



Early Childhood Iowa
FY23 Funding

Request for Proposal

January 1, 2022 through June 30, 2023

Due:

By or before December 2nd, 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.”

Call for Proposals

The **Pottawattamie County** Early Childhood Iowa Board of Directors is issuing a call for proposals from licensed or registered childcare centers and/or agencies providing consultation, support, training to childcare providers in the county. The Board will award up to \$50,000 total to support the capacity and quality improvement of childcare centers in the area through this one-time, targeted opportunity. Approved contracts will have from January 1, 2023, through June 30, 2023, to implement their project and expend the funds. Multiple contracts totaling \$50,000 may be awarded under this Request for Proposal (RFP).

The Early Childhood Iowa Board supports implementation of evidence-based, quality practices and services with proven positive outcomes for children. The funds are intended to help families access quality childcare services and to support childcare or community preschool programs to achieve high quality program standards. Only those licensed/registered childcare providers working toward or possessing, at a minimum, one of the following quality measures will be eligible to receive funds:

- ✓ Accredited by the National Association for the Education of Young Children (NAEYC).
- ✓ Meet the Head Start Program Performance Standards
- ✓ Accredited by the National Association for Family Child Care (NAEYC)
- ✓ Verified or have submitted paperwork for Self-Verification status to the Iowa Department of Education for Iowa's Quality Preschool Program Standards (QPPS).
- ✓ Achieved an average score of 5 (with no subscale scores under 2) on the Early Childhood Environmental Rating Scale – Revised (ECERS-R) or Family Child Care Rating Scale (FCCRS) completed by an outside evaluator with an established 85% inter-rater reliability within six months of the observation.
- ✓ Achieved a Level 3,4 or 5 on Iowa's Quality Rating System (QRS)
- ✓ **For More Information:** *Child Care Funds Tool G*

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

Depending on the program that is offered, some programs/contractors may fit into more than one program type, therefore requiring additional data sets. The 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 jmorse@thrivingfamiliesalliance.org with any questions related to funding parameters, performance measures, and/or renewal application.

Eligible applicants must be a non-for-profit entity registered as a 501 (c)3 organization, or those that use a not-for-profit entity as a fiscal sponsor. Funding may not supplant

programs, services and activities funded through other government funds. This is a contract for services. Eligible applicants must be in good standing with Thriving Families Alliance. The Board reserves the right to check references, verify information, and utilize other sources of information during the due diligence process. The Board may also request additional organizational information and documentation.

Funding may be used for the following purposes:

- Staff support and training
- Equipment and furnishings such as cribs, cots, changing tables
- Evidence-based curriculum and curriculum supports
- Classroom improvements and play equipment
- Architectural and engineering services to support space design, adaptation, and expansion
- Funding may **not be** used for new building or substantial interior construction costs

APPLICATION PROCESS AND REQUIREMENTS

- ❖ Submit a signed original funding application via electronic mail with cover sheet and supporting documents. **The electronic mail application must be submitted by December 2, 2022, at 4:30 p.m.** to operations@promisepartners.org, please use the subject line structure as follows: "Pott EC SFY23, Agency, Program name (Example: Pott EC SFY23, ABC Child Care, Evacuation Cribs)"
- ❖ Applicants may be required to respond to questions and provide additional information concerning their funding request during the due diligence and review process.
- ❖ Awarded recipients are required to sign a contract accepting fiscal accountability, compliance and reporting requirements.

Applications must include the following:

- Cover Page
- Organizational Capacity and History of Accountability
- Project Narrative, Scope of Work, Performance Measures
- Budget and Justification Form
- Applications should be page numbered and follow the format. No hand-written applications will be accepted. No fax or mailed applications will be accepted. Applications must be submitted electronically prior to the due date and time.

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.

CONFLICT OF INTEREST

To avoid any conflict of interest in the above funding determination process, any member of the Board of Directors 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 Board Chairperson, C/O Thriving Families Alliance, 3501 Harry Langdon Blvd, Suite 160 Box 7, Council Bluffs, IA 51503, or to operations@promisepartners.org. Appeals must be based on the contention that the process did not follow review RFP 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 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 RFP 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) with authorized signature
- Organizational Capacity and History of Accountability (1-page maximum)
- Project Narrative (3-page maximum)
- Scope of Work and Performance Measures. Include project timeline if applicable. (2-page maximum)
- Budget and Justification Form (2-page maximum)
- Assurances with authorized signature.

