

Early Childhood Iowa

FY26 Funding Opportunity

February 9, 2026 through June 30, 2026

Due:

January 8, 2026 4:30 p.m.

Late or incomplete applications will not be accepted.

No exceptions will be made.

Attn: Operations 421 West Broadway Suite 540 Council Bluffs, IA 51503

Email: operations@thrivingfamiliesalliance.org

Our Mission:

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

FUNDING GUIDELINES

This application is only for programs that implement high-quality child care home and centers in Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, or Page Counties. There is an anticipated total amount of \$50,000 available for the region with multiple awards in each county for an average award of \$6,000. Actual amounts awarded may vary, projects may be funded in full or partially funded, depending on the proposals received.

The following are examples of the services and activities the board may fund under this contract:

Quality Improvement Projects

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 the following Southwest Iowa Counties: Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, and Page.

- Programs shall target children, birth to age five, and their parents in Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, and Page Counties. Awarded programs must be participating in the statewide quality improvement processes (IQ4K), be working with Child Care Resource and Referral, and/or be working towards either of the above.
- Submit a signed original funding application via electronic mail with provided cover sheet and supporting documents. The electronic mail application must be submitted by January 8th, 2026, at 4:30 p.m. to operations@thrivingfamiliesalliance.org and jmorse@thrivingfamiliesalliance.org, please use the subject line structure as follows: "TFA child care application, Program name, County". No additional hard copies are needed for this application.
- Applicants may be required to respond to questions concerning their funding request during the contract and review process.
- Awarded recipients are required to sign a contract containing fiscal responsibility and reporting requirements. It is the intent of the board that draft contracts will be available by January 23, 2026 and should be fully executed by February 9, 2026.

FUNDING REQUIREMENTS

Applications must include the following:

- Cover Page
- Budget and Justification Form
- Narrative: project plan, fund usage, timeline, and current child care landscape.
- Applications should have numbered pages. No hand-written applications will be accepted.

PROJECTED TIMELINE

Materials Released Request due Notice of Intent to Award Draft Contracts Contacts Executed, project begins November 20, 2025 January 8, 2026 by 4:30 pm January 16, 2026 January 23, 2026 February 9, 2026

These contracts are intended to be one time only and there is no guarantee of ongoing funding availability. Applications will be scored using a standardized rubric by Thriving Families Alliance Early Childhood Iowa Board members and the Thriving Families Alliance Early Childhood Iowa Board will make the final award decisions.

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. Previous contract holders who had a contract terminated for cause are not eligible to apply for funds from the regional Early Childhood Iowa Board. Agencies operating statewide programs may apply if they are the designated lead agency. Subcontractors of lead agencies may not apply directly for funds.

STATE TOOLS

Refer to the <u>State ECI website</u> 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 TFA 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 imorse@thrivingfamiliesalliance.org with any questions related to funding parameters or performance measures.

Funding Parameters Early Childhood
Required State Performance Measures
Early Childhood Early Learning Environments (Tool G)

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 within ten working days of the date of the Board funding decision. Send written appeals to the ECI Board Chairperson, C/O Thriving Families Alliance, 421 West Broadway, Suite 540, 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 grant 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 TFA 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 appealant 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 program name followed by the project name on each page along with page numbers. Applications submitted without all components will not be considered. Applications submitted after the deadline will not be considered.

All applications shall be assembled in the order below.

- Cover Page (1 page), provided.
- Project Plan (2-page maximum, 10-point font minimum)
- Budget and Justification Form (2-page maximum)

Thriving Families Alliance Application Cover Page

| Name of Applicant Organi | zation: Legal Name o | of Organization | | |
|---|---|-------------------------------|----------------------------|-----------|
| Address: Insert Address, Cit | y, State and Zip Code | e | | |
| Phone: Insert phone number | er Email: Ins | sert email address | | |
| Program Contact Person: In | nsert program's conta | ct person's name | | |
| The organization is a: □G □Public School District Tax Exempt Status: | Government Entity Private School Federal ID #: | □Private Not for P □Other: | | rofit |
| This application is for a: | New Project \square | Existing Project | \boxtimes | |
| Name of Project: Insert proj | ect name. | | | |
| This proj | ect is evidence or res | earch based: \Box | Yes □ No | |
| Outcome Statement: (i.e.) To provide/produce (service, to (outcome/planned ben | activity or product) to | | | 'in ordel |
| Total Amount Requested fro | om TFA ECI: | | \$0.00 | |
| Other funding secured for t | his project: | | | \$0.00 |
| TOTAL PROGRAM COST | Γ: | | | \$0.00 |
| I certify that I am duly auth to comply with all the prov contained in this application | isions of the RFR, and | to the best of my k | | |
| Signature of authorized ago | ency person | | | |
| | | Date: | | |
| Name: Type name of authory | norized signatory | | Title: Insert title of aut | horized |

PROJECT PLAN: 2 page maximum

Please provide a staffing grid for Fiscal Year 2026 (FY26). 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 imorse@thrivingfamiliesalliance.org if assistance is needed in determining FTEs.

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

Describe the project. Include how the project is enhancing quality in early learning environments, increasing enrollment, or encouraging staff retention. Include how this project impacts progress in the IQ4K process.

Provide your narrative here.

Describe the project timeline. Address how the project can be adapted if delays occur in the anticipated timeline.

Provide your narrative here.

Describe the current child care landscape in your community. Include in your plan how this project impacts the overall child care needs.

Provide your narrative here.

Describe lessons learned or ongoing challenges (if applicable)

Provide your narrative here.

Describe a success story (optional).

Provide your narrative here.

BUDGET & JUSTIFICATION FORM

| Category | Expense Description (Justification-Narrative) | Amount Requested From TFA | 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 rates 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.**

Scoring & Proposal Evaluation Rubric

| Scoring Criteria | 1 - Low | 3 - Medium | | 5 - High | Score | |
|--|---|---|--|---|-----------|--|
| Technical Review | Scoring is not calculated for completeness of application. The technical review will be completed by the Director prior to release to the Board. Proposals that do not meet the technical requirements outlined in this Request for Proposals will be withdrawn from consideration. | | | | | |
| Purpose | Purpose statement is vague . Not clearly aligned with funding priorities. | Purpose statement is acceptable . Contains persuasive alignment to funding priorities. | | Purpose statement is outstanding and descriptive. Strongly aligns with multiple funding priorities. | | |
| Strategies | Applicant shows some evidence of promising practice or research supported approach. | Applicant shows persuasive evidence of promising practice or research supported approach. | | Applicant clearly demonstrates evidence-based programming or overwhelming evidence of research supported approach. | | |
| Goals | Applicant shows some evidence for which measurable data can be collected and analyzed to report progress | Applicant shows persuasive evidence for which measurable data can be collected and analyzed to report progress. | | Applicant shows strong evidence for which measurable data can be collected and analyzed to report progress. | | |
| Performance Measures | Applicant shows some evidence for which measurable data can be collected and analyzed to report progress. | Applicant shows persuasive evidence for which measurable data can be collected and analyzed to report progress. | | Applicant shows strong evidence for which measurable data can be collected and analyzed to report progress. | | |
| Collaboration | Applicant shows some evidence of meaningful collaboration with other organizations in the area | Applicant shows persuasive evidence of meaningful collaboration with other organizations. | | Applicant shows strong evidence of meaningful collaboration with other organizations. | | |
| Sustainability | Applicant shows some evidence of a reasonable sustainability plan. Is vague about program if not fully funded. | Applicant shows persuasive evidence of a reasonable sustainability plan. Has some plan to sustain program if not fully funded. | | Applicant shows strong evidence of a reasonable sustainability plan. Has a strong plan to sustain program if not fully funded. | | |
| Budget and Justification | Applicant shows some evidence of cost effectiveness and solid budget justification. | Applicant shows persuasive evidence of cost effectiveness and solid budget justification. | | Applicant shows strong evidence of cost effectiveness and solid budget justification. | | |
| *Ongoing programs and requests for renewed funding | Applicant has demonstrated history of some measurable results, progress and return on investment. | Applicant has demonstrated history of persuasive measurable results, progress and return on investment. | | Applicant has demonstrated history of exemplary measurable results, progress and return on investment. | | |
| Total | | | | Maximum score of | 40 points | |
| Proposal Strengths | | | | | | |
| Proposal Weaknesses | | | | | | |
| Past Performance Considerations: | Desk and site audit reports, quarterly program reports Attendance and collaboration at Local Planning Group meetings Materials will be shared with scoring committee as part their consideration for previously funded proposals. | | | | | |