

# 2023-2024 BETTER TOMORROWS REQUEST FOR PROPOSAL

All funding proposals for Fiscal year 2024 must be submitted electronically to [director@bettertomorrowseci.org](mailto:director@bettertomorrowseci.org) no later than 4:30 p.m. on April 10, 2023.

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| **Program Name:** |  |
| **Organization Name:** |  |
| **Program Service Area:** | \_\_\_\_\_ Benton \_\_\_\_\_ Tama \_\_\_\_\_ Both |
| **Contact Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |

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| **Amount of Funding Request:** |  |
| **Does this program currently receive Better Tomorrows funding? If yes, complete this section and then proceed to the contract renewal application.**  **If yes, what is the value of the current contract?**  **Will the contract expend 80% or more of its current contract funds?**  **If not, what contributed to the underutilization of funds?** | \_\_\_\_\_ Yes \_\_\_\_\_ No    $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Yes \_\_\_\_\_ No |

**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**

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| ***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.*** |

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| **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:*** | ***\_\_\_\_\_% Program Costs***  ***\_\_\_\_\_% Administration Costs*** |  |
| 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** | $ |  |