Scoring Criteria	0-2 Low	3-6 Medium	7-10 High	Score
Technical Review	<i>The technical review will be completed by-staff 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. Including but not limited to: eligibility, completeness of application components, and previous contract terminations and/or financial irregularities. All technical review information will be presented to Board members.</i>			
Organizational Capacity	Applicant shows some evidence of past ability to deliver quality program, financial stability and accountability.	Applicant shows persuasive evidence of past ability to deliver quality program, financial stability and accountability.	Applicant clearly demonstrates strong evidence of past ability to deliver quality program, financial stability and accountability.	
Project Narrative: 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 strong evidence-based programming or overwhelming evidence of research supported approach.	x 2
Scope of Work and 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.	x 2
Budget and Justification	Applicant shows some evidence of cost effectiveness	Applicant shows persuasive evidence of cost effectiveness and	Applicant shows strong evidence of cost	

	and solid budget justification.	solid budget justification.	effectiveness and solid budget justification.	
Total	Maximum score of 60 points			
Proposal Strengths				
Proposal Weaknesses				
Past Performance Considerations: <i>If applicable</i>	<ul style="list-style-type: none"> • Desk and site monitoring reports • Half-Year and Year-End program reports 	*Materials and program data will be shared with scoring committee as part of their consideration for previously funded proposals.		

End of RFP Instructions

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: Private Not for Profit Other:
Tax Exempt Status: Federal ID #:

This application is for a:

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).*

Total Amount Requested from Pottawattamie ECI Board	\$0.00
Other funding secured for this project:	\$0.00
TOTAL PROGRAM COST:	\$0.00

Has your organization had contracts terminated in the past 5 years: Yes No

Comment:

Are you aware of any financial irregularities or audit findings in the past 5 years: Yes No

Comment:

I certify that I am duly authorized to commit assurances for the applicant, and therefore agree to comply with all the provisions of the RFP, 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

Title: Insert title of authorized signatory

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Describe your organizational capacity and history of accountability:

Describe history with grants, contracts for services, oversight, fiscal management, etc

Provide your narrative here.

Describe your proposed funding request and how it meets the purpose/intent outlined in this Request for Proposals:

Provide your narrative here.

Describe your project's scope of work and performance measures:

Provide your narrative here.

BUDGET & JUSTIFICATION FORM

Category	Expense Description <i>(Justification-Narrative)</i>	Amount Requested	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. Describe 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 \$.50 per mile and must follow state per diem guidelines for meals and lodging.

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 grant 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 grant period. Provide a description of costs included in the indirect/admin costs.

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 program or program supported by such grants. Contractors 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

The Board expects that the contractors 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 program 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 contractors of the Thriving Families Alliance Board of Directors.

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, the Thriving Families Alliance 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. 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.

H. AMENDMENTS TO THE APPLICATION

The Thriving Families Alliance Board reserves the right to modify this application at any time. In the event the Board amends, adds to, or deletes any portion of the application, an amendment will be provided to all applicants who received the original application.

I. COST OF PROPOSAL

The Thriving Families Alliance 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. Thus, you cannot bill the Thriving Families Alliance Board for time or materials it takes to prepare and submit the application.

J. COPYRIGHTS

By submitting an application, the applicant agrees that the Thriving Families Alliance 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.

K. PUBLIC RECORDS

All information submitted by an applicant may be treated as a public record by the Thriving Families Alliance 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 the Thriving Families Alliance 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.

L. 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.

M. 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 the Thriving Families Alliance Board based on any misunderstanding concerning the information provided herein or based on the Board's failure to provide the applicant with information.

N. 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 the Thriving Families Alliance 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 the Thriving Families Alliance Board finds a substantial failure to comply with contractual conditions or with regulations promulgated by the Thriving Families Alliance Board, and (4) that appropriate records and accounts will be maintained and made available for audit as prescribed by the Thriving Families Alliance 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

Date

Signature of Authorized Official