Children Quarterly reporting Data sheet, (see appendix) and DAISEY Solutions Data . Due dates for the reports are: October 15, January 15, and April 15. A Year-end report is also required to be submitted on July 10. Standardized report formats will be provided for all programs/services and are required to adhere to the prescribed format. The progress report format is subject to change. A copy of the expenditure and reporting requirements are available upon request. No report shall be altered by the Contractor. The Contract manager is to be notified of any requested changes in writing.
- Utilize a preformatted Voucher form, monthly service tracking tool, and Quarterly reports designed by the BooSt Together for Children Area Board. Submit an annual Financial Audit report.
- Promote the funded program in the general community at least once during the contract period. The following statement must be used at all times when promoting the funded program: "Program" is funded

through the BooSt Together for Children ECI Area Board. The Board’s logo will be provided for public awareness purposes.

- Maintain in effect, with insurance companies authorized to do business in the State of Iowa, insurance covering its work. The insurance shall be of the type and in the amounts reasonably required by the Early Childhood Iowa Area. The Contractor's insurance shall, among other things, insure against any loss or damage resulting from or related to the Contractor's performance of this Contract. All such insurance policies shall remain in full force and effect for the entire life of this Contract and shall not be canceled or changed except after thirty days written notice to the Early Childhood Iowa Area. Unless otherwise requested by the State, the Contractor shall, obtain the insurance coverage(s) set forth below:

Type of Insurance	Limit	Amount
General Liability	Per incident	\$1 million
Automobile liability, including any auto, hired autos, and non-owned autos used in the provision of services under this Contract	Per incident	\$1 million
Excess liability, with Third Party Liability Endorsement	Per incident	\$1 million
Workers' Compensation for employees of Contractor	As required by Iowa law	
Professional Liability Insurance as applicable	Per incident	\$500,000

All insurance policies required by this Contract shall provide coverage for all claims arising from activities occurring during the term of the policy, regardless of the date the claim is filed or expiration of the policy.

The Contractor and any of its subcontractors performing work on this project shall submit certificates of insurance described above at the time of execution of this Contract. The receipt of such certificates does not constitute approval of the coverage contained on the certificates, and the Contractor remains responsible for determining that its insurance coverage meets each and every requirement of this Contract. Acceptance of the insurance certificates by the Early Childhood Iowa Area shall not act to relieve the Contractor of any obligation under this Contract.

The Contractor shall obtain a waiver of any subrogation rights that any of its insurance carriers might have against the State. The waiver of subrogation rights shall be indicated on the certificates of insurance coverage supplied to the Early Childhood Iowa Area.

Contracting Period

The term of the Contract shall be July 1, 2023 through June 30, 2024, unless terminated earlier in accordance with the Termination section of the Contract. The BooSt Together for Children Area Board shall exercise the option to renew this Contract for two additional years by giving the Contractor written notice of the extension decision. Budget requests and funding awards will be renegotiated each year. Contract renewals are subject to performance and state funding allocations. Funding is *not* guaranteed to be sustainable or continuous from year to year.

Contractual Obligations and Information

Reimbursement of Expenditures

The award will be made to the contractor in monthly disbursements; it is a Family Slot flat fee base with built-in incentive and disincentives according to capacity adherence (See appendix). Contractors shall contact the BooSt Together for Children Director when a contracted Staff member resigns/leaves a contracted position. If the position is not filled within 90 days the contract shall be amended. The Contractor will contact the BooSt Together Director upon rehire of contractual hire.

Budget Amendments

Contractors are not allowed to make Budget Amendments. The ECI, Area Director is contacted and a budget request form is submitted for the Area Director and Board Processing Committee to review and Board of Directors to determine outcome.

Contract

A copy of the contract is available upon request.

