

Request for Renewal for ECI Lakes Region Grant Funds

Program Name: _____

Timeline for project: Funding July 1st, 2022 – June 30, 2023

Proposals Due: 5-30-2022

Completed Proposals are submitted to:

Erin Pingel
Early Childhood Lake Region Iowa
P.O Box 175
Spirit Lake, IA 51360

or emailed to:
ecilakesregion19@gmail.com

Notification of Intent to Fund or Decline on or before:

Agree on Project Plan, Budget, and Sign Contract:

Early Childhood Lake Region Iowa board will sign contracts after budget has state approval.

Completion of Funded Projects Activities:

Mission

The Early Lakes Region Iowa Area envisions that through our collaborative efforts all families will have knowledge and accessibility to services in order to become self-sufficient and to provide a nurturing environment for their young children.

LETTER OF INTENT & COVER PAGE

ORGANIZATION/GROUP: _____

ADDRESS: _____

PROPOSAL CONTACT: _____

CONTACT PERSON TITLE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

TOTAL AMOUNT REQUESTING:

\$

This project is related to (check all that apply)

- Healthy Children
- Children Ready to Succeed in School
- Safe and Supportive Communities
- Secure and Nurturing Families
- Secure and Nurturing Child Care Environments

Please fill in the following purpose statement. Be sure the information fits in the required area of this form. This information may be used for news releases or educational trainings. For an example of how to provide the requested information, please refer to Request for Proposal Guidelines section of the application. *

The Purpose of the _____
(Strategy/program)

Is to provide/produce _____
(Service, activity or product)

To/for _____
(Customer/stakeholder)

So they can (in order to) _____
(Outcome/planned benefit)

APPLICANT DESCRIPTION PAGE

Please provide a one page summary of your program. Identify any changes your program will make for the upcoming year **by highlighting them.**

*** PROJECT PLAN DESCRIPTION PAGE**

ORGANIZATION NAME: _____

1. **Please include a copy of your most recent annual statewide performance measures.**

BUDGET FORM FY 2021-22

ORGANIZATION NAME: _____

Please list the amount of funding received from Early Childhood Iowa for the past 3 yrs.

FY 2019:

FY 2020:

FY 2021:

List each of your expected costs in the table below; transfer line item subtotals from the Detailed Budget Information pages.

Category	ECI Funds Requested	Other Funding Sources and/or In-Kind	Total	Narrative
Personnel/Salaries				
Personnel/Benefits				
Training				
Travel/Mileage				
Contracted Services				
Supplies				
Equipment				
Miscellaneous				
Administrative/ Indirect				
TOTALS				

- It is not required to have other funding or in-kind, however it is highly encouraged.
- **Administration cost:** will not accept a flat rate for administrative cost.

Provide a summary what your program will change if funding is reduced:

FY 2022-23 Detailed Budget Information

All line items included in the “Early Childhood Iowa Funds Request” column must be justified in full detail. Be specific in completing this section. See instruction for allowable expenses. Insert additional pages/rows, as necessary.

Line Item	Early Childhood Iowa fund requested	Other funding requested/received	Total
Cost Per Visit: Most programs are required to bill at a cost per visit, please list that amount. Please use the following categories for other programs, list additional items that are not included in your cost/visit rate.			
	\$	\$	\$
	\$	\$	\$
Please list everything that is included in the cost per visit:			
Personnel: List by position/title. Base salary rate and other paid compensation need to be listed separately. Include any formulas used. Also include percent of time involved in this project.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$
Benefits: List by position/title. Specify FICA/Medicare, retirement, insurance, and other benefits included in your agency’s personnel plan. Include employer-paid benefits only.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Training: Include Registration fees and tuition. Travel related to training should be justified in the travel section.

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Travel/Mileage: Include transportation and subsistence of project personnel-related travel and travel for training events.

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Contract Services: List all individual project consultants or service organizations. Specify the purpose of the contract and itemize expenses.

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Supplies: List all supplies, specific to project (brochures, printed pens, etc.) Itemize all expenses.

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Equipment: List equipment costing over \$200.00

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$

Miscellaneous: List all project expenditures not included in above-listed categories.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Subtotals	\$	\$	\$
Administrative/Indirect Costs: Specify Administrative Cost, actual cost for providing services, flat fee are not acceptable. Indirect rate based on salaries is 10% indirect rate based on entire budget is 5%			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Budget: add subtotals in all columns, plus Administrative/Indirect Costs	\$	\$	\$

Full Cost of Program: _____

Please give a brief description of what is included in this cost:

Total Amount Requested from ECI: _____

Total Amount Requested from Other Sources: _____

Please list other sources and amounts of funding that has been requested and give a brief description of past funding history and if you expect any changes for this fiscal year.

BUDGET INFORMATION

ORGANIZATION NAME : _____

Name of Person responsible for managing the project funds: _____

Position with organization: _____

Address:

Zip Code:

Email:

Telephone:

Certificate:

I hereby affirm that the information in this application is accurate to the best of my knowledge:

- a) The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds.
- b) If awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions.

Signature, Executive Program Director

Date Signed

Conflict of Interest Statement

**Early Childhood Lake Region Iowa Area
Request for Proposal FY 23**

CERTIFICATION OF INDEPENENCE AND NO CONFLICT OF INTEREST

By submitting a proposal in response to the Early Childhood Lake Region Iowa Area Request for Proposal for describe service _____ Services (RFR), the undersigned certifies the following:

1. The proposal has been developed independently, without consultation, communication or agreement with any employee or consultant to any person serving as a member of the evaluation committee.
2. The proposal has been developed independently, without consultation or agreement with any other applicant or parties for the purpose of restricting competition.
3. Unless otherwise required by law, the information found in the proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the award of the contract, directly or indirectly, to any other applicant.
4. No attempt has been made or will be made by Name of Applicant _____ to induce any other applicant to submit or not to submit a proposal for the purpose of restricting competition.
5. No relationship exists or will exist during the contract period between the Name of Applicant _____ and the Board that interferes with fair competition or as a conflict of interest.

Name and Title

Date