Checklist for Proposals
2019 - 2022

Agency Name	
Activity Name	
Date & Time Submitted	

Please check that the following documents are included in the bidding packet	✔
Application Cover Page	
Part 1: Logic Model & Staffing Plan	
Part II: Proposal Abstract	
Part III: Activity Description Narrative	
Part IV: Additional Questions	
PART V: Evaluation Plan	
Part VI: Evidence Basis	
Part VIII: Projected Line Item Budgets and Narrative	
CD, Flash Drive, or E-mail (electronic copy of all information)	

Application Reviewed by: _____ Date_____

CCPC staff member

Smart Start

Each Child. Every Community.

a partner in the
Smart Start network ™

Smart Start Child Care Related Activity Bid
FY 2019 – FY 2022

Application Cover Page

Activity Name: _____

Name/Agency: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Telephone: _____

E-mail Address: _____ Fax Number: _____

Signature of Authorized Applicant: _____

Printed Name: _____

Title: _____

<u>Organization Type:</u> [Check one]

☐ Public Government Institution	☐ Private for-profit agency
☐ 501(c)(3) Non-profit with tax exempt status	☐ Private individual
☐ Applied for Non-profit status	☐ Other
☐ Sponsored by a 501(c)(3) Organization	

Agency:	
Activity Name:	
Primary EC Profile ID:	
Purpose Service Code:	

Part I: Logic Model & Staffing Plan

LOGIC MODEL

If this condition exists	*For this Population*	*And we implement these strategies*	*This many times, for these individuals*	*We expect this short-term change*	*And we expect this outcome to impact the overall county*
Need Statement Why?	Target Population Who?	Program or Activity Elements What?	Outputs How Many?	Outcomes So What?	How does outcome impact Smart Start's Measures of Impact or other long term goal?
			(		

a partner in the
SMART START NETWORK ™

STAFFING PLAN

Job Title	Total FTE of position	FTE for this activity	Key Roles and Responsibilities	Minimum Education & Experience Requirements

Part II: Proposal Abstract (CAD)

Activity Name:	
Early Childhood Profile Indicator addressed:	
Purpose Service Code: [if known]	

Contract Activity Description (CAD): This paragraph is limited to about 200 words and should have a concise sentence referencing each element of the activity, reference to grants or special events if applicable, and list all funded staff by position title.

Part III: Activity Description Narrative

Instructions:

After reading your narrative, the reader should have knowledge of the activity and how it will operate. Assume the reader has little familiarity with the program or the county and answer completely and in detail without going over two pages, single spaced, using size 12 point font.

Be sure to describe the following:

- *The specific services to be offered: For each program element, describe who will do what, when and where. Each program element should also be listed in the Logic Model and should be linked to an output and outcome. The population to be served, including eligibility criteria for participation. These should align with the Logic Model target population(s).*
- *Do not repeat what is listed in the Logic Model but do be sure your narrative follows the Logic Model. Use this section to provide more details about your plan for service delivery; the Logic Model is an outline of your activity, give us richer details here.*

You may delete these instructions after inserting your narrative below.

Insert your Activity Description Narrative Here:

a partner in the
smart start network ™

Part IV: Additional Questions

1. **Making an Impact.** Describe how the activity will address one or more of the Child Care Related Priorities on the Request for Bids. **800** words maximum.

2. **Evidence-Based/Evidence-Informed:** Is your activity or any program element listed as evidence-based or evidence-informed in The Smart Start Resource Guide of Evidence-Based and Evidence-Informed Programs and Practices? *If yes,* identify below the program elements and the corresponding EBEI practices you will implement. Then describe how the activity will follow *or vary from* the implementation guidelines of the evidence-based model.

   If not listed in the Resource Guide, please describe what implementation guidelines you will follow AND fill out Part VII.

   800 words maximum.

3. **Community Collaboration & Non-duplication:** Describe how this activity will fit into the continuum of services available to your selected target population. If this activity is similar to other services in the county, please explain how this service will enhance, expand or work with the service currently offered.   **800** words maximum.

4. **Sustainability:** Describe how this activity builds capacity and your plan for sustaining the project in the future. Smart Start requires up to 19% cash and in-kind match. Describe the other resources that will support the project. **800** words maximum.

