



**STATE OF ARKANSAS**

Department of Human Services

Office of Procurement

700 Main Street

Little Rock, Arkansas 72201

**Division of Child Care and Early Childhood Education**

**REQUEST FOR APPLICATION**

for

**EARLY CHILDHOOD PUBLIC PRIVATE PARTNERSHIP  
INITIATIVE GRANT**

**710-19-1039**

**Application Deadline**

**May 28, 2019**

# **EARLY CHILDHOOD PUBLIC PRIVATE PARTNERSHIP INITIATIVE**

## **FUNDING OPPORTUNITY DESCRIPTION**

### **PURPOSE**

The Division of Child Care and Early Childhood Education (DCCECE) of the Department of Human Services (DHS) is accepting applications for the Early Childhood Public Private Partnership Initiative. The Initiative seeks support from organizations interested in enhancing infant and toddler care, early childhood literacy and/or overall early care program quality. DCCECE aims to improve the quality of care for young children.

### **GRANT FUNDS**

The Early Childhood Public Private Partnership Initiative will provide three (3) years of matching funding to private organizations, foundations and businesses undertaking projects that set young children on a trajectory for success in school and life.

DCCECE anticipates providing one hundred percent (100%) matching funds up to one million dollars (\$1,000,000) to an organization(s) that develops, organizes and manages a project or projects supporting efforts that address one or more of the three (3) areas listed below:

- Improving access to high quality infant and toddler care;
- Improving overall quality in early childhood and out of school time programs;
- Improving early childhood literacy supports in high-risk communities, including those with school districts identified by the Arkansas Department of Education as experiencing academic distress.

### **ELGIBILITY FOR FUNDING**

- A. Eligible institutions include private foundations, businesses and community-based organizations.
- B. Public agencies are eligible to apply in partnership with one (1) or more private partners.
- C. Organizations must have been in existence for at least three (3) years.
- D. Preference will be given to proposals that have the potential for statewide applicability and that plan for sustained capacity in the future.
- E. Applicant must be fiscally sound with funding to support a minimum of one-half (1/2) of the total project cost.

## **AWARD INFORMATION**

### **TOTAL AWARDS**

Up to one million dollars (\$1,000,000) total per fiscal year will be available. Project annual budgets may range from two hundred and fifty thousand dollars (\$250,000) to one million dollars (\$1,000,000). Funding may support projects for up to three (3) years for a potential total of three million dollars (\$3,000,000) awarded.

### **USE AND LIMITATIONS OF MATCHING FUNDS**

- A. Matching funds must be used for projects, staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel and other direct expenses, including a limited amount for equipment deemed essential to the project.
- B. Indirect expenses must not exceed ten percent (10%) of total budget.
- C. Matching funds must not be used as a substitute for funds currently being used to support similar activities.

### **DISBURSEMENT OF FUNDS**

Matching funds will be disbursed monthly after receipt of invoice and documentation of allowable expenses.

### **GRANT AWARD PERIOD**

The sub-grant period runs from July 1, 2019 through June 30, 2020. Grant funding may be renewed yearly for up to two (2) additional years.

### **REVIEW AND SELECTION PROCESS**

The applications will be reviewed and scored by an impartial group selected by DCCECE. Contracts will be awarded based upon receipt of the highest cumulative points total for required application elements as specified in the APPLICATION COMPONENTS section of this document.

Original proposals and the specified number of copies must be submitted to the specified location by the specified deadline (See Application Submission Requirements).

### **AWARD NOTIFICATION**

Anticipation to Award notice will be posted to the DHS website and Office of State Procurement websites listed below.

<http://humanservices.arkansas.gov/about-dhs/op/procurement-announcements>

<http://www.arkansas.gov/dfa/procurement/bids/index.php>

## **APPLICATION SUBMISSION REQUIREMENTS**

### **A. Formatting Requirements**

Respondent proposals must adhere to the following formatting requirements:

1. Information provided must be sufficient for review.
2. Text must be typed. Times New Roman 12, is preferred.
3. Top, bottom, right and left sides should be at least 1-inch margins.
4. Text size cannot exceed 6 lines per vertical inch.
5. Paper must be white paper and 8.5 inches by 11.0 inches in size.
6. Number pages consecutively from beginning to end.
7. Pages should be typed single-spaced with one column per page.
8. Pages should not have printing on both sides.
9. Documentation of the Application Components must follow in the exact order as listed below. Any other order or failure to respond to any item will disqualify the application.

### **B. Application Components**

**Provide the following information:**

**Cover sheet shall be first** (template attached).

#### **Executive Summary/Description of Project**

Respondent proposals must include the following information without limitation:

1. Provide the name, type of organization and a brief description of the organization. Include services provided by the organization and how long your organization has been in existence. **(10 points)**
2. Indicate the geographic area(s)(counties) to be served. Identify which agency staff will be responsible for providing service under the grant. **(20 points)**
3. Describe how the services to be provided, using organization funds and matching grant funds, will meet the intended goal/purpose (see Purpose). **(25 points)**

4. Provide a brief description of partnerships with local community organizations and your agency's coordination with, and plan to ensure successful collaboration with, those agencies. **(10 points)**
5. Submit your agency's most current single audit to verify financial capability. **(15 points)**
6. Describe your agency's plan for sustained capacity for the future. **(40 points)**

### **APPLICATION SUBMISSION REQUIREMENTS**

A. Application must be received in the Office of Procurement no later than 4:00 pm on May 28, 2019. Late submissions will not be accepted.

B. Applicant must use the cover sheet (template attached) and submit the following:

- a. (1) original copy of the application. Original copy must be marked WITH "original";
- b. three (3) hard copies (marked "COPY");
- c. one (1) electronic copy on flash drive in PDF format;
- d. the required information and documentation listed under "Application Components".

C. Outside package must be marked with grant number.

D. Submissions must be:

1. Hand delivered to:

Department of Human Services

Office of Procurement

700 Main Street

Little Rock, AR 72203

(Hand deliveries may be left at the front desk); or

2. Mailed by United State Post Office:

Department of Human Services

Attn: Office of Procurement

P.O. Box 1437, Slot W345

Little Rock, AR 72203; or

3. Mailed by commercial mail to:  
Arkansas Department of Human Services  
Office of Procurement  
112 West 8th Street, Slot W345  
Little Rock, AR 72201

### **POINT OF CONTACT**

All application questions should be directed to:  
Paige Cox, Program and Professional Development Administrator  
Div. of Child Care and Early Childhood Education  
P.O. Box 1437, Slot S140  
Little Rock, AR 72203-1437  
PH: 501-320-8940  
Email: [Paige.Cox@dhs.arkansas.gov](mailto:Paige.Cox@dhs.arkansas.gov)



**STATE OF ARKANSAS**  
**Department of Human Services**  
**Division of Child Care and Early Childhood Education**

**PUBLIC AND PRIVATE PARTNERSHIP INITIATIVE GRANT**

COVER PAGE

Completed application must be received by May 28, 2019.

Name of Organization \_\_\_\_\_

Name and Title of Person completing application:

<b>Name:</b>		<b>Date:</b>	
<b>Authorized Signature: (blue ink)</b>		<b>Title:</b>	
<b>Print/Type Name:</b>			
<b>Address:</b>			
<b>Phone:</b>		<b>Email:</b>	

Type of organization:

- \_\_\_\_\_ Private Foundation
  - \_\_\_\_\_ Business
  - \_\_\_\_\_ Community based organization
  - \_\_\_\_\_ Other (please specify \_\_\_\_\_)
- \_\_\_\_\_

Region in which you are proposing to provide the services \_\_\_\_\_