



**Request for Proposals
Community Based Child Abuse and Prevention Sub-Contracts
New Hope Services, CAPS**

NHS Community Partners will be accepting designated proposals for child abuse prevention.

Category: Sub-contracts
Location: New Hope Services
Publish Date: April 17, 2017

New Hope Services CAPS Community Partners is requesting proposals from eligible applicants to provide child abuse and neglect **prevention** services for Region 18 children and families for services.

Eligible applicants include non-profit organizations.

To be considered for funding, proposals must be received at the email address listed below by **May 19, 2017 by 4:00 p.m.**

**Applications submitted after this deadline will not be considered.*

- Each agency may request a maximum of \$25,000.00.
- Agencies may request funding for more than 1 project; however the intent is to share the opportunity across Region 18. If an agency has multiple project requests, please indicate priority (ex. 1st, 2nd, 3rd).

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Community Partners will fund both primary and secondary prevention programs. Primary prevention is defined as those services and programs that positively influence families, parents, caretakers, and children in the general population before abuse or neglect occurs. Primary prevention services:

- Are accessible to everyone in the community;
- Are received voluntarily;
- Seek to promote positive family functioning rather than preventing problems;
- Attempt to influence social forces which impact parents and children;
- Are culturally responsive to the program participants, building on the cultural strengths of the family and community; and
- Utilize methods which are educational and supportive, rather than clinical or treatment-oriented.

Secondary prevention services are offered to populations considered “at risk”, child abuse or neglect may not have occurred within these families, but there is a higher probability that it may occur (or it may have occurred without clear recognition). Secondary prevention services:

- Are offered to a predefined group of vulnerable or “at risk” individuals;
- Are received voluntarily;
- Focus on particular stressors or parenting issues for identified parents and caretakers;
- Seek to promote positive family functioning rather than just preventing problems;
- Build upon participants’ strengths and are not based on a deficit approach; and
- Offer solutions oriented to specific program participants, building on the cultural strengths of the family and community.

Listed below are the identified but not limiting areas for 2017/18 Community Partners Prevention Sub-contract Announcement:

- Human Trafficking
- Grandparent/Relative Caregiver Support & Education
- Substance Abuse Prevention
- HIV/STI Education/Prevention
- Child Safety (car seat, safe sleep, safe sitter)
- Intimate Partner Violence
- Child Abuse Prevention:
 - Special populations
 - Police officers
 - Medical personnel
 - School personnel
 - Day care providers

Program and Budget Narrative: not to exceed five (5) pages.

Objectives:

The goals or objectives of the plan are:

- ❖ To promote the safety of children
- ❖ To reduce the number of children being removed from their parents, guardians, or custodians
- ❖ To promote the efficiency of programs and services by coordinating available resources
- ❖ To prevent or reduce the number of children who are victims of child abuse, neglect, exploitation, or delinquency
- ❖ To identify prevention services appropriate for monies via a Region 18 Community Partners Sub-contract
- ❖ To reduce the cost of providing services to children and families by funding prevention services

Agency Description Background: Briefly describe your agency, including its mission, services offered, geographic area served, number of individuals served, and number of full-time, part-time staff (not to exceed one (1) page).

Please provide as attachments:

- List of agency's leadership.
- A copy of agency's IRS non-profit determination letter or other official statement documenting public agency.
- Background check information of those employees/volunteers involved with implementing project. (attached link to DCS required spreadsheet).

Program Description/Summary: Describe the project for which funding is requested, including background information about who will benefit from this project (not to exceed one page). If applicable, include information on proposed curriculum and most recent copyright date.

Work Plan: List your goals and performance objectives with timeframes and quantifiable outcomes for each objective (# to be served, etc.). Include in your plan to ensure meaningful involvement with parents/clients in your program and how you will address cultural diversity. Define "success" for this project and describe how you intend to evaluate results. Also discuss any relevant collaboration including how you intend to collaborate and coordinate with other existing community based organizations. (Not to exceed one (1) page).

Personal Experience: If existing personnel will fulfill the responsibilities outlined in the work plan, please identify the individuals responsible for managing this project and identify their qualifications and capabilities for doing so. If new personnel will be hired to fulfill the responsibilities outlined in the work plan applicants must include a job description and a recruitment plan, including timelines (not to exceed one (1) page).

Budget and Budget Narrative: Provide a detail summary of project budget components addressing: Personnel Services, (which include administrative costs and benefit costs), Travel, Supplies, Equipment, Other and Indirect costs. This Sub-contract cannot be used for rental or purchase of property. Also, this Sub-contract cannot fund positions 100%. **Requests which are written with funding positions at 100% will automatically be denied. Sub-contract cannot be used to purchase gas or furniture.**

It is our intent to have all applicants notified by June 16, 2017, awards will only be approved and will remain pending until an Executed contract between DCS and NHS is finalized.

Monitoring: All funded projects will be required to submit quarterly reports to document number of participants served, progress and obtaining of goals and objectives. Funded projects will also be asked to document any difficulties having in obtaining goals or reaching target populations.

Each funded program *will* also receive on site monitoring visit to observe program in place through the funding period. Quarterly results shall be relayed to the Region 18 Council. If the Contractor determines that the sub-contractor is failing to meet expectations, funding will be terminated with a 30 day notice.

Failure to comply with these stipulations will result in the cessation of funding.

Participation: Throughout the sub-contract period, those funded may be expected to participate in presentations to Regional Service Council.

**IF APPLICANT DOES NOT COMPLY WITH SUB-CONTRACT REQUIREMENTS,
THE APPLICATION WILL NOT BE REVIEWED AND DENIED IMMEDIATELY.**

Submission Requirements and Criteria for Proposal Review

Evaluation Score Sheet

Organization Name: _____

Review Date: _____ Program Name: _____

Program Score

Yes / No

_____ **1. Eligibility** (all items must be checked in order to consider application)

- Addresses mission
- Included all required documents (refer to check list)
- Proposal was received on time

_____ **2. Organizational Capacity** (20 points)

Is this organization:

- A community based organization in the area of intended service?
- Located in, or demonstrates ability to attract, retain and provide services to clientele in, the identified project service area?

Does this organization:

- Have a sufficient track record of service delivery?
- Have strong, highly qualified leadership?
- Have a sufficient track record in being culturally responsive?
- Have the financial capacity to carry out the project?
- Has this grant been previously funded? Yes No
- Have they adhered to previous grant requirements
 - (1) Invoices Yes No
 - (2) reports Yes No

_____ **3. Project Quality** (25 points)

Did the applicant:

- Justify methodologies and identify best practices?
- Provide a detailed work plan that includes objectives, timeframes and quantifiable benefits?
- Provide a plan for recruiting, retention and follow-up with clients/parents?
- Provide a reasonable and detailed budget that complies with identified funding restrictions?
- Clearly explain evaluation criteria?

_____ **4. Target audience** (15 points)

Does this project:

- Serve a geographically underserved area?
- Serve a high-risk geographical area?
- Identify high-risk target population, such as parents in recovery from

substance abuse (if secondary prevention effort)?

5. Priority Area (20 points)

Does this program:

- Provide primary or secondary prevention services that promote healthy parenting skills and strengthen families?

6. Collaboration with Other Agencies and Individuals (20 points)

Did the applicant:

- Describe the program's collaboration and coordination plan with other community-based public and private agencies
- Demonstrate how the program is not duplicative and coordinates with existing programs in the community

Total (100 POINTS POSSIBLE)

Other Considerations:

Counties Served (check all that apply):

- Clark
- Floyd
- Harrison
- Scott
- Washington

Prevention Focus (check all that apply):

- Human Trafficking
- Grandparent/Relative Caregiver Support
- Substance Abuse Prevention
- HIV/STI Education Prevention
- Child Safety
- Intimate Partner Violence
- Other: _____

Program Status (check one):

- New program, not previously funded
- Existing program, previously funded

Comments and stipulations:

Approved for Funding. Amount: _____

Denied - Not approved for Funding

Date: _____



COMMUNITY PARTNERS FOR CHILD SAFETY

Quarterly Report Prevention Programs

Name of Program

Month

<u>Purpose:</u>
<u>Mission:</u>
<u>Goals:</u>
<u>Objectives:</u>
<u>Projected Target #s:</u>
Actual # of families/children served: _____
<u>Success:</u>
<u>Needs/Concerns:</u>
<u>Comments:</u>

Responsible Person

Date

Appendix A - APPLICATION COVER SHEET
Organizational Information

Organization Name: _____

Program Name: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Chief Executive Officer: _____

Contact Person for this Application: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Tax-Exempt Status: Please check the appropriate box and attach a copy of your organization's tax determination letter or an official statement documenting public agency or sovereign status.

IRS 501(c)(3) Federal Tax ID Number: _____
 IRS 501(c)(4)
 LLC
 Other (explain) _____

Total Agency Project Cost: \$_____

Amount Requested: \$_____

I undersigned (authorized official signing for the applicant organization) certifies that the statements made in this application document and attached proposal are true, complete, and accurate to the best of his or her knowledge.

Authorized Signature: _____ Date: _____

Appendix B – SIGNATURE PAGE

Community Partners For Child Safety

Provisions of Sub-Contract:

1. The Sub-contractor certifies that its tax-exempt status is current.
2. Should Community Partners hold a strategic planning session during the program year, the Sub-contractor agrees to make every effort to attend.
3. The Sub-contractor agrees to collaborate in any evaluations conducted by the Community Partners in identifying and measuring outcomes of child abuse prevention and treatment programs funded through the Community Partners.
4. Sub-contractor should adhere to one (1) site visit to discuss progress of funding with Community Partners staff.
5. Projects must commence within 30 days of formal notification of the award.
6. Sub-contractor award must be fully expensed by June 30, 2018.
7. Sub-contractor will submit quarterly program and financial reports in a prescribed format within 30 days of the completion of the project.

I hereby acknowledge the above Provisions and Assurances and declare my organization's intent to wholly comply with such. Furthermore, I hereby acknowledge that failure to do so could result in jeopardy to any and all future Community Partners funding for my organization.

Signature & Title of Authorized Official

Date

Sample-Itemized Budget Spreadsheet

An example of the required Itemized Budget is shown below:

Any Agency Parenting Success Program								
Expenses					Revenues			
Line Item	Units	unit cost	Item Cost	Community Partners Request	Other sources of funding – Name and list each source of revenue for each item		Indicate whether "other" revenue is pending, committed, or secured and cash or in-kind, etc.	Revenue Amount
Personnel								
Project Director	.4 FTE	\$40,000	\$16,000	\$16,000				\$16,000
Subtotal			\$20,000	\$16,000	\$4,000			\$20,000
Fringe	.45 FTE	25%	\$5,000	\$4,000	\$1,000	Agency/federal	Secured, in-kind	\$5,000
Total Personnel			\$25,000	\$20,000	\$5,000			\$25,000
Travel			n/a					
Facility			n/a					
Program Supplies								
Textbooks	400	\$2	\$800	\$0	\$800	McGraw Hill	Committed, in-kind	\$800
Office supplies								\$500
Blankets	400	\$5	\$2,000	1200	800	Volunteer sewers	Committed, in-kind	\$2,000
Other								
Professional Services								
Guest Speakers (honoraria)	6	\$200	\$1,200	\$0	\$1,200	Human Fund Grant	Pending, cash	\$1,200
Promotion								
Newspaper	6	\$500	\$3,000	\$2,500	\$500	All City Newspaper, Inc	Committed, in-kind	\$3,000
Total Direct Costs			\$32,500	\$24,200	\$8,300			\$32,500
Indirect Costs		n/a	n/a	n/a	n/a			0
Total Project Costs			\$32,500	\$24,200	\$8,300			\$32,500