**Orange County Partnership for Young Children**

**FY 2017-2018**

**Request for Proposals**

**Bidders’ Conference**

10:00 a.m.

**Child Care Services Association**

Building 300 Conference Room, 1829 Franklin Street, Chapel Hill, NC 27514

**Tuesday, February 21, 2017**

**Submission of Intent to Apply**

Must be emailed to

programs@orangesmartstart.org

No later than 5:00 p.m.

**Friday, March 3, 2017**

**Complete Application Proposals**

Must be received by

OCPYC

120 Providence Road, Suite 101

Chapel Hill, NC 27514

No later than 12:00 noon

**Thursday, March 16, 2017**



**INTRODUCTION**

**Mission of Smart Start Funding**

The mission of the Orange County Partnership for Young Children is to ensure that all young children arrive at school healthy and ready to succeed. We focus on the early years of a child’s life from birth to age five, which is the most critical time in a child’s development. OCPYC serves as the contract administrator for the Smart Start Early Childhood Initiative and the NC Pre-K Program in Orange County. Our funding priorities focus on the county’s most vulnerable families and children. Programs selected for funding work to build supports for high quality early childhood education, address children’s physical, mental, and social/emotional health, and provide strategies to strengthen families with young children.

**Types of Funding Opportunities**

For the FY 2017-2018 allocation cycle, we are offering two different funding opportunities. Nonprofit organizations, agencies, and educational institutions may apply for funding to (1) provide services for a selected priority program or (2) expand an existing evidence based or evidence informed program to offer services to meet the needs of more children, to deliver services in additional locations, and/or to provide services to new populations of children, etc. **Please see Attachment A - Funding Opportunities for more information about areas of interest.**

**There are no pre-established minimum or maximum restrictions on funding amounts for priority programs. However, for expansion funding, an applicant may request up to $20,000.**

In accordance with Smart Start legislation, funding may only be used to support evidence based or evidence informed programming and services. The North Carolina Partnership for Children defines these services as follows:

“Evidence-based programs or practices are those that have repeatedly and consistently demonstrated desirable outcomes through application of scientific research methods (replicated experimental, experimental, or quasi experimental.)”

“An evidence-informed practice is one that is guided by child development theory, practitioner wisdom, qualitative studies and findings from basic research and has written guidelines, a strong logic model, and a history of demonstrating positive results. They may be rated “Promising” or “Emerging” by at least one source that rates evidence-based programs.”

**Match Requirement**

Applicants **must** provide a 19 percent cash and/or in-kind match. The match must be aligned with Smart Start Cost Principles to be considered.

**Supplantation Clause**

In accordance with Smart Start requirements, Smart Start funding must not supplant other funding directed at a given activity.

**Technical Assistance**

If you need any assistance during the grant application process, you may call the Partnership at

919-967-9091 and speak with Linda Hindman (ext. 219) or Robin Pulver (ext. 214).

**Where to Find and Download an Application and Supplemental Materials**

The application and supplemental materials can be downloaded from the Partnership’s website at [www.orangesmartstart.org](http://www.orangesmartstart.org) and can be emailed to applicants upon request.

**Submission Requirements**

* Interested applicants who are unable to attend the Bidders’ Conference on Tuesday, February 21, 2017, or are in need of technical assistance can contact lhindman@orangesmartstart.org or rpulver@orangesmartstart.org to schedule a meeting.
* **No later than 5:00 p.m., March 3, 2017,** applicants interested in applying for funding must complete and submit an **“Intent to Apply” form** by email to programs@orangesmartstart.org with the subject line “Intent to Apply.” **Please see Attachment B – Intent to Apply.**
* **Complete Application Proposals must be received no later than 12:00 noon, Thursday, March 16, 2017.** Applications should be hand delivered or mailed overnight to Orange County Partnership for Young Children, 120 Providence Road, Ste. 101, Chapel Hill, NC 27514. If you choose to mail your application, you must ensure that it is delivered by the deadline.
* When submitting the complete Application Proposal, please provide one (1) original, ten (10) 3-hole punched copies, and one (1) digital copy of the Application for Smart Start Funding, Project Abstract, Project Description (3 page maximum), Logic Model, Budget Summary Form, Line Item Budget Narrative, Line Item Justification for Cash, In-Kind and Mixed Funds. These documents can be emailed to programs@orangesmartstart.org or saved on a flash drive and submitted with the copies. However, the electronic copies must not be locked for editing purposes and submission to our state office.
* Additionally, please provide one (1) original copy of the following attachments: operations budget, board of directors list, agency organizational chart, any additional materials regarding the evidence-based or evidence-informed model and its research; letters of support (optional); IRS Tax Status Letter if applicant is a 501 c (3) nonprofit organization; most recent audited financial statements.
* **Grant awards will be announced by Friday, June 9, 2017.**

 APPLICATION FOR SMART START FUNDING

Orange County Partnership for Young Children

Project Title:

Legal Name of Agency: Type of Agency: ( ) Private, nonprofit, 501(c)3 ( ) For profit ( ) Public

Federal ID#:

[ ]  Priority Program [ ]  Other/Expansion (limit of $20,000)

Total amount requested: $

Total agency budget: $

Total project budget: $

Project funding sources:

**Program Contact**:

Name: Title : Address:

Telephone:

Fax: E-Mail Address:

**Finance Contact**:

Name: Title: Address:

Telephone:

Fax:

E-Mail Address:

**Name of Agency Director**: \_\_\_

Address: Telephone:

Fax:

E-Mail Address:

Signature of Board Chair/President Date

Signature of Chief Officer or Agency Director Date

**Orange County Partnership for Young Children**

**PROJECT ABSTRACT (One page maximum)**

Project Title:

Applicant:

Project Summary: **Provide a brief summary of your project.** Be sure to describe the client population of children, families, or professionals served by this initiative or project and a brief description of how the project will be conducted and meet the Partnership’s priority goal(s).

List the specific Program(s) provided by this project:

List the specific Program(s) Tools to measure the outcomes of this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of FTE staff funded via Smart Start: \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Timetable for this Project:** | **Beginning Date:****7/1/2017** | **End Date:****6/30/2018** |
| **Funds Requested:** | **Smart Start** | **Cash** | **In-kind** | **Mixed** | **Total** |
| **$** | **$** | **$** | **$** | **$** |
|  |

**Project Description**

*Choose the project description for either Priority Program or Other Funding Opportunity. Please follow the outline as you develop the narrative portion of your proposal and be sure to answer all of the questions. Please adhere to the maximum page limit (3). You may choose to answer the questions separately in the description below or as part of a separate project narrative.*

1. **Priority Program**

**Project Description:** (maximum 3 pages). Please describe the proposed evidence base/informed project.

* What is the purpose of the project?
* What need will this project attempt to meet?
* How will the project be implemented?
* What Evidence Based/Informed model will you be using? (Include a description of model; research; outcomes and evaluation). (You may include additional information on the model and research, etc., as an attachment.)
* What specific services/tasks will be conducted and by whom?
* How will this service be delivered?
* How many staff and what type of staff will be employed on this project? (If a subcontract with another agency or consultant services will be used, describe the role of each service provider.)
* List any agencies/organizations with which you are currently collaborating with and describe the types of activities, such as interagency service provision and coordination, coalition building and committee activities, joint planning, shared funding, etc. that you will engage to achieve project success and avoid duplication.
* Describe how the project/program will be financially and organizationally sustained at the conclusion of the grant.
1. **Other Funding Opportunities**

**Project Description:** (maximum 3 pages). Please describe the proposed project expansion.

* What is the purpose of the project and what need/service gap is the project addressing?
* Who is currently being served? What geographical location is the project currently serving?
* How is the program/project being expanded? (e.g., serving more children and families, reaching a new population of children and families, serving children and families in a different geographical location, etc.)
* What results have you achieved to date?
* What Evidence Based/Informed model will you be using? (Include a description of model; research; outcomes and evaluation). (You may include additional information on the model and research, etc., as an attachment.)
* How will the project be implemented?
* What specific services/tasks will be conducted and by whom?
* How will this service be delivered?
* How many staff and what type of staff will be employed on this project? (If a subcontract with another agency or consultant services will be used, describe the role of each service provider.)
* If this activity is similar to other services in the county, please explain how this service will enhance, expand or work with the service currently offered.
* List any agencies/organizations with which you are collaborating and describe the types of collaborative activities, such as interagency service provision and coordination, coalition building and committee activities, joint planning, shared funding, etc. that you will engage to achieve project success and avoid duplication.
* Describe how the expansion will be financially and organizationally sustained at the conclusion of the grant.

**Project Evaluation**

*Evaluation is a systematic process to collect information about program activities, characteristics, and outcomes and make judgments about the program to improve program effectiveness. Programs must focus on obtaining measurable results and outcomes that support the Partnership’s mission of ensuring that all children enter school healthy and ready to succeed.**If your organization is approved for funding, you will need to provide additional information regarding evaluation methods and program impact.*

**Logic Model & Instructions:**

*Regardless of the type of funding you have chosen to apply for (priority program or other funding opportunities); each proposal you submit* ***must*** *include a completed Logic Model.* *A logic model presents a picture of how your effort or initiative is supposed to work and outlines the basic evaluation methodology expected with the plan. It explains why your strategy is a good solution to the problem at hand. Effective logic models make an explicit, often visual, statement of the activities that strategically address factors that influence the problem in order to bring about change. The instructions below provide guidance in completing the* ***attached Logic Model template (Attachment C)****. The completed Logic Model must be included with your proposal and will constitute your evaluation plan for your project.*

* **Partnership: OCPYC**
* **Activity Name:** *(The name of your project as indicated on the Project Abstract)*
* **PBIS ID:** *(These can be found in the Criteria and Definition attachment. Choose the one PBIS indicator that most aligns with the projects goals and outcomes.)*
* **PSC: *(****This is an internal code and will be entered by the Partnership.)*

 **Logic Model: Program Activities**

* + **Need Statement (Why?)**

Use data/statistics to aid in defining the problem. Start with Numbers, Facts, and/or Figures that support the need to address the problem. This section should provide a simplified description of the problem and characteristics of the population to be reached. **For example:** *Of the approximately (insert #) children birth-5 in Orange County, it is estimated that (insert %) have (insert need). This means there is a total potential target population of (insert #) children who could be impacted by efforts to (insert what the program intends to address.)*

* + **Target Population (Who?)**

This section should include the target population for each specific activity that will be provided by the program. Will program services be provided to all who present needs or aimed at a specific population? **For example:** *of the #of children in need, services will address those 0-5 based on location, ethnicity, income, disability, etc…*

* + **Program or Activity Elements (What?)**

These are brief descriptions that explain the activities or services that will be implemented in order to accomplish the program’s stated outcomes and goals.

The NC Legislature requires that Smart Start funding be used for evidence-based and evidence-informed (EB/EI) activities. An evidence-informed practice is one that is guided by child development theory, practitioner wisdom, qualitative studies and findings from basic research and has written guidelines, a strong logic model, and a history of demonstrating positive results. They may be rated as “Promising” or “Emerging” by at least one source that rates evidence based programs.

**Program Implementation**

• Program goals and objectives

• Specific types of services provided

• Dosage - how many sessions; how often meetings are held

• Duration - length of program and length of each session

• Location of services

• Record keeping and data collection

• Reporting requirements

• Demonstration of program fidelity

• Assessments

* **Outputs (How Many?):**

Outputs are measures of the work that is performed. Indicators for each output and activity need to be developed and evidence collected. Indicators must be measurable in either quantitative or qualitative terms. Quantitative indicators typically include numbers served and evidence of work may be supported by sign in sheets. Qualitative measures are typically individualized and express feelings about the knowledge gained during the program service. Tools used to support evidence may include Surveys and Evaluations. The frequency, type, duration, and intensity of services should follow the programs implementation model and are thought of as service units. Units of service are defined as the number of times each activity is expected to be provided. It is important to keep in mind that each service unit is counted each time the activity is provided, (20 home visits made), but participants can only be counted once, (5 families participating), regardless of the number of times they benefit from the services provided. Examples of service units may include number of referrals made, number of home visits, parenting sessions conducted. Projected numbers for ALL outputs should be based on previous experience or may need to be clarified.

* **Program Outcomes (So What?)**

Outcomes are measures of changes that occur due to your project. They can be short term changes that lead to long term impacts. A Program Outcome should be stated to reflect measuring changes in behaviors, attitudes or gains in knowledge. Program Outcomes should be program specific and support each strategy of the program activities implemented. Remember, these outcomes should be linked to the intended program impact and purpose. Include the data source that will be used. This identifies how data will be collected and results of the outcomes and outputs determined. Be sure to list which data collection tools, such as spreadsheets, databases, logs, and/or surveys, will be used.

**Budget Information**

*Please fill out the following forms. The priority initiative’s applicants must submit two separate budget projections (one for each year of the funding cycle). Please indicate whether other federal or state dollars are supporting the project. If the activity contains any grants of any kind or incentives to participants, please describe in the line item justification. If any portion of your service is Medicaid reimbursable, please describe in the line item justification. Please note that the Partnership may not reimburse for overhead/indirect costs.*

**Budget and Budget Narrative:** Please fill out the following forms as described below.

* **Budget Summary Form:** Describes the total Smart Start funds requested and the amount of any other resources that will be contributed to the proposed project. The “Mixed Funds” column is used to capture any remaining sources of funding that will be contributed to this project, but is unallowable as match. *All contributions to a project must be included, not just documentable contributions (****Attachment D****).*
* **Line Item Budget Justification Form:** Describes how the requested **Smart Start Funds** are going to be used. All costs should be directly related to the program implementation. A line-item explanation and justification that details the items which are included in the individual budget lines of the Budget Summary Form in the Smart Start Funds column must be included. For each staff position, provide a title, full-time equivalent and salary. Similar detail must be provided for all expenses included in contracted services (**Attachment E**).
* **Line Item Justification for Cash, In-Kind and Mixed Funds Form:** Describes all remaining sources of funding that are used to support this project. Please include each funding source. *All applicants must provide at least 19 % match for each project.* Applicants must identify the source of any matching funds, and be able to document cash and in-kind support (**Attachment F**).

**Additional Documentation needed in support of Application:**

*Please attach the following items to your proposal.*

1. Operations Budget
2. Board of Directors List
3. Agency Organizational Chart
4. Any additional materials regarding the Evidence-Based or Evidence-Informed model and its research (optional)
5. Letters of Support (optional)
6. IRS Tax Status Letter if applicant is a 501 c (3) non-profit organization
7. Most recent audited financial statements

**Application Checklist**

*This checklist is for your planning and preparation purposes. It does not need to be included in your submitted packet.*

**Please make sure your Application Package includes the following:**

One (1) original application package with original signatures; ten (10), 3-hole punched, double-sided copies; and one (1) digital copy of the application package should include the following :

Application

\_\_\_\_\_Application for Smart Start Funding

\_\_\_\_\_\_ Project Abstract

\_\_\_\_\_\_ Project Description (3 page maximum)

\_\_\_\_\_\_ Logic Model

\_\_\_\_\_\_ Budget Summary Form

\_\_\_\_\_\_ Line Item Budget Narrative

\_\_\_\_\_\_ Line Item Justification for Cash, In-Kind and Mixed Funds

**One, (1), copy of each of the following documents must be attached to the original application with signatures:**

I. Operations Budget

II. Board of Directors List

III. Agency Organizational Chart

IV. Research materials supporting the Evidence-Based/Evidence-Informed model (if needed)

V. Letters of Support (optional)

VI. IRS Tax Status Letter if applicant is a 501 c (3) non-profit organization

VII. Most recent audited financial statements

All proposals are due at Orange County Partnership for Children’s office by **noon (12 p.m.) on Thursday, March 16, 2017.**