

Kids First Communities Early Childhood Iowa Area

Clarke, Decatur, and Wayne Counties

FY2025 Continued Funding Request

Attachment A

**Kids First Communities Application Cover Page**

|  |
| --- |
| **Applicant Contact Information** |
| Name of organization | Click here to enter text. |
| Organization is (please ☒): | ☐Government Entity ☐Private not for Profit ☐Private for Profit ☐Public School District ☐Private School ☐Other |
| Address (Street) | Click here to enter text. |
| City and Zip | Click here to enter text. |
| Phone | Click here to enter text. |
| Fax | Click here to enter text. |
| Email | Click here to enter text. |
| Website | Click here to enter text. |
| Executive Director/Contact Person | Click here to enter text. |
| IRS Determination (i.e. 501 (c) (3) | Click here to enter text. |
| Federal ID Number | Click here to enter text. |
| **Project/Program Information** |
| Project/Program name | Click here to enter text. |
| Total Amount requested  | $           |
| In-kind contributions | $           |
| Other funding | $           |
| **TOTAL PROGRAM COST** | $           |
| Total spent through 3rd quarter of FY2023: | $           |
| Target population of Project | Click here to enter text. |
| Target communities of Project | Click here to enter text. |
| How long has this project been in existence in this area? | Click here to enter text. |

*I certify that I am duly authorized to commit and make assurance for the aforementioned applicant, and therefore agree to comply with all the provisions of the Request for Proposal. I understand that deliberate misrepresentation of information may subject the applicant to prosecution under applicable State and Federal law.*

 **Signature of Authorized Officer/Director of Applicant Date**

**Printed Name**

**Program Narrative: (Not to exceed 3 pages)**

1. Has your program’s philosophy/purpose changed? If so, briefly explain:

Provide narrative here

1. Have the needs of your target population changed? If so, how?

Provide narrative here

1. Has the delivery method of your program changed? If so, briefly explain:

Provide narrative here

1. Did you encounter any barriers toward reaching the goals outlined in last year’s proposal? If so, what were they and how are you working to overcome them?

Provide narrative here

1. What resources are available to support your program? (Include persons, monetary, and physical support.)

Provide narrative here

1. What indicators and/or program performance measures are you working on? Have you encountered any barriers towards reaching them? If so, what were they, and how are you working to overcome them?

Provide narrative here

1. Please highlight two or three major successes your program has experienced over the last year.

Provide narrative here

1. Who will monitor/evaluate the program/project and what procedure will they use?

Provide narrative here

**Attachments - Instructions**

1. Attachment A – Cover page, program narrative, and program budget along with justification narrative
2. Attachment B - Assurances
3. Please attach a copy of your program report showing data through the third quarter of FY2024 (March 31, 2024).
4. A list of your agency/organization’s Board of Directors and Officers.

**One original and 3 copies of the final Renewal RFP are due by 4:00 PM, Tuesday, April 16, 2024. Please staple each set in the upper left-hand corner. Mailing address for submission:**

Jenny Robinson, Director

 Kids First Communities ECI Area

 PO Box 4

 Lenox, IA 50851

**An electronic copy of the Renewal RFP must also be submitted by 4:00 PM, Tuesday, April 16, 2024:**

 quad.kfc@gmail.com

All questions concerning the renewal process must be submitted in writing on or before April 16, 2024 via email to quad.kfc@gmail.com. All contractors will receive an email answering any questions submitted.

**FY2025 Budget not to exceed one page.**

(Proposals using per unit rate (i.e. cost/visit, cost/day) must submit a cost report,

or cost analysis to substantiate the rate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Expense | Proposal Request2024-2025FY2025 | Other Funding(Identify source and amounts)FY2025 | Other Funding (Identify source and amounts)FY2025 | Total Program |
| 1. Salaries
 |  |  |  |  |
| 1. Personnel Benefits
 |  |  |  |  |
| 1. Scholarships – Preschool
 |  |  |  |  |
| 1. Travel

State rate per mile at inception of contract |  |  |  |  |
| 1. Professional Development
 |  |  |  |  |
| 1. Office Supplies
 |  |  |  |  |
| 1. Program Materials
 |  |  |  |  |
| 1. Equipment
 |  |  |  |  |
| 1. Rent and Operational Expense
 |  |  |  |  |
| 1. Contracted Services
 |  |  |  |  |
| 1. Indirect Costs
 |  |  |  |  |
| 1. Administrative Costs
 |  |  |  |  |
| 1. Other
 |  |  |  |  |
| Total Program/Project Budget |  |  |  |  |

**Budget Narrative not to exceed two pages (see instructions):**

Provide a detailed budget justification and other sources of funding and in-kind. It is not required to have other funding or in-kind, however it is highly encouraged. Include a narrative of all sources of revenue including Early Childhood Iowa funding requested, in-kind contributions, and all other sources of revenue. Below is detailed information to utilize for the justification.

1. SALARIES:

Provide narrative here

1. BENEFITS:

Provide narrative here

1. SCHOLARSHIPS.

Provide narrative here

1. TRAVEL:

Provide narrative here

1. PROFESSIONAL DEVELOPMENT:

Provide narrative here

1. OFFICE SUPPLIES:

Provide narrative here

1. PROGRAM MATERIALS:

Provide narrative here

1. EQUIPMENT

Provide narrative here

1. RENT AND OPERATIONAL COSTS:

Provide narrative here

1. CONTRACT SERVICES:

Provide narrative here

1. INDIRECT COSTS:

Provide narrative here

1. ADMINISTRATIVE COSTS:

Provide narrative here

1. OTHER:

Provide narrative here

**Budget Narrative Instructions \*\*Do not include these pages (6 and 7) with your application:**

Provide a detailed budget justification and other sources of funding and in-kind. It is not required to have other funding or in-kind, however it is highly encouraged. Include a narrative of all sources of revenue including Early Childhood Iowa funding requested, in-kind contributions, and all other sources of revenue. Below is detailed information to utilize for the justification.

|  |  |
| --- | --- |
| 1. Salaries
 | Identify staff position to be paid on this grant; include staff title, annual salary, percent of time devoted to project, and amount requested. Include staff time that will be devoted to supervision/consultation for direct service staff, as well as staff providing administrative services. Example: Title - Program Coordinator $32,000/annual salary X 75% of time = $24,000. Program staff members are those directly involved with the coordination and implementation of the identified program/service.Title – Supervisor, Salary - $40.000, % of time – 5%, request $2,000 |
| 1. Personnel Benefits
 | List personnel benefits associated with the salary section, such as Social Security, worker’s compensation, unemployment insurance, health insurance, and other benefits.  |
| 1. Scholarships
 | List monthly tuition and/or transportation costs and the number of students. Students must meet income guidelines, at or below 200% of poverty. Transportation: For students riding in school vehicles justification must include how the rate was figured. For students using other transportation (i.e. Trolley) actual cost of ticket and number of rides must be included. Tuition: Monthly rate not to exceed $150.00 or exceed what is charged for private pay (i.e. private pay @ $75.00, no more than $75.00 would be allowed.) |
| 1. Travel
 | Itemize all in-state travel related to providing related activities. In-state travel reimbursement is limited to the State of Iowa DAS current rate. <https://das.iowa.gov/state-accounting/travel-relocation/state-travel> Funds may not be used for out-of-state travel unless preapproved by the Kids First Communities ECI Area Board. Travel costs to travel to the Kids First Communities Early Childhood Iowa Area Board meetings are not an allowable expense.  |
| 1. Professional Development
 | To be used for training, workshops, and conferences. If known at the time of application, include name of event, number of personnel to attend, registration cost/fees, name of the institution and place of event. |
| 1. Office Supplies
 | Itemize and describe all program related supplies and other expenses. |
| 1. Program Materials
 | Program materials such as curriculum, printing, brochures or other program material costs. |
| 1. Equipment
 | Equipment purchases include any item with a cost of value of $500 or more and with an anticipated useful life of one year or more. Equipment purchased with these funds must be inventoried and tracked.  |
| 1. Rent and Operational Costs
 | The cost of providing space, utilities, telephone phone, and internet for the service. Must be listed separately. |
| 1. Contract Services
 | Services under written agreement with applicant. State the name, address, hourly or daily rate for all individual contract or consultant services. For contracts with other agencies, state what type of service will be provided, number provided, and total cost. (i.e. 4 training sessions @ 100 each = $400). |
| 1. Indirect Costs
 | Indirect costs of no more than 10% may be an allowable expense if the applicant provides documentation from a recognized federal agency that identifies an indirect cost rate approved by a federal agency for the applicant. Attach documentation to the application. If Indirect Costs are claimed, Administrative Costs are not allowed.  |
| 1. Administrative Costs
 | Administrative costs of no more than 5% is allowable expense but cannot be claimed if Indirect Costs are claimed. Describe how the rate is defined and what it includes.  |
| 1. Other
 | Include any proposed costs that do not fit within any of the above listed categories. |