

Early Childhood Iowa Lakes Region Request for Renewal FY14

FY14 Request for Renewal is available only to programs that received funding in FY13.

Timeline for Project: July 1, 2013 through June 30, 2014

Letter of Intent Due Date: April 3, 2013

Renewal Application Due Date: April 26, 2013

Please submit letter of intent to Betsy Moritz at Early Childhood Iowa Lakes Region, PO Box 15, Okoboji IA 51355 or email to betsymoritz@gmail.com. You will receive a reply to confirm the email was delivered.

Notification of Intent to Fund or Decline: On or before June 25, 2013
(Dependent upon notification of funding by State Early Childhood Iowa office)

Agree on Project Plan, Budget, and Sign Contract: June 30, 2013
(Dependent upon notification of funding by State Early Childhood Iowa office)

Completion of Funded Projects: June 30, 2014

Funding is contingent upon funds appropriated to Early Childhood Iowa Lakes Region.

Renewal Instructions:

- Projects must submit one original and one electronic copy by the due date to Betsy Moritz, ECI Lakes Region, PO Box 15, Okoboji IA 51355 and by email at betsymoritz@gmail.com). You will receive a reply to confirm the email was delivered.
- All supporting documents must be signed and included with the original hard copy.
- All programs funded through ECI Lakes Region are required to submit quarterly progress reports in the format established by ECI Lakes Region as directed by state Early Childhood Iowa. Due dates are October 15, 2013; January 15, 2014; April 15, 2014; and July 10, 2014 (fourth quarter/year-end).
- All programs are required to submit monthly billings.
- Family support programs will utilize REDCap, a state administered, statewide family support web-based data collection system, in FY14. For more information please refer to this link on the state ECI website:
http://www.earlychildhoodiowa.org/EC_resources/eci_webinars/fs_web-based_data_system.html

LETTER OF INTENT AND PROPOSAL COVER PAGE

Agency/Organization _____
Address _____

Proposal Contact Person _____
Title of Contact Person _____
Email Address _____
Phone Number _____
Fax Number _____
Total Amount of Request \$ _____

This project aligns with the following Early Childhood Iowa state result areas (check all that apply):

- _____ Healthy Children
- _____ Children Ready to Succeed in School
- _____ Safe and Supportive Communities
- _____ Secure and Nurturing Families
- _____ Secure and Nurturing Early Learning Environments

This project addresses the ECI Lakes Region's priorities (check all that apply):

- _____ Strengthen the relationship between parents and their children through the provision of quality family support programs
- _____ Improve health and wellness of infants
- _____ Improve the quality of early care and learning environments

Project Narrative

Please address the following items and limit narrative to no more than two pages:

- Describe how your project aligns with the ECI Lakes Region priority you checked above.
- Is this an evidence-based or research-based program? If not, how does your project ensure program fidelity and effectiveness?
- Describe the project's target population and any eligibility criteria. How do you prioritize families, providers, etc. to be served?
- Describe your project's collaboration with other resources in the service area.
- Describe how your organization will sustain the project if ECI Lakes Region funds are reduced and at what amount the project would remain viable.

(You may delete this paragraph from your narrative.)

Project Budget FY14

Please use or follow the sample budget format below. Please include detailed line items such as the italicized examples.

Category	ECI Lakes Region Funds Requested	Other Funding Sources and/or In-Kind	Narrative
Salaries <i># of FTEs</i>			
Benefits <i>i.e., FICA; IPERS / Retirement; Health; Dental; Other</i>			
Travel			
Training			
Supplies <i>i.e., postage, consumables, curriculum</i>			
Other (describe)			
Administrative/ Indirect			
Total			

Anticipated cost per child/family/service \$_____

Certification:

- I affirm that the information in this application is accurate to the best of my knowledge.
- The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds.
- The organization is committed to fulfilling the standard contract conditions.

Program Director Signature: _____

Date Signed: _____

Appendix

FY13 ECI Lakes Region Funds Awarded by Program:

Program	School Ready: Family Support and Parent Education	School Ready: Preschool Support	School Ready: General	Early Childhood Funding	Total ECI LR Funding FY13
BCBB • Clay • Dickinson • O'Brien • Osceola • TOTAL	34,166.00 20,444.00 49,952.00 35,648.00 \$ 140,210.00				\$ 140,210.00
KIDS	\$ 140,763.22	\$ 22,571.78	\$ 27,149.00		\$ 190,484.00
Hand in Hand		\$ 32,406.00		\$ 81,093.94	\$ 113,499.94
Preschool Scholarships and Transportation		\$ 44,351.27			\$ 44,351.27

Resources:

- Early Childhood Iowa website: www.earlychildhoodiowa.org
- Family Support and Parent Education: http://www.earlychildhoodiowa.org/files/toolkit_tools/Tool_FF.pdf
- Preschool Support Programming Support: http://www.earlychildhoodiowa.org/files/toolkit_tools/Tool_CC%20.pdf
- School Ready Funds Support Quality Improvement Efforts: http://www.earlychildhoodiowa.org/files/toolkit_tools/Tool_II.pdf
- Early Childhood Funds: http://www.state.ia.us/earlychildhood/files/toolkit_tools/Tool_G.pdf
- ECI Lakes Region website: www.ecilakesregion.com
- ECI Lakes Region Community Plan: <http://www.ecilakesregion.com/wp/operations>