Application Guidelines

- Format and guidelines of this request for proposal application must be followed to be considered for funding.
- Request for proposal materials will be posted on the BooSt Together for Children Early Childhood website
- You may contact Anita Claman, Executive Director at 515-433-4892 or aclaman@boonecounty.iowa.gov if you have questions regarding the request for proposal process.
- Applications are due in hard copy to the Executive Director's office, 900 W 3rd St. Boone, Iowa 50036 by **March 9, 2023 by 12:00 Noon**. No fax copies or postmarks will be accepted. No hand delivered applications are allowed.
- Submit 1 original of the proposal application and the required attachments and 7 identical copies. **All applications are to be assembled as single sided and stapled.**
- An electronic mail application must also be submitted by **March 8, 2023 by 12:00 P.M.** to aclaman@boonecounty.iowa.gov and must be in PDF format. Applications must be received by electronic mail by the stated due date in the request for proposal guidelines. The date and time stamp of the electronic mail shall serve as the official time of receipt of the proposal. The time that is documented may be slightly delayed from the time that the applicant sent the email. Although the delay is minimal, it may be increased when server traffic is high or other uncontrollable internet traffic circumstances, encryption issues, firewall issues or server issues. It is the applicant's sole responsibility to submit emailed proposals in sufficient time so the proposal is received prior to the stated due date and time. Any proposal received time stamped past due date will be rejected, not reviewed for funding, and an email notice sent to the applicant. This is not grounds for an appeal.
- The BooSt Together for Children Early Childhood Iowa Area Board is the entity who makes final funding decisions.
- Applicants may be required to respond to questions concerning their application during the review process.
- Grant recipients will be required to sign a contract containing, performance measures, fiscal responsibility and reporting requirements.
- ADMINISTRATIVE COSTS: Administrative costs of **no more than 5%** are allowable expense per total family visit per month. (Family visit cost is \$133.33 multiplied by total visits for the claim month up to 3 visits per month per family.)
- OTHER FUNDING –Identify other funding to support the project. In-kind funding **is not** to be noted in the narrative.

Review Process

Each proposal will go through the following phases:

- Phase 1 – A technical review of the proposal will be conducted by the ECI Director.
- Phase 2 – A comprehensive review of proposals will be completed by the Board Processing and Children Service Committees. Additional information or clarification may be requested of applicants following this phase.
- Phase 3 – The Program and Service Committee will provide recommendations to the BooSt Together for Children ECI Area Board on March 13, 2023. The meeting is open to the public.
(Please see Procurement schedule in appendix)

Notification of Awards

All applicants will receive notification of the BooSt Together for Children ECI Area Board's decision. It is the intent of the Board to provide notification by April 17, 2023, but may be dependent upon the Iowa Legislature and state allocations provided to the BooSt Together for Children ECI Area Board.

Appeals

The community has the right to appeal decisions based upon a showing that the policies and procedures governing the decision-making process have not been properly applied. Appeals for Board actions must be received by the Board in writing no later than seven(7) business days (excluding holidays) following the effective date of the action appealed. It is the responsibility of the applicant to assure that appeals are received by 4:00 PM on or before the seventh business day of the appeals process. Appeals received after 4:00 PM on the seventh business day of following the date of the action appealed shall not be reviewed.

1. All appeals shall clearly state how the decision failed in following the rules of the process as governed by the policies and procedures outlined in the by-laws. The request must also describe the remedy sought.
2. The Board will review the appeal and gather information regarding any infractions of the process.
3. The Board will set the matter for review at the next regularly published meeting of the Board of Directors.

Conflict of Interest

To avoid any conflict of interest in the funding determination process, any member of the BooSt Together for Children ECI Area Board, who has a direct interest or substantial related interest in a particular funding proposal, will not participate in the evaluation of that proposal. An example of a direct interest in a proposal would be an employee or Board member of an agency submitting a proposal. An example of a related interest in a proposal would be a relative of an employee or Board member of an agency submitting a proposal.

Public Information

All applications received and review materials (if available), will be kept confidential and in a secure location until all programs have a fully executed contract. After that time, all materials become public information. Open records request can be made on the [BooSt Together for Children: Boone County | Story County](#) website.

