FY'27 Request for Funds

The Iowa River Valley Early Childhood Iowa Area Board is issuing a Request for Proposal (RFP) to support Early Childhood Services in Hardin and Marshall Counties, Iowa. The intent of this grant is to provide financial support to programs that serve families with children ages prenatal through five, where a gap in services exists within the community. Funded services must be designed to address unmet needs and improve outcomes for young children and their families. This is a competitive process. *Submitting a request does not guarantee funding.*

Instructions , procedures and attachments can be found on our website at: https://www.iowarivervalleyeca.com/request-funds.html

Deadline to apply is April 15, 2026 at Noon.

* Indicates required question

Email *

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ORGANIZATIONAL INFORMATION

Name of Applicant Organization: *

Your answer

Pre-fill responses, then click "Get link"

Address (Street, State, and Zip): *

Your answer

Contract Manager (Name) *
The Contract Manager is the individual responsible for overseeing contract compliance and administration and is authorized to sign the contract on behalf of the organization.

Your answer

Contract Manager (Title) *

Your answer

Contract Manager (Email) *

Your answer

Contract Manager (Phone) *

Your answer

Pre-fill responses, then click "Get link"

Billing/Claims Manager (Name) *

The Billing Manager is responsible for preparing and submitting invoices and maintaining financial documentation in accordance with contract requirements.

Your answer

Billing/Claims Manager (Title) *

Your answer

Billing/Claims Manager (Email) *

Your answer

Billing/Claims Manager (Phone) *

Your answer

Program Manager (Name) *

The Program Manager is responsible for the day-to-day implementation, management, and reporting of the program to ensure services and outcomes are achieved.

Your answer

Pre-fill responses, then click "Get link"

Program Manager (Title) *

Your answer

Program Manager (Email) *

Your answer

Program Manager (Phone) *

Your answer

Organization Tax ID *

Your answer

Please provide the contact information for your Board Chair, including **Full Name,** *
Email Address, and Phone Number.

Your answer

FINANCIAL INFORMATION

FY'27 Request and Additional Funding Information

REMINDER: Complete the [Project Budget Form (Form B)](#) to Carrie Kube

Pre-fill responses, then click "Get link"

Funding request from the Iowa River Valley Early Childhood Area Board for FY'27. *
(Ex. $10,000)

Your answer

What is the estimated amount of outside funds that will be used to support the *
program? The IRVECA Board strongly encourages a 5% minimum match.

Your answer

What is the source of outside funds that will be used to support the program? (Ex. *
UnitedWay, Parent Payment)

Your answer

Program Impact & Connection to ECI

Program Impact refers to the measurable effect a program has on the children, families, or
early childhood systems it serves. It describes the changes, improvements, or benefits that
occur as a result of the program's activities, services, or interventions.

Pre-fill responses, then click "Get link"

Community Plan Connection: Please select which IRVECA Community Plan *
priorities you feel your program addresses. You can find the Community Plan
[HERE](#).

- ☐ Equitable educational opportunities for children
- ☐ Parent education and family development for the prevention of child abuse
- ☐ Support for health, mental health and wellness
- ☐ Quality care through childcare expansion and accessibility
- ☐ Connect families to available resources

Brief Program Summary/History: Describe the program, it's primary function and *
its operations. Briefly describe the target audience and any eligibility criteria for
enrollment in the proposed service/activity.

Your answer

What are four primary objectives for your program? *

Your answer

Identify current collaborative partnerships and referral sources you have in place *
that would connect families to other services. 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.

Your answer

Pre-fill responses, then click "Get link"

Describe the service delivery method for this program. Indicate timeframes for implementation. *

Your answer

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 any required qualifications for staff, including educational level, certification, and experience. *

Your answer

What are the specific needs of the population that the program will be meeting? *

Your answer

Early Childhood Iowa Service Type, via Tool O

Service types funded through Early Childhood Iowa are identified using local data, community input, and alignment with state priorities for children prenatal through age five and their families. The Board reviews these factors along with available funding to determine which service types will be included in the Request for Proposal.

In the space provided, list your preferred service type for which you will be reporting Tool O requried performance measures. *Please use EXACT title. Service Decriptions are available on our website. The Board reserves the right to choose an alternative service type. *

Your answer

Pre-fill responses, then click "Get link"

The program will serve children 0-5 in: *

○ Hardin County

○ Marshall County

○ Both Hardin and Marshall County

Estimated number of children to be served: *

Your answer

Estimated number of families with children to be served: *

Your answer

Quantify the expected **outputs, quality/efficiency measures, and outcome** *
measures related to the selected service type in **Early Childhood Iowa Tool O**.
Provide specific numeric targets that will be used to evaluate program
performance during the contract period.

Your answer

Describe your method for collecting state-required performance measures in Tool *
O.

Your answer

Pre-fill responses, then click "Get link"

Name of person submitting the request *

Your answer

Title of person submitting the request *

Your answer

Phone number of person submitting the request *

Your answer

Minority Impact Statement (ECI Requirement)

MINORITY IMPACT STATEMENT Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, the Iowa River Valley Early Childhood Area Board grant recipients are required to complete a Minority Impact Statement. This is the mechanism to require grant recipients to consider the potential impact of the grant project's proposed programs or policies on minority groups. This is required of the Early Childhood Iowa State Board, and does not impact local funding decisions. Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or *
unique:

○ POSITIVE impact on minority persons

○ NEGATIVE impact on minority persons

Pre-fill responses, then click "Get link"

Please provide a brief statement on the impact, positive or negative, on the following minority persons. (Brief description. Ex. women, Latinos, etc. and the positive or negative impact expected from this project.) *

Your answer

Assurances

By signing below, the applicant certifies that: *

The applicant has read and agrees to comply with the Assurances outlined in [Attachment A](#).

The undersigned individual is duly authorized to submit this application and make commitments on behalf of the applicant organization.

The information contained in this application and all supporting materials is true, accurate, and complete to the best of the applicant's knowledge.

If awarded funding by the Early Childhood Iowa Area Board, the applicant agrees to comply with all applicable state, local, and Early Childhood Iowa grant requirements.

(Type name below)

Your answer

Date: *

Date

mm/dd/yyyy

Get link

Pre-fill responses, then click "Get link"

Google Forms

Pre-fill responses, then click "Get link"

Pre-fill responses, then click "Get link"