

FY'25 Application for NICA Funds

The North Iowa Children's Alliance Early Childhood Area (NICA) Board has agreed to distribute the FY'25 Application for Early Childhood Iowa funds. This will identify interested applicants for the Cerro Gordo, Hancock and Worth County service area. This survey will close on April 19, 2024 at 4pm. Interested applicants who do NOT complete the survey by the deadline will be ineligible for funding consideration.

Please read the disclosures posted on our website at: <https://nichildrensalliance.com/grant-opportunities>

* Indicates required question

1. Email *

ORGANIZATIONAL INFORMATION

2. Name of Applicant Organization: *

3. Contact Person Name / Title *

4. Contact Person Phone: *

5. Contact Person Email *

6. Address (Street, State, and Zip): *

7. Organization Tax ID#: *

8. Is the applying organization a 501(c) 3? *

Mark only one oval.

Yes

No

9. Organization Type: *

Check all that apply.

Private School

Government

Public School

Private Not For Profit

Private for Profit

Other: _____

10. Name and email of the individual that will be responsible for monthly program invoices to NICA. *

11. Name of Project: *

12. Quality Level of the Project (Check All That Apply) *

Check all that apply.

- Evidenced Based
- Promising Practice/Research Based
- Locally Developed Model
- Head Start Model
- Iowa Family Support Credential
- QRS/IQ4K
- NAEYC/NAFCC Accredited
- IQPPS Verified
- None of the above
- Other: _____

13. If your program is not evidenced based or credentialed, what steps are you taking to becoming evidenced based?

FINANCIAL INFORMATION

14. Funding request from the North Iowa Children's Alliance Board. (Ex. \$10,000). *

Please use whole dollar amounts, no cents.

15. What is the estimated amount of outside funds that will be used to support the program? Please list the amount of outside funds and source of the funding. The NICA Board strongly encourages some match funds or other funding source for your program. (Ex. \$10,000 - Jaci's Community Fund, and in-kind mileage) Funded projects will be asked to report each month on amount of outside funds utilized. *

16. What is the total cost per unit served by your program? (A unit may be a daycare, a child, a family etc.)

17. How did you figure your cost per unit? (i.e.: \$15,000/150 families or \$5000/10 classes) *

18. If you will be contracting services with another provider as a part of your program, please list the organization and why necessary to contract services with them. (i.e. ABC Public Health - close relationship with the programs targeted population.) If you are not contracting services, please put NA.

19. The maximum allowable indirect rate is 15%. If you have a federally negotiated indirect rate the maximum allowable indirect rate is still 15%. *

Mark only one oval.

Yes, I understand I will be charging a 15% or less indirect rate.

PROGRAM INFORMATION

20. The program will serve the residents from the following counties (check all that apply): *

Check all that apply.

- Cerro Gordo
 Hancock
 Worth

21. Provide a brief description of the program. When applicable, include information on curriculum and child assessments that will be used. Please keep this to 200 word maximum. *

22. A brief description on the number (children, families, parents, or providers) that will be served by the program utilizing ECI funds. For example, 15 daycare will be served with 45 children, 100 kids in 12 preschools will receive fluoride varnish, 75 families and 45 children) *

23. What is the age of children receiving services through your program? (i.e. 0-3, 3-4) *

24. If the program was funded in FY'24, are you proposing any program changes the Board needs to be aware of? What impact will the change have on the program or its participants?

EARLY CHILDHOOD IOWA STATE ALIGNMENT

Applicants must fully understand their role within the state Early Childhood Iowa system.

25. Early Childhood Iowa has 5 State Result Areas. Which of these does your proposed program address? (Select all that apply) *

Check all that apply.

- Children are Ready to Succeed in School .
- Healthy Children
- Secure and Nurturing Families
- Safe and Secure Child Care Environments
- Safe and Supportive Communities

26. All contracted programs are required by Early Childhood Iowa to report performance measures based on service types. Select ONE of the Service Types from which your program will be reporting. * See Tool O and Tool P for service type descriptions and required performance measure data.
(<https://earlychildhood.iowa.gov/toolkit-tools>)

*

Mark only one oval.

- Car Seat
- Crisis/Emergency Care
- Dental
- Early Care & Education Scholarships
- Early Care & Education Supporting Services
- Health Services
- Literacy
- Prenatal/Postnatal
- Transportation
- Business Investment Program (CCR&R Only)
- Child Care Nurse Consultant
- Coordinated Intake
- Infant and Early Childhood Mental Health Consultation
- Mental Health Supports: PBIS
- Quality Improvement for Early Learning
- PD: Conferences
- PD: Credit-Bearing
- PD: Training
- Public Awareness/Child Fairs
- TA: Consultation, Mentoring, and Coaching
- WAGES
- Family Support Home Visitation
- Family Support Parent Education

NORTH IOWA CHILDREN'S ALLIANCE ALIGNMENT

Applicants must fully understand their role within the local Early Childhood Iowa system.

27. The North Iowa Children's Alliance Board completed a new community plan in 2022 and has selected the PRIORITIES listed below. Which of these does your proposed program address? (Select all that apply) *

Check all that apply.

- Reduce and/or eliminate child abuse
- Support for preventative health, mental health and wellness
- Childcare accessibility and quality care
- Access to high quality early learning for being on track for school success.
- Safe, stable and nurturing families

28. The North Iowa Children's Alliance Board has selected target indicators associated with each of the North Iowa Children's Alliance five priorities to create trend data. Select any that apply to your program. It is not required to target one of these indicators but highly encouraged. If they do not apply to your program, simply select none of the above.

*

Check all that apply.

- % of confirmed or founded child abuse
- % of children receiving an oral health screening
- % of children receiving any dental services
- % of children fully immunized by 24 months
- % of overweight children (>95%) in the WIC program
- % of childcare providers working towards level 1 IQ4K
- Rate of technical assistance contacts by Child Care Consultant
- % of childcare provider participating in quality improvement training
- % of child care programs receiving Child Care Nurse Consultant services
- % of child care programs improving in health and safety
- % of children with special health needs identified with a care plan in place
- % of workforce turnover rates at childcare centers
- % of children demonstrating age-appropriate skills as assessed by a recognized assessment
- % of kindergartners with a preschool experience
- % of preschool scholarship recipients with an 85% attendance rate or higher
- Attendance rates of children participating in Early Head Start continuation
- % of children provided transportation to Head Start with 85% attendance rates
- % of preschool programs rating 1 or higher in the IQ4K system
- % of increase in prenatal clients served by home visitation programs
- % of Medicaid/no insured deliveries
- % of newborns that test positive for substance abuse at birth
- % of live births where the mother began prenatal care during the 1st trimester
- None of the above

29. Quantify the expected impact and results from the prior question. Use specific numbers for which your performance will be gauged. Include number to be served by ECI funds and the outcomes. (250 word max). *Example: 25 children age 3 will be served by the program, with 95% demonstrating age-appropriate skills. FAMILY SUPPORT PROGRAM APPLICANTS PLEASE LIST NA. Family support program applicants must complete the additional "Fy25 Family Support Application Google Form".* *

30. Aside from state required performance measures, are there other measurers that you would like to provide in your semi-annual and annual report? For example are there measures of the service that you provide, that if recorded in the semi-annual report would help show the local need for the program? (i.e. Number of TA contacts, number of referrals for services provided, number of participants that show a change in knowledge or skill, number of children screened etc. These are only examples. Think of measurements that help the Board understand what the local ECI funds help provide.) This question does not require an answer.

31. Briefly describe how your program will use the North Iowa Children's Alliance Community Plan beyond applying for early childhood funds. This could include addressing parent needs, applying for outside funding, building collaboration efforts, etc. Please click [here](#) to access the 2022 NICA Community Plan. *

32. OPTIONAL: If you have previously been funded by North Iowa Children's Alliance, please add an impact story or consumer narrative that reflects the positive impact ECI funding has on the program. *May be used in future marketing materials.

33. How will your organization sustain this program if North Iowa Children's Alliance funding is no longer available? (Please keep to 100 words or less.) *

Program Budget FY25

A more detailed budget may be requested if application is awarded funding.

34. Total Amount Requested for Salary/Benefits Line Item *

35. Salaries/Benefits: Identify anyone to be paid from the NICA FY25 grant. Please *
provide the name/title of the individual and NICA funding request for
salary/benefits amount. Salary and benefits should include items such as social
security, workman's comp, unemployment compensation and/or Health Insurance.
(e.g. Jaci Miller/Director \$20,000; Jenny Child/Administrative Aide \$3,000)

36. Total Amount Requested for Contracted Services: Services under written *
agreement with applicant. State the name/hourly or daily rate for all individual
contract or organizational services. (e.g. North Iowa Bus Service \$20,000)

37. Total Amount Requested for Training, Workshops, and Conferences. If known at the time of application please list the event, # of personnel to attend, registration cost/fees, place of event. (e.g. \$500; Immunization State Conference, 2 staff to attend, \$250/person registration fee) *

38. Total Amount Requested for Travel: Grant funds may not be used for out-of-state travel unless pre-approved by the NICA Board. Current IRS mileage rate (.655/mile) may be utilized. This rate will remain throughout the contract year and will not increase or decreased based on IRS changes in rates. Meal reimbursement: \$8/breakfast, \$12/lunch and \$18/dinner if returning home after 7pm. *

39. Total Amount Requested for Supplies: Supplies may include general program supplies, postage, program materials such as curriculum, printing, and brochures or other costs. *

40. Other - Please list any other expenses related to the program. If no other expenses, just list NA. *

41. Total Indirect Costs: Administrative cost of no more than 15% is allowed. *

Minority Impact Statement (ECI Requirement)

MINORITY IMPACT STATEMENT Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, the North Iowa Children's Alliance 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. This is required of the Early Childhood Iowa State Board, and does not impact local funding decisions. Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

42. The proposed grant project programs or policies could have a disproportionate or unique POSITIVE impact on the following minority persons. (Please provide a brief description for example: women, Latinos, etc. and the positive impact expected from this project.) If no positive impact, state "no positive impact".

43. The proposed grant project programs or policies could have a disproportionate or unique NEGATIVE impact on the following minority persons. (Please provide a brief description for example: women, Latinos, etc. and the negative impact expected from this project.) If no negative impact, state "no negative impact".

Assurances

44. (1) I certify that I have read the Assurances * Attachment A, posted on the North Iowa Children's Alliance website ([How to Apply for Grants \(nichildrensalliance.com\)](http://nichildrensalliance.com)) and agree to uphold the assurances contained within. *
- (2) I 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 application for funding, and to the best of my knowledge, the information contained in this submittal is correct and complete. (Type name below)
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Conflict of Interest

45. (1) I certify that I have read the Conflict of Interest * Attachment B, posted on the North Iowa Children's Alliance website ([How to Apply for Grants \(nichildrensalliance.com\)](http://nichildrensalliance.com)). *
- (2) I certify that I am duly authorized to sign the conflict of interest on behalf of the applicant organization (Type your name below).
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Submission Signatures

46. Name of Legal Applicant and Date (i.e Jaci Miller 4.29.23). To the best of my knowledge and belief, all data in this application is true and correct. *
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