# COVER SHEET AND APPLICATION MATERIALS FOR OUTREACH AND NAVIGATION SERVICES RFP

*Include the following information:*

**Name of the Proposal:**

**President/ED/CEO Name, Email, Phone:\*\***

**Proposing Agency Name (including DBA):**

**Proposal Contact(s), Email, Phone:\***

**Corporation Type:**

**Fiscal (Accounting) Contact, Email, Phone:**

**Year Incorporated:**

**Mission Statement:**

**Corporate Address:**

**Website Address:**

**Name of Board Chair:**

**Total Ready by Five Request:**

*\*This field must identify by name the contact person(s) to answer questions and negotiate subject to this RFP. You may include more than one person.*

*\*\*This field should include the person(s) authorized to sign a contract with the County on behalf of your organization.*

# SECTION THREE: APPLICATION MATERIALS - OUTREACH AND NAVIGATION SERVICES RFP

*Please provide responses to all questions below. As a reminder, a full checklist of the application requirements for submission can be found in Section Four.*

*Answer all questions below. If an answer is not relevant for a proposed service, state the reason why.*

*As you respond, do not modify the format or order of this section.*

## I. Proposed Service Narrative and Details

1. Proposal Name:
2. List the name of each proposed service(s) your agency is proposing. Include no more than five (5) proposed services.

*Please note: Many programs choose to bundle all services under one rate.*

*Alternatively, a program that is multifaceted may consider proposing more than one unit rate. For example, a program employs a Nurse and also a Community Health Worker. A program may propose a specific unit rate for services provided by each service professional. If you list more than one service, you must provide a unit rate for each service. Please see Part V. Cost for Proposed Services for more context.*

1. Describe each of the proposed services named above. *(Max of 1 page per service)*
   1. Describe what services will look like. Please begin your description with how intake is conducted, how services are provided (including where, how often, and by whom).
   2. Explain how each service would support your proposed outreach strategy.
   3. How would your proposed service increase connection and referrals to early childhood programming and information?
   4. Describe how you would assess a family’s needs within the proposed services.
   5. Explain how developmental screenings would be integrated into your program.
   6. Include additional detail and information about your proposed service.

1. Describe how each service or intervention could be adaptable to the Center for Disease Control’s social or physical distancing recommendations for programs operations during COVID-19. *(Maximum of 2 paragraphs)*
2. What evidence-based model(s) does your program most follow? What elements of this model does your program incorporate and how? For providers rendering services outside of typical evidence-based models, what are your current or proposed practices for employing evidence-informed practices focused on outcomes? *(Max of 3 paragraphs)*
3. Please specify the geographies to be reached with proposed services, which can be detailed at the city, zip code, or county level. Include a map as needed. *(Max of 5 sentences)*
4. Specify if a target population will be addressed with the proposed service(s) (e.g., mothers with newborns, families of a specific race/ethnicity, families living in a specific geography, etc.) *(Max of 5 sentences)*
5. (Optional) Please describe any additional eligibility requirements for families to be served. *(Maximum 1 paragraph)*
6. Please identify ages of children to be served by proposed service(s). Select all ages that apply.

Prenatal (Expecting Mothers)

Postpartum (up to 6 weeks post birth)

Infants

Children age 1

Children age 2

Children age 3

Children age 4

Children age 5 (up until day before 6th birthday)

1. Describe the strategies that the proposed services will deploy to engage the target population or groups identified in early childhood services. *(Maximum of 3 paragraphs)*
2. Explain how your proposed work addresses a gap in current services within the early childhood outreach and navigation in Kent County. How does this service align and enhance the current programs funded by Ready by Five Millage funding? *(Maximum of 3 paragraphs)*
3. List all agencies your program will partner with and provide a brief description of how this collaboration will take place in the table below.

|  |  |  |
| --- | --- | --- |
| **Name of Partnering Organization** | **Description of Partnership** | **Current Partnership or Proposed (New) Partnership?** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Describe all services your organization provides and your experience serving families with children under the age of five in Kent County. *(Please be brief and limit responses to 1 page)*

