



2022-2023 BETTER TOMORROWS REQUEST FOR PROPOSAL

An electronic copy of the funding application plus six paper copies must be received no later than 4:30 p.m. on April 8, 2022. Proposals should be sent to:

director@bettertomorrowseci.org and

Better Tomorrows ECI
PO Box 516
Vinton, IA 52349

Program Name:	
Organization Name:	
Program Service Area:	<input type="checkbox"/> Benton <input type="checkbox"/> Tama <input type="checkbox"/> Both
Contact Name:	
Address:	
Phone Number:	
Email Address:	

Amount of Funding Request:	
Does this program currently receive Better Tomorrows funding? If yes, complete this page and then proceed to the contract renewal application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the value of the current contract?	\$ _____
Will the contract expend 80% or more of its current contract funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what contributed to the underutilization of funds?	

1. Demonstration of Need – 15 points possible

Describe: a) the need for this program including research, data, statistics, surveys, etc. that supports the need and/or success of this program, b) how this program is consistent with needs identified in the Better Tomorrows Community Plan (available at www.bettertomorrowseci.org), c) how this program is complementary to existing services and not a duplication of existing services.

2. Program Description – 15 points possible

In sufficient detail for understanding by someone unfamiliar with the project, describe: a) purpose of program, b) all proposed services, c) anticipated benefits of program, d) target audience, e) frequency of service, f) method of service delivery, g) whether the program is research based, evidence based or utilizes promising practices, h) counties/communities served.

3. Proposed Outputs and Outcomes – 15 points possible

Identify outputs and outcomes you seek to achieve in the upcoming fiscal year. At a minimum include: a) projected number of direct and indirect staff hours to be worked specifically for this contract, b) anticipated number of participants served, including number of families and number of children, c) number of home visits, group sessions, assessments/screenings completed, etc.

4. Monitoring/Evaluation – 5 points possible

Describe: a) how program fidelity will be monitored and maintained, b) what specific skills, knowledge and capacity program staff have to achieve the desired outcomes, c) how program success will be evaluated.

5. Program/Service Background – 5 points possible

Describe in detail how the program has served the Better Tomorrows service area in the past. Include: a) existing/planned community partnerships and collaborations and how they've helped the program, b) participation in Better Tomorrow's board meetings, other funds and in-kind support that support the program (describe source and amount), c) whether the program has pursued other funding, and if so, describe source and amount.

6. Organizational Experience and Implementation – 5 points possible

Describe: a) past projects/programs that have successfully been implemented, b) identify staff that will provide program services and include their qualifications, c) length of time needed to fully implement the program and begin providing services, d) whether staff training will be required before services begin.

7. Sustainability – 5 points possible

Describe in detail how/if the program would continue if Better Tomorrows funding was not available:

8. Promotion – 5 points possible

Describe: a) how you intend to recognize Better Tomorrows in publicity and promotion, b) how the program will be promoted and participants will be recruited.

9. Budget – 15 points possible

Please provide line item expenses for the program, even if a unit cost will be billed. Unit costs for family support programs are preferred. Line item descriptions may be added or deleted as needed.

Description of Expense	Better Tomorrows Funding Request	Other Support for This Program (include in-kind and financial)
Per visit unit cost: (\$_____ visit x #_____ visits) =	\$	
Breakdown of expenses:	_____ % <i>Program Costs</i> _____ % <i>Administration Costs</i>	
Salaries/Wages	\$	
Personnel Benefits	\$	
Contracted Services	\$	
Travel	\$	
Mileage	\$	
Staff Professional Development	\$	
Program Supplies	\$	
Operational Expenses	\$	
Other (Specify)	\$	
Subtotal		
Indirect Costs/Administrative Costs (cannot exceed 5% of Subtotal unless a state or federal approved indirect rate and justification is provided.)	\$	
Total Funding Request	\$	