



STATE OF ARKANSAS
Department of Human Services
Office of Procurement
700 Main Street
Little Rock, Arkansas 72201

Division of Children and Family Services

REQUEST FOR APPLICATION

for

EVIDENCE-BASED PARENTING FOR PRIMARY PREVENTION

710-21-0010

Application Deadline:

September 11, 2020

EVIDENCE-BASED PARENTING FOR PRIMARY PREVENTION

PURPOSE

The Arkansas Children's Trust Fund (CTF) announces the availability of funding for evidence-based parenting. Funding will be disbursed through the Department of Human Services (DHS), Division of Children and Family Services (DCFS). This initiative is to increase the capacity of families to care for their children and in return prevent abuse.

APPLICANT REQUIREMENTS

- Services must be provided by competent and qualified providers. Staff must meet requirements of selected programs.
- Applicant must have a minimum of one (1) years' experience providing parenting training in the home, school, community or office- based settings. Bidder must submit a narrative reflecting the required experience.
- Applicant can not have any pending claims before any state regulatory bodies. By responding to this RFA, bidder certifies that bidder has no pending claims before any state regulatory bodies.
- If the Respondent has been a provider of the DHS in the past, they must be a provider currently in good standing. DHS will review and verify that bidder is currently in good standing on all DHS contracts with bidder.

ELGIBILITY

In order to receive a grant award, applicant must meet the following criteria:

- Eligible applicants for the Children's Trust Fund Program Grant will be any local or statewide public, non-profit or for-profit organization.
- Families served through this are for true primary prevention. No more than 50% of clients may be involved with DCFS.

AWARD INFORMATION

Six (6) grants of \$5,000 each will be awarded to the six (6) highest scoring applicants. Due to limited funding, not all applicants will receive an award.

Requested funding must support one or more of these priority areas:

1. Curriculum
2. General operating support
3. Concrete support for families
4. Cost of adapting services, or providing new services, to comply with COVID-19 restrictions
5. Staff time support

All grant recipients will be required to submit a brief report detailing how funds were expended and what impact funds had in addressing the noted need (S).

Awards will be at the discretion of DCFS.

DISBURSEMENT OF FUNDS

Disbursement of funds will be through a one-time grant payment issued at the beginning of the grant period.

GRANT AWARD PERIOD

Grant award period will be from September 2020 through September 2021.

REVIEW AND SELECTION PROCESS

The applications will be reviewed and scored by an impartial group selected by DCFS. DCFS **shall** have the right to award or not award, if it is in the best interest of the State to do so.

EVALUATION

Applications will be evaluated on a one-hundred (100) point scale. All documents, including but not limited to proposals, budgets, and narratives, will be evaluated by DCFS. Points will be awarded at the sole discretion of DCFS to applications according to adherence to the requirements of the RFA, clarity and completeness of the project proposal detailed in application, and the conformity of the proposed project to the goals of the grant funding.

DCFS will award funding to up to six (6) of the top scoring respondents. In addition:

- A. DCFS may request further information or modification to project or budget to better align the vendor's application with the goals of this grant funding; or
- B. DCFS may reject any application it determines to not substantively support the goals of the grant funding.

AWARD NOTIFICATION

Anticipation to Award notice will be posted to the DHS website.

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

A. ANTICIPATED TO AWARD NOTIFICATION

1. Once anticipated successful applicants, has been determined, the anticipated awards will be posted on the website listed above.

2. DHS **shall** have the right to waive the policy of Anticipation to Award when it is in the best interest of the State.
3. It is the vendor's responsibility to check the website for the posting of an anticipated award.

B. ISSUANCE OF A CONTRACT

A State Procurement Official will be responsible for award and administration of any resulting contract or agreement.

APPLICATION

A. FORMATTING REQUIREMENTS

- Information provided **must** be sufficient for review.
- Text **must** be typed. Times New Roman 12, is preferred.
- Top, bottom, right, and left sides should have at least one-inch margin.
- Text size cannot exceed six (6) lines per vertical inch.
- Paper **must** be white paper and 8.5" by 11" in size.
- Number pages consecutively from beginning to end.
- Pages should be typed single-spaced with one (1) column per page.
- Pages should not have typing on both sides.

B. APPLICATION COMPONENTS

Applicant must respond to the three (3) questions in the narrative section of the application. Narrative response shall not exceed two pages. This section will be worth **75 points**.

