TITLE PAGE

|  |
| --- |
| **Applicant Contact Information** |
| **Applicant Name:** |  |
| **Primary Contact Name:** |  |
| **Address:** |  |
| **County(ies) Served:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Federal Tax ID:** |  |
| **Fiscal Agent Information (ONLY if different than Applicant)** |
| **Fiscal Agent Name:** |  |
| **Primary Contact Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Federal Tax ID :** |  |
| **Project Addresses:** | * Health, Mental Health, and Nutrition
* Family Support and Education
* Early Learning
* Special Needs and Early Intervention
 |
| **Project Aligns with the following State result areas:** | * Healthy Children
* Children Ready to Succeed in School
* Safe and Supportive Communities
* Secure and Nurturing Families
* Secure and Nurturing Early Learning Environments
 |
| **Project is (Check all that Apply):** | * Evidenced based
* Researched based
* Promising Practices
* Accredited or Credentialed
 |

|  |
| --- |
| **Mission Statement** |
|  |
| **Organization Description:** |
|  |
| Section I: Abstract*{In 100 words or less, give a one-paragraph summary of your proposal.}* |
|  |
| *\*\*If you are planning to submit for more than one activity, you must submit a project proposal for each activity. An example: Training with follow up visits; activity kits; transportation; parent education; preschool support; and so on.* |

# Building Families Request for Proposal Guidelines

Requests must be 1.5 lined spaced, 12 point fonts, 8 x 11 inch paper, and single sided typed

**Section II:** **Narrative – 5 pages maximum**

1. Show the need for the project. The need must link with the Building Families strategic plan and current priorities. Use baseline data if possible.
2. Define your plans; tell about your program and how it addresses the identified need.
3. Outline the population and area you will be providing serves to; number of children, families, child care providers, kits or totes, or units of services.
4. Define the qualifications and training of staff. What and how the ongoing training will be provided.
5. Include information on how the project and staff will be supervised.
6. Discuss your current and future collaborative efforts relating to the project.
7. Indicate how your project is not a duplication of services already provided in Hamilton, Humboldt and Wright Counties.
8. Discuss how your project can be replicated in each county.
9. Is the project evidenced based, promising practices; is the program accredited or credentialed, etc. and explain.

**Results and Indicators – No page limit**

Using the following matrix, identify your results, indicators, action steps and timeline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Result**(Goal to be accomplished) | **Strategy**(How the result will be accomplished) | Timeline(Indicate when the action step will take place.) | **Indicator**(Data you will collect that shows you are meeting the stated result. Must be tied into the state required results.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Evaluation** **– 1 page**

1. Explain how you will report back to the ECI Board.
2. Explain how you will implement project evaluation and assess the project for change.
3. Explain how you will know if your project is successful.

\*\*ECI Director will assist in development of the state required report if award is granted.

**Budget – 2 pages**

Complete this budget template and include a budget narrative – or include your own project budget with a narrative:

|  |  |  |
| --- | --- | --- |
| **Services:** |  | **Budget** |
|  |  |  |
| **Sub-total for Services:** |  |  |
| **Wraparound:** *(max. 10% of your budget. Be specific what this section will be used for)* |  |  |
|  |  |  |
| **Sub-total for Wraparound:** |  |  |
|  | **Total Budget Request:** |  |

\*\*Budget requests may not be granted to the extent of the request. Budgets will be subject to the amount of funding available to Building Families – Early Childhood Area.