**1. Legal Applicant**

**Organization:**

Address:

**Phone:**

**Fax:**

**E-mail:**

**Name of CEO:**

**Phone:**

**E-mail:**

**4. Project Information**

**Name of Proposed Project:**

**Silo Funding Category:** (Check one)

[ ]  *School Ready Funds (check one sub-category)*

[ ] *Quality Improvement Funds*

[ ] *Miscellaneous Funds*

[ ]  *Early Childcare Funds*

<https://earlychildhood.iowa.gov/sites/default/files/documents/2019/08/tool_g_early_childhood_iowa_area_funding.pdf>

**Indicate the State Performance Measure** <https://earlychildhood.iowa.gov/sites/default/files/documents/2018/04/tool_o_statewide_performance_measures_4-26-18.pdf>

[ ]  **Direct**  [ ]  **Indirect**

**Type of Service** (must be identified from State Performance Measures- use link above):

**Amount of funding requested from**

**North Iowa Children’s Alliance: $**

**Other funding secured:** $

**Total Project cost:** $

**Total Cost Per Unit: $**

**Total # Served:**

**Has this program been funded in the past?**

[ ]  **Yes** [ ]  **No**

**2. Project Contact Information**

Name:

Title:

**Phone:**

**E-mail:**

3. Fiscal Administration Information

**501© (3)** [ ]  **Yes** [ ]  **No**

**Federal I.D. Number:**

Name of Fiscal Officer:

**Phone:**

**E-mail:**

**5. Brief Project Description** *(100 word maximum)*

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances if the assistance is awarded. I guarantee that the availability of the services offered and that all proposal terms, including cost, will remain firm a minimum of 60 days following the deadline for submission of proposals.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature-Legal Applicant & Date Signature of Board Officer & Date**

 **Typed-Legal Applicant’s Name**

# Detailed Project Information

## Provide a brief description of your organization. (200 word maximum)

## Select the local indicator(s) addressed by the focus of the project: (check all that apply)

## [ ]  Childhood Immunizations

[ ]  Childhood Obesity

[ ]  Child Preventative Dental Services

[ ]  Child Abuse 0-5

[ ]  Quality Childcare & Preschool

1. **Describe what you are attempting to solve with the project. Include local data relevant to the intended audience and the community need for the project. Why is this work important? (***400 word maximum***)**
2. **Describe the project in detail.**
	1. **Project goal.** *(100 word maximum)*
	2. **Identify who will benefit from the project and how.** *(200 word maximum)*
	3. **Provide overview of program services and activities in which program participants will be engaged.** *(300 word maximum)*
	4. **Explain how the project aligns with the North Iowa Children’s Alliance priorities listed in question 1. (***200 word maximum)*
	5. **Will subcontractors be used for this project? If so, include name and address of subcontractor(s) in narrative and the following information in an appendix at the end of the grant application.**
3. **What are the objectives of the project?** *(Add rows if needed)*

|  |
| --- |
| **Measurable Objectives** |
| 1. |
| 2. |

**How do you plan to measure your objectives? How will you evaluate the overall impact and effectiveness of the project? (***200 word maximum***)**

1. **What activities will you do to achieve these objectives within each quarter of grant year 2020-2021?** *(dots should indicate work on activity in each quarter-add rows as needed***)**

|  |  |
| --- | --- |
| **ACTIVITIES** | **TIMETABLE** |
| **Qtr 1** | **Qtr 2** | **Qtr 3** | **Qtr 4** |
| **Objective 1:** (Insert from table above) |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
| **Objective 2**: (Insert from table above) |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |
|  | **∙** | **∙** | **∙** | **∙** |

1. **How would you sustain this program or service if North Iowa Children’s Alliance funding is no longer available?** (*300 word maximum***)**
2. **Do you have additional sources of funding secured or requested to support this project or service? If so, please** **describe the source(s) and identify if the funding is secured or requested**. (*300 word maximum***)**
3. Past Program Performance Achievement **(If New Program Delete Table)**

|  |  |  |
| --- | --- | --- |
| **Previous Year’s Measurable Objectives** | **Is the Program on track to meet or exceed objectives?****(as of April 1st)** | **If not, why not?****If so, why?** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Will you be returning money at the end of the current grant year?**  | **If so, what is the estimated amount.** | **If so, why?** |
|  | $ |  |
| **Total Number Served Projection** |
| **2019-2020 Anticipated # Served (from previous application)** | **# Served as of** **April 1st 2020** | **Anticipated # Served at** **June 30th 2020** |
|  |  |  |

## FY 2020-2021 BUDGET

**BUDGET SUMMARY**

Applicant Agency:

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **North Iowa Children’s Alliance funds requested** | **Other funding secured/requested** | **Total**  |
| **A. Personnel** |  |  |  |
| **B. Benefits** |  |  |  |
| **C. Training** |  |  |  |
| **D. Travel/Mileage** |  |  |  |
| **E. Contract Services** |  |  |  |
| **F.Supplies**  |  |  |  |
| **G. Equipment** |  |  |  |
| **H. Miscellaneous** |  |  |  |
| **I. Administrative/Indirect** |  |  |  |
| **Totals****(must match totals on Budget Detail)** |  |  |  |

### BUDGET DETAIL

**FY 2020-2021 Detailed Budget Information**

Please provide a detailed breakdown of how North Iowa Children’s Alliance requested funding will be used for this program. Be specific in completing this section. See instructions for allowable expenses. Insert additional pages/rows, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **NICA Funds Requested** | **Other Funding**  | **Total** |
| **A. Personnel:** List by position/title. Base salary rate and other paid compensation need to be listed separately. Include any formulas used. Also include percent of time involved in this project. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **B. Benefits:** includes FICA, IPERS, health and life insurance,disability, SUTA (unemployment), workers compensation and flex benefits for all individuals in Line Item B. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| C. Training: Include Registration fees and tuition. Travel related to training should be justified in the travel section. |
|  |  |  |  |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **D. Travel/Mileage:** Include transportation and subsistence of project personnel-related travel and travel for training events. |
|  |  |  |  |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **E. Contract Services:** List all individual project consultants or service organizations. Specify the purpose of the contract and itemize expenses. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |

### (continued) FY 2020-2021 Detailed Budget Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **NICA Funds Requested** | **Other Funding**  | **Total** |
| **F. Supplies:** List supplies, specific to project (brochures, workbooks, curriculum etc.) Itemize all expenses. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **G. Equipment:** List equipment costing over $2,000. |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **H. Miscellaneous:** List all project expenditures not included in above-listed categories. |
|  |  |  |  |
| **Subtotals** |  |  |  |
| **Narrative Justification:** |
| **I. Administrative/Indirect Costs:**  **Maximum Allowable Indirect Cost Rate of 15%**.  |
|  |  |  |  |
| **Narrative Justification:** |
| **TOTAL BUDGET:** **Add subtotals in all columns, plus administrative/indirect costs.** |  |  |  |

##

## CONFLICT OF INTEREST STATEMENT

**North Iowa Children’s Alliance Request for Proposal FY 2020-2021**

CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submitting a proposal in response to the North Iowa Children’s Alliance Request for Proposal for **describe service** Services (RFP), the undersigned certifies the following:

1. The proposal has been developed independently, without consultation, communication or agreement with any employee or consultant to the Board who has worked on the development of this RFP, or with any person serving as a member of the evaluation committee.

2. The proposal has been developed independently, without consultation, communication or agreement with any other applicant or parties for the purpose of restricting competition.

3. Unless otherwise required by law, the information found in the proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the award of the contract, directly or indirectly, to any other applicant.

4. No attempt has been made or will be made by Name of Applicant to induce any other applicant to submit or not to submit a proposal for the purpose restricting competition.

5. No relationship exists or will exist during the contract period between Name of Applicant and the Board that interferes with fair competition or as a conflict of interest.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Date

## CERTIFIED ASSURANCES

**North Iowa Children’s Alliance Request for Proposal FY 2020-2021**

AUTHORIZATION TO RELEASE INFORMATION

**Name of Applicant** hereby authorizes the North Iowa Children’s Alliance Board to obtain information regarding its performance on other contracts, agreements or other business arrangements, its business reputation, and any other matter pertinent to evaluation and the selection of a successful applicant in response to Request for Proposal.

The applicant acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The applicant acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Board or may otherwise hurt its reputation or operations. The applicant is willing to take that risk. The applicant hereby releases, acquits and forever discharges the State of Iowa, the Board, their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references obtained by the Board in the evaluation and selection of a successful applicant in response to Request for Proposal. The applicant authorizes representatives of the Board to contact any and all of the persons, entities, and references which are, directly or indirectly, listed, submitted, or referenced in the undersigned's proposal submitted in response to Request for Proposal.

The applicant further authorizes any and all persons, entities to provide information, data, and opinions with regard to the undersigned's performance under any contract, agreement, or other business arrangement, the undersigned's ability to perform, the undersigned’s business reputation, and any other matter pertinent to the evaluation of the undersigned. The undersigned hereby releases, acquits and forever discharges any such person or entity and their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references supplied to the Board in the evaluation and selection of a successful applicant in response to Request for Proposal. A photocopy or facsimile of this signed Authorization is as valid as an original.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Authorized Representative Date