Applicant must use the sample budget to submit a budget. Budget is worth **25 points**.

C. SUBMISSION REQUIREMENTS

1. Application **must** be received in the Office of Procurement no later than 4:00 pm on September 11, 2020. Late submissions will not be accepted.
2. Applicant **must** use the cover page (template attached) and submit the following:
 - One (1) original copy of the application and four (4) hard copies (marked "COPY"). Original copy **must** be marked with "original".

- One (1) electronic copy on a disk in PDF format.
3. Outside package **must** be marked with grant number.
 4. Children’s Trust Fund Assurance/Certification Signature Page **must** be signed and returned with your application.
 5. Narrative – Bidder **must** answer questions included in the narrative template. Narrative shall not exceed two (2) pages.
 7. Applicant **shall** use the application form attached to this RFA. All sections must be completed or your application could be rejected.
 8. Applicant **must** include a budget using the Sample Budget Template.
 9. Applicant **shall** submit the required information listed under “Application Components”
10. Submit the Application Packet to:

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

Mailed by United State Post Office:

Department of Human Services
Attn: Office of Procurement
P.O. Box 1437, Slot 345
Little Rock, AR 72203

OR

Mailed by commercial mail to:

Arkansas Department of Human Services
Office of Procurement
112 West 8th Street, Slot W345
Little Rock, AR 72201



STATE OF ARKANSAS
Department of Human Services
Division of Children and Family Services

EVIDENCE-BASED PARENTING FOR PRIMARY PREVENTION

COVER PAGE

Completed application **must** be received by 4:00 pm on September 11, 2020

Name of Organization _____

Name and Title of Person completing application:

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

Type of organization:

_____ Private Foundation

_____ Business

_____ Community based organization

_____ Other (please specify) _____

CTF APPLICATION
CTF Funding/By Invitation

Name of Applicant Agency	
Address	
City, State, Zip Code	
Telephone Number	
Website Address	
Federal Tax ID#	

Tax Status of Applicant Agency: <input type="checkbox"/> Exempt under sec 501(c)3 of the IRS Code <input type="checkbox"/> Exempt governmental Unit <input type="checkbox"/> Other (specify)_____	NOTE: Incorporated or governmental tax-exempt agencies applying as the sponsoring agency for an unincorporated association or coalition must attach a memorandum of understanding indicating its willingness to be responsible for the fiscal and programmatic requirements.
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Primary Contact:	Email:
Exec Director/CEO:	Email:

County(ies) served:

Dollar Amount Requested from CTF: \$_____

Check the priority area(s) for which funding is being requested:

<input type="checkbox"/>	Curriculum
<input type="checkbox"/>	General operating support for our agency
<input type="checkbox"/>	Funding for concrete supports for families
<input type="checkbox"/>	Funding for adapting services or new services that are needed
<input type="checkbox"/>	Funding for staff time

NARRATIVE

Please list and answer each of the following questions. Total Narrative should not exceed two pages.

- 1) Describe the need for the funds requested. Explain how the COVID-19 pandemic has impacted those needs.
- 2) Describe the parenting program, the evidence behind the program (if applicable list any clearinghouses it is on), and how it meets the needs of families your organization serves.
- 3) What is the mission of your organization?

BUDGET

Please include an itemized budget for the CTF Funding. Budgets should clearly delineate how CTF funding will be utilized. Be specific in describing each item and the estimated expense. Below is a sample budget, please change the expenses category as needed.

EXPENSES	ITEM DESCRIPTION	FUNDING REQUESTED
1. Curriculum		\$
2. Consultant & Contractual Services (Trainer Fees x hours)		\$
3. Space Costs		\$
4. Consumable Supplies (Example: Desk Top & paper supplies, postage)		\$
5. Travel (Example: mileage (capped at 37 cents/mile, meals, lodging)		\$
6. Communications (Example: basic & long distance service fees, Cell phone costs)		\$
7. Non-consumable Supplies (Example: computer equipment)		\$
8. Program Related Expenses (Example: training manuals or handouts)		\$
9. Other Costs (Please explain)		\$
TOTAL FUNDS REQUESTED (TOTAL OF 1-10)		

**CHILDREN'S TRUST FUND
DISCRETIONARY GRANT
ASSURANCE/CERTIFICATION SIGNATURE PAGE**

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children's Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that program information will be collected and conveyed to the Children's Trust Fund by submission of a final project report.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of funds (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

Name:

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Authorized Official

Title

Signature:
