

Washington County Empowerment

Request for Proposal Funding for July 1, 2008 – June 30, 2009

Released March 28, 2009

Contact: Tasha Beghtol, Coordinator

110 N Iowa Ave, Suite 300

Washington, IA 52353

Phone: 319-461-1369

Fax: 319-653-6870

Email: tbeghtol@washingtoncountyempowerment.org

Purpose and Overview

Washington County Empowerment is seeking Requests for Proposals (RFP) for the purpose of providing funding to programs, projects, and/or services that will enhance the education, health, and development of children in Washington County ages pre-birth to 5 years.

Eligible applicants

- Applicants must be service providers serving Washington County families with children pre-birth to 5 years
- Applicants must be willing to serve families at 200% or lower poverty level
- Applicants will provide service or programming that strives to meet local identified needs and priorities (see page 2)
- Applicants will be willing to work collaboratively with WCE Coordinator, WCE Board and committees, other Empowerment providers, and other Washington County service providers to achieve program objectives and successful outcomes

Timeline

March 28, 2008	RFPs released to public
May 1, 2008	Proposals due
May 22, 2008	Funding decisions made
July 1, 2008	Contract period begins
June 30, 2009	Contract period ends

PROPOSAL INSTRUCTIONS

All proposals must follow the outlined format. Proposals must be postmarked by or delivered in person no later than **4:00 pm on May 1, 2008**. Send typed proposal, along with 4 copies to:

Washington County Empowerment
Attn: Tasha Beghtol
110 N Iowa Ave, Suite 300
Washington, IA 52353

No faxed or electronic proposals will be accepted. Proposals must use size 12 font. Please do not include binders, folders, sheet protectors, etc... WCE Board reserves the right to negotiate proposal details and may grant less than the amount requested. Proposals can be reproduced and are available online at www.washingtoncountyempowerment.org

PRIORITIES & IDENTIFIED NEEDS

Washington County Empowerment operates under the guiding principles that:

All individuals within the Washington County Empowerment Area will have a community that values and provides the opportunity to maximize their potential in a safe, stable, and nurturing environment, through partnering and collaborative efforts.

All proposed projects should strive to fulfill the goals of Washington County Empowerment and satisfy one or more result area. Washington County Empowerment identified needs and priorities are:

- Health care coverage for all children 0-5 years
- Prevent child abuse and neglect
- Universal network and support available for anyone involved with a child age 0-3 (Priority given to teen moms, newborns, and first time moms)
- Quality Preschool available for every child
- Increase capacity and quality of child care with an emphasis on health and safety
- Comprehensive and affordable transportation system for families to access resources

The statewide Community Empowerment results for all of Iowa's young children and their families are:

- Healthy Children
- Children Ready to Succeed in School
- Safe and Nurturing Families
- Safe and Supportive Communities
- Secure and Nurturing Childcare Environments

For additional information and definitions refer to Iowa Community Empowerment website.

http://www.empowerment.state.ia.us/tool_kit_tools.asp; [Tool G - Empowerment Funding Parameters](#); [Tool CC \(A\) - SR Funding for LSES Preschool Services](#); [Tool DD \(A\) - School Ready Funds for Professional Development](#); [Tool FF - Community Empowerment School Ready Funds Family Support & Parent Education](#)

PROPOSAL FORMAT

Complete proposals include: Cover page, local need narrative, program description narrative, program evaluation narrative, and detailed budget.

COVER PAGE

Organization:

Address:

Name & Title of Project Manager:
Phone & Email

Name & Title of Administrator:
Phone & Email

Name of Project:

Outcome statement: e.g. The purpose of the (activity/project) is to provide (service or product) for/to (customer) so they can/in order to (outcome/planned benefit)

Total funding requested: _____

SUMMARY TABLE

Program Name and funding requested	Target audience: expected # to be served	Goals of the program	Scope of services: specific activities to be performed	Performance measures and specific data to be reported

PROPOSAL NARRATIVE

Need for the program (1 page maximum)

- Describe the local need for the program and this the program can uniquely meet that need

Program description (2 page maximum)

- Describe services and activities to be provided, including collaboration with other local service providers
- Describe your general target audience and projected numbers to be served. Include geographic, socio-economic, and other demographic information pertaining to your program and its goals.
- Describe how the program will strive to meet identified local and statewide empowerment goals and priorities (see page 2)
- Provide any additional information that specifically explains the purpose and implementation of the program.

Program Evaluation (1 page maximum)

Consider bottom line questions:

- *Example only:* How has the program made a difference in the lives of the families we served?
- *Example only:* What can families/children do now that they couldn't do before the service?
- *Example only:* How has the knowledge and/or behavior of the families we served changed?
- Provide information about how the program will be evaluated. Include outcomes and indicators used to measure outcomes.
- Surveys and/or evaluations may be submitted as attachments at the end of the proposal.

BUDGET

Budgets will be based on the service period July 1, 2008 through June 30, 2009. Include detailed explanations of all line items. Identify matching or in kind funding that will be used for the proposed budget, FY ending 2009. Washington County Empowerment Board reserves the right to negotiate proposal details and may grant less than the amount requested.

Washington County Empowerment expects level or reduced funding for FY09 School Ready allocations. WCE expects to award approximately \$250,000 to fund Washington Co programs for the period July 1, 2008 through June 30, 2009.

DESCRIPTION OF EXPENSES	Empowerment request	Matching funds	In-kind funds
Salaries			
(provide complete description including hours, title, etc...)			
Benefits			
(provide complete description including FICA, 401k, etc..)			
Administration			
(reasonable administration relating to program)			
Equipment/Supplies			
(any purchase over \$500 must include detailed description of how it is crucial to program)			
Contract Services			
(trainers and/or facilitators not included in salaries line item)			
Travel			
(lodging paid @ \$75/night, mileage paid @ \$.375/mi)			
Incentives			
(items and/or monetary rewards relating to program)			
Other			
(Please provide complete description)			
TOTAL REQUESTED			

Attachment A

**Washington County Empowerment
Proposal Review
Program Committee**

Applicant:

Date Reviewed: _____

Total score: _____

	<u>Comments</u>	<u>Score</u>	
Complete & justifiable application Followed format and directions			
Aligns with EA Priorities <i>(Program need and description narrative)</i> <ul style="list-style-type: none"> • Health care coverage for all children 0-5 years • Prevent child abuse and neglect • Universal network and support available for anyone involved with a child age 0-3 (Priority given to teen moms, newborns, and first time moms) • Quality Preschool available for every child • Increase capacity and quality of child care with an emphasis on health and safety • Comprehensive and affordable transportation system for families to access resources 			
Project sustainability <i>(Program evaluation narrative)</i> Ability for continued success of program			
Budget Detailed, accurate, and justifiable Includes matching funds when applicable			

Score range/1-5 for each area
5 = highest level of compliance