**1. Legal Applicant**

**Organization:**

Address:

**Phone:**

**Fax:**

**E-mail:**

**Name of CEO:**

**Phone:**

**E-mail:**

**4. Project Information**

**Name of Project:**

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

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

[ ] *Quality Improvement Funds*

[ ] *Miscellaneous Funds*

[ ]  *Early Childcare Funds*

**Amount of funding awarded from**

**North Iowa Children’s Alliance**

**(must be same as previous year): $**

**Other funding secured: $**

**Total Project cost: $**

**Total Cost Per Unit: $**

**Total # Served:**

## Select the local indicator(s) addressed by the focus of the project:

## [ ]  Childhood Immunizations

[ ]  Childhood Obesity

[ ]  Child Preventative Dental Services

[ ]  Child Abuse 0-5

[ ]  Quality Childcare & Preschool

**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**

1. Past Program Performance Achievement

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |

1. **Do you plan to make any changes to your current action plan or objectives? If so, please explain and provide reasoning on how these changes improve the current program** *(300 word maximum)***.**
2. **Please provide a success story from the previous grant year** *(300 word maximum).*

## 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