5. **Expertise:** Explain agency expertise related to proposed target population and services.
   800 words maximum.

6. **Geographic distribution:** Please estimate the number of clients to be served by this activity annually by geographical area. (Describe the basis used to estimate the number served, i.e., clients served in the most recent year.)

Area #	# Clients
1	
2	
3	
4	
TOTAL TO BE SERVED:	

BASIS:	

PART V: Evaluation Plan

Projected Outputs FYs 2019-2022:
*An output is a number of people served, number of events held, etc. These should match your Logic Model. Use at least ONE standard Smart Start output. **If any output below is not applicable to all three years, please note the year and explain.***

Projected Outcomes FYs 2019-2022:
*An outcome is a result of the activity, as measured by a standardized tool or survey. These should match your Logic Model. Use at least ONE Smart Start common outcome. **If any outcome below is not applicable to all three years, please note the year and explain.***

Part VI: Evidence Basis
If applicable (See Part IV Question 2).

Evidence-Based and Evidence-Informed Programs and Practices Checklist

Evidence-*Based* Programs

Service Provider Agency Name: _____

Activity Name: _____ **EB Model Name:** _____

1. Complete the checklist on the reverse side for each evidence-based model included in your proposal.

2. Indicate the number of the first question for which the answer is YES:

3. List research references that support the YES answer; include the full citation or web link:

4. Is your program following the model as researched, including all the components such as frequency, duration, target population, staff qualifications, and/or training, etc? The key elements and how they will be met by your project should be detailed in the required Logic Model. ***Please describe briefly any variations from the research model that are included in your activity proposal. Provide justification for the proposed variances (ex: budget limitations, cultural differences, local staffing limitations, agency experience with the program, etc.)***

5. Other Comments:

Checklist for Determining Whether a Program or Practice is Evidence-Based

The following questions provide a step-by-step process for determining whether a program or practice is evidence-based. Answer the first question, then follow the instructions for proceeding to questions that follow. If the answers to both questions at any one step are *YES*, then the program or practice meets the Smart Start definition for evidence-based. If an answer to any one question is *NO* at any step, proceed to the next question in the series.

Program or Practice: _____ Date: _____

1. Has a meta-analysis of the program or practice been conducted?   Yes ☐   No ☐
    1a. If yes, was there sufficient evidence regarding the desired outcomes to conclude that the program or practice was effective?   Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    1b. If no, go to number 2.

2. Has a research synthesis of the program or practice been conducted?   Yes ☐   No ☐
    2a. If yes, was the program or practice found to be associated with positive outcomes? Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    2b. If no, go to number 3.

3. Has a practice-based research synthesis of the program or practice been conducted?   Yes ☐   No ☐
    3a. If yes, were the characteristics of the program or practice associated with positive outcomes?
       Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    3b. If no, go to number 4.

4. Has the same program or practice been investigated by the same or different interveners with different groups of participants in different settings?   Yes ☐   No ☐
    4a. If yes, were the positive results similar across different studies?   Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    4b. If no, go to number 5.

5. Have randomized studies been conducted with participants on the effectiveness of the program or practice?
       Yes ☐   No ☐
    5a. If yes, did the results demonstrate positive effects?   Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    5b. If no, go to number 6.

6. Have studies that randomly assigned groups of participants (e.g., classrooms) to intervention and nonintervention groups been conducted?   Yes ☐   No ☐
    6a. If yes, were the differences between groups associated with positive outcomes?   Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    6b. If no, go to number 7.

    7. Have single participant design studies of the program or practice been conducted?   Yes ☐   No ☐
    7a. If yes, did the program or practice yield positive effects?   Yes ☐   No ☐
       If yes, the program or practice is evidence-based.
    7b. If no, go to number 8.

8. Have quasi-experimental studies of the program or practice been conducted?   Yes ☐   No ☐
    8a. If yes, did the program or practice yield positive effects?   Yes ☐   No ☐
          If yes, the program or practice is evidence-based.
    8b. If no, then it is not an evidence-based program or practice.