Statewide Budget Cuts

Statewide budget cuts may occur after grant awards have been made. In that event, the BooSt Together for Children ECI Area Board will apply budget cuts as equitably as possible. Providers will be given notice of any pending budget cuts as soon as possible so that they can plan accordingly. These budget reductions would not apply to services for which providers had already been paid. The application of any budget reductions would require Board approval, whereupon contract amendments would be issued to individual contractors.

Supplanting

This funding may not be used to supplant existing funding. If funding will be used as a match for other grant funds, BooSt Together for Children ECI Area Board must first be notified and reported on a monthly basis.

Cash Match

While not required with this grant offering, it is highly encouraged to have other funding to support the project

Application Checklist

Applications shall be assembled in the order below. Mail 1 original of the application with required attachments plus 6 copies, **all single sided and stapled.**

- ___ **Attachment A** - Cover Page. *(keep to 1 page)* **(signed in blue ink)**
- ___ **Attachment B** - Community Plan Impact. *(keep to 1 page)*
- ___ **Attachment C** - Narrative. *(no more than 6 pages)*
- ___ **Attachment D** - Assurances. *(only 1 original required)* **(signed in blue ink)**
- ___ **Attachment E** - Board Membership. *(only 1 original required)* *(if applicable)*
- ___ **Attachment F** - Minority Impact Statement *(only 1 required)*
- ___ **Attachment G** - Excel Budget Form
- ___ **One Letter of Support.** - Must be specific to the program.
- ___ **Insurance Coverage Documentation.** *(only 1 required and to be submitted with the original application)*
- ___ **Documentation of employee(s) background checks.** Family support programs are only applicable to this requirement. *(only 1 required and to be submitted with the original application)* This requirement can be met by providing a statement on agency letterhead that all staff have received a background check.
- ___ **Documentation of program quality.** *(only 1 required and to be submitted with the original application)* *(if applicable)* (This may include but not limited to the Family Support Credential, National Accreditation, Child Care Nurse Consultant certification, etc.)
- ___ **Documentation of Iowa Family Support Competency Certification.** This is limited to Family Support Programs *(if applicable)*.

Email

You are to email the request for proposal(s) in **PDF** format to include the following: **Attachments A, B, C, D, E, F, G** letter of support, insurance documentation, indirect cost rate documentation, background checks, program quality, and Iowa Family Support Competency certification. .

RFP Original

The original RFP with appropriate signatures is to include the following pages and are to be **singled sided and stapled**.

- Attachment A – Cover Page
- Attachment B – Community Impact Page
- Attachment C – Narrative
- Attachment D – Assurances
- Attachment E – Board Membership if applicable
- Attachment F– Minority Impact Statement
- Attachment G - Excel Budget Form
-
- Indirect Cost Rate Documentation
- Insurance Documentation
- Background Checks – Family Support Only
- Documentation of Program Quality if applicable
- Documentation of Iowa Family Support Competency Certification if applicable

RFP Copies

Six Copies are to include the following pages and are to be **singled sided and stapled**.

- Attachment A – Cover Page
- Attachment B – Community Impact Page
- Attachment C – Narrative (no more than 6 pages)
- Attachment G -Excel Budget form
- One Letter of Support -Must be specific to the program

**Early Childhood Area Board
 FY2023 Request for Proposal
 Cover Page
 ATTACHMENT A
 This must be one page only**

Applicant Contact Information	
Name of Organization	
Address (Street)	
City and Zip	
Phone	
Email	
Website	
Contact Person	
Tax ID#	

Project Information	
Project Name	
Purpose Statement	
Proposed Outputs (This Should Match Question 9)	
Amount Requested	\$

Select the County(s) the program will serve (check all that apply)
<input type="checkbox"/> Boone County <input type="checkbox"/> Story County

<i>I have reviewed Early Childhood Iowa State Tools and Performance Measures associated with this Request for Proposal and fully understand my roles and responsibilities. I also certify that I am duly authorized to commit and make assurances for the applicant, and therefore agree to comply with all the provisions of the Request for Proposal, and to the best of my knowledge, the information contained in this application is correct and complete.</i>	
Signature of Authorized Officer/Director of Applicant	Date

ATTACHMENT B
Community Plan Impact

Select in the following charts, the items the program will target the BooSt Together for Families ECI board community plan and why. The community plan can be accessed on the BooSt Together for Families website at [BooSt Together for Children: Boone County | Story County](#).

