

RFP Application (FY26) – DHLW+M Early Childhood Area

Cover Page

GENERAL PROGRAM & CONTACT INFORMATION	
Name of Organization	
Address of organization	
Name & Title of Organization Administrator	
Phone & email	
Name & Title of Program/Project Manager	
Phone & email	
Date registration/license issued	
Date registration/license expires	
Federal Tax ID #	
Total Amount Requested	\$

Brief Program Summary/History (Do Not Exceed space allowed in the box)

ASSURANCE: *By signing below the applicant affirms that all data in this application and supporting material are correct and true. If awarded funds by the DHLW+M Early Childhood Area Board, the Applicant will comply with all state and local grant requirements.*

Signed: _____ Date: _____
(Signed by Administrator)

Narrative

Section 1: Program Description (5 points)

1. Which County(ies) will the program serve?

_____ Des Moines _____ Henry _____ Louisa _____ Muscatine _____ Washington

2. Which service type(s) does the project best fit? See Tool O.
3. In 4 short bullets or less, what is the primary function of your program?

Section 2: Operation & Need (25 points)

4. Describe the program and its operations. Include information about primary activities and services, and timelines if the program is not year round or offers specific trainings or events.
5. What are the specific needs of the population that the program will be meeting?

Section 3: Implementation – Quality and Efficiency (25 points)

6. Briefly describe the target audience and any eligibility criteria for enrollment in the proposed service/activity.
7. How will you get people to participate in the program?
8. Describe enrollment capacity limits, waiting lists, or maximum duration of time that family/child/participant can be enrolled in the program.
9. Identify if another agency is providing a comparable service/activity and how your program complements or differs from their services. Briefly describe how you will work together.
10. Identify the staffing plan for the proposed program. Specify if the program will hire new staff and/or utilize a portion of current staff hours. Identify the FTE of all staff and the % of that FTE that is to be paid for by ECI funds. *For example: A fulltime nurse might spend 50% of time for DHLW+M grant and 50% of time for another grant. A halftime nurse might spend 100% of time for the DHLW+M grant. Both scenarios allow for 20hrs per week, but require different monitoring for cost allocation purposes. Applicants need to be clear on the distinction. Note: All applicants must identify other funding sources used to support a program. If staff time is split between the proposed program and another project/funding source, time studies may be required.*

11. Identify any required qualifications for staff including educational level, certifications and experience.

Section 4: Outcomes (25 points)

12. Identify outcomes and benchmarks to be achieved. What are the short term and long-term goals of the program? Provide specific numerical benchmarks and explain how you will measure the effectiveness of program goals and outcomes. *Note: DHLW+M Board is required to submit annual reports to the state of Iowa showing progress toward identified indicators and including specified data. Program data requirements may vary according to the funding being utilized and the type of service provided. If you receive funding from the DHLW+M Board, state required outcome measures are not negotiable. However, additional data, as defined by the program in this application, may be collected and reported to the DHLW+M Board.*

13. Identify how the program will evaluate its progress and utilize feedback from participants to strengthen the program.

14. Identify curriculum, assessment tools, and/or developmental screenings to be used and how they will be implemented. *Note: New programs not yet implemented are encouraged to consider evidence-based tools and curriculum.*

15. Describe the program's process of planning for sustainability and growth as applicable.