

THRIVING FAMILIES ALLIANCE

Early Childhood Iowa

FY24 Funding Renewal

July 1, 2023 through June 30, 2024

Due:

April 14, 2023

4:30 p.m.

Late or incomplete applications will not be accepted.

No exceptions will be made.

Attn: Operations Manager
3501 Harry Langdon Blvd
Suite 160 Box 7
Council Bluffs, IA 51503

Email: operations@thrivingfamiliesalliance.org

Our Mission:

"Empowering a caring community that promises the well-being of every child."



Harrison, Monona, Shelby
Growing Futures

FUNDING RENEWAL GUIDELINES

- ❖ This renewal application is for programs that were awarded Early Childhood Iowa funding by Harrison, Monona, and Shelby County Early Childhood Iowa Board in FY20. The following contracts are eligible for renewal with anticipated status quo funding available:

Child Care Resource and Referral- Quality Initiative

Funding requests must positively impact our Early Childhood Strategic Plan and provide evidence-based and/or research-based strategies and supports to increase the health and well-being of children and families in Harrison, Monona, and Shelby Counties.

- ❖ Programs shall target children, birth to age five, and their parents in Harrison, Monona, and Shelby Counties, either directly or indirectly.
- ❖ Submit a signed original funding renewal application via electronic mail with cover sheet and supporting documents. **The electronic mail application must be submitted by April 14, 2023, at 4:30 p.m.** to operations@thrivingfamiliesalliance.org, please use the subject line structure as follows: "HMS Renewal, Program name". No additional hard copies are needed for this renewal application.
- ❖ Applicants may be required to respond to questions concerning their renewal request during the contract renewal and review process.
- ❖ Awarded recipients are required to sign a contract renewal containing fiscal responsibility and reporting requirements. It is the intent of the board that draft contracts will be available by June 6, 2023 and should be fully executed by June 30, 2023.

FUNDING RENEWAL REQUIREMENTS

Applications must include the following:

- Cover Page
- Budget and Justification Form
- Narrative (optional): any programmatic changes, planning, successes, etc.
- Chart of last three complete fiscal years of state performance measures
- Applications should be page numbered. No hand-written applications will be accepted.

PROJECTED TIMELINE

Renewal Materials Released to Contractors	March 2, 2023
Renewal Request due	April 14, 2023 by 4:30 p.m.
Notice of Intent to Award	June 1, 2023
Draft Contracts	June 6, 2023
Contracts Executed	June 30, 2023

The contract renewal is contingent upon final state allocations received by the HMS ECI Board.

CONTRACT INFORMATION

The awards will be made to the contractor in monthly disbursement based on actual expenditures; it is a draw down process only. Reimbursement requests will be due by the 15th of every month.

STATE TOOLS

Refer to <https://earlychildhood.iowa.gov/> for state tools to assist in the contract renewal process. State tools are subject to change, and contractors will be required to follow and comply with any and all changes. All programs will be required to collect data and performance measures that have been set by the Office of Early Childhood Iowa, by program type. Depending on the program that is offered, some programs/contractors may fit into more than one program type, therefore requiring additional data sets. The HMS ECI Board also reserves the right to request additional outcome data other than what is required within the state tools. The following tools have been identified to assist in the application process and applicants are highly encouraged to review the tools before applying. Applicants are strongly encouraged to contact operations@thrivingfamiliesalliance.org with any questions related to funding parameters, performance measures, and/or renewal application.

**Funding Parameters Early Childhood*

<https://earlychildhood.iowa.gov/document/early-childhood-iowa-area-funding>

**Required State Performance Measures*

<https://earlychildhood.iowa.gov/sites/default/files/documents/2022-11/Tool%20O%20Statewide%20Performance%20Measures%20%28July%201%202023%29Board%20Approved%2011%204%2022.docx.pdf>

**Early Childhood Family Support (Tool FF)*

https://earlychildhood.iowa.gov/sites/default/files/documents/2020-12/tool_ff_nov_6_2020_version.docx.pdf

**Early Childhood Early Learning Environments (Tool G)*

<https://earlychildhood.iowa.gov/document/early-childhood-iowa-area-funding>

CONFLICT OF INTEREST

To avoid any conflict of interest in the above funding determination process, any member of the Board who has a direct interest or substantial related interest in a particular funding proposal will not participate in the evaluation of that proposal.

APPEAL PROCESS

All applicants will be sent notification of the selection decision. Applicants who are denied funding may appeal to the Board. Appeals must be in writing and be received

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within ten working days of the date of the Board funding decision. Send written appeals to the HMS ECI Board Chairperson, C/O Thriving Families Alliance, 3501 Harry Langdon Blvd, Suite 160 Box 7, Council Bluffs, IA 51503, or to operations@thrivingfamiliesalliance.org. Appeals must be based on the contention that the process violated state or federal law, did not follow review process, or involved a conflict of interest by the Board. All appeals shall clearly state how the selection failed in following the rules of the contract process as governed by the policies and procedures outlined in the application material provided to all applicants. The request must also describe the remedy sought. The Board will review the appeal and gather information regarding any infractions of the process. At the next regularly scheduled meeting of the HMS ECI Board, the Board will determine if there has been a violation of process and will rule on the appeal. Written notice will be sent to the appellant within ten (10) working days of the appeal review decision.

FUNDING APPLICATION CHECKLIST

It is required to utilize the application shell. **Do not include instructions with submitted application. Please include a footer that states the agency name followed by the project name on each page along with page numbers.**

All applications shall be assembled in the order below.

- Cover Page (1 page). Board chair signature is not required for this renewal.
- Project Updates (optional, 2-page maximum, 10-point font minimum)
- Performance and Measurable Results- provide a table including program's previous three fiscal years of state performance measures. (2-page maximum)
- Budget and Justification Form (2-page maximum)

Harrison, Monona, and Shelby ECI Renewal Application Cover Page

Name of Applicant Organization: Legal Name of Organization

Address: Insert Address, City, State and Zip Code

Phone: Insert phone number

Email: Insert email address

Program Contact Person: Insert program's contact person's name

The organization is a: Government Entity Private Not for Profit Private For-Profit

Public School District Private School Other:

Tax Exempt Status: Federal ID #:

This application is for a: New Project Existing Project

Name of Project: Insert project name.

This project is evidence or research based: Yes No

Target Population or Eligibility Criteria: Describe the target population or program eligibility criteria.

Outcome Statement: (i.e.) *The purpose of (insert name of your program here) is to provide/produce (service, activity or product) to/for (customer/stakeholder) so they can/in order to (outcome/planned benefit).*

Which of the HMS ECI Priorities does the program address?

Total Amount Requested from HMS ECI: **\$0.00**

Other funding secured for this project: \$0.00

TOTAL PROGRAM COST: \$0.00

I certify that I am duly authorized to commit assurances for the applicant, and therefore agree to comply with all the provisions of the RFR, and to the best of my knowledge, the information contained in this application is correct and complete.

Signature of authorized agency person

Date:

Name: Type name of authorized signatory signatory

Title: Insert title of authorized

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PROJECT UPDATES (Optional): 2 page maximum

Please provide a staffing grid for Fiscal Year 2024 (FY24) (optional). Be sure to include person responsible for billing, and person serving as the program manager for this contract as well as direct service staff. Example below – feel free to tailor to your needs. **FTEs should indicate what portion of effort is allocated to the funded program. For example, a fiscal manager is probably not 1 FTE, because they normally put forth effort on multiple programs. If they are less than 1 FTE and a direct service worker, please list other FTE sources in the notes column. Please contact operations@thrivingfamiliesalliance.org if assistance is needed in determining FTEs.**

TITLE	FTE	NAME	EMAIL	PHONE	Notes (optional)
Program Manager					
Fiscal Manager					
Direct Support worker					

Describe strategies that will be employed to engage participants from the target audience. (optional)

Provide your narrative here.

Describe lessons learned or ongoing challenges (if applicable, optional).

Provide your narrative here.

Based on analysis of 2-3 years previous progress, describe SMART (Specific, measurable, attainable, results -focused, time-bound) goals or action plan of the program for FY23(optional).

Provide your narrative here or include a chart.

Describe changes or adjustments to program implementation for FY24 based on analysis above (if applicable, optional).

Provide your narrative here.

Describe a success story (optional).

Provide your narrative here.

PERFORMANCE MEASURES Provide updated performance measure data for FY21-FY23.

BUDGET & JUSTIFICATION FORM

Category	Expense Description <i>(Justification-Narrative)</i>	Amount Requested From HMS	Other Funding Sources Specify source and amount.	Other Funding Sources Specify source and amount.	Total Dollar Amount For Project
Salaries		\$0.00			\$0.00
Benefits		\$0.00			\$0.00
Travel		\$0.00			\$0.00
Office Supplies		\$0.00			\$0.00
Program Materials		\$0.00			\$0.00
Purchased Services		\$0.00			\$0.00
Staff Professional Development/ Training		\$0.00			\$0.00
Other		\$0.00			\$0.00
Administrative Cost		\$0.00			\$0.00
TOTAL		\$0.00			\$0.00

BUDGET SHEET INSTRUCTIONS

Provide a detailed budget justification that clearly describes each cost element and explain how it contributes to meeting the project's performance. It should describe how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. The budget justification should specifically and concisely describe how each item will support the achievement of the proposed project and supporting results. The agency should demonstrate an appropriate cost allocation among funding streams. A total project budget is required.

Salaries

Salaries should be explained by listing each staff position that will be supported from this request including name, position title, full time equivalency (effort toward this program only) and annual salary.

Benefits

List all components that comprise the fringe benefit rate. Break the benefits out per item. The fringe benefits should be directly proportional to that portion of the personnel costs that are allocated for the program.

Travel

Itemize all in-state travel related to providing services. Describe how the estimate was determined and clearly demonstrate the relationship to the proposed program. Funds may not be used for out-of-state travel unless pre-approved by the Board. Mileage may not exceed the state rate of \$0.50 per mile and must follow state per diem guidelines for meals.

Office Supplies

Expendable materials and supplies may be shown as a lump sum (paper, pencils, pens, staples, etc.) Clearly describe how the costs are estimated and why it is necessary for the program.

Program Supplies or Materials

Supplies that are purchased specifically for the program. Clearly describe how the costs were estimated and why it is necessary to the program. Itemize each item to be purchased, including the description and cost.

Example: Participant Workbooks, \$2.00 x 20 participants x 3 groups = \$120

Purchased Services

Provide breakdown for each service, how the estimate was derived, and give a justification for these expenses clearly demonstrating relationship to the proposed program. Professional fees and memberships can be included if there is a clear explanation as to the purpose and necessity to the program.

Professional Development/Training

For training, seminars and conferences. Indicate the number of personnel, the amount of tuition/fees, the name of the institutions and the place. Clearly describe how the costs were estimated and why it is necessary to the program.

Other

Include any proposed costs that do not fit within any of the above listed categories. Other costs might include things like audit fees or individual flexible funding for program participants.

Indirect/Administrative Costs

Indirect costs 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. Indirect costs are costs that an organization incurs for common or joint objectives that cannot be readily and specifically identified with a particular project or other institutional activity. Examples include office space, utilities, accounting services, audits, insurance, etc.

Applicants without such an approved indirect cost rate may charge no more than 10% administrative fees. The fees will be on actual expenses incurred during the contract period. Provide a description of costs included in the indirect/admin costs.