At least one item is required to be checked in each of the four areas. **This must be one page only.**

1. Select the Early Childhood Iowa result area(s) your program will impact. (check all that apply)
<input type="checkbox"/> Children are ready to succeed in school <input type="checkbox"/> Healthy children <input type="checkbox"/> Safe and nurturing families <input type="checkbox"/> Safe and supportive communities <input type="checkbox"/> Secure and nurturing early learning environments
How will you impact the selected result area(s)?

2. Select the BooSt Together for Children ECI local indicator(s) your program will impact. (check all that apply)
<input type="checkbox"/> Percent of kindergarteners who had a preschool experience <input type="checkbox"/> Percent of child care providers and preschools at each level of the voluntary quality rating system <input type="checkbox"/> Percent of children age 0-5 who live below the poverty level <input type="checkbox"/> Percent of live births where the mother began prenatal care during the first trimester of pregnancy <input type="checkbox"/> Percent of families with parents working & children under the age of 6
How will you impact the selected indicator(s)?

3. Indicate the BooSt Together for Children ECI priority(s) your program will impact. (check all that apply)
<input type="checkbox"/> Quality early childhood education settings (i.e. homes, centers, preschools) <input type="checkbox"/> Health services (i.e. vision, dental, mental, medical) <input type="checkbox"/> Family support and parent education <input type="checkbox"/> Community resource management and planning
How will you impact the selected priority(s)?

4. Select performance-based Service types you are applying for. Review Tool P and Tool O. (check all that apply)

Direct Services

- Crisis/Emergency
- Prenatal/Postnatal
- Transportation
- Literacy
- Dental
- Health Prevention Services
- Car Seat
- Early Care & Education Scholarships
- Early Care & Education Supportive Services

Indirect Services

- WAGE\$
- Preschool Scholarship Coordination
- Coordinated Intake
- Child Care Nurse Consultant
- Quality Improvement for Early Learning
- Public Awareness/Child Fairs education
- Infant and Early Childhood Mental Health Consultation
- Technical assistance: Consultant, Mentoring, Coaching
- Mental Health Supports: (EC-PBIS)
- Professional Development - Credit-bearing
- Professional Development - Training
- Professional Development - Conferences
- Business Investment Plan
- Mental Health Supports - PBIS

Family Support

- Long term home visitation
- Short term home visitation
- Group parent

**ATTACHMENT C
NARRATIVE**

Total narrative section is not to exceed six (6) pages.

1. Describe the agency's mission and vision. Include a history of the agency and length of time services have been provided. If the agency has a governing board/body, explain the decision-making process also explain how program information is provided to the governing board/body.

Provide your narrative here.

2. Describe the proposed program and its operations. Describe any evidence or research basis of the program. Describe the program goals.

Provide your narrative here.

3. Has the program had a contract terminated, not renewed or placed on a program improvement plan or similar corrective action plan within the past 24 months, for failure to complete terms of the contract, no matter the funding source.

If yes, provide an explanation.

4. Describe the local need for the program, gaps in services and data to support this need. Describe how the program is uniquely suited to meet this need. (Specifically:

- **How will You obtain referrals and increase Family Support Visitation in Boone County at a minimum of 10 families in Boone County)**
- **How will you increase Family Support Home Visitation in Story county at a minimum of 35 families in Story County?**
- **What is the plan for outreach in the rural communities of both counties?**

Provide your narrative here.

5. Describe the plan and timeline for implementation or continuation of the proposed program.

Provide your narrative here.

