



# Early Childhood Iowa Area Board FY2027 Request for Proposal

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## **DEADLINE**

**Emailed Application Due Date: April 17, 2026 by 10:00 A.M.**

**Hard Copy Application Due Date: April 20, 2026 by 12.00 P.M. Noon**

*Late Applications Will Not Be Accepted*

## **ANTICIPATED CONTRACT TERM**

**July 1, 2026 – June 30, 2027**

With options to renew for 2 additional years

### **Request for Proposal Purpose:**

The 4 R Kids Early Childhood Iowa Area Board is seeking proposals that target children, pre-birth to age 5 and their parents in Adair, Dallas, Madison and Warren County.

### **Mission Statement**

*"Every child beginning at birth will be healthy and successful"*

## **4 R Kids Early Childhood Iowa Area Board Request for Proposal Information FY2027**

*The 4 R Kids Early Childhood Iowa Area Board has agreed to distribute this Application for Early Childhood Iowa funds. This will establish uniform guidelines and procedures for soliciting grant proposals from early childhood providers who provide services to children age prenatal through age five.*

The 4 R Kids ECI Area Board plans to allocate funds for Early Childhood Services in FY2027. Contingent upon receipt of Early Childhood Iowa Funding, the 4 R Kids ECI Area Board is announcing the Request for Proposal for FY2027 with the option to renew for two additional contract years. The total amount of funding available may be approximately \$1,000,000 for FY2027.

### **Purpose of the Early Childhood Iowa Initiative**

Early Childhood Iowa (formerly Empowerment) was established by Iowa state legislation during the 1998 session to create a partnership between communities and state government with an emphasis on improving the well-being of families with young children. The 4 R Kids ECI Area Board has been established to improve results for young children and their families residing in Adair, Dallas, Madison, and Warren County.

### **4 R Kids Community Plan Indicators and Priorities**

A Community Plan was developed by the 4 R Kids ECI Area Board in support of residents prenatal through five, and their families in Adair, Dallas, Madison and Warren County, Iowa. It highlights goals, indicators, and priorities of the 4 R Kids ECI Area Board, that affect the well-being of Adair, Dallas, Madison, and Warren County's youngest citizens. In addition, the plan identifies community assets, common needs, and gaps in services that help "steer" the 4 R Kids ECI Area. The community plan can be used as a guide for grant writing and funding decisions. Applicants will find funding priorities in the 4 R Kids Community Plan, which is located at: <http://www.4rkids-eci.org/>.

### **Previous Programming**

A list of previous programming can be found at <https://4rkids-eci.org/programs-and-services-funded-by-the-board/> Programming is not limited to what has been funded in previous fiscal years.

### **Special Considerations**

It is the intent of the Board is to not directly fund individual preschools, child care centers, and child care homes, but rather to fund comprehensive program(s) that can directly serve all early learning environments in the 4 R Kids ECI service area. Services may consist of but not limited to professional development, wage enhancements, quality improvement and coordination of services.

It is the intent of the Board to issue one contract for coordination and administration of preschool enrichment services for the 4 R Kids ECI service area. Preschool enrichment services in the four-county area may consist of but not limited to, coordination of preschool services, preschool tuition for qualifying preschools, health prevention screenings (not treatment), professional development for preschool staff, quality improvements efforts for preschools, preschool transportation and/or other services identified as a need. The application should state how much funding is needed for all preschool components. The applicant is to be familiar with the current preschool tuition and transportation policy and can be found at <http://4rkids-eci.org/policy-and-procedures/>.

Additionally, state [ECI Tool G](#) is recommended to be reviewed before applying. On a separate budget form, preschool supportive services are to be listed separately (i.e. preschool tuition scholarships, health prevention screenings (not treatment), professional development for preschool staff, quality improvements efforts for preschools, preschool transportation and/or other services identified as a need on a separate budget form. The winning bidder must have the capacity to deliver all supportive services as this is a draw down process.

### **Early Childhood Iowa Tools**

Early Childhood Iowa has tools that may assist applicants and at this time can be found at

<https://hhs.iowa.gov/initiatives/eci>. **The 4 R Kids Early Childhood Iowa area board shall not be held responsible for or the inaccuracy of state ECI tools or the location of the state ECI tools on the Iowa Department of Health and Human Services website.**

### **Home Visitation Tools, Resources and Guidance**

In addition to state Tool FF that is located at <https://hhs.iowa.gov/initiatives/eci> the Home Visiting Evidence of Effectiveness (**HomVEE**) website from the U.S. Department of Human Services is a resource that provides information on home visitation models.

#### *Intended Population and Benchmark Targets*

Early Childhood Iowa requires specific enrollment criteria for long term home visitation programs; 100% of families enrolled during the course of each fiscal year are required to meet one of the following criteria. At the time of this grant offering, the Iowa Department of Health and Human Services has not provided guidance on the below criteria.

- Household income is at or below 200% of the federal poverty guidelines.
- Household has someone who is pregnant and under age 21.
- Household has a history of child abuse or neglect or has had interactions with child welfare services.
- Household has a history of substance use or addiction or there is a need for substance use treatment
- Someone in the household has attained low student achievement or has a child with low student achievement.
- Household has a child with developmental delays or disabilities.
- Household includes individuals who are serving or formerly served in the US armed forces.

### **Funding Parameters**

Funding parameters for Early Childhood Iowa can be found within State ECI website

<https://hhs.iowa.gov/initiatives/eci>. **It is highly recommended applicants review Tool G, Tool FF and/or Tool O, prior to applying.** It is also the responsibility of the applicant to know and understand all relevant state ECI Tool Kit Tools mentioned within this request for proposal.

### **Applicant Eligibility**

To be considered eligible for funding the applicant must:

- Target children, pre-birth to age 5, and their parents in Adair, Dallas, Madison, and Warren County, either directly or indirectly.
- Adhere to the principle that no discrimination will be practiced as to race, religion, sex, or national origin.
- Identify a single lead organization as the official applicant if proposals are developed jointly by more than one agency or organization. Participating agencies and organizations can be included as co-participants, sub-grantees, or subcontractors.
- Have the ability to cash flow the project as funding is provided in monthly drawdown disbursements.
- Be a not-for-profit entity or group 501(c)(3), or substantially meet the requirements to be certified as not-for-profit, or have a not-for-profit administer the funding; local governments, churches, and schools. Acceptation may be made for certain services.
- Demonstrate a commitment and ability to comply with all reporting requirements and relevant state and federal laws, including all rules and policies implemented by the 4 R Kids ECI Area Board.

### **Application Criteria**

Applicants must meet the following criteria:

1. Demonstrate that the applicant's project strategy was developed to meet priorities in the 4 R Kids ECI Community Plan and ultimately link to one or more the following priorities: quality early childhood education settings (i.e. homes, centers, preschools, health services (i.e. vision, dental, mental, medical), family support and parent education services/programs, and community resource management and planning.
2. Qualifies under guidelines for Early Childhood Iowa Funding – Tool G.
3. Must follow the outline format and page limitations.

4. Must be typed using single-spaced 11 point font, with numbered pages.
5. Incomplete applications may or may not be considered.

**Requirements for Funded Programs**

Applicants awarded funds are required, but not limited to:

- Submit required performance measures, required by the Iowa Department of Health and Human Services. The 4 R Kids ECI Area Board reserves the right to request additional performance measure data other than what is required within the state tool(s). It is the applicant’s responsibility to know and understand all proposed performance measures for the service being applied for. For a copy of the most current state Performance Measures review Tool Oor <https://hhs.iowa.gov/initiatives/eci>.
- Participate in an on-site visit with the ECI Director.
- Provide the board with a copy of the agency’s most current financial audit summary (if applicable) during the fiscal year.
- Adhere to Family Support guidelines where applicable. ECI Area Boards are required in Iowa Code, Chapter 256I.9(2), to give priority funding to programs who are evidenced-based or promising models for home visitation as defined in state Tool FF. Only programs who have received/working on the Iowa Family Support Credential or comparable state or national standard are eligible to apply. All programs must also participate in the [DAISEY](#) Data Collection System or data management systems dictated by Early Childhood Iowa. The [Iowa Family Support Data Dictionary](#) is available as a resource. All staff paid with grant funds must comply with the Iowa Family Support Competency Assessment system. To learn more about the Iowa Family Support Competency Assessment research the [Institute for the Advancement of Family Support Professionals](#) website. Verification of completion of the Assessment is a requirement.
- Submit three quarterly progress reports utilizing Google sheets. Due dates for the reports are: October 15, January 15, and April 15. A Year-end report is also required to be submitted on July 15. Standardized report formats will be provided for all programs/services and are required to adhere to the prescribed format. The progress report format is subject to change. A copy of the expenditure and reporting requirements are available upon request.
- Utilize a preformatted budget spreadsheet and monthly service tracking tool designed by the 4 R Kids ECI Area Board.
- Promote the funded program in the general community at least once during the contract period. The following statement must be used at all times when promoting the funded program: “*Program*” is funded through the 4 R Kids ECI Area Board. The Board’s logo will be provided for public awareness purposes.
- Maintain in effect, with insurance companies authorized to do business in the State of Iowa, insurance covering its work. The insurance shall be of the type and in the amounts reasonably required by the Early Childhood Iowa Area. The Contractor's insurance shall, among other things, insure against any loss or damage resulting from or related to the Contractor's performance of this Contact. All such insurance policies shall remain in full force and effect for the entire life of this Contract and shall not be canceled or changed except after thirty days written notice to the Early Childhood Iowa Area. Unless otherwise requested by the State, the Contractor shall, obtain the insurance coverage(s) set forth below:

Type of Insurance	Limit	Amount
General Liability	Per incident	\$1 million
Automobile liability, including any auto, hired autos, and non-owned autos used in the provision of services under this Contract	Per incident	\$1 million
Excess liability, with Third Party Liability Endorsement	Per incident	\$1 million
Workers' Compensation for employees of Contractor	As required by Iowa law	
Professional Liability Insurance as applicable	Per incident	\$500,000

All insurance policies required by this Contract shall provide coverage for all claims arising from activities occurring during the term of the policy, regardless of the date the claim is filed or expiration of the policy.

The Contractor and any of its subcontractors performing work on this project shall submit certificates of insurance described above at the time of execution of this Contract. The receipt of such certificates does not constitute approval of the coverage contained on the certificates, and the Contractor remains responsible for determining that its insurance coverage meets each and every requirement of this

Contract. Acceptance of the insurance certificates by the Early Childhood Iowa Area shall not act to relieve the Contractor of any obligation under this Contract.

The Contractor shall obtain a waiver of any subrogation rights that any of its insurance carriers might have against the State. The waiver of subrogation rights shall be indicated on the certificates of insurance coverage supplied to the Early Childhood Iowa Area.

### **Contracting Period**

The term of the Contract shall be July 1, 2026 through June 30, 2027, unless terminated earlier in accordance with the Termination section of the Contract. The 4 R Kids ECI Area Board shall exercise the option to renew this Contract for two additional years by giving the Contractor written notice of the extension decision. Budget requests and funding awards will be renegotiated each year. Contract renewals are subject to performance and state funding allocations. Funding is *not* guaranteed to be sustainable or continuous from year to year.

### **Contractual Obligations and Information**

#### *Reimbursement of Expenditures*

The award will be made to the contractor in monthly disbursements; it is a draw down process only. A formulated budget spreadsheet will be required to be utilized and will be provided to the Contractor. A formulated monthly direct line service tracking tool will also be required to be utilized.

#### *Budget Amendments*

Contractors are allowed to amend the program budget during the fiscal year without prior board approval only if it is less than 10% of annual approved budget. If it is over 10% of annual budget, prior board approval must be sought. Regardless, any budget amendments must be submitted in writing to the 4 R Kids Early Childhood Iowa Area Director.

#### *Contract*

A copy of the contract is available upon request.

### **Application Guidelines**

- Format and guidelines of this request for proposal application must be followed to be considered for funding.
- Request for proposal materials will be posted on the 4 R Kids Early Childhood website
- You may contact Debra Schrader, Executive Director at 641-344-2250 or [4rkidseci@gmail.com](mailto:4rkidseci@gmail.com). if you have questions regarding the request for proposal process.
- Applications are due to the Executive Director's office, 1011 Pear Avenue, Prescott, Iowa 50859 by **April 20, 2026 by 12:00 Noon**. No fax copies or postmarks will be accepted. No hand delivered applications are allowed.
- Submit 1 original of the proposal application and the required attachments and 6 identical copies. **All applications are to be assembled as single sided and stapled.**
- An electronic mail application must also be submitted by **April 17, 2026 by 10:00 A.M.** to [4rkidseci@gmail.com](mailto:4rkidseci@gmail.com) and must be in PDF format. Applications must be received by electronic mail by the stated due date in the request for proposal guidelines. The date and time stamp of the electronic mail shall serve as the official time of receipt of the proposal. The time that is documented may be slightly delayed from the time that the applicant sent the email. Although the delay is minimal, it may be increased when server traffic is high or other uncontrollable internet traffic circumstances, encryption issues, firewall issues, or server issues. It is the applicant's sole responsibility to submit emailed proposals in sufficient time so the proposal is received prior to the stated due date and time. Any proposal received time stamped past due date will be rejected, not reviewed for funding, and an email notice sent to the applicant. This is not grounds for an appeal.
- The 4 R Kid Early Childhood Iowa Area Board is the entity who makes final funding decisions.
- Applicants may be required to respond to questions concerning their application during the review process.
- Grant recipients will be required to sign a contract containing, performance measures, fiscal responsibility, and reporting requirements.

## **Review Process**

Each proposal will go through the following phases:

- Phase 1 – A technical review of the proposal will be conducted by the ECI Director.
- Phase 2 – A comprehensive review of proposals will be completed by the Program and Service Committee. Additional information or clarification may be requested of applicants following this phase.
- Phase 3 – The Program and Service Committee will provide recommendations to the 4 R Kids ECI Area Board on May 21, 2026. The meeting is open to the public.

## **Notification of Awards**

All applicants will receive notification of the 4 R Kids ECI Area Board's decision. It is the intent of the Board to provide notification by June 1, 2026, but may be dependent upon the Iowa Legislature and state allocations provided to the 4 R Kids ECI Area Board.

## **Conflict of Interest**

To avoid any conflict of interest in the funding determination process, any member of the 4 R Kids ECI Area Board, who has a direct interest or substantial related interest in a particular funding proposal, will not participate in the evaluation of that proposal. An example of a direct interest in a proposal would be an employee or Board member of an agency submitting a proposal. An example of a related interest in a proposal would be a relative of an employee or Board member of an agency submitting a proposal.

## **Review of Award Decision**

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. Appeals can be expressed through written procedures. The community has the right to appeal decisions based upon a showing that the policies and procedures governing the decision-making process have not been properly applied.

- Appeals should be in writing and filed with the Chairperson of the Board within five working days of the date of a Board decision.
- It is the responsibility of the applicant to assure that appeals are received by 4:30 p.m. on or before the fifth working day of the appeals process. Appeals received after 4:30 p.m. on the fifth day shall not be reviewed.
- All appeals shall clearly state how the decision failed in following the rules of the process as governed by the policies and procedures outlined in the by-laws. 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.

## **Public Information**

All applications received and review materials (if available), will be kept confidential and in a secure location until all programs have a fully executed contract. After that time, all materials become public information. Open records request can be made by completing a [public request form](#) located on the 4 R Kids ECI [website](#).

## **Statewide Budget Cuts**

Statewide budget cuts may occur after grant awards have been made. In that event, the 4 R Kids ECI Area Board will apply budget cuts as equitably as possible. Providers will be given notice of any pending budget cuts as soon as possible so that they can plan accordingly. These budget reductions would not apply to services for which providers had already been paid. The application of any budget reductions would require Board approval, whereupon contract amendments would be issued to individual contractors.

## **Supplanting**

This funding may not be used to supplant existing funding. If funding will be used as match for other grant funds, 4 R Kids ECI Area Board must first be notified and reported on a monthly basis.

## **Cash Match**

While not required with this grant offering, it is highly encouraged to have other funding to support your project.

## **Budget Instructions**

The project budget should show how funds will be expended to complete the planned activities in your proposal. The budget must identify other sources of support (e.g. grant sources, participant fees, etc.) that support the identified program/service, the source of other funds, and the amount of support from each source. **Do not include in-kind funding in the budget.**

- **SALARIES:** Identify staff position to be paid on this grant; include staff title, annual salary, percent of time devoted to project, and amount requested; Example: Program Coordinator \$32,000/annual salary X 75% of time = \$24,000. Program staff members are those directly involved with the coordination and implementation of the identified program/service.
- **BENEFITS:** List personnel benefits associated with the salary section, such as Social Security, worker's compensation, unemployment insurance, health insurance, other benefits. The total amount may be calculated as a percentage of salaries.
- **TRAVEL:** Itemize all in-state and out-of-state travel. Include costs for, lodging, and mileage; travel costs to travel to the 4 R Kids ECI Area Board meetings are not an allowable expense, unless the agency has been requested to attend a board meeting and are part of the board agenda.
- **PROFESSIONAL DEVELOPMENT:** To be used for training, workshops, and conferences. If known at the time of application, include name of event, number of personnel to attend, registration cost/fees, name of the institution and place of event.
- **OFFICE SUPPLIES:** Itemize and describe all program related supplies and other expenses.
- **PROGRAM MATERIALS:** Program materials such as curriculum, printing, brochures or other program material costs.
- **EQUIPMENT:** Equipment purchases include any item with a cost of value of \$500 or more and with an anticipated useful life of one year or more. Equipment purchased with these funds must be inventoried and tracked.
- **RENT AND OPERATIONAL COSTS:** The cost of providing space, utilities, telephone phone, and internet for the service.
- **CONTRACT SERVICES:** Services under written agreement with applicant. Provide a brief explanation of the contractor's role in the project; provide unit cost rate for contractor services, and total cost of the contractor.
- **INDIRECT 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. If Indirect Costs are claimed, Administrative Costs are not allowed.
- **ADMINISTRATIVE COSTS:** Administrative costs of **no more than 5%** are allowable expense but cannot be claimed if Indirect Costs are claimed. Describe how the rate is defined and what it includes.
- **OTHER FUNDING** -Identify other funding to support the project. In-kind funding **is not** to be noted on the budget.
- **SPECIAL NOTE:** Food expenditures are not an allowable expense under this grant offering.

## **Application Checklist**

Applications shall be assembled in the order below. Mail 1 original of the application with required attachments plus 6 copies, **all single sided and stapled.**

- \_\_\_ **Attachment A** - Cover Page. *(keep to 1 page)* **(signed in blue ink)**
- \_\_\_ **Attachment B** - Community Plan Impact. *(keep to 1 page)*
- \_\_\_ **Attachment C** - Narrative. *(no more than 6 pages)*
- \_\_\_ **Attachment D** - Budget and Justification. *(no more than 3 pages)*
- \_\_\_ **Attachment E** - Assurances. *(only 1 original required)* **(signed in blue ink)**
- \_\_\_ **Attachment F** - Board Membership. *(only 1 original required)* *(if applicable)*
- \_\_\_ **Attachment G** - Minority Impact Statement *(only 1 required)*
- \_\_\_ **One Letter of Support.** - Must be specific to the program.
- \_\_\_ **Insurance Coverage Documentation.** *(only 1 required and to be submitted with the original application)*
- \_\_\_ **Indirect Cost Rate Documentation.** *(if applicable)* *(only 1 required and to be submitted with the original application)*

- \_\_\_\_\_ **Documentation of employee(s) background checks.** Family support programs are only applicable to this requirement. *(only 1 required and to be submitted with the original application)* This requirement can be met by providing a statement on agency letter head listing all staff have received a background check.
- \_\_\_\_\_ **Documentation of program quality.** *(only 1 required and to be submitted with the original application) (if applicable)* (This may include but not limited to the Family Support Credential, National Accreditation, etc)
- \_\_\_\_\_ **Documentation of Iowa Family Support Competency Certification.** This is limited to Family Support Programs *(if applicable)*.

### Email

You are to email the request for proposal(s) in **PDF** format to include the following: **Attachments A, B, C, E, F**, letter of support, insurance documentation, indirect cost rate documentation, background checks, program quality, and Iowa Family Support Competency certification. Additionally, you are to email **Attachment D** in Microsoft Excel.

### RFP Original

The original RFP with appropriate signatures is to include the following pages and are to be **singled sided and stapled**.

- Attachment A – Cover Page
- Attachment B – Community Impact Page
- Attachment C – Narrative
- Attachment D – Budget and Justification
- Attachment E – Assurances
- Attachment F – Board Membership if applicable
- Attachment G – Minority Impact Statement
- One Letter of Support
- Indirect Cost Rate Documentation
- Insurance Documentation
- Background Checks – Family Support Only
- Documentation of Program Quality if applicable
- Documentation of Iowa Family Support Competency Certification if applicable

### RFP Copies

Seven Copies are to include the following pages and are to be **singled sided and stapled**.

- Attachment A – Cover Page
- Attachment B – Community Impact Page
- Attachment C – Narrative (no more than 6 pages)
- Attachment D – Budget and Justification
- One Letter of Support

### Unlocking Password Protection

Attachment A, B and C are password protected. You are advised to unlock the application using the password **4000** when completing narrative sections of the application. Leave the application locked when you are marking appropriate boxes. Unlocking the document will provide you will opportunity to maintain required page limits and to spell and grammar check. **Note of caution, spell check and grammar check does not work in the form with protected cells.** To unlock the application, go to the review tab, select restrict editing, select stop protection, and enter the password, the form will now be unlocked.

Board Use Only

Board Use Only



Early Childhood Area Board  
FY2027 Request for Proposal

Cover Page

ATTACHMENT A

**This must be one page only**

Applicant Contact Information	
Name of Organization	
Address (Street)	
City and Zip	
Phone	
Email	
Website	
Contact Person	
Tax ID#	

Project Information	
Project Name	
Purpose Statement	
Proposed Outputs (This Should Match Question 9)	
Amount Requested	\$

Select the County(s) the program will serve (check all that apply)	
<input type="checkbox"/> Adair County	<input type="checkbox"/> Dallas County
<input type="checkbox"/> Madison County	<input type="checkbox"/> Warren County

*I have reviewed Early Childhood Iowa State Tools and Performance Measures associated with this Request for Proposal and fully understand my roles and responsibilities. I also certify that I am duly authorized to commit and make assurances for the applicant, and therefore agree to comply with all the provisions of the Request for Proposal, and to the best of my knowledge, the information contained in this application is correct and complete.*

Signature of Authorized Officer/Director of Applicant

Date

**ATTACHMENT B**

**Community Plan Impact**

Select in the following charts, the items the program will target the 4 R Kids ECI boards community plan and why. The community plan can be accessed on the 4 R Kids website at <https://4rkids-eci.org/community-plan/>. At least one item is required to be checked in each of the four areas. **This must be one page only.**

<b>1. Select the Early Childhood Iowa result area(s) your program will impact. (check all that apply)</b>
<input type="checkbox"/> Children are ready to succeed in school <input type="checkbox"/> Healthy children <input type="checkbox"/> Safe and nurturing families <input type="checkbox"/> Safe and supportive communities <input type="checkbox"/> Secure and nurturing early learning environments
How will you impact the selected result area(s)?

<b>2. Select the 4 R Kids ECI local indicator(s) your program will impact. (check all that apply)</b>
<input type="checkbox"/> Percent of kindergarteners who had a preschool experience <input type="checkbox"/> Percent of child care providers and preschools at each level of the voluntary quality rating system <input type="checkbox"/> Percent of children age 0-17 who live below the poverty level <input type="checkbox"/> Percent of live births where the mother began prenatal care during the first trimester of pregnancy <input type="checkbox"/> Percent of families with parents working & children under the age of 6
How will you impact the selected indicator(s)?

<b>3. Indicate the 4 R Kids ECI priority(s) your program will impact. (check all that apply)</b>
<input type="checkbox"/> Quality early childhood education settings (i.e. homes, centers, preschools) <input type="checkbox"/> Health services (i.e. vision, dental, mental, medical) <input type="checkbox"/> Family support and parent education <input type="checkbox"/> Community resource management and planning
How will you impact the selected priority(s)?

<b>4. Select performance-based service types you are applying for. Review state ECI Tool O. (check all that apply)</b>
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**Direct Services**

- Car seat safety
- Public awareness child fairs
- Dental
- Professional development
- Infant and early childhood mental health consultation

**Indirect Services**

- Literacy
- Scholarship coordination
- Coordinated intake
- Health Services
- Transportation
- Essential needs
- Early care and education scholarships
- Wage enhancements for early childhood
- Early learning enhancement and expansion
- Quality Improvement for early childhood

**Family Support**

- Long term home visitation
- Short term home visitation
- Group based parent education

**ATTACHMENT C  
NARRATIVE**

*Total narrative section is not to exceed six (6) pages.*

**1. Describe the agency's mission and vision. Include a history of the agency and length of time services have been provided. If the agency has a governing board/body, explain the decision-making process also explain how program information is provided to the governing board/body.**

Provide your narrative here.

**2. Describe the proposed program and its operations. Describe any evidence or research basis of the program. Describe the program goals.**

Provide your narrative here.

**3. Has the program had a contract terminated, not renewed, or placed on a program improvement plan or similar corrective action plan within the past 24 months, for failure to complete terms of the contract, no matter the funding source.**

If yes, provide an explanation.

**4. Describe the local need for the program, gaps in services and data to support this need. Describe how the program is uniquely suited to meet this need.**

Provide your narrative here.

**5. Describe the plan and timeline for implementation or continuation of the proposed program.**

Provide your narrative here.

**6. Describe the target audience and how you will engage the target audience. Include geographic, socio-economic, age as well as other demographics of your target audience. **FAMILY SUPPORT ONLY** - Describe what strategies a family support program will use to serve the most at risk families.**

Provide your narrative here.

**7. Describe any notable trends over the past year (negative or positive).**

Provide your narrative here.

**8. Describe how services will be provided to non-English speaking participants.**

Provide your narrative here.

**9. **Proposed Outputs.** Identify the anticipated number of full time equivalent staff to perform the work, number of children, number of families, number of providers and/or visits/services to be served by this program. **This is a critical part of this application.****

Provide your narrative here.

**10. Describe the methods and tools used in collecting, reporting and monitoring the programs performance. Identify data that will be reported to the 4 R Kids ECI Area Board (include state required data and include other data that is important to the program).**

Provide your narrative here.

**11. Coordination and Collaboration. List your planned collaboration with other agencies and community partners. Identify if there are other agencies in the community that provide a comparable service, how will your services compliment or differ, and work together.**

Provide your narrative here.

**12. Describe your plan to secure outside funding and demonstrate how this project will be sustained beyond ECI funding. Describe barriers to obtaining sustainability.**

Provide your narrative here.

**13. State the minimum funding at which the program is viable.**

Provide your narrative here.

**14. Provide a success story in 350 words or less. Stories should focus on the impact the program has had for individuals and/or specific children and their families. It can be a success story or a story in which a family has trouble accessing and/or utilizing services.**

Provide your narrative here.

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**This section is relevant to family support programs only. You may delete this section of the application if this is not relevant to your program.**

**15. Identify any credentialing or national certification process(s) the agency/family support program has completed or is in the process of completing with time lines identified for completion. This is a requirement to receive ECI funding.**

Provide your narrative here.

**16. Describe the curricula, if any, the family support program will utilize. If no curricula will be utilized describe why not. Describe what family support model, if any, the family support program will utilize. If no model will be utilized describe why not.**

Provide your narrative here.

**17. Describe how often the organization will provide one-on-one supervision to each family support professional. Describe how often documentation will be reviewed as part of supervision and how often the supervisor will observe the family support professional performing their work.**

Provide your narrative here.

**4 R Kids ECI Area Board  
Application Technical Review and Pre-Screening**

**Applicant Organization:**

**Project Name:**

**Date received by email**

**Date received by mail**

**Application requirements**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application was emailed by the due date   |
| <input type="checkbox"/> | <input type="checkbox"/> | Application was received by due date  |
| <input type="checkbox"/> | <input type="checkbox"/> | Application was assembled in the correct order  |
| <input type="checkbox"/> | <input type="checkbox"/> | Application included 1 original and 7 copies  |
| <input type="checkbox"/> | <input type="checkbox"/> | Application adhered to page limitations were met  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment A - Cover page   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment B - Community Plan Impact  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment C - Narrative <i>(No more than 6 pages)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment D - Budget and justification addition was correct <i>(no more than 3 pages)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment E - Assurances (signed in blue ink) <i>only 1 original required</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment F - Board Membership <i>(if applicable)</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment G - Minority Impact Statement - <i>only 1 required</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter of support   |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Coverage Documentation - <i>only 1 required</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Cost Rate Documentation - <i>(if applicable) only 1 required</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Background Checks Documentation - <i>(only required for family support) only 1 required</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of Program Quality - <i>(if applicable) only 1 required</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation of Iowa Family Support Competency Certification - <i>(only required for family support) (if applicable) only one required</i> |

**Technical Review Comments:**

**4 R Kids ECI Area Board  
Funding Application Evaluation**

Applicant	Project	Completed By
Criteria	<b>Met</b> (check the box if the criteria was met)	<b>Not Met</b> (check the box if the criteria <b>was not</b> met)
<b>1. Agency's mission, vision, history, governing body.</b> Applicant clearly describes the mission, vision, agency history length of service and governing body.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>2. Program operations and goals</b> Applicant clearly describes the program operations, goals and evidence or research basis of the program.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>3. Contract (may not be applicable)</b> Applicant clearly describes contract terminations, improvement plans, and or corrective action plans.	<input type="checkbox"/> NA <input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>4. Need</b> Applicant clearly demonstrates the need for the program, identifies gaps and how it is uniquely suited to meet the need.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>5. Timeline and Implementation</b> Applicant clearly describes a plan for implementation or continuation of the program.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>6. Audience, Eligibility and Demographics</b> Applicant clearly describes the audience to be served and eligibility requirements.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>7. Notable Trends</b> Applicant clearly describes notable trends.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>8. Non-English Speaking</b> Applicant clearly describes how services will be provided to non-English speaking participants.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>9. Outputs</b> Applicant clearly describes program outputs, i.e. staff, children and families served, etc.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>10. Data Collection</b> Applicant demonstrates a clear process for collecting and reporting required performance measures.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>11. Coordination &amp; Collaboration</b> Applicant shows evidence of meaningful collaboration with other organizations.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>12. Sustainability</b> Applicant shows evidence of a reasonable sustainability plan beyond 4 R Kids ECI funding.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>13. Minimum funding</b> Applicant clearly stated the minimum funding for viability.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>14. Success Story</b> Applicant provided a success story.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>15. FAMILY SUPPORT ONLY - Credential or Certification</b> Applicant clearly describes the credentialing or certification process.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>16. FAMILY SUPPORT ONLY - Curricula and Model</b> Applicant clearly describes curricula and the family support model utilized.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>17. FAMILY SUPPORT ONLY - Supervision</b> Applicant clearly describes supervision of staff and staff support.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>Budget and Justification</b> Applicant shows evidence of cost effectiveness and a solid budget justification.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>Rational &amp; Subjectivity</b> Applicant shows evidence of meeting standards in building a comprehensive early childhood system within the 4 R Kids ECI Area.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes
<b>Overall Completeness of Applications</b> <i>(Information taken from technical review and pre-screening)</i> Application was complete; no items needed follow up and/or missing.	<input type="checkbox"/> Notes	<input type="checkbox"/> Notes

**Strengths:**

**Areas of Improvement:**

**Funding Recommendations:**

**Other Recommendations or Comments:**

## **ATTACHMENT E 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**

4 R Kids Early Childhood Iowa Area Board 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, 4 R Kids Early Childhood Iowa Area 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. 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**

4 R Kids Early Childhood Iowa Area Board 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**

4 R Kids Early Childhood Iowa Area 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.

## **K. COPYRIGHTS**

By submitting an application, the applicant agrees that 4 R Kids Early Childhood Iowa Area 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.

## **L. PUBLIC RECORDS**

All information submitted by an applicant may be treated as a public record by 4 R Kids Early Childhood Iowa Area 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 4 R Kids Early Childhood Iowa Area 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.

## **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 4 R Kids Early Childhood Iowa Area Board 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 4 R Kids Early Childhood Iowa Area 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 4 R Kids Early Childhood Iowa Area Board finds a substantial failure to comply with contractual conditions or with regulations promulgated by 4 R Kids Early Childhood Iowa Area Board; and (4) that appropriate records and accounts will be maintained and made available for audit as prescribed by 4 R Kids Early Childhood Iowa Area 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**

**Signature of Authorized Official**

**Date**



**ATTACHMENT G - Minority Impact Statement**

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, the 4 R Kids Early Childhood Iowa Area Board grant recipients are required to complete a Minority Impact Statement. This is the mechanism to require grant recipients to consider the potential impact of the grant project's proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

**If yes, describe the positive impact expected from this project.**

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

**If yes, describe the negative impact expected from this project.**

**If yes, present the rationale for the existence of the proposed program or policy.**

**If yes, provide evidence of consultation of representatives of the minority groups impacted.**

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

**If yes, present the rationale for determining no impact.**

**I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Definitions**

"Minority Persons," as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability," as defined in Iowa Code Section 15.102, subsection 5, paragraph "b," subparagraph (1):

b. As used in this subsection:

(1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.