**Attachment M (1): ICAPP Project Proposal Form**

**(Home Visiting and Parent Development)**

*{Instructions: Fill out one form for each Project for which you seek funding and attach behind the Bidder Detail Form and Certification in your Proposal}*

|  |  |
| --- | --- |
| **Bidder/Council Name:** |  |
| **Designated Contractor (if different):** |  |
| **Proposed Service Area (county or counties):** |  |
| **Project Area (Select ONE):** |
| [ ]  Home Visiting Services (HV) [ ]  Parent Development (PD) |
| **Was this Project awarded ICAPP funding for SFY 2019?** | [ ]  YES[ ]  NO (New Project) |
| **If “yes”, how much funding was this Project awarded for SFY 2019?** | **$** |
| **If “yes”, please identify the contract number(s) associated with this Project in SFY 2019:** |
|  **ACFS 19-** |  |
| **Section 1: The Council and the Community** |
| **1) Council Composition and Collaboration:** **Points = 4 Weighted = x6 Total Possible = 24***State the purpose or mission of the Council and describe the composition of the Council and the extent to which it is broadly representative of community interests in child abuse prevention. Discuss collaborative efforts of the Council as it relates to assessing Community need and the decision-making process used in the selection of the Project Scope of Work.* |
| [Enter text here] |
| **2) Parent Leadership:** **Points = 4 Weighted = x4 Total Possible = 16***Describe efforts to engage Program Participants (past or present) or families with past involvement with the Child welfare system in planning or decision making. Discuss efforts to assess and enhance the cultural responsiveness of the Council and proposed programming. What efforts are made to gain family perspective on community needs? Describe how parents are involved in the process of continuous quality improvement*. |
| [Enter text here] |
| **3) Community Development:** **Points = 4 Weighted = 6 Total Possible = 24***Describe community-level efforts including:** *Efforts to build awareness of Child Maltreatment and Prevention*
* *Efforts to reduce stigma for families reaching out for help*
* *Efforts to mobilize communities around issues of child abuse prevention and supporting families*
* *Efforts to impact policy changes within businesses or other community systems*
 |
| [Enter text here] |
| Provide your projected service numbers for this Project. (you may add/delete boxes for in the table as needed.)  |
|

|  |  |  |
| --- | --- | --- |
| **Community Development** | **FY 2021** | **FY 2022** |
| *Measure 1* |  |  |
| *Measure 2* |  |  |
| *Measure 3* |  |  |
| *Other* |  |  |

 |
| **Section 2: Project Description** |
| **4) Project Overview:** **Points = 4 Weighted = x10 Total Possible = 40***Provide an overall description of the proposed Project and activities, by county, including: (a) the target population identified; (b) the general type of services being offered, including the curriculum/model and structure of service delivery; (c) how the Project meets the identified community need; (d) how often and in what form the services and/or information will be made available; and (e) the projected service numbers for SFY 2019 and 2020 (see table below).* |
| 1. Describe the target population for this service. Discuss how the Project will engage families with Risk Factors for abuse. Include what, if any, criteria must be met for service eligibility.
 |
| [Enter text here] |
| 1. Describe the kind of services being offered. Include curriculum/model and structure of service delivery.
 |
| [Enter text here] |
| 1. Describe how the Project will meet the identified community need.
 |
| [Enter text here] |
| 1. How often and in what form will the services be provided?
 |
| [Enter text here] |
| 1. Provide your projected service numbers for this Project by SFY (you may delete the boxes for services not included in this Proposal).
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|  |  |  |
| --- | --- | --- |
| **Home Visiting or Parent Development** | **FY 2021** | **FY 2022** |
| *Parents served:*  |  |  |
| *Children served:* |  |  |
| *Group sessions:* |  |  |
| *One-on-one sessions (not in home):* |  |  |
| *In-home sessions:* |  |  |
| *Other output measure (please specify):* |  |  |

 |
| **5**) **Program Model Fidelity:** **Points = 4 Weighted = x5 Total Possible = 20***Describe how this Project will adhere to model/program fidelity. Include information regarding how the Project will meet the model developer’s standards for dosage, frequency, content, etc. Discuss the extent to which model standards for training, education and supervision will be met. Include any anticipated modifications to model fidelity and the rationale for the modification.****REMINDER: If Bidder is proposing the use of an Evidence-Based Program/Model that requires affiliation or accreditation (including the Iowa Family Support Credential), verification must be included behind this form. Verification may include, but is not necessarily limited to, a dated certificate or letter indicating the Project’s status with the affiliated model or credentialing body.***  |
| [Enter text here] |
| **6) Protective Factors:** **Points = 4 Weighted = x3 Total Possible = 12***Describe which Protective Factor(s), as identified in the RFP Scope of Work, your Project seeks to improve and how your Project is designed to achieve this improvement. If the Project seeks to improve more than one Protective Factor provide a ranking of the factors in order of importance, beginning with the highest priority to the least.* |
| [Enter text here] –  |
| **7) Staffing of Service Delivery:** **Points = 4 Weighted = x3 Total Possible = 12***Please provide information about individuals that will carry out activities described in this Proposal.* |
| 1. Describe (1) the qualifications of the staff implementing this Project (2) the process used to screen, train and supervise staff.
 |
| [Enter text here] |
| Will the Project utilize volunteers to carry out activities described in this Proposal?If “Yes”, complete part b. If “No” proceed to question 8. | [ ]  YES [ ]  NO |
| 1. Describe (1) the qualifications of the volunteers implementing this Project (2) the process used to screen, train and supervise volunteers.
 |
| [Enter text here] |
| **Section 3: Project Performance** |
| **8) Project Experience/Performance:****Points = 4 Weighted = x4 Total Possible Points = 16***{Indicate how long this Project has existed – even if funded by a source other than ICAPP and/or CBCAP and describe the provider’s experience with this type of Project. If this is a new Project, describe the planning that has occurred. If the Project was funded by another source indicate whether the provider has had a contract terminated, not renewed, or placed on a Program Improvement Plan (PIP) or similar corrective action plan within the past 24 months, for failure to complete terms of the contract. If so, describe measures taken to ensure contract deliverables will be met if awarded.}****Note: Attachment R: Acknowledgment(s) of Partnership must be submitted (where applicable, when the Project proposes activities to be completed in partnership with of a third party) to demonstrate Bidder capacity to carry out activities as described. Forms shall be submitted as indicated in the RFP but are included with the scoring of this section.***  |
| [Enter text here] |
| For Projects awarded ICAPP funds for FY 2019:Identify previous compliance with contract deliverables and indicate if, at any time, the Project was placed on a Program Improvement Plan (PIP) or was not renewed due to unmet performance measures. Include efforts to address challenges and improve any areas in which deficiencies were noted.  |
| [Enter text here] |
| **Section 4: Project Budget** |
| **9) Project Budget:** **Points = 4 Weighted = x4 Total Possible Points = 16***Complete the provided Project Proposal Budget. Use this section to describe, in greater detail, items included in each budget.*  |
| 1. Provide any additional explanation not included in the Budget line items.
 |
| [Enter Text here] |
| 1. Provide information about viability of your project. In other words, are you able to achieve outcomes with partial funding? At what level of funding is your Project no longer feasible (for example, the project is no longer feasible if funded below 50%).
 |
| [Enter text here] |
| 1. What is the proposed unit cost of this project (i.e., estimated cost per family, class, session, etc.)?
 |
| [Enter text here] |
| 1. Please discuss other sources of funding that will support this Project. Include funds that have been awarded as well as funds applied for but not yet secured.
 |
| [Enter text here] |
| **Phase III Total Points Possible:**  | **180**  |