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

**(Home Visiting, Parent Development, and Crisis Care)**

*{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):** | | |  | | |
| **Did this Project receive ICAPP and/or CBCAP funding for this Project in SFY 2016, 2017 or 2018?** | | | | | YES  NO (New Project) |
| **If “yes”, how much funding did this Project receive in SFY 2018?** | | | | |  |
| **If “yes”, please identify the contract number(s) associated with this Project in SFY 2018:** | | | | | |
| **ACFS 16-** |  | | | | |
| **Project Area (Select ONE):** | | | | | |
| Parent Development (PD)  Home Visiting Services (HV) | | | Crisis Care (CC) | | |
| **Section 1: Council Goals, Membership and Activities** | | | | | |
| **1) Council Composition and Collaboration**  **Points = 4 Weighted = x6 Total Possible = 24**  *{Describe the general mission and overall goals of the Council. Include a description of community activities in which the Council is involved. Discuss community collaboration and the extent to which the Council is broadly representative of community interests in Child Abuse prevention. Include recruitment efforts to diverse populations.}* | | | | | |
| [Enter text here] | | | | | |
| **2) Council Needs Assessments:**  **Points = 4 Weighted = x3 Total Possible = 12**  *{Describe how the Council assessed the community’s need to determine which Child Abuse prevention Project(s) would be eligible for ICAPP funding. Include how this Project meets community need, avoids duplication of services and supports the council’s mission. Include any relevant Child Abuse data or other assessment information that supports the Council’s priorities.}* | | | | | |
| [Enter text here] | | | | | |
| **3) Parent Leadership:**  **Points = 4 Weighted = x5 Total Possible = 20**  *{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 the Council and 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] | | | | | |
| **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 curricula/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 curricula/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 will 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): | | | | | |
| |  |  |  | | --- | --- | --- | | **Home Visiting or Parent Development** | **2019** | **2020** | | *Parents served:* |  |  | | *Children served:* |  |  | | *Group sessions:* |  |  | | *One-on-one sessions (not in home):* |  |  | | *In-home sessions:* |  |  | | *Other output measure (please specify):* |  |  |  |  |  |  | | --- | --- | --- | | **Crisis Care** | **2019** | **2020** | | *Families served:* |  |  | | *Children served:* |  |  | | *Hours of care provided:* |  |  | | *Referrals made:* |  |  | | *Other output measure (please specify):* |  |  | | | | | | |
| **5**) **Program Model Fidelity**  **Points = 4 Weighted = x4 Total Possible = 16**  *{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 modifications.}* | | | | | |
| [Enter text here] | | | | | |
| **6) Project Evidence:**  **Points = 4 Weighted = x5 Total Possible = 20**  *{Describe the evidentiary base for the Project you are proposing. Indicate the evidentiary rating for this program model given by the Iowa Child Maltreatment Needs Assessment, or a nationally recognized evidence-based rating system, if applicable.}* | | | | | |
| [Enter text here] | | | | | |
| **7) Protective Factors:**  **Points = 4 Weighted = x4 Total Possible = 16**  *{Describe which Protective Factor(s) 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] – | | | | | |
| **8) Staffing of Service Delivery:**  **Points = 4 Weighted = x5 Total Possible = 20**  *{Describe who will carry out the activities described in this Proposal and describe (1) the qualifications of the staff and/or volunteers needed to implement this Project (2) the process used to screen staff/volunteers (including Child Care Providers, if applicable) and (3) the training and supervision to be provided to staff and/or volunteers (including Child Care Providers, if applicable).}* | | | | | |
| [Enter text here] | | | | | |
| **Section 3: Project Performance** | | | | | |
| **9) Project Experience/Performance:**  **New projects: Points = 4 Weighted = x4 Total Possible Points = 16**  **Previously funded Projects: Points = 4 Weighted = x6 Total Possible Points = 24**  *{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: Bidder experience/performance must also be demonstrated by one Letter of Support. In addition, a Letter of Partnership must be submitted (where applicable, when the Project proposes use of a third party) to demonstrate Bidder capacity to carry out activities as described. Letters shall be submitted as indicated in the RFP, but are included with the scoring of this section.*** | | | | | |
| [Enter text here] | | | | | |
| *For Projects receiving ICAPP and/or CBCAP funds in FY 2016, 2017, and/or 2018:*  *{Identify previous compliance with contract deliverables and indicate if, at any time, the Project was placed on a Program Improvement Plan, 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** | | | | | |
| **10) Project Budget:**  **Points = 4 Weighted = x6 Total Possible Points = 24**  *{Complete the provided Project Proposal Budget. If the Project spans multiple counties include one total Project Proposal Budget and additional Project Proposal Budgets detailing expenses for each individual county. Use this section to describe, in greater detail, items included in each budget, other sources of funding received and any additional information necessary to clarify the proposed budget(s). Include information on the viability of your Project. In other words, are you able to achieve the desired outcomes if it is decided to partially fund your Project and at what level of funding is your Project no longer feasible (for example 50%)? Discuss the proposed unit cost of this project (i.e., estimation of total cost to serve each family, cost per visit/session, class, etc.).}* | | | | | |
| [Enter text here] | | | | | |
| **Total Points Possible\*\*** | | HV, PD, CC (New project): **208** | | HV, PD, CC (Existing): **216** | |

*\*\*Note: Although point values are lower for new projects, Proposals will be evaluated and ranked by the percentage of total possible points received. Therefore, Projects, whether new or receiving funds through ICAPP and/or CBCAP during the FY 2016-2018 cycle, can be compared similarly throughout the evaluation process.*