

Children's Forum, Inc.

Request for Application

**Help Me Grow[®] Florida
FY 2024-2025**

Services in the following counties:

Broward

Release Date: July 15, 2024

Application Deadline: August 19, 2024, by 5:00 pm ET

APPLICATION OUTLINE



Sponsored by the Children's Forum and the State of Florida, Division of Early Learning.

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This document provides an outline to structure the Affiliate Application. Please refer to the Request for Application Instructions, Document#1, for necessary information to complete the Application. In the RFA Instructions the following documents are included:

- **ATTACHMENT A** – the HMGF Affiliate Contract which contains program specifications and all terms and conditions of the contract,
- **ATTACHMENT B** – the Monthly Reports that each HMGF Affiliate is required to submit to the Children's Forum by the 15th of each month, and
- **ATTACHMENT C** – the Evaluation Guidelines and Scoring Rubric for the RFA.

Refer to these documents often as the Application is prepared.

Clearly label sections of the Application to correspond to the subcategories below: A-H. The Application should be submitted **either as a Word document or as a searchable and copyable Portable Document Format (PDF) file.**

A. Executive Summary: (1 page maximum, single spaced, 12-point font)

Include an Executive Summary that provides an overview of the proposed approach in such a way as to provide the Children's Forum with a broad understanding of the Application and how this addresses the provisions requested in the RFA. Include in the Executive Summary an explanation of how the Applicant and proposed Subcontractors are best qualified to perform the services.

B. Company Profile and Organizational Structure: (3 page maximum, single spaced, 12-point font and organizational chart)

Include a detailed description of the Applicant's organization and background, including the following in a narrative:

- Date organization was established AND began serving this service area
- Brief overview of business operations with an emphasis on child development programs
- Location of Applicant's principal place of business
- Office location(s) responsible for performance of proposed HMGF activities for service area
- Location (city or county) of the person who would be supervising the HMG positions
- Organizational Chart - indicate how HMGF staff would fit into the organization
- Describe the agency's experience in recruiting, enrolling, engaging and connecting early childhood populations with appropriate services. List any other existing early childhood programs that the organization currently offers in the service area.
- Qualifications and demonstrated experience with projects of similar size, scope, and complexity that enable it to meet the requirements of the contract, including any unique capabilities relevant to Help Me Grow with supporting evidence of good performance
- Describe organization's hiring process and the professional development opportunities offered to any staff assigned to HMGF.
- Describe organization's contingency plan if the hiring process takes longer than anticipated. The plan should include how the organization will be able to meet the minimum number of screenings, referrals, and other contract requirements.

Also Include:

- Full disclosure of any conflict of interest
- Full disclosure of any bankruptcy or insolvency proceeding within the last ten (10) years

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- Full disclosure, to the extent the Applicant is aware, of any criminal or civil litigation to which the Applicant is a party within the last ten (10) years
- Full disclosure of any public contracts of the Applicant that were terminated for cause or not renewed for non-performance in the past five (5) years. Provide specific details
- Full disclosure of any Help Me Grow contracts or Agreements of the Applicant that were terminated or not renewed in the past five (5) years. Provide specific details.

C. Subcontractors (maximum of 1 page, single spaced, 12-point font)

List the organizations or individuals, if any, with whom the organization intends to subcontract to complete portions of the work described in the HMGF Affiliate Contract (**ATTACHMENT A**). Describe the duties of each entity as related to Help Me Grow.

D. Implementation Plan (maximum of 5 pages, single spaced, 12-point font)

Refer to the HMGF Affiliate Contract (**ATTACHMENT A**) and the Evaluation Guidelines and Scoring Rubric (**ATTACHMENT C**), as the Implementation Plan is written. Program Specifications are also in **ATTACHMENT A**.

Staffing requirements are detailed in Document #1, the RFA Instructions.

Implementation plans should include the organization's strategy for the following categories:

- D1. Centralized Access Point and Care Coordination** (refer to Section 2.3.1 of the Affiliate contract, ATTACHMENT A): Includes plan to establish a Centralized Access Point (CAP) to serve as a hub for linking families of children ages 0-8 to community-based services and supports. CAP must be available 24 hours per day, 7 days per week to assist families with early childhood questions. CAP may be the HMGF website and may also be accomplished by establishing a partnership with the local 211 Helpline agency.

The HMG Affiliate shall employ a full time HMG Care Coordinator with a background in child development, education, early intervention, or equivalent field to conduct screenings, coordinate care, and make referrals to community-based programs.

Indicate whether organization has existing staff for the needed HMG positions or if hiring would be required.

Describe the plan for how HMG staff will connect families to the resources their child needs; describe how the referral process will work.

- D2. Child Health Care Provider Outreach** (refer to Section 2.3.2 of the Affiliate contract, ATTACHMENT A): includes plan on how to engage and build relationships with health care providers in the service area, secure and maintain a physician champion, and provide methods to offer feedback to health care provider partners. Include information on what experience the organization has working with pediatricians and other health care providers, especially in the service area. Describe the staffing plan to accomplish Child Health Care Provider Outreach; whether using existing staff or new hire.
- D3. Family & Community Outreach** (refer to Section 2.3.3 of the Affiliate contract, ATTACHMENT A): Includes outreach plan detailing intended family and community outreach activities, effective strategies and partnerships that will lead to successful recruitment of children and families. Include details of a marketing plan which includes local media and social media. Describe the staffing plan to accomplish Family and Community Outreach; whether using existing staff or new hire.
- D4. Data collection** (refer to Section 2.3.4 of the Affiliate contract, ATTACHMENT A): Detail process for ensuring data integrity, accuracy, and timely reporting of HMGF common indicators.

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- D5. Community System Development** (refer to section 2.4.1 of the Affiliate contract, ATTACHMENT A): Define the roles of appropriate partners needed to successfully implement HMG in the service area, describe already established partnerships in the service area, and list proposed leadership team members.
- D6. Continuous Quality Improvement** (refer to Section 2.4.2 of the Affiliate contract, ATTACHMENT A) Detail process for collecting, analyzing, and utilizing quality assurance, fidelity, and outcomes data. Describe structures, procedures, and decision-making processes already in place to ensure the quality of work and to inform next steps.
- D7. Sustainability** (refer to Section 2.4.3 of the Affiliate contract, ATTACHMENT A) Propose a sustainability plan to increase resources and/or funds to support and continue HMGF services in the future.

E. Community Partners (maximum 1 page, single spaced, 12-point font)

Community partners are agencies or organizations that share the same goals or serve the same population as the organization applying. Strong partnerships are essential to the success of HMGF in the service area. Community/agency partners assist in furthering the mission of HMGF, add credibility to HMGF, and generate new ideas for reaching families who may need services. This type of collaboration should provide expanded resources for HMGF families while controlling the duplication of services.

The HMGF system model promotes cross-sector collaboration to build efficient and effective early childhood continuums of care. Provide a list of Community Partners, with the type of collaboration the organization has already established or plans to establish. Include the information outlined below. Applicants may provide this information in a chart format.

- Community Partner name
- Type of organization (e.g., for-profit, non-profit, health care provider, etc.)
- Contribution type (e.g., in-kind, monetary, will serve on Leadership Team, etc.)
- Brief description of partnership, including if the partnership is active or will need to be established

F. Letters of Commitment (maximum of 3 pages)

Please include at least one Letter of Commitment (attach no more than 3 letters) from a Community Partner(s) who will promote/support HMGF in the service area. This letter(s) must be on that organization's letterhead and signed by their agency head or the person in a position to make that commitment.

If the organization intends to subcontract some of the work in the proposed HMGF contract, include a letter of commitment with this Application from each Subcontractor. The letter of commitment must be signed by an individual authorized to legally bind each proposed Subcontractor. Each letter should certify that the Subcontractor has read, understands, and affirms the representations being made by the Applicant in the Application. The Subcontractor agrees that Children's Forum representatives may contact them directly to make inquiries concerning the Application.

G. Budget Table

Applications will be evaluated on their proposed Budget by Other Cost Accumulators (OCA) table and Budget Narrative, whether they are submitted in the approved formats, whether the proposed costs are allowable, reasonable, and necessary and the degree to which the proposed costs support the objectives and activities required by the Affiliate Contract (**ATTACHMENT A**) as detailed in the Applicant's Implementation Plan.

The Excel version of the Budget by OCA table is available as [Document#4](#) on the Help Me Grow website along with the Request for Application. The budget table should be for nine months beginning October 1, 2024, through June 30, 2025. All funds are subject to State Legislative appropriation and approval of DEL and the

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Children's Forum. Identify expenses as either 97HMA Administrative, 97HMS Support, or 97HMD for Direct Services/Program Activities. No more than 5% of each year's budget may be spent on Administrative/indirect expenses. No more than 17% of each year's budget may be spent on Program Support (Non-Direct) Services.

Submit the Budget by OCA table in Excel (Document #4). See next page for image of the form.

