



Early Childhood Iowa

FY27 Funding Extension

July 1, 2026 through June 30, 2027

Due:

April 17, 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 EXTENSION GUIDELINES

- ❖ This extension application is for programs that were awarded Early Childhood Iowa funding by Thriving Families Alliance Early Childhood Iowa Boards in FY26. The following contracts are eligible for extension at the maximum available funding listed below:

Parents as Teachers Monona County	\$175,000	Project WIN	\$60,000
Parents as Teachers Harrison County	\$180,000	CSA Lead Agency: Oral Health- Fremont, Page, & Montgomery	\$7,000
Parents as Teachers Shelby County	\$95,000	Dinosaur School/Preschool Mental Health	\$10,000
Parents as Teachers Cass County	\$100,000	Child and Family Resource Network	\$175,000
Parents as Teachers Fremont County	\$66,500	Parents As Teachers Regional Affiliate	\$305,000
Parents as Teachers Page County	\$71,250		

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, either directly or indirectly.
- ❖ Submit a signed original funding extension application via electronic mail with cover sheet and supporting documents. **The electronic mail application must be submitted by April 17, 2026, by 4:30 p.m.** to operations@thrivingfamiliesalliance.org, please use the subject line structure as follows: "TFA Extension, Program name, County". No additional hard copies are needed for this Extension application. Application submissions are timestamped based on the Thriving Families Alliance server. Any applications received after the deadline will not be accepted. There are no exceptions or considerations that can be made.
- ❖ Awarded recipients are required to sign a contract extension containing fiscal responsibility and reporting requirements. It is the intent of the board that draft contracts will be available by June 1, 2026 and should be fully executed by July 1, 2026.
- ❖ This RFP, subsequent intent to award, and draft contract extensions may be amended or rescinded at any time at the discretion of the Thriving Families Alliance Early Childhood Iowa board. This RFP is based on anticipated eligible funds and may be subject to change, pending final legislative appropriations.

FUNDING EXTENSION REQUIREMENTS

Applications must include the following:

- Cover Page (only submit the provided cover page)
- Budget and Justification Form
- Narrative: Any programmatic changes to staffing or service location, staff goals, and a success story.
- Applications should be page numbered. **No hand-written applications will be accepted.**

PROJECTED TIMELINE

Materials Released	February 25, 2026
Request due	April 17, 2026 by 4:30 pm
Notice of Intent to Award	May 22, 2026
Draft Contract Extensions	June 1, 2026
Contacts Executed, project year begins	July 1, 2026

The contract extension is contingent upon final state allocations received by the regional Thriving Families Alliance 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. 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 [State ECI website](#) for state tools to assist in the contract extension 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 jmorse@thrivingfamiliesalliance.org with any questions related to funding parameters, performance measures, and/or Extension 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 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 Extension.
- Project Update Narrative (2-page maximum, 10-point font minimum)
- Budget and Justification Form (2-page maximum)

It is strongly encouraged to request an editable application if the applicant does not have the ability to edit PDF. Please email requests for an editable application to operations@thrivingfamiliesalliance.org

End of Request Instructions

(do not include application instructions page 1-4 in final submitted application)

Thriving Families Alliance Extension 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 (Will be the primary contact person for all contract communication):

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).*

Total Amount Requested from TFA 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

Title: Insert title of authorized signatory

FY27

5

PROJECT UPDATES NARRATIVE: 2 page maximum

Please provide a staffing grid for Fiscal Year 2027 (FY27). 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 jmorse@thrivingfamiliesalliance.org if assistance is needed in determining FTEs.**

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

Provide current staff goals for Continuous Quality Improvement.

Provide your narrative here.

Describe changes or adjustments to program implementation for FY27. (If none, leave blank)

Provide your narrative here.

Describe any planned changes to service delivery from previous years. (If none, leave blank)

Provide your narrative here.

Describe a success story.

Provide your narrative here.

BUDGET & JUSTIFICATION FORM

Category	Expense Description <i>(Justification-Narrative)</i>	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, including any other additional funds.**

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.

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.**