**Proposal Requirements and Cover Sheet**

* No more than 8 pages (not including attachments or this cover sheet)
* 12 point or larger font
* Submit as Word document or PDF via email

**Submit:** 1. Proposal Requirements Document/Cover Sheet

2. Proposal

3. Attachments (if applicable)

 **To:** Brenda Loop, Executive Director

cedarvalleyspromise@gmail.com

FY26 RFP Timeline:

RFP submissions will be accepted until May 14 at 5 PM

Funding decisions will be made at the June 12 meeting for funding effective 7/1/25.

**To be filled out by Applicant:**

Name of Proposal/Service:

Is your program currently receiving funding from CVP? Yes No

If no, have you received funding from CVP in the past? Yes No

Number of years you provided this program/service under contract with CVP:

What type of service are you interested in providing?

Need help deciding your service type? All eligible service types are listed in this document. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://hhs.iowa.gov/media/9344/download?inline

#### Proposal for Funding

#### I. Contractor information

A. Application Date

B. Legal Name of Agency/Provider

C. Address

D. Telephone Number

E. Person Responsible for oversite of program and their email address

F. Legal name and Title of Person authorized to sign the contract

G. Federal Tax ID Number

H. Subject to Iowa Code 8F? Yes No

**II. Abstract Overview**

A. Name of Proposal

B. Purpose of Proposal

C. Amount of Funding Requested $

D. Anticipated Start Date

E. Schedule of program and service dates

F. Outline of Curriculum including name of curriculum and if it’s national, best practice or evidence-based

G. Target Population

H. Collaboration Efforts including how other agencies support this program or service.

**III. Explain in narrative detail:**

A. CVP Promises Indicate how the proposed program will address any or all of the 5 promises: Healthy Children, Children Ready to Succeed in School, Secure and Nurturing Families, Secure and Nurturing Child Care, and Safe and Supportive Communities.

B. Community Need and Research Support If an existing program, show baseline data and outcome data from the previous 2-3 years. Why is this program needed? What is the research to support this proposal? How does the research address the local target population? Please describe your results numerically or your goals if a new initiative. A table may be used to show results.

C. Program Description Give a comprehensive description that includes location, frequency, demographics, length, and minimum and maximum participants.

D. Program Management Describe number of staff and their qualifications, your past participation with CVP if applicable, challenges of the program if applicable, and your marketing and recruitment plan for participants.

E. Performance Measures Early Childhood Iowa prescribes the requirement performance measures for each service type. Please provide those measures and results and any local measures and results used to show how children and families will be help by this program. Please use numbers and percentages when possible.

F. Evaluation Please provide a copy of the evaluation tool(s) used for this program.

G. Funding Please describe other sources of funding that have been secured or applied for.

**IV. Budget Management**

A. Complete Budget-you may add and remove rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CVP Portion** | **Other Sources** | **Total** | **Comments** |
| **Time Period: FY26** |  |  |  |  |
|  |  |  |  |  |
| **Revenue** |
| Cedar Valley’s Promise |  |  |  |  |
| Government-Local |  |  |  |  |
| Government-State |  |  |  |  |
| Government-Federal |  |  |  |  |
| Foundation grants |  |  |  |  |
|  (Please list) |  |  |  |  |
| Revenue from Fees |  |  |  |  |
| Individuals/Donations |  |  |  |  |
| Special Events |  |  |  |  |
| In-kind |  |  |  |  |
| **Total** |  |  |  |  |
| **Expenses** |
| Personnel |  |  |  |  |
| Benefits |  |  |  |  |
| Rent |  |  |  |  |
| Utilities |  |  |  |  |
| Telephone |  |  |  |  |
| Office Supplies |  |  |  |  |
| Program/Service Supplies |  |  |  |  |
| Equipment\*\*\* |  |  |  |  |
| Other (please specify) |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |
| \*\*\*If funded, special permission will be required for the purchase of equipment. |
| **Cost Per Individual**: Divide total cost by number of people served  |  |  |  |  |
| *Example: $30.00 per person* |  |  |  |  |
| **Cost Per Session:** Divide total cost by number of sessions held per year. |  |  |  |  |
| *Example: $400.00 per session* |  |  |  |  |

B. Budget Narrative Description of specific line items from complete budget and must include salaries for staff positions (names of staff are not needed), number of hours each staff position is employed, and fringe benefits. Please also include narrative for supplies, phone, internet, training or conferences for staff and any in-kind contributions. Funding for food, paper products, and incentives can only be used for participants, not staff.

V. Attachments-Please provide a listing of all attachments.