



## Hertford-Northampton Smart Start Partnership for Children

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**REQUEST for PROPOSALS**  
**2020 - 2021**

The Hertford-Northampton Smart Start Partnership for Children is a non-profit organization funded by public and private grants and private donations. The Partnership works to coordinate the efforts of educators, non-profit organizations, businesses, churches and public agencies to provide critical resources and support to children 0 - 5 and their families.

It is the vision of the Hertford-Northampton Smart Start Partnership for Children that all young children and their families will have the same opportunities for appropriate social, physical, emotional and intellectual development, and that all children will enter school healthy in all aspects and ready to learn. Our hope is that these opportunities will help to ensure lifelong success and improve the quality of life for citizens in Hertford and Northampton Counties.

The Partnership has defined as its mission that through collaborative efforts, opportunities will be made available for county citizens to create nurturing and supportive environments in which young children can develop physically, socially, emotionally and intellectually to their fullest potential. The primary emphasis will be on children 0 - 5 and their families. We will strive to ensure that comprehensive services are available to those who need them, and be provided in a way that empowers families, protects their dignity, fosters self sufficiency and encourages them to be productive citizens.

The Hertford-Northampton Smart Start Partnership for Children, Inc. is soliciting proposals for a one-year period from July 1, 2020– June 30, 2021 for activities that will provide services to children 0 - 5 and their families in Hertford and Northampton Counties. Included in this packet is a list of the activities for which proposals are being accepted. Strong proposals will describe activities that contribute to the mission of Smart Start as described above.

Any interested agency or organization may submit a proposal. Proposed activities should be designed to cover a one period from July 1, 2019– June 30, 2021. Proposals should describe specific activities from those listed below, and contribute to the achievement of the performance standards created by the NC Partnership for Children (see attachment). No other proposals will be considered due to funding limitations.

Each proposed activity, regardless of the primary goals of the agency providing the service, should also include specific strategies to address the following components: activities to facilitate the accessibility of services (time, place, in-home, etc.); collaboration with other activities and coordination with other services (Smart Start and other agencies); maximization of resources with host agency and in-kind support; parent involvement and community participation.

**Hertford-Northampton Smart Start is accepting proposals for the following activities:**

- Parent Education and Training
  - Childcare Resources and Referrals Services
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- NC Pre-K Enhancement Program
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The Performance Based Incentive System (PBIS) has been established by the NC Partnership for Children to assess and evaluate the performance of local partnerships. Hertford-Northampton Smart Start has worked hard to achieve the high achieving standards listed in the attachment to this RFP. **All funded activities must contribute directly to the achievement of one or more program standards.**

All complete applications received **by 5:00 pm on March 6, 2020, will be considered.** All eligible proposals will be reviewed and rated on a competitive basis by the Program Evaluation and Finance Committee and Partnership staff. The Partnership's Board of Directors will then make a decision on which proposals will be funded to carry out the activities listed. Some of the questions to be considered include:

- Does the activity meet the vision and mission of the Partnership?
- Does the activity meet the goals and objectives of the Partnership?
- Does the activity contribute to the accomplishment of the Program Standards and Objectives established by the NC Partnership for Children?
- Is the activity evidenced based or evidence informed?
- Does the activity have a valid, complete evaluation plan, with information regarding how its success will be measured and documented?
- Does the activity include a variety of funding sources and support, including matching cash and in-kind support?
- Does the agency submitting the proposal have the administrative, financial, and programmatic capabilities to carry out the activity and meet the reporting requirements?

Activities will be approved for FY 2020 - 2021, and are **not** guaranteed funding beyond June 30, 2021.

The final list of approved activities will be included in the Partnership's submission to the North Carolina Partnership for Children. Upon approval by the State, contract awards will be announced and contracts will be developed. Funds should be available beginning July 1, 2020. **All proposals must be received at the Hertford-Northampton Smart Start Partnership for Children by 5:00 pm on March 6, 2020. Incomplete or late proposals will not be considered. No faxes or emails, please.**

All applications must be typed (double spaced). One original unbound copy and three (3) photocopies must be submitted.

Each complete application will include:

- Completed and signed proposal application form, with all questions answered, and IRS tax status letter attached if non profit 501(c)3.
- Activity narrative, following the format given, not to exceed 12 (twelve) typed double spaced pages, 12-point font, with complete answers to **all** items.
- Completed budget form, including in-kind and cash match, and narrative describing budget line items.

Separate proposals should be submitted for each activity. A project is made up of one or more activities which are related and integrated. An activity is a component of the project. If a project consists of several activities, a separate narrative and budget should be prepared for each activity within the project.