6. Describe the target audience and how you will engage the target audience. Include geographic, socio-economic, age as well as other demographics of your target audience. **FAMILY SUPPORT ONLY - Describe what strategies a family support program will use to serve the most at-risk families. Additionally, describe how you will target prenatal enrollments, income levels and first-time mothers. (See page 3)**

Provide your narrative here.

7. Describe any notable trends over the past year (negative or positive).

Provide your narrative here.

8. Describe how services will be provided to non-English speaking participants.

Provide your narrative here.

9. **Proposed Outputs. Identify the anticipated number of full-time equivalent staff to perform the work, number of children, number of families, number of providers and/or visits/services to be served by this program. Describe the Family Support Model used and the Staff - Client ratio according to Family Support model utilized. **This is a critical part of this application.****

Provide your narrative here.

10. Describe the methods and tools used in collecting, reporting and monitoring the programs performance. Identify data that will be reported to the BooSt Together for Children Area Board (include state required data and include other data that is important to the program).

Provide your narrative here.

11. Coordination and Collaboration. List your planned collaboration with other agencies and community partners. Identify if there are other agencies in the community that provide a comparable service, how will your services compliment or differ, and work together.

Provide your narrative here.

12. Describe your plan to secure outside funding and demonstrate how this project will be sustained beyond ECI funding. Describe barriers to obtaining sustainability.

Provide your narrative here.

13. State the minimum funding at which the program is viable.

Provide your narrative here.

14. Provide a success story in 350 words or less. Stories should focus on the impact the program has had for individuals and/or specific children and their families. It can be a success story or a story in which a family experiences difficulty accessing and/or utilizing services.

Provide your narrative here.

15. Identify any credentialing or national certification process(s) the agency/family support program has completed or is in the process of completing with time lines identified for completion. This is a requirement to receive ECI funding (refer to [Tool FF](#)).

Provide your narrative here.

16. Describe the curricula , if any, the family support program will utilize. (please include a brief outline of the curriculum for Fiscal Year July - June). If no curricula is utilized, describe why not. Describe what family support model, if any the family support program will utilize. If no model is utilized, describe why not.

Provide your narrative here.

17. Describe how often the organization will provide one-on-one supervision to each family support professional. Describe how often documentation will be reviewed as part of supervision and how often the supervisor will observe the family support professional performing their work. Describe the support you will provide to staff to achieve the Iowa Family Support Competency Certification.

Provide your narrative here.

18. Define Your current intake system. State adaptations and changes you will make to current intake system to comply with the contract. (Please include referral resources including but not limited to organization You network with in both Story & Boone County).

Provide your narrative here

19. Describe how your organization plans to utilize the incentive funding.

Director Use

Director Use

**BooSt Together for Children ECI Area Board
Application Technical Review and Pre-Screening**

Applicant Organization: _____

Project Name: _____

_____ : **Date received by email**

_____ : **Date received by mail**

Application requirements

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application was emailed by the due date |
| <input type="checkbox"/> | <input type="checkbox"/> | Application was received by due date |
| <input type="checkbox"/> | <input type="checkbox"/> | Application was assembled in the correct order |
| <input type="checkbox"/> | <input type="checkbox"/> | Application included 1 original and 6 copies |
| <input type="checkbox"/> | <input type="checkbox"/> | Application adhered to page limitations were met |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment A - Cover page |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment B - Community Plan Impact |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment C - Narrative <i>(No more than 6 pages)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment D - Budget and justification addition was correct <i>(no more than 3 pages)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment E - Assurances (signed in blue ink) <i>only 1 original required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment F - Board Membership <i>(if applicable)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment G - Minority Impact Statement - <i>only 1 required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter of support |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Coverage Documentation - <i>only 1 required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Cost Rate Documentation - <i>(if applicable) only 1 required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Background Checks Documentation - <i>(only required for family support) only 1 required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of Program Quality - <i>(if applicable) only 1 required</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of Iowa Family Support Competency Certification - <i>(only required for family support) (if applicable) only one required</i> |