EVIDENCE-BASED   Yes ☐   No ☐

Evidence-Based and Evidence-Informed Programs and Practices Checklist

Evidence-*Informed* Programs

Service Provider Agency Name: _____

Activity Name: _____ **EI Program Model:** _____
_____

1.   Complete the checklist on the reverse side for each evidence-informed program practice or element included in the activity proposal.

2.   A strong logic model is required for evidence informed activities. Are there qualitative studies and findings from basic research that support the program practice(s) and/or components of the activity logic model? For each program element, *list with a research reference citation and brief description of the most relevant findings.*

3.   Is there history of this program demonstrating positive results (outcomes)?
Describe key accomplishments and evidence for the results achieved; include a time frame and data source for each.

4.   Is the proposed activity to be implemented in accordance with written guidelines?
Provide a reference citation for the guidelines. Describe the key elements of these guidelines and how each will be followed by your project.

5.   Other comments or evidence to support your activity:

Checklist for Determining Whether a Program or Practice is Evidence-Informed

The following questions provide a step-by-step process for determining whether a program or practice is evidence-informed. If the answer at every step is *YES*, then the program or practice meets the Smart Start definition for evidence-informed. If an answer to any one question is *NO* at any step, the program or practice does not meet the criteria for being evidence-informed.

Program or Practice: _____ Date: _____

1. Is the program or practice guided by child-development theory?   Yes ☐   No ☐
   1a. If yes, continue to question 2.
   1b. If no, the program or practice is not evidence-informed.

2. Does the program or practice have a strong logic model?   Yes ☐   No ☐
   2a. If yes, continue to question 3.
   2b. If no, the program or practice is not evidence-informed.

3. Have qualitative studies or basic research of the program or practice found positive effects?
   Yes ☐   No ☐
   3a. If yes, continue to question 4.
   3b. If no, the program or practice is not evidence-informed.

4. Is practitioner wisdom available about when, how, and why to use the program or practice?
   been investigated by the same or different interveners with different groups of participants in different settings?   Yes ☐   No ☐
   4a. If yes, continue to question 5.
   4b. If no, the program or practice is not evidence-informed.

5. Does the program or practice have implementation guidelines? Yes ☐   No ☐
   5a. If yes, continue to question 6.
   5b. If no, the program or practice is not evidence-informed.

6. Does the program or practice have a history of demonstrated positive results?   Yes ☐   No ☐
   6a. If yes, AND the answer at each of the previous steps is yes, the program or practice is evidence-informed.
   6b. If no, the program or practice is not evidence-informed.

EVIDENCE-INFORMED: Yes ☐   No ☐

Part VIII: Projected Line Item Budgets and Narrative

- Include a line item budget and narrative that details projected expenses in a line item budget format. Please use the required budget form in Microsoft Excel; it is available upon request.

- Be sure to include specifics for each projected expense in the budget narrative column, i.e., Personnel: 2 FT CCHCs at $50,000/year per position including benefits.

- If this activity has multiple funding sources, show anticipated amounts of in-kind or cash matching funds in the budget narrative.

- See line item descriptions in **Appendix A** to know what to include on each line.

- Include a separate budget for each fiscal year: FY18-19, FY19-20 and FY20-21.

  Although funding is awarded on an annual basis only, the budgets for subsequent years are required for planning purposes.

- Refer to the Smart Start Cost Principles in Appendix B for costs that are not allowed.

