

Request for Proposals FY 2025-2028

| RFP Release Date: | February 5, 2025 |
|--------------------------|--|
| Bidder's Conference: | February 11, 2025 |
| | Zoom Link: https://us02web.zoom.us/j/89543654911?pwd=23dgdLDRxX7gVm605LDp763rQFwkdF.1 Meeting ID: 895 4365 4911 Passcode: 883102 |
| Deadline for Questions: | Monday, February 17, 2025 |
| | (Date last questions can be asked and responded to) |
| Submit Questions to: | Devin Stewart |
| | dstewart@mppfc.org |
| Deadline for Proposals: | March 10, 2025 at 5pm |
| | (Proposals will not be accepted after 5pm) |
| Submit To: | Attention: Devin Stewart |
| Electronic Submission: | dstewart@mppfc.org |
| Mailed or Hand Delivered | 111 Eastbrook Drive |
| to: | Greenville, NC 27858 |

Note: Proposals will be accepted, however no funding is guaranteed by Martin-Pitt Partnership for Children (MPPFC) without approval by the Martin-Pitt Partnership for Children Board of Directors and the North Carolina Partnership for Children. All funding is subject to monies appropriated by the N.C. General Assembly. Further, contracts will be issued for approved activities with one year of funding that will be subject to amendment or termination depending on available funding and performance. Service providers may be required to submit a full proposal for each year of a three-year award for continued funding depending upon the requirements of the North Carolina Partnership for Children and the MPPFC Board.

ALL DOCUMENTS ARE POSTED ON THE MPPFC WEBSITE WWW.MPPFC.ORG.

Multi-Year Proposal: FY 2025-2028

Martin-Pitt Partnership for Children (MPPFC) is accepting multi-year proposals for Smart Start funding for the 2025-2028 funding cycles. The Martin Pitt Partnership for Children is a non-profit organization funded by public and private grants/donations. MPPFC's mission is to "make meaningful and measurable investments in young children to enable them to achieve their fullest potential". The partnership leads community strategies for children birth through 5 and their families that promote healthy development and learning and enhance access to high quality care.

GRANT PURPOSE AND AVAILABILITY:

Smart Start funds may only be used to support services for young children, birth through age 5, and their families who reside in Martin or Pitt Counties. Smart Start funds are available to local, community-based nonprofit organizations and governmental agencies.

Proposals should describe specific activities that can be labeled with one of the ten indicators listed in the Early Childhood Profile Indicators (attached)

All selected activities will be funded initially for a maximum of one year, from July 1, 2025, through June 30, 2026. The Partnership and its governing bodies determine whether to extend grants to partners for the second and third year. The Partnership executes Smart Start contracts for one-year periods. All awards are contingent upon Smart Start funding made available by the N.C. General Assembly and contracted through the North Carolina Partnership for Children.

QUALIFICATIONS

Prospective Bidders must have demonstrated competency in performing the services defined in the Scope of Activities section of this RFP. Specifically, the Prospective Bidder must demonstrate a successful history of providing similar services. The contract should describe all project experience in North Carolina or other states with similar program operations.

The Prospective Bidder must provide details of any pertinent judgement, criminal conviction, investigation or litigation pending against the Prospective Bidder or any of its officers, directors, employees, agents or subcontractors of which a vendor has knowledge, or a statement that this is none. Martin-Pitt Partnership for Children reserves the right to reject a proposal based on this information.

Timeline of Events



Multi-Year Proposal Application FY 2025-2028

| Activity Title | | | | |
|--|---|--|-------------------|--------------|
| Name of Sponsoring O | rganization or A | Agency | | |
| Name and Title of Person | on Authorized t | o Sign Contract | | |
| List the person in your agency | who is authorized to | sign contracts. Remember to sign last item on the | nis applicati | ion form. |
| Phone | | Fax | | |
| Mailing Address | | | | |
| Street Address (if different | t from above) | | | |
| Please attach a copy of your or congregations). A tax-exempt | rganization's IRS tax identification numbe | charitable organization - 501(c)3 Federal ID I status determination letter (not applicable to gov r is not enough. Activity (i.e., Project Coordinator): | ernment ag | |
| Phone | Fax | Email | | |
| Name and Title of Cont | act Person for A | Administration and Accounting: | | |
| Phone | Fax | Email | | |
| Total Cost of Activity | | | | |
| FY 2025-20 | 26 | FY 2026-2027 | | FY 2027-2028 |
| Slace sive entire emount incl | uding in kind blands | \$ ed, braided, leveraged and cash donations. | <u>\$</u> | |
| - | | ed, braided, leveraged and cash donations. | | |
| Amount Requested from | | EV 0000 0007 | | EV 2007 2000 |
| FY 2025-20 | 126 | FY 2026-2027 | \$ | FY 2027-2028 |
| <u> </u> | | Ψ | Ι <u>Ψ</u> | |
| Other Sources of Funds Funding Source | S (for this activity on | ly) | Total A | mount |
| | | | \$ | _ |
| | | | \$ | |
| Has this agency receive | ed Smart Start f | funding for this activity in the past? | Yes | No |
| Has this agency receive | ed Smart Start f | unding for any other activities in the | past? | Yes No |
| If yes, please indicate ac | tivity and dates o | of funding: | | |
| Applicant Agency's Ov You may use current year's but | | dget \$ rojected budget, please indicate which year. | | Year: |
| Signature | | | | Date |
| Board Chair/Authorized | l Contract Sign | atory | | |

Multi-Year Proposal Narrative FY 2025-2028

Your proposal should list each item in the narrative and your response to it.

I. Activity Title:

II. New or Continuing Activity

- Years of operation
- If previously funded, do you plan to change the scope, staffing, or any other key factors in your activity?
- Explain any possible conflict of interest that may exist between the applying entity, its staff, officers, or directors and MPPFC.
- Describe other funding options or future/recurring funding sources for this program if not fully funded by MPPFC.
- If new program, attach the most current audit report and audited financial statement.
- **III. Early Childhood Profile Indicator (ECPI):** List the ECPI Indicator that best reflects this activity's projected outcomes. *Please refer to the attached 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:

- Does this activity contain grants of any kind or give incentives to participants? Yes or No?
- If yes, describe in detail the incentives given to participants.

B. Medicaid Reimbursement:

- Is any portion of this activity Medicaid reimbursable? Yes or No?
- If yes, describe in detail.

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 length of time the program has existed and its impact on the community during that time
- Program adjustments made during the pandemic
- 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
- how will this activity be sustained and/or scaled up beyond the 3-year proposal period?

D. Collaborations:

- Describe the collaborations necessary to implement this activity.
- Include organizations and agencies that have collaborated in the development or delivery of this service.

E Evidence-Based/Evidence-Informed Practice:

- "Evidence-<u>based</u> programs or practices are those that have repeatedly and
 consistently demonstrated desirable outcomes through application of scientific
 research methods (replicated experimental, experimental, or quasi experimental)."
- "An evidence-informed practice is one that is guided by child development theory, practitioner wisdom, qualitative studies and findings from basic research and has written guidelines, a strong logic model, and a history of demonstrating positive results. They may be rated "Promising" or "Emerging" by at least one source that rates evidence-based programs."

V. Program and Data Evaluation

A. Outputs

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

| List one output per line | Number |
|---|-------------|
| Example: Centers will receive weekly technical assistance visits | 100 centers |
| | |
| | |
| | |
| | |

B. Documented Need

The statement of need should describe the problem the activity addresses. The reader should be able to clearly understand the purpose for the activity and the need it will address in the community. (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 2020 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 output 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 current quarterly report section.

Outcomes - Current FY 24-25 (if currently funded)

VI. Projected Line Item Budget and Budget Narrative: budget spreadsheet attached

Applicants must complete three Budget Worksheets for each year being bid (3 for three-year bids). Every bid must contain the budget (with narrative completed), additional budget info highlighting other funding sources, cash and-kind proposal, and personnel costs. Applicants must identify and document the source of any matching funds and support. If bidding on a three-year project all three years being proposed should include explanations for any significant changes across years. All budgets must adhere to the Smart Start Cost Principles.

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

- A. 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 <u>must</u> 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?
- B. 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

IX. Logic Model

Add additional lines as needed

| If this condition exists | For this Population | And we implement these strategies | These many times, for these individuals | We expect this short-term change | And we expect this outcome to impact the overall county |
|-----------------------------|---------------------|-----------------------------------|---|-------------------------------------|---|
| | T _ | | T - | _ | |
| Need Statement | Target | Program or Activity | Outputs | Outcomes | EC Indicator |
| Why? | Population | Elements | How Many? | So What? | How does |
| | Who? | What? | | | outcome impact EC Indicator? |
| | | | | | |
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Additional Information

| Staffing - Job Title | FTE | Minimum Education & Experience Requirements |
|----------------------|-----|---|

Attachment I

APPLICATION CONTENTS:

All requests for funds must contain the following sections. Some items are included in the packet; all are posted on our website at www.mppfc.org.

SIGNED ORIGINAL must include ALL the following plus one e-mailed copy sent to dstewart@mppfc.org:

- Cover Letter (one page maximum) that <u>may</u> Include agency background and information but
 must include a signature and date by an individual authorized to legally bind the prospective
 contractor. The letter must also contain a statement that the person signing the proposal is a
 legal representative of the prospective contractor and is authorized to bind the contract
 should it be awarded.
- Agency Information
- Application
- Project Guidelines (narrative)
- Logic Model
- Measurable Indicators
- **Budget Materials** (total of 4 worksheets): To be considered for three years, you must submit all budget information for Year Two and Year Three, which will estimate how the budget will change for Year Two and Three as the project develops.
- IRS Tax Status Letter if applicant is a 501 c (3) non-profit organization.
- Pages 1-11 of the most current Form 990 for the organization
- **Proof of Insurance** that may include but not limited to: Fidelity Bonding, Employee Crime or dishonestly, General Business Liability, Professional Liability, Automobile (owned, hired or non- owned), Worker's Compensation, and as applicable, special events.
- Board of Directors List if applicants are a non-profit organization
- Organizational Chart
- Agency's most recent financial statement or audit report
- Conflict of Interest

ADDITIONALLY, please provide ONE, 3-hole punched, unstapled, double-sided HARD COPY that includes the following ONLY:

- Cover Letter (one page maximum)
- Agency Information
- Completed Application
- Project Guidelines
- Logic Model (excluding Smart Start Scholarships and Smart Start Scholarship Administration)
- Measurable Indicators (excluding smart Start Scholarships and Smart Start Scholarship Administration)
- **Budget Materials** (total of 4 worksheets)

APPLICATION DEADLINE:

Applications must be received (<u>not</u> postmarked) by 5pm on Monday, March 10, 2025, in the Partnership office, located at 111 Eastbrook Drive, Greenville, NC 27858. Submit one complete signed original hard copy and submit same via e-mail copy to <u>dstewart@mppfc.org</u>. No fax copies will be accepted. All proposals should be complete and reflect the most favorable terms available for the prospective contractor. Prospective contractors are cautioned that this is a request for offers, not a request to contract, and MPPFC reserves the unqualified right to reject all offers when such rejection is deemed to be in the best interest of Martin-Pitt

Partnership for Children. The Contract must be executed prior to the start of work and incurring any expenses.

Attachment II

Application Checklist

Please make sure your Application Package includes the following:

1 SIGNED ORIGINAL and electronic copy should include ALL the following:

| Cover Letter |
|---|
| Agency Information |
| Completed Application |
| Project Guidelines (Narrative) |
| Logic Model (excluding Smart Start Scholarships and Smart Start Scholarship Administration) |
| Measurable Indicators (excluding Smart Start Scholarships and Smart Start Scholarship Administration) |
| Budget Materials |
| IRS Tax Status Letter if applicant is a 501c (3) non-profit organization |
| Pages 1-11 of the most current Form 990 for the organization |
| Proof of Insurance |
| Board of Directors List if applicants are a non-profit organization |
| Organizational Chart |
| Most recent financial statement or audit report |
| Conflict of Interest |
| One 3-hole-punched, double-sided HARD COPY should include the following only: |
| Cover Letter |
| Agency Information |
| Completed Application |
| Project Guidelines |
| Logic Model (excluding Smart Start Scholarships and Smart Start Scholarship Administration) |
| Measurable Indicators (excluding Smart Start Scholarships and Smart Start Scholarship Administration) |
| Budget Materials |

Send all proposals directly to Martin-Pitt Partnership for Children by Monday, March 10th at 5 pm.

EARLY CHILDHOOD PROFILE INDICATORS (ECPI)

| PLA40 | a) Quality of early care and education for children enrolled in regulated early care and education programs – Child Placements – Average star rating for children enrolled in 1-5-star care. | | |
|-------|--|--|--|
| | b) Quality of early care and education for children enrolled in regulated early care and education programs – Child Placements – Percent of children in 4- & 5-star care. | | |
| PLA50 | a) Quality of early care and education for children receiving subsidy or other assistance enrolled in regulated early care and education programs – Subsidized Placements - Average star rating for children enrolled in 1-5-star care. | | |
| | b) Quality of early care and education for children receiving subsidy or other assistance enrolled in regulated early care and education programs – Subsidized Placements - Percent of children in 4- & 5-star care. | | |
| EDU10 | Lead Teacher Education - Percent of children enrolled in 1-5 star rated child care centers that have 7 lead teacher education points. | | |
| EDU20 | Administrator Education - Percent of children enrolled in 1-5 star rated child care centers that have at least 7 administrator education points. | | |
| FS20 | Family Literacy/Language Development - Percent of parents who report reading to their children daily. | | |
| FS30 | Percent of children age 0-5 with an investigated report of child abuse/neglect. | | |
| H10 | a) Early intervention/special education services-Percent of children 0-2 years who receive early intervention or special education services. | | |
| | b) Early intervention/special education services-Percent of children 0-2 years who receive early intervention or special education services | | |
| H20 | Use of primary health care – Percent of children enrolled in Medicaid who receive a well-child exam | | |
| H60 | Percent of children who are at a healthy weight | | |
| KEA10 | The NCPC Board will develop an indicator related to the Kindergarten Entrance Assessment once the data is available to review. | | |