Technical Review Comments:

**BooSt Together for Children ECI Area Board
Funding Application Evaluation**

Applicant	Project	Completed By
Criteria	Met (check the box if the criteria was met)	Not Met (check the box if the criteria was not met)
1. Agency's mission, vision, history, governing body. Applicant clearly describes the mission, vision, agency history length of service and governing body.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
2. Program operations and goals Applicant clearly describes the program operations, goals and evidence or research basis of the program.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
3. Contract (may not be applicable) Applicant clearly describes contract terminations, improvement plans, and or corrective action plans.	<input type="checkbox"/> NA <input type="checkbox"/> Notes	<input type="checkbox"/> Notes
4. Need Applicant clearly demonstrates the need for the program, identifies gaps and how it is uniquely suited to meet the need.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
5. Timeline and Implementation Applicant clearly describes a plan for implementation or continuation of the program.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
6. Audience, Eligibility and Demographics Applicant clearly describes the audience to be served and eligibility requirements.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
7. Notable Trends Applicant clearly describes notable trends.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
8. Non-English Speaking Applicant clearly describes how services will be provided to non-English speaking participants.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
9. Outputs Applicant clearly describes program outputs, i.e. staff, children and families served, etc.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
10. Data Collection Applicant demonstrates a clear process for collecting and reporting required performance measures.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
11. Coordination & Collaboration Applicant shows evidence of meaningful collaboration with other organizations.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
12. Sustainability Applicant shows evidence of a reasonable sustainability plan beyond 4 R Kids ECI funding.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
13. Minimum funding Applicant clearly stated the minimum funding for viability.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
14. Success Story Applicant provided a success story.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
15. FAMILY SUPPORT ONLY - Credential or Certification Applicant clearly describes the credentialing or certification process.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
16. FAMILY SUPPORT ONLY - Curricula and Model Applicant clearly describes curricula and the family support model utilized.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
17. FAMILY SUPPORT ONLY - Supervision Applicant clearly describes supervision of staff and staff support.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
Budget and Justification Applicant shows evidence of cost effectiveness and a solid budget justification.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
Rational & Subjectivity Applicant shows evidence of meeting standards in building a comprehensive early childhood system within the 4 R Kids ECI Area.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
Overall Completeness of Applications (Information taken from technical review and pre-screening) Application was complete; no items needed follow up and/or missing.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes

Strengths:

Areas of Improvement:

Funding Recommendations:

Other Recommendations or Comments:

ATTACHMENT D ASSURANCES

A. ASSURANCES OF COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964

No person shall, on the grounds of race, creed, color, national origin, gender or sexual orientation be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination under agency grants awarded pursuant to P.L. 93-415 or any project or program supported by such grants. Sub grantees must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964 and regulations issued by the Department of Justice thereunder as a condition of award of federal funds and continued grant support.

B. THE HATCH ACT

Federal law prohibits certain partisan political activity by an officer or employee of the State or local agency if his/her principal employment is in connection with an activity that is financed in whole or part by loans or grants made by the United States or a Federal Agency. The law is enforced by the United States Civil Services Commission.

C. PROCUREMENT OF SPECIAL EQUIPMENT

BooSt Together for Children Early Childhood Iowa Area Board expects that the sub grantees will procure such special equipment being purchased in whole or in part with grants funds by that method, authorized by state law or local ordinance, which results in the lowest price of goods of the kinds or type required.

D. NATIONAL HISTORIC PRESERVATION ACT OF 1966

This project application either will not have an effect on a site listed on the National Register of Historic Places or the applicant has notified that such a site is or will be involved.

E. APPLICABILITY OF STATE AND FEDERAL POLICIES

All conditions, rules and regulations of federal and state governments, which relate to the administration of public funds and financial accounting, shall apply to sub grantees and contractors of the Empowerment area.

