



Adopted:	1-30-12
Revised:	
Reviewed:	2/12/14, 2/1/17

BETTER TOMORROWS REQUEST FOR PROPOSAL 2017-2018

DEADLINE FOR SUBMISSION: April 17, 2017

Office Use Only:

Funding sources available to program:					
<input type="checkbox"/> Administration	<input type="checkbox"/> Parent Support	<input type="checkbox"/> Preschool Support			
<input type="checkbox"/> Quality	<input type="checkbox"/> Other	<input type="checkbox"/> Early Childhood			

Cover Page – 5 points possible

Program Name:		Amount Requested:	
Service Area: <input type="checkbox"/> Benton <input type="checkbox"/> Tama <input type="checkbox"/> Both			
Organization Name:			
Contact Person:			
Address:			
City:		Zip:	
Phone:		Fax:	
Email:			
Signature:		Date:	

Priorities the program will be addressing – 5 points possible

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

Budget – 10 points possible

If requesting a per visit fee, expenses – salaries, mileage, supplies, etc. do not need to be broken down. Home Visitation Programs must submit a per visits fee.

Description of Expense	Funding Request
<i>Per Visit Fee</i>	
(\$ _____ visit x # _____ visits) =	\$ _____
<i>Per Visit Fee Breakdown</i>	
	_____ % Program Costs
	_____ % Administration
Salaries/Wages	\$ _____
Personnel Benefits	\$ _____
Contracted Services	\$ _____
Travel	\$ _____
Mileage	\$ _____
Staff Professional Development	\$ _____
Program Supplies	\$ _____
Operational Expenses	\$ _____
Other (Specify)	\$ _____
Indirect Costs/Administrative Costs	\$ _____
Total Funding Request	\$ _____

Program/Service Background – 5 points possible

Describe in detail how the program has served the Better Tomorrows area in the past:

Program/Service Need – 10 points possible

Describe the need for this program/service (provide data, statistics, surveys, etc.):

Program/Service Description – 15 points possible

Describe in detail what population your program will serve and the type of services the program will provide:

Anticipated Participation – 5 points possible

- 30+ participants
- 16–29 participants
- 0–15 participants

Program Credentialed/Accredited – 5 points possible

- Credentialed/Accredited with who _____
- In the process of becoming Credentialed/Accredited with who _____
- Not Credentialed/Accredited

Program Research/Evidence Based/Locally Developed – 5 points possible

- Research based – Model _____
- Evidence based – Model _____
- Locally developed model – Model _____

Monitoring/Evaluation – 5 points possible

Describe in detail how you will monitor and evaluate the success of your program:

Sustainability – 5 points possible

Describe in detail how/if the program would continue if Better Tomorrows funding was not available:

Anticipated Outcomes – 10 points possible

Describe the anticipated outcomes (provide measurable data to support proposed outcome goals):

Collaboration – 5 points possible

Describe how you will collaborate with other agencies and organizations to avoid duplication of services:

Bonus Points – 20 points possible

Did program receive Better Tomorrows funds in FY '17? _____ Yes _____ No

If yes, is carryover expected to be less than 20%? _____ Yes _____ No

Is program supported by outside funds and/or In Kind? _____ Yes _____ No

Identify Source(s): _____

Describe how you intend to recognize Better Tomorrows in publicity and promotion.

Mail or hand deliver one completed and signed application no later than 4:30 p.m. Monday, April 17, 2018 to:

Lori Johnson, Co-Director
Better Tomorrows ECI
129 W. High Street
Toledo, IA 52342
641/484-4788