



Adopted:	1-30-12
Revised:	
Reviewed:	2/12/14, 2/1/17, 2/17/18

# BETTER TOMORROWS REQUEST FOR PROPOSAL 2018-2019

**DEADLINE FOR SUBMISSION: April 18, 2018**

Office Use Only:

<b>Funding sources available to program:</b>			
_____ Administration	_____ Quality	_____ Other	_____ Early Childhood

**Cover Page – 5 points possible**

<b>Program Name:</b>		<b>Amount Requested:</b>	
<b>Service Area:</b> _____ Benton    _____ Tama    _____ Both			
<b>Organization Name:</b>			
<b>Contact Person:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date:</b>	

**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 Costs
Salaries/Wages	\$ _____
Personnel Benefits	\$ _____
Contracted Services	\$ _____
Travel	\$ _____
Mileage	\$ _____
Staff Professional Development	\$ _____
Program Supplies	\$ _____
Operational Expenses	\$ _____
Other (Specify)	\$ _____
Indirect Costs/Administrative Costs	\$ _____
<b>Total Funding Request</b>	\$ _____

## **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 '18?      \_\_\_\_\_ 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. **Wednesday, April 18, 2018** to:

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