**Please call the Hertford-Northampton Smart Start Partnership for Children at Pamela Riddick-Dickens at (252) 398-4124, for more information.**

Send or deliver complete applications to:

**Hertford-Northampton Smart Start Partnership for Children  
Post Office Box 504  
Murfreesboro, NC 27855**

**Proposals must be received by 5:00 pm on  
March 6, 2020.**

***All first-time applicants and those organizations that have never held a contract for a Smart Start activity with Hertford-Northampton Smart Start should contact Pamela Riddick-Dickens, Administration and Operations to discuss their applications prior to submission. Please call 252-398-4124.***

An electronic version of the Proposal Application, Activity Narrative and Budget forms (MS Office Word and Excel) are available by email. Please call 252-398-4124 or email [prdickens@smartstart.org](mailto:prdickens@smartstart.org) to request an electronic copy.

## **APPLICATION CHECKLIST**

**Is your application complete?**

Send one original and three unbound copies:

- ❖ Completed and signed application form, with all questions answered, and IRS tax status letter attached if non profit 501(c)3.
- ❖ Activity narrative, following the format given, not to exceed 12 (twelve) typed double spaced pages, 12-point font, with complete answers to all items.
- ❖ Completed budget form, including in-kind and cash match, and completed budget narrative form describing budget line items.



## Hertford-Northampton Smart Start Partnership for Children

**Proposal Application**  
2020- 2021

**Activity Title** \_\_\_\_\_

**Name of Sponsoring Organization or Agency** \_\_\_\_\_

**Name and Title of Person Authorized to Sign Contract** \_\_\_\_\_

List the person in your agency who is authorized to sign contracts. Remember to sign last item on this application form.

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

**Street Address** (if different from above) \_\_\_\_\_

**Tax Status**  For Profit  Public  Tax-exempt charitable organization - 501(c)3 **Federal ID Number** \_\_\_\_\_

Please attach a copy of your organization's IRS tax status determination letter (not applicable to government agencies, for profit organization's or religious congregations). A tax-exempt identification number is not sufficient.

**Name and Title of Contact Person for Activity** (i.e., Project Coordinator): \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_ **email** \_\_\_\_\_

**Name and Title of Contact Person for Administration and Accounting:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_ **email** \_\_\_\_\_

**Total Cost of Activity** \$ \_\_\_\_\_

Please give entire amount, including in-kind, blended, braided, leveraged and cash donations.

**Amount Requested from Smart Start** \$ \_\_\_\_\_

**Other Sources of Funds** (for this activity only)

Funding Source	Total Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Has this agency received Smart Start funding for this activity in the past?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has this agency received Smart Start funding for any other activities in the past?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate activity and dates of funding: \_\_\_\_\_

**Applicant Agency's Overall Annual Budget** \$ \_\_\_\_\_ for year \_\_\_\_\_

You may use current year's budget or next year's projected budget, please indicate which year.

\_\_\_\_\_  
**Signature of Chief Officer of the Board or  
Person Authorized to Sign Contracts**

\_\_\_\_\_  
**Date**

<b>Activity Narrative</b>
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Your proposal should list each item in the narrative and your response to it.

- I. **Activity Title:**
- II. **Is this a new or continuing activity?**
- III. **PBIS Standards:** List the PBIS minimum and/or high performing standard(s) that best reflect(s) this activity’s projected outcomes. Please refer to the attachment to this document.
- IV. **Full Activity Description (FAD):** After reading this section, the reader should have knowledge of the activity and how it will operate. Assume the reader has little familiarity with the activity, the agency, or the county and answer as completely and in as much detail as possible. Please be sure to address all of the following, specifically answering each question:
  - A. **Grants:**

	Yes	No
Does this activity contain grants of any kind or incentives to participants? What is being given to participants? <u>If you have checked yes, describe in detail.</u>	<input type="checkbox"/>	<input type="checkbox"/>
  - B. **Medicaid Reimbursement:**

Is any portion of this activity Medicaid reimbursable? <u>If you have checked yes, describe in detail.</u>	<input type="checkbox"/>	<input type="checkbox"/>
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  - C. **Description of Services:**

Please address the following in detail:

    - the specific service to be offered, including the tasks/goals to be accomplished and when and where this service will operate
    - the population to be served, including eligibility criteria for participation
    - the staff that will be paid for with Smart Start funds
    - the incorporation of effective practices into activity, if applicable
  - D. If it is similar to other services in the county please explain how this service will enhance, expand or work with the service currently offered. (Reminder – duplication/supplantation of services is not approvable: i.e. paying for a Medicaid eligible well child visit)
  - E. Describe which organizations and agencies have collaborated in the development or delivery of this service to make it responsive to community need.

## V. Program and Data Evaluation

### A. Outputs

List one output on each line of the following chart (insert lines as needed). Complete each column on the chart with the required information.