Budget by Other Cost Accumulators (OCA) Instructions

- **Formulas:** The Budget by OCA spreadsheet has formulas embedded in the blue cells to make the budget calculations easier. Please do not change the formulas.
- **OCA's:**
 - **Direct Services (97HMD)** - Direct costs may be 78%-100% of the total program and services costs charged to the HMGF contract. Supporting documentation shall be maintained in support of expenditure payment requests for cost reimbursement contracts. Approved timesheets & PARs must support the hours worked on the project or activity must be kept.
 - **Program Support - Non-Direct Services (97HMS)** - costs cannot exceed 17% (but may be less than 17%) of the total program and services costs charged to the HMGF contract. Supporting documentation shall be maintained in support of expenditure payment requests for cost reimbursement contracts. Approved timesheets & PARs must support the hours worked on the project or activity must be kept.
 - **Administrative (97HMA)** - Administrative costs cannot exceed 5% (but may be less than 5%) of the total program and services costs charged to the HMGF contract. Supporting documentation shall be maintained in support of expenditure payment requests for cost reimbursement contracts. Approved timesheets & PARs must support the hours worked on the project or activity must be kept.
- **Personnel:** List all personnel that will be assigned work related to the HMGF contract including the Position Title, Staff Name, and Full Annual Salary. Enter the percentage of time allocated to all OCAs for the position allocated for HMG activities and tasks. if there is zero percentage of time or a zero-dollar amount for the OCA, enter zero; do not leave that cell blank. The last line is a cost allocation line for administrative staff.
- **Fringe Benefits:** Input the budgeted \$ amounts for personnel charged to each OCA according to the Personnel part.
- **Other Project Costs:** All line items charged to HMGF must be included in this budget and line items must match items indicated in the Budget Narrative. Costs that are not in the Budget by OCA and Budget Narrative must be approved by the HMGF Contract and Project Manager before being expended. The Calculation column should include the method used to determine the overall cost for that item per the affiliate Cost Allocation Plan (CAP).
- **Provider Certification:** The agency official will certify and sign that the Budget by OCA is accurate and true.
- **Total Percentage of Costs:** Row added to indicate if Admin costs >5% and if Program Support is >17%
- **Note:** The Budget by OCA is only submitted at the beginning of the contract period and whenever there is a budget revision or amendment. It is not necessary to submit this form with each monthly invoice.

H. Budget Narrative

Within the budget narrative, please briefly **describe each expense including detailing what it entails and explaining how it contributes to the project's objectives and overall success.** The explanation should address the "what" and "how" questions regarding fund allocation. The format should be **bullet paragraphs** and should include **the cost calculation. If the related costs are included in the Budget by OCA, they do not need to be included in the Narrative (e.g. salaries).**

- Personnel – List each position and position description/summary that pertains to the project. The cost calculation should show the **percentage of** time devoted to the project.
- Travel – Explain the reason for travel expenses for staff and show the number of people traveling and unit costs in **the calculation.** Identify the location of travel and event.
 - o For example: HMGF Florida meeting: 1 FTE x \$300 (per diem & vehicle rental x 2 days)
- Equipment – List items to be purchased. Explain how the equipment is necessary for the success of the project and, if necessary, the procurement method to be used. Include **the cost calculation.**
- Supplies – List expendable items by type and show the basis for computation in **the cost calculation.**
- Outreach (including Marketing/Advertising) – List types of outreach and show the basis for computation in **the cost calculation.**
- Consultants (including subcontractors/vendors) – Provide a description of the product or services to be provided by the consultant and an estimate of or detailing of exact cost.
- Other Costs – List items, such as rent, printing, postage, telephone, internet, janitorial, security services, etc. by major type and show the basis of the computation in **the cost calculation.**
 - o For example, for rent provide the square footage and the cost per square foot for rent and provide a monthly rental cost and the number of month's rent will be needed. Include the percentage of rent assigned to HMGF via the Cost Allocation Plan in **the cost calculation.**

Failure to provide the Budget Narrative requested may result in an Application being deemed nonresponsive.

The Application Packet must contain:

1. Applicant Information and Qualification Form – Document #3 a fillable form that includes:
 - Organizational information
 - Minimum Mandatory Qualification questions
 - Authorized Signature
2. Budget by OCA table – Document #4 - submit in Excel
3. Budget Narrative – Document #5 - submit in Word or as PDF
4. CPA Audit FY22-23 as Attachment D
5. Most Recent IRS Form 990 as Attachment E
6. Cost Allocation Plan as Attachment F

The remainder of the Application, should be submitted **as a Word document or as a searchable and copyable PDF file and must contain:**

7. Executive Summary
8. Company Profile and Organizational Structure – include organization chart
9. Subcontractor list if any
10. Implementation Plan
11. Community Partners list
12. Letter(s) of Commitment