

**Early Childhood Iowa Area Board**

**FY2023 Request for Proposal**

900 W 3rd St

Boone, Iowa 50036

515-433-4893

aclaman@boonecounty.iowa.gov

**DEADLINE**

**Emailed Application Due Date: April 25, 2022 by 10:00 A.M.**

**Hard Copy Application Due Date: April 27, 2022 (by 12.00 P.M. Noon)**

*Late Applications Will Not Be Accepted*

## ANTICIPATED CONTRACT TERMJuly 1, 2022 – June 30, 2023

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 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

**FY2023**

*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 FY2023. Contingent upon receipt of Early Childhood Iowa Funding, the BooSt Together for Children ECI Area Board is announcing the Request for Proposal for FY2023 with the option to renew for two additional contract years. The total amount of funding available may be **approximately** $142,033 for Early Childhood program funds and $452,086 for School Ready program funds for FY2023.

# 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**](https://earlychildhood.iowa.gov/early-childhood-iowa-school-ready-family-support-parent-education) the Home Visiting Evidence of Effectiveness ([**HomVEE**](https://homvee.acf.hhs.gov/)) website from the U.S. Department of Human Services is a resource that provides information on home visitation models.

*Intended Populati*on *and Benchmark Targets*

Early Childhood Iowa requires specific enrollment criteria for long term home visitation programs; 75% of families enrolled during the course of each fiscal year are required to meet one of the three criteria.

* Have an income at or below 200% of the federal poverty level (self-report);
* Have a parent that has achieved a high school diploma or less education;
* 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 75% 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** |
| 25% | 50% | Percent of enrolled families that are prenatal each fiscal year |
| 25% | 0% | Percent of families whose income is at or above 201% of the federal poverty level each fiscal year |
| 35% | 60% | 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**](https://earlychildhood.iowa.gov/early-childhood-iowa-area-funding). Access to the [**Tool G**](https://earlychildhood.iowa.gov/early-childhood-iowa-area-funding) can be found on the [Early Childhood Iowa](https://earlychildhood.iowa.gov/) website. **It is highly recommended applicants review** [**Tool G**](https://earlychildhood.iowa.gov/early-childhood-iowa-area-funding) **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. Acceptation 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.

## 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 one or more the following priorities: quality early childhood education settings (i.e. homes, centers, preschools, health services (i.e. vision, dental, mental, medical), family support and parent education services/programs, and community resource management and planning.
2. Qualifies under guidelines for Early Childhood Iowa Funding ([**Tool G**](https://earlychildhood.iowa.gov/early-childhood-iowa-area-funding)).
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**](https://earlychildhood.iowa.gov/document/instructions-statewide-performance-measures-effective-july-1-2021) and [**Tool O**](https://earlychildhood.iowa.gov/document/statewide-performance-measures-effective-july-1-2021).
* Participate in an on-site visit with the ECI Director.
* Provide the board with a copy of the agency’s most current financial audit summary (if applicable) 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 or promising models for home visitation as defined in [**Tool FF**](https://earlychildhood.iowa.gov/early-childhood-iowa-school-ready-family-support-parent-education). Only programs who have received/working on the Iowa Family Support Credential (IFSC) or a national evidence-based model are eligible to apply. If a program is working on earning the IFSC or 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**](https://daiseyiowa.daiseysolutions.org/) Data Collection System or data management systems dictated by Early Childhood Iowa. The [**Iowa Family Support Data Dictionary**](https://daiseyiowa.daiseysolutions.org/articles/iowa-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](http://institutefsp.org).
* Submit three quarterly progress reports utilizing BooSt Together for Children Quarterly reporting Data sheet. 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 15. 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.
* Utilize a preformatted budget spreadsheet and monthly service tracking tool designed by the BooSt Together for Children Area Board.
* 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 theBooSt 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 Contact. 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, 2022 through June 30, 2023, 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 drawdown process only. A formulated budget spreadsheet will be required to be utilized and will be provided to the Contractor. A formulated monthly direct line service tracking tool will also be required to be utilized. 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 day the contract shall be amended. The Contractor will contact the BooSt Together Director upon rehire of contractual position.

*Budget Amendments*

Contractors are allowed to amend the program budget during the fiscal year without prior board approval only if it is within existing budget categories and less than 10% of annual approved budget. If the amendment creates a new budget category or is over 10% of annual budget, prior board approval must be sought. Regardless, any budget amendments must be submitted in writing to the BooSt Together for Children Early Childhood Iowa Area Director.