List one output per line	What documents will be used to measure output?	Who will be responsible for documentation?	Where will documentation be filed?
<i>Example: 100 centers will increase their star rating by at least 1 star</i>	<i>Quality Enhancement Site plan</i>	<i>QE Specialist</i>	<i>In notebook in QE area of partnership office</i>

### B. Documented Need

**Describe the NEED(s) to be addressed by this activity:** (Remember to use recent local needs data. State and/or national data may also be included, all preferably less than 5 years old whenever possible.)

*Example: A January 2007 internet review of the Division of Child Development (DCD) Regulatory database indicated 50% of child care facilities in our county are less than 4 star; therefore child care quality improvement efforts continue to be a need in XX county so that all children will have the benefit of 4 or 5 star level care.*

### C. Actual and projected OUTCOMES identified for this activity:

- The selected outcomes must be linked to the above documented need statement and relate to at least one of the projected counts in the previous section. Enter one outcome in a row with no more than 3 outcomes for each activity.
- If this is a continuing activity, please refer to the outcomes listed in your contract to complete this section. You must have permission to change any of the outcomes listed in your 2019 - 2020 contract.

#### Outcomes – Current FY 19-20 (if currently funded)

Projected Outcome	How do you anticipate the actual outcomes will compare to the projected outcomes at the end of this FY?			What factors explain why the actual outcomes may exceed or may not meet the projected outcomes?
	Will Exceed	Will Meet	Will Not Meet	

#### Projected Outcomes – Upcoming FY 20-21 (year one for this proposal)


- D.** You must answer these questions if this activity received funding from Hertford-Northampton Smart Start during FY 19-20, or any other time in the past.
- i. What year did this activity begin?
  - ii. How much Smart Start money was allocated to this project in FY19-20?
  - iii. What outcomes / changes in the targeted audience (children, providers, centers, families) have been achieved as a result of this activity? (Refer to the projected outcomes as stated in your 2019-2020 contract with Hertford-Northampton Smart Start.) Address each outcome and whether or not it was met, exceeded, or not met.
  - iv. What other successes do you attribute to this activity?
  - v. What factors explain why the actual outcomes exceeded or did not meet the projected outcomes?
  - vi. If the activity has not reached its intended goals or outcomes, please indicate why Hertford-Northampton Smart Start should continue to fund this activity.

**VI. Projected Line Item Budget and Budget Narrative:**

Include a line item budget and narrative that details projected expenses in the line item budget format attached excel format. Be sure to include in the narrative specifics for each projected expense, i.e. Personnel: 2 FT nurses at \$50,000/year per position including benefits. If this activity has multiple funding sources, discuss within the narrative in-kind or matching funds that are being leveraged.

**VII. Cash and In-kind Contributions:**

**Each activity funded by Hertford-Northampton Smart Start is required to provide a match of at least 20% of the Smart Start funds requested (at least 10% cash and the remaining in-kind). The match can be either cash or in-kind. For each cash or in-kind contribution, complete one line of the chart and provide the requested information. Please list ALL contributions.**

Contributing Agency, Organization or individual	Amount	Cash or In Kind	Purpose of contribution (include description of in-kind contribution)	Source of support (indicate if local, state or federal funds, foundation, grant, etc.)
<i>Example:</i> Hertford County Health Department	\$2,400.00	Cash	Salary for supervision of nurse educator, 5% of time, includes salary and benefits	State: NC DHHS Federal: Medicaid
<i>Example:</i> Hertford County Schools	\$137,000.00	In kind	Rent for Willow Willow Center, based on square footage and current rental rates.	Local funds: Hertford- County Schools
<i>Example:</i> Parents	\$20,000.00	In kind	Volunteer time in classroom, 2 hrs/ wk for 18 parents for 40 weeks, \$14 per hr	

You will be required to provide documentation to support all cash and in-kind contributions to the activity, and certify the amount from public funds that are from county and federal sources. State funds can be used to support an activity, but Smart Start can not use state funds to meet the legislative mandate for other support.

**VIII. Contract Activity Description (CAD), 200 words maximum:**

This section will be used in developing service contracts. Write the CAD after you complete the full activity description (FAD) above. Refer to the Smart Start Cost Principles for additional items to be included. The following information must be addressed when writing the CAD:

- What service will be provided.
- Who will receive the service?
- What staff will Smart Start fund?
- How will the service be delivered?
- Where will the service be delivered?
- When will the service be delivered?

In addition, the contract activity description (CAD) must:

- Be written in the future tense.
- Be limited to 200 words or less in length.
- Spell out all acronyms and abbreviations when first used within the CAD.
- Be written in paragraph form (no bullet or numbered lists).
- Be free of spelling, grammatical and spacing errors.
- Be free from apostrophes in the title.