Appendix A: Smart Start Budget Line Item Explanations

#	Line Item	Definition	Examples
11	Personnel	Employee salaries/wages and fringe costs (full and part-time)	Payroll, FICA, retirement contributions, insurance costs attributed to employment (e.g., health insurance, dental insurance)
12	Contracted Professional Services	Services that are provided by independent contractors (i.e., non-employees)	Payroll processing, tax return prep, legal counsel, temporary agency services, consulting services, needs assessments
14	Office Supplies & Materials	Office supplies and materials	Office supplies, consumable computer supplies, janitorial supplies, database access fees, other administrative supplies
15	Service Related Supplies	Supplies used in the performance of a service activity; this line should not be used in LP Admin, nor should it be used for reward or incentive items given to program participants (such items should be reported in line 47)	Educational supplies: materials used during trainings IF consumed (like a workbook) or not given away, food used in teaching nutrition or cooking classes, lending library supplies including die cuts and lamination supplies; automotive supplies for owned vehicles
17	Travel	Costs associated with travel by <u>employees</u>	Meals, lodging, and transportation for employees at conferences, meetings, monitoring visits; **NOT** travel for participants (e.g., transporting preschoolers) usually reported on Line 43
18	Communications & Postage	All communications and postage costs	Telephone, cell phone, internet, fax, outbound postage and shipping fees
19	Utilities	All utilities costs	Electricity, municipal water, sewer, gas
20	Printing & Binding	Printing, binding, copying costs for internal-use items	Internal manuals, business cards, purchasing forms, stationery, etc.; **NOT** for service materials distributed externally which are reported on Line 24
21	Repair & Maintenance	Costs for **minor** repairs and routine maintenance	Janitorial services, landscaping services, computer repair technicians, locksmiths, plumbers, carpenters, pest control, etc. **NOT** to be used for repair costs of a CAPITAL nature as defined by Smart Start (e.g., roof replacement, HVAC replacement)

#	Line Item	Definition	Examples
22	Meeting & Conference Expense	Expenses related to meetings and conferences hosted/ organized/presented by the LP or DSP for program participants (also includes LP costs associated with hosting board/committee meetings)	Food, facility rental, speaker fees, supplies (specifically for the meeting or conference being presented); **NOT** to be used for expenses incurred by employees attending meetings/conferences held by outside parties (see Lines 23 & 17)
23	Employee Training (no travel)	Costs for training for employees	Tuition, registration, training materials; **NOT** for travel expenses (mileage, food, hotel, etc.) incurred for training (see Line 17); includes Smart Start Conference fees for employees
24	Advertising & Outreach	Cost of advertising for staff as well as advertising and publicizing services to the community	Classified ads for competitive bidding or to solicit job applicants; ads to publicize fund-raising events or program services; brochures & fliers publicizing services/events; community resource directories
25	Board Member Expense	Reimbursements to, or payments on behalf of, LP board members conducting LP board business	Board members' individual costs for meals, lodging, transportation, and/or per diems related to board meetings, board retreats, & training; **NOT** for LP costs for hosting board meetings (see Line 22)
27	Office Rent	Office space rental expenses	Regular rental of space to conduct an activity or provide office space for funded personnel
28	Furniture Rental	Furniture rental expenses	Rental of office desks, chairs, conference tables
29	Equipment Rental	Costs of equipment rental	Rental or lease of copiers, phones, computers, faxes, etc.
30	Vehicle Rental	Costs incurred with vehicle rental	Vehicle rental, gasoline and insurance for rented vehicles
31	Dues, Subscriptions & Fees	Costs for subscriptions for publications, professional organization membership dues, corporate fees	Subscriptions to childcare-related magazines; memberships in NAEYC, NCAEYC, NACCRRA; LP's charitable solicitation license
32	Insurance & Bonding	Costs for insurance	General liability, D&O, fidelity bonding, professional liability, special events coverage, etc.; **NOT** workers' comp insurance which is reported on Line 11
33	Book/Library Reference Materials	Costs of reference materials for internal use by employees	Books about nonprofit management, employment law, fund accounting, board development and operations, etc.
34	Mortgage Interest and Bank Fees	Bank-related charges	Monthly fees associated with bank accounts and mortgage principal and interest payments

#	Line Item	Definition	Examples
35	Other Expenses	Other expenses not classified elsewhere	MUST BE ACCOMPANIED BY A DETAILED EXPLANATION. For example, overhead percentage with a list of specific costs allocated to the overhead/admin cost center.
39	Furniture and Non-Computer Equipment, $500+ per item	Costs of furniture and non-computer equipment that equals or exceeds $500 per item	Desks, conference tables ($500 or more)
40	Computer Equipment, including Printers, $500+ per item	Costs of data processing equipment that equals or exceeds $500 per item	Desktop computers, laptops, printers ($500 or more)
41	Furniture & Equipment, Under $500 per Item	Costs of equipment that is less than $500 per item	Chairs, tables, fax machines, printers (less than $500)
43	Purchase of Services	Payments to providers/vendors for routine services	Purchase of subsidy or other services usually paid for on a per unit basis such as cost per mile, per vision screening, per trip, per child
44	Contracts with Services Providers	