F. NON-SUPPLANTING REQUIREMENT

Federal and state funds made available through this program may not be used to supplant federal, state and local funds that would have been available in the absence of this program's aid. In complying with this requirement, 4 R Kids Early Childhood Iowa Area Board will rely on written certification by State agencies and local government units to the effect that program funds have not been used in place of other federal, state and local funds.

G. REPORTS

The sub grantee shall submit quarterly financial reports and quarterly progress reports indicating activities undertaken, expenditures, and general progress of the project for which the sub grant was awarded. In addition to the above reports, a final report (using the same report forms) dealing with the evaluation of the entire project will be needed. This will include data needed to verify the success or failure of the project and a statement as to the effectiveness of the project.

H. BUILDING ACCESSIBILITY AND USE BY PEOPLE WITH DISABILITIES

Any construction, design or alteration of a building or facility which will be used by the public or which may result in the employment or residence of people with disabilities must comply with the regulations issued by Federal Agencies, including the Department of Justice, under the Americans with Disabilities Act of 1990.

I. AMENDMENTS TO THE APPLICATION

BooSt Together for Children Early Childhood Iowa Area Board reserves the right to modify this application at any time. In the event the division amends, adds to, or deletes any portion of the application, an amendment will be provided to all applicants who received the original application.

J. COST OF PROPOSAL

BooSt Together for Children Early Childhood Iowa Area Board is not responsible for any costs incurred by an applicant which are related to the preparation or delivery of an application or any other activities carried out by an applicant related to this application.

K. COPYRIGHTS

By submitting an application, the applicant agrees that BooSt Together for Children Early Childhood Iowa Area Board may copy the application for purposes of facilitating the evaluation of the application or to respond to a request for public records. The applicant consents to such copying by submitting an application and warrants that such copying will not violate the rights of any third party.

L. PUBLIC RECORDS

All information submitted by an applicant may be treated as a public record by BooSt Together for Children Early Childhood Iowa Area Board unless the applicant properly requests that the information be treated as confidential information at the time the proposal is submitted. Public records will be copied as necessary to comply with Iowa’s public record law. By submitting a proposal, the applicant grants BooSt Together for Children Early Childhood Iowa Area Board the right to make the required copies of the proposal. Any request for confidential treatment of information must enumerate the specific grounds in Iowa chapter 22, which support treatment of the material as confidential.

M. RESTRICTIONS ON GIFTS AND ACTIVITIES

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and are responsible for complying with these requirements.

N. RELEASE OF CLAIMS

With the submission of a proposal, each applicant agrees that it will not bring any claim or have any cause of action against BooSt Together for Children Early Childhood Iowa Area Board based on any misunderstanding concerning the information provided herein or based on the division’s failure to provide the applicant with information.

O. OTHER CONDITIONS

The Applicant also understands and agrees: (1) that any funds received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by BooSt Together for Children Early Childhood Iowa Area Board; (2) that funds awarded are to be expended only for the purposes and activities covered by the Applicant’s approved application and budget; (3) that the funds may be terminated in whole or in part at any time that BooSt Together for Children Early Childhood Iowa Area Board finds a substantial failure to comply with contractual conditions or with regulations promulgated by BooSt Together for Children Early Childhood Iowa Area Board; and (4) that appropriate records and accounts will be maintained and made available for audit as prescribed by BooSt Together for Children Early Childhood Iowa Area Board.

CERTIFICATION AND ASSURANCE

I CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the applicant agrees to comply with and uphold the above assurances.

Name of Agency

Signature of Authorized Official

Date

ATTACHMENT F - Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, the 4 R Kids Early Childhood Iowa Area Board grant recipients are required to complete a Minority Impact Statement. This is the mechanism to require grant recipients to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

If yes, describe the positive impact expected from this project.

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

If yes, describe the negative impact expected from this project.

If yes, present the rationale for the existence of the proposed program or policy.

If yes, provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

If yes, present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____ **Title:** _____ **Date:** _____

Definitions

"Minority Persons," as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability," as defined in Iowa Code Section 15.102, subsection 5, paragraph "b," subparagraph (1):

b. As used in this subsection:

(1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs