

# 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 for programs that implement high-quality early childhood programs in Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, or Page Counties. There is an anticipated total amount of \$25,000 available for the region with multiple awards in each county that includes all project types for an average award of \$4,000. 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: ECI Statewide Performance Measures

Car Seat Safety (Car Seat Safety performance measures, page 3 in <u>Tool O</u>)
Public Awareness or Child Fairs (Public Awareness/Child Fairs performance measures, page 5 in <u>Tool O</u>)

Early Literacy (Literacy performance measures, page 17 in Tool O)

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 families in Monona, Harrison, Shelby, Pottawattamie, Cass, Mills, Montgomery, Fremont, and Page Counties.
- 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 by 4:30 p.m. to operations@thrivingfamiliesalliance.org and jmorse@thrivingfamiliesalliance.org. Applicants must use the subject line structure as follows: "TFA Mid Year Community Projects, 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, and timeline
- 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 15<sup>th</sup> 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 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 lowa, 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 <a href="mailto:imorse@thrivingfamiliesalliance.org">imorse@thrivingfamiliesalliance.org</a> with any questions related to funding parameters, performance measures, and/or renewal application.

Funding Parameters Early Childhood

Required State Performance Measures

# Early Childhood Family Support (Tool FF)

### **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)

End of Request Instructions

# Thriving Families Alliance Application Cover Page

Name of Applicant Orgo	anization: Legai Name of	r Organization	
Address: Insert Address,	City, State and Zip Code		
Phone: Insert phone nun	nber <b>Email:</b> Inse	ert email address	
Program Contact Persor	: Insert program's contac	ct person's name	
The organization is a: [ □Public School District Tax Exempt Status:	□Government Entity □Private School Federal ID #:	□Private Not for Profit □Other:	□Private For-Profit
This application is for the	following funding categ	ory(ies):	
Early Literacy $\square$	Car Seat Safety $\Box$	Public Aware	eness/Child Fairs 🗆
This application is for a:	New Project□	Existing Project $\square$	
Name of Project: Insert p	oroject name.  or research based:   \[ \textsize \cdot \]	Yes □ No	
Criteria.  Outcome Statement: (i.e.	ibility Criteria: Describe to the control of the co	name of your program h	nere) is to
to (outcome/planned b	,		\$0.00
Other funding secured fo	or this project:		\$0.00
TOTAL PROGRAM CO	OST:		\$0.00
to comply with all the pr	uthorized to commit assurt rovisions of the RFR, and t ation is correct and comp	o the best of my knowle	•
Signature of authorized	agency person		
		Date:	
<b>Name:</b> Type name of a signatory	authorized signatory	Title:	Insert title of authorized

# PROJECT PLAN: 2 page maximum per project

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 <a href="mailto:jmorse@thrivingfamiliesalliance.org">jmorse@thrivingfamiliesalliance.org</a> if assistance is needed in determining FTEs. The table below has example titles and can be changed to fit your project.

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

Describe the intent of the project to utilize these funds to promote early literacy, car seat safety, or public awareness/child fairs. Include materials, supplies, location, promotion, and responsible parties.

Provide your narrative here.

Describe strategies that will be employed to engage participants from the target audience and maintain adequate staffing or volunteers.

Provide your narrative here.

Describe the timeline of project implementation. (All funds must be expended by June 30,2026)

Provide your narrative here.

Describe agency or staff experience and/or similar offerings of the planned project, including successes, challenges, and expected outcomes.

Provide your narrative here.

Describe how the project utilizes evidence based or research-based strategies.

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.

# <u>Professional Development/Training</u>

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 - Mediun	n	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 <b>vague</b> . Not clearly aligned with funding priorities.	Purpose statement is acceptable. Contains persuasive alignment to funding priorities.		Purpose statement is <b>outstanding</b> and descriptive. Strongly aligns with multiple funding priorities.	
Strategies	Applicant shows <b>some</b> evidence of promising practice or research supported approach.	Applicant shows <b>persuasive</b> 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 <b>persuasive</b> evidence for which measurable data can be collected and analyzed to report progress.		Applicant shows <b>strong</b> evidence for which measurable data can be collected and analyzed to report progress.	
Performance Measures	Applicant shows <b>some</b> evidence for which measurable data can be collected and analyzed to report progress.	Applicant shows <b>persuasive</b> evidence for which measurable data can be collected and analyzed to report progress.		Applicant shows <b>strong</b> evidence for which measurable data can be collected and analyzed to report progress.	
Collaboration	Applicant shows <b>some</b> evidence of meaningful collaboration with other organizations in the area	Applicant shows <b>persuasive</b> evidence of meaningful collaboration with other organizations.		Applicant shows <b>strong</b> evidence of meaningful collaboration with other organizations.	
Sustainability	Applicant shows <b>some</b> evidence of a reasonable sustainability plan. Is vague about program if not fully funded.	Applicant shows <b>persuasive</b> evidence of a reasonable sustainability plan. Has some plan to sustain program if not fully funded.		Applicant shows <b>strong</b> evidence of a reasonable sustainability plan. Has a strong plan to sustain program if not fully funded.	
Budget and Justification	Applicant shows <b>some</b> evidence of cost effectiveness and solid budget justification.	Applicant shows <b>persuasive</b> evidence of cost effectiveness and solid budget justification.		Applicant shows <b>strong</b> evidence of cost effectiveness and solid budget justification.	
*Ongoing programs and requests for renewed funding	Applicant has demonstrated history of <b>some</b> measurable results, progress and return on investment.	Applicant has demonstrated history of <b>persuasive</b> measurable results, progress and return on investment.		Applicant has demonstrated history of <b>exemplary</b> measurable results, progress and return on investment.	
Total				Maximum score of	40 points
Proposal Strengths					
Proposal Weaknesses					
Past Performance Considerations:				vill be shared with scoring committee a leration for previously funded proposa	