*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 to the Executive Director’s office, 900 W 3rd St. Boone, Iowa 50036 by **April 27, 2022 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 6 identical copies. **All applications are to be assembled as single sided and stapled**.
* An electronic mail application must also be submitted by **April 25, 2022 by 10:00 A.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.

**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 Program and Service Committee. 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 May 2, 2022. The meeting is open to the public.

**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 June 13, 2022, 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 publicized 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](https://www.boostforchildren.org/) 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.

**Budget Instructions**

The project budget should show how funds will be expended to complete the planned activities in your proposal. The budget must identify other sources of support (e.g. grant sources, participant fees, etc.) that support the identified program/service, the source of other funds, and the amount of support from each source. Do not include in-kind funding in the budget.

* SALARIES: Identify staff position to be paid on this grant; include staff title, annual salary, percent of time devoted to project, and amount requested; Example: Program Coordinator $32,000/annual salary X 75% of time = $24,000. Program staff members are those directly involved with the coordination and implementation of the identified program/service.
* BENEFITS: List personnel benefits associated with the salary section, such as Social Security, worker’s compensation, unemployment insurance, health insurance, other benefits. The total amount may be calculated as a percentage of salaries.
* TRAVEL: Itemize all in-state and out-of-state travel. Include costs for, lodging, and mileage; travel costs to travel to the BooSt Together for Children ECI Area Board meetings are not an allowable expense, unless the agency has been requested to attend a board meeting and are part of the board agenda. (Please note: Out of state travel requires prior approval from BooSt Together for Children ECI Board of Directors).
* PROFESSIONAL DEVELOPMENT: To be used for training, workshops, and conferences. If known at the time of application, include name of event, number of personnel to attend, registration cost/fees, name of the institution and place of event.
* OFFICE SUPPLIES: Itemize and describe all program related supplies and other expenses.
* PROGRAM MATERIALS: Program materials such as curriculum, printing, brochures or other program material costs.
* EQUIPMENT: Equipment purchases include any item with a cost of value of $500 or more and with an anticipated useful life of one year or more. Equipment purchased with these funds must be inventoried and tracked.
* RENT AND OPERATIONAL COSTS: The cost of providing space, utilities, telephone phone, and internet for the service.
* CONTRACT SERVICES: Services under written agreement with applicant. Provide a brief explanation of the contractor’s role in the project; provide unit cost rate for contractor services, and total cost of the contractor.
* INDIRECT COSTS: Indirect costs of **no more than 15%** may be an allowable expense if the applicant provides documentation from a recognized federal agency that identifies an indirect cost rate approved by a federal agency for the applicant. Attach documentation to the application. If Indirect Costs are claimed, Administrative Costs are not allowed.
* ADMINISTRATIVE COSTS: Administrative costs of **no more than 5%** are allowable expense but cannot be claimed if Indirect Costs are claimed. Describe how the rate is defined and what it includes.
* OTHER FUNDING –Identify other funding to support the project. In-kind funding **is not** to be noted on the budget.
* **SPECIAL NOTE:**  Food expenditures are not an allowable expense under this grant offering.

**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** - Budget and Justification. *(no more than 3 pages)*

\_\_\_\_\_ **Attachment E** - Assurances. *(only 1 original required)* **(signed in blue ink)**

\_\_\_\_\_ **Attachment F** - Board Membership. *(only 1 original required)* *(if applicable)*

\_\_\_\_\_ **Attachment G** - Minority Impact Statement *(only 1 required)*

\_\_\_\_\_ **One Letter of Support.** - Must be specific to the program.

\_\_\_\_\_ **Insurance Coverage Documentation**. *(only 1 required and to be submitted with the original application)*

\_\_\_\_\_ **Indirect Cost Rate Documentation**. *(if applicable)* *(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, E, F**, letter of support, insurance documentation, indirect cost rate documentation, background checks, program quality, and Iowa Family Support Competency certification. Additionally, you are to email **Attachment D** in Microsoft Excel.

**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 – Budget and Justification
* Attachment E – Assurances
* Attachment F – Board Membership if applicable
* Attachment G – Minority Impact Statement
* 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 D – Budget and Justification
* One Letter of Support

**Note of caution: Spell check and grammar check does not work in documents with protected cells.**



**Early Childhood Area Board**

**FY2023 Request for Proposal**

#### Cover Page

**ATTACHMENT A**

**This must be one page only**

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| --- |
| **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**  | $           |

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| --- |
| **Select the County(s) the program will serve (check all that apply)**  |
| ☐ Boone County ☐ Story County  |

*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.*

 **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](https://www.boostforchildren.org/).

 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)** |
| ☐ Children are ready to succeed in school ☐ Healthy children☐ Safe and nurturing families ☐ Safe and supportive communities☐ 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)** |
| ☐ Percent of kindergarteners who had a preschool experience ☐ Percent of child care providers and preschools at each level of the voluntary quality rating system☐ Percent of children age 0-5 who live below the poverty level ☐ Percent of live births where the mother began prenatal care during the first trimester of pregnancy☐ Percent of families with parents working & children under the age of 6  |
| How will you impact the selected indicator(s)?             |

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| **3. Indicate the BooSt Together for Children ECI priority(s) your program will impact. (check all that apply)** |
| ☐ Quality early childhood education settings (i.e. homes, centers, preschools) ☐ Health services (i.e. vision, dental, mental, medical)☐ Family support and parent education ☐ 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**](https://earlychildhood.iowa.gov/document/instructions-statewide-performance-measures-effective-july-1-2021) **and** [**Tool O**](https://earlychildhood.iowa.gov/document/statewide-performance-measures-effective-july-1-2021)**.**

**(check all that apply)**

**Direct Services Indirect Services Family Support**

☐ Crisis/Emergency ☐ WAGE$ ☐ Long term

☐ Prenatal/Postnatal ☐ Preschool Scholarship Coordination home visitation

☐ Transportation ☐ Coordinated Intake ☐ Short term home

☐ Literacy ☐ Child Care Nurse Consultant visitation

☐ Dental ☐ Quality Improvement for Early Learning ☐ Group parent

☐ Health Prevention Services ☐ Public Awareness/Child Fairs education

☐ Car Seat ☐ Infant and Early Childhood Mental Health Consultation

☐ Early Care & Education Scholarships ☐ Technical assistance: Consultant, Mentoring, Coaching

☐ Early Care & Education ☐ Mental Health Supports: (EC-PBIS)

 Supportive Services ☐ Professional Development - Credit-bearing

 ☐ Professional Development - Training

 ☐ Professional Development - Conferences

 ☐ Business Investment Plan

 ☐ Mental Health Supports - PBIS

# 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.**

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. 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.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**This section is relevant to family support programs only. You may delete this section of the application if this is not relevant to your program.**

**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**](https://earlychildhood.iowa.gov/early-childhood-iowa-school-ready-family-support-parent-education)**).**

Provide your narrative here.

**16. Describe the curricula, if any, the family support program will utilize. If no curricula are 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.

**Director Use only**

**Director Use only**

**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**

☐ ☐ Application was emailed by the due date

☐ ☐ Application was received by due date

☐ ☐ Application was assembled in the correct order

☐ ☐ Application included 1 original and 6 copies

☐ ☐ Application adhered to page limitations were met

☐ ☐ Attachment A - Cover page

☐ ☐ Attachment B - Community Plan Impact

☐ ☐ Attachment C - Narrative *(No more than 6 pages)*

☐ ☐ Attachment D - Budget and justification addition was correct *(no more than 3 pages)*

☐ ☐ Attachment E - Assurances (signed in blue ink) *only 1 original required*

☐ ☐ Attachment F - Board Membership *(if applicable)*

☐ ☐ Attachment G – Minority Impact Statement – *only 1 required*

☐ ☐ Letter of support

☐ ☐ Insurance Coverage Documentation - *only 1 required*

☐ ☐ Indirect Cost Rate Documentation - *(if applicable)* *only 1 required*

☐ ☐ Background Checks Documentation - *(only required for family support)* *only 1 required*

☐ ☐ Documentation of Program Quality - (if applicable) *only 1 required*

☐ ☐ Documentation of Iowa Family Support Competency Certification – *(only required for family support)*

(if applicable) *only one required*

**Technical Review Comments:**

**Board Use Only**

**Board Use Only**

**BooSt Together for Children ECI Area Board**

**Funding Application Evaluation**

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

**Funding Recommendations:**       **Other Recommendations or Comments:**

**ATTACHMENT E**

**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**

**BOARD MEMBERSHIP**

**If the applying agency has a governing body/board complete this section.**

|  |
| --- |
| **Name of Board or Governing Body** |
| **Board Member Name**  | **Contact information for the Board Chairperson or President is required. Provide mailing address, email address and phone number. All other board members only need to be identified by name.** |
| Provide board member Chairperson or President | Provide contact information here. |
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**ATTACHMENT G - 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.