## II. Agency Staff and Leadership

1. Please describe the diversity of your organization’s staff and leadership.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Race** | | | | | **Ethnicity** | | **Not Available** |
| **Proposing Agency:** | **White** | **Black - African American** | **Asian** | **American Indian or Alaska Native** | **Native Hawaiian or Other Pacific Islander** | **Hispanic** | **Non- Hispanic** |
| **Board** |  |  |  |  |  |  |  |  |
| **Executive Leadership** |  |  |  |  |  |  |  |  |
| **Program Staff** |  |  |  |  |  |  |  |  |
| **TOTAL INDIVIDUALS** |  |  |  |  |  |  |  |  |

2. Describe how your organization’s leadership fosters equity and inclusion at the board, leadership, and at the full organizational levels. *(Maximum of 3 paragraphs)*

## III. Evaluation and Quality Enhancement

1. List and briefly explain 3-5 key indicators that show if your program is operating effectively. Indicators included should follow S.M.A.R.T. criteria defined as: Specific, Measurable, Attributable, Relevant, and Targeted. *(Maximum 5 sentences)*
2. *Ready by Five requires monthly data submission at the individual child or expectant mother level. Your organization will be required to sign an agreement with the Kent County Health Department and First Steps Kent. More information is available in the* [*Ready by Five Service Provider Manual*](https://www.firststepskent.org/uploads/financial-reports/Millage-Portal/Service-Provider-Manual_June-2020_Final.pdf) *(see Data Collection Policy and Procedures that begin on Page 13).*

**Please answer (yes or no): would your organization be able to implement the required data requirements?**

|  |  |
| --- | --- |
| Yes | No  If you answer no, please explain more below.  (Max of 1 paragraph) |

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## IV. Budget Narrative

1. This is (select one):  An expansion of a current program  A new program
2. Describe how Ready by Five Early Childhood Millage funds are not supplanting existing state, local, philanthropic and/or federal funds already in use by the Proposing Agency which are supporting services. *(Maximum 1 paragraph)*
3. If existing staff is to be reallocated to Millage activities, explain what circumstances have occurred to allow for the reallocation of resources. *(Maximum 1 paragraph)*
4. Complete Attachment A: Proposal Budget and Proposed Service Detail.

***Review the directions in the template.***

***Submit Attachment A as a separate Excel document.***

***Submit a separate Excel file for each proposed service.***

***Do not modify the format of this document.***

***Note: Ready by Five Early Childhood Millage funds may not be used to purchase equipment or property.***

*Note: Cost sharing is not a requirement for Outreach and Navigation services funded by the Ready by Five Early Childhood Millage.*

## V. Cost for Proposed Service(s)

In addition to Attachment A, complete this section for each proposed services listed in Part I.

*Ready by Five Early Childhood Millage funds will be paid once a service has been provided. The Unit Rate will be the rate at which the program will be reimbursed per unit of service by Ready by Five Early Childhood Millage funds. This rate is proposed by the agency. Please provide necessary details to determine the proposed cost for proposed service unit rate.*

*As a reminder, many programs choose to bundle all services under one rate. Alternatively, a program that is multifaceted may consider proposing more than one unit rate.*

1. Name of Proposed Service:

2. Unit Rate Type (select one for each type of service proposed):

|  |
| --- |
| 15-Minute Unit |
| By Child or Expectant Mother Served |
| By Service/Encounter Completed |

3. Include a written description of how a Unit Rate is defined. *(Maximum 1-2 sentences)*

Include:

* Who the recipient of each service is (i.e. the mother, child)?
* What staff person will provide services under each unit rate?
* What indicates when the unit begins and when it ends?
* *For example: The unit rate is defined as the period of time that begins when the Clinician initiates the screening with an expectant mother and ends when the screening is complete.*

4. Project how many units of each proposed services will be provided in Year 1 and Year 2 (Note: the values must match Attachment A, LINE K).

|  |  |  |
| --- | --- | --- |
| **Name of Service** | **Year 1** | **Year 2** |
|  |  |  |
|  |  |  |
|  |  |  |