

Linking Families and Communities



FY12 Funding Application

Due:

April 22, 2011

12:00 P.M.

Linking Families and Communities

Attn: Elizabeth Stanek

822 Central Avenue, Ste. 340

Fort Dodge, IA50501

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Email: estanek.linkingfamilies@frontiernet.net

Vision Statement

"Happy, Healthy Children"

Mission Statement

"Our mission is to empower parents in raising happy, healthy children by providing families with educational, economic and health support by coordinating services with community resources"

FUNDING APPLICATION GUIDELINES

- Format and guidelines of the application must be followed to be considered for funding.
- Funding requests must positively impact the Linking Families and Communities Strategic Plan and be one of the following types or programs/services: family support, preschool, professional development, child care and/or quality.
- Submit a signed original funding application with cover sheet and supporting documents, plus 5 copies. Only one original signed assurances document is required. An electronic mail application must be submitted by **April 22, 2011, at 12:00 P.M.** to estanek.linkingfamilies@frontiernet.net. You may hand deliver or mail the hard copy of your application. It must arrive in the Linking Families and Communities office by 12:00 P.M. on April 22, 2011.
- Applicants may be required to respond to questions concerning their application during the review process.
- Grant recipients are required to sign a contract containing fiscal responsibility and reporting requirements.

FUNDING APPLICATION REQUIREMENTS

Applications must include the following:

- Cover Page (completed and signed in **blue** ink)
- Narrative (Project Abstract and Narrative) (*No more than 3 pages*)
- Budget and Justification Form
- Assurances (signed in blue ink) (*only 1 original required*)
- Attachments as needed

Applications must be page numbered. No hand written applications will be reviewed.

Tools used for outcomes measures may be attached, and will not be included in the three page limit.

FUNDING APPLICATION EVALUATION

A rubric evaluation tool will be utilized to evaluate the application by the Linking Families and Communities Board, refer to the attachment. It is intended that on June 9, 2011 the Board will review the applications and make funding decisions. Community partners are encouraged to attend. The grant offering is contingent upon state and federal allocations received by the Linking Families and Communities Board.

CONTRACT INFORMATION

The awards will be made to the contractor in monthly disbursements; it is a draw down process only. A copy of the contract and expenditure and reporting requirements are available upon request.

STATE TOOLS

Refer to www.empowerment.state.ia.us for state tools to assist in the application process. State tools are subject to change and award winners will be required to follow these changes. Also note the required outcome performance measures for empowerment funding. The Linking Families and Communities Board 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 submitting an application.

**Preschool services tool CC(A) and CC(B)*

http://www.empowerment.state.ia.us/files/toolkit_tools/toolcc_A.pdf

http://www.empowerment.state.ia.us/files/toolkit_tools/toolcc_B.pdf

**Family support and parent education tool FF, and FF(A)*

http://www.empowerment.state.ia.us/files/toolkit_tools/tool_ff.pdf

http://www.empowerment.state.ia.us/files/toolkit_tools/tool_ff_A.pdf

**Quality improvement tool II*

http://www.empowerment.state.ia.us/files/toolkit_tools/tool_ii.pdf

CONFLICT OF INTEREST

To avoid any conflict of interest in the above funding determination process, any member of the Linking Families and Communities 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

Applicants have the right to appeal the funding decisions based upon a showing that the policies and procedures governing the grant selection process have not been properly applied. The appeal process begins on the postmarked date of the written notification to the applicant of the grant committee's decision. Appeals should be in writing and filed with the Executive Director within five working days of the date of written notification of funding decisions to the applicant. It is the responsibility of the applicant to assure that appeals are received by 4:30 PM on or before the fifth working day of the appeals process. Appeals received after 4:30 PM on the fifth day will not be reviewed. All appeals shall be delivered to the Chairperson of 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 Linking Families and Communities will review the appeal and gather information regarding any infractions of the process.
- At the next regularly scheduled meeting the Linking Families and Communities Board will determine if there has been a violation of process and will rule on the appeal.

FUNDING APPLICATION CHECKLIST

It is required to utilize the application shell.

All applications shall be assembled in the order below.

- Cover Page (completed and signed in **blue** ink)
- Narrative (Project Abstract and Narrative) *(No more than 3 pages)*
- Budget and Justification Form
- Assurances (signed in blue ink) *(only 1 original required)*
- Attachments as needed

Linking Families and Communities Grant 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 Linking Families and Communities Priorities does the program address?

- Quality of Child Care Parent Education Mental Health
 Access to Resources Transportation

Total Amount Requested from Linking Families and Communities: \$0.00

In-Kind Contributions: \$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 RFP, and to the best of my knowledge, the information contained in this application is correct and complete.

Signature of authorized agency person

Date: 3/24/2011

Name: Type name of authorized signatory

Title: Insert title of authorized signatory

NARRATIVE

The total narrative section is not to exceed two pages.

Project Abstract

*Provide a brief overview of your project . Include a brief description of your organization, goals and expected result of the project, the target population/group for this project, collaborative partners and how your success is measured. (*Hint: a paragraph that could be used in a brochure or on a website for potential participants or funders.)*

Provide a brief overview of your project here.

Narrative

Expand on the information provided in the Project Abstract. Expand on the strategies, goals and outcomes of the project. Include the method and tools of collecting, reporting and monitoring the outcomes. Explain how the project aligns with the Linking Families Communities Strategic Plan. Also list the performance measures and how they will be tracked. All projects are required to use the Results Based Accountability Matrix (Input, Output, Quality/Efficiency and Outcomes). Describe your planned collaboration with other agencies, community coalitions, participants and others in the development, implementation or continuation of the project. Describe how your organization will sustain the program if Linking Families and Communities' funding is decreased. Also state the minimum funding amount at which the project is viable.

Programs seeking renewal should provide outcomes data from the past three (if applicable) years in this section or as an attachment to the application. New programs shall provide a timeline for implementation in this section, as well as 3 letters of support (as attachments to the application).

Provide your narrative here.

BUDGET & JUSTIFICATION FORM

Category	Expense Description <i>(Justification-Narrative)</i>	Amount Requested From LFC	Other Funding Sources (specify kind and amount)	Other Funding Sources (specify kind and amount)	Total Dollar Amount For Project
Salaries		\$0.00			\$0.00
Personnel Benefits		\$0.00			\$0.00
Travel		\$0.00			\$0.00
Supplies and Operating Expense		\$0.00			\$0.00
Contracted Services		\$0.00			\$0.00
Equipment		\$0.00			\$0.00
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 and other sources of funding and in-kind. *It is not required to have other funding or in-kind, however it is highly encouraged.* Include a narrative of all sources of revenue including Empowerment funding requested, in-kind contributions, and all other sources of revenue. Below is detailed information to utilize for the justification.

Salaries

Identify anyone to be paid from this grant. Give title of individual, the annual salary, the percent of time he/she will devote to this project and the amount requested. Include staff time that will be devoted to providing supervision/consultation for direct service staff, as well as staff providing administrative services.

Examples: Title – Case Manager, Salary - \$30,000, % of Time – 100 %, Request - \$30,000

Title – Supervisor, Salary - \$40,000, % of Time – 5%, Request - \$2,000

Personnel Benefits

List any personnel benefits that are associated with the salary section. These could include Social Security, Workman's Compensation, Unemployment Compensation, and/or Health Insurance.

Travel

Itemize all in-state travel related to providing related activities. Grant funds may not be used for out-of-state travel unless pre-approved by the board.

Supplies and Operating Expenses

Operating expenses must be listed separately, such as rent, telephone, office machine rental, etc. Expendable office supplies may be shown as a lump sum (paper, pencils, pens, staples, etc.)

Contract Services

State the name, address, hourly or daily rate for all individual contract or consultant services. For contracts with other agencies, state what type of service will be provided and total cost.

Equipment

Itemize each item to be purchased, including the description and cost.

Example: Cell phone, \$25/mo. x 12 months x 2 staff = \$600

Professional Development/Training

For training, seminars and schools. Indicate the number of personnel, the amount of tuition/fee, the name of the institutions and the place.

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.

Administrative Costs

Indirect costs of no more than 15% 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. Applicants without such an approved indirect cost rate may charge no more than 5% administrative fees.

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 project or program supported by such grants. Sub grantees 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

Linking Families and Communities expects that the sub grantees 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 project 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 sub grantees and contractors of the Empowerment area.

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, Linking Families and Communities 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. REPORTS

The sub grantee shall submit quarterly financial reports and quarterly progress reports indicating activities undertaken, expenditures, and general progress of the project for which the sub grant was awarded. In addition to the above reports, a final report (using the same report forms) dealing with the evaluation of the entire project will be needed. This will include data needed to verify the success or failure of the project and a statement as to the effectiveness of the project.

H. 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.

I. AMENDMENTS TO THE APPLICATION

Linking Families and Communities reserves the right to modify this application at any time. In the event the division amends, adds to, or deletes any portion of the application, an amendment will be provided to all applicants who received the original application.

J. COST OF PROPOSAL

Linking Families and Communities 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.

K. COPYRIGHTS

By submitting an application, the applicant agrees that Linking Families and Communities 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.

L. PUBLIC RECORDS

All information submitted by an applicant may be treated as a public record by Linking Families and Communities 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 Linking Families and Communities 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.

M. 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.

N. 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 Linking Families and Communities based on any misunderstanding concerning the information provided herein or based on the division's failure to provide the applicant with information.

O. 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 Linking Families and Communities ; (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 Linking Families and Communities finds a substantial failure to comply with contractual conditions or with regulations promulgated by Linking Families and Communities ; and (4) that appropriate records and accounts will be maintained and made available for audit as prescribed by Linking Families and Communities.

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 Organization

Name of Agency

3/24/2011

Date

Type name of authorized signatory

Signature of Authorized Official

Funding Application Evaluation

Applicant: <u>Insert applicant name</u>		Project: <u>Insert project name</u>		Completed by: <u>Insert reviewer name</u>	
Criteria	Minimal (1 point)	Acceptable (3 points)	Outstanding (5 points)		
Cover page	<input type="checkbox"/> Applicant's outcomes statement is minimal, vague and doesn't clearly address our priorities	<input type="checkbox"/> Applicant's outcome statement was acceptable.		<input type="checkbox"/> Applicant's outcome statement is outstanding, descriptive and completely addresses at least on of our priorities.	
Project Abstract	<input type="checkbox"/> Applicant shows no evidence of promising practice or research-based approach.	<input type="checkbox"/> Applicant shows some evidence of promising practice or research-based approach.		<input type="checkbox"/> Applicant clearly demonstrates evidence-based program or overwhelming evidence or research-based approach.	
Narrative (Strategies)	<input type="checkbox"/> Applicant shows little evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families	<input type="checkbox"/> Applicant shows some/adequate evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families		<input type="checkbox"/> Applicant shows overwhelming evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families	
Narrative (Goals)	<input type="checkbox"/> Applicant's project lacks focus and has no clear goals.	<input type="checkbox"/> Applicant's project has focus and has set measurable goals that may impact the Linking Families and Communities Strategic Plan.		<input type="checkbox"/> Applicant's project has a clearly defined focus and has set measurable goals that overwhelmingly contribute to the success of the Linking Families and Communities Strategic Plan	
Narrative (RBA Performance Measures)	<input type="checkbox"/> Applicant shows little evidence for which measurable data can be collected and analyzed to report progress and evaluate program effectiveness.	<input type="checkbox"/> Applicant shows adequate evidence for which measurable data can be collected and analyzed to report progress and evaluate program effectiveness.		<input type="checkbox"/> Applicant shows overwhelming evidence for which measurable data can be collected and analyzed to report progress and evaluate program effectiveness.	
Narrative (Collaboration)	<input type="checkbox"/> Applicant shows little evidence of meaningful collaboration with Linking Families and Communities and other organizations.	<input type="checkbox"/> Applicant shows evidence of meaningful collaboration with Linking Families and Communities and other organizations.		<input type="checkbox"/> Applicant shows overwhelming evidence of meaningful collaboration with Linking Families and Communities and other organizations.	
Narrative (Sustainability)	<input type="checkbox"/> Applicant shows no evidence of a reasonable sustainability plan.	<input type="checkbox"/> Applicant shows some evidence of a reasonable sustainability plan.		<input type="checkbox"/> Applicant shows evidence of a reasonable sustainability plan and has a plan for growth.	
Budget and Justification	<input type="checkbox"/> Applicant shows little evidence of cost effectiveness and/or lacks a solid budget justification.	<input type="checkbox"/> Applicant shows evidence of cost effectiveness and a solid budget justification.		<input type="checkbox"/> Applicant shows the project to be highly cost effective and includes a solid budget justification.	
Ongoing Programs - Reports from previous years	<input type="checkbox"/> Applicant has demonstrated history of little measurable results. Project progress and return on investment on this project have been poor.	<input type="checkbox"/> Applicant has demonstrated history of measurable results. Project progress and return on investment on this project have been acceptable.		<input type="checkbox"/> Applicant has demonstrated history of measurable results. Project progress and return on investment on this project have been outstanding.	
TOTAL PROJECT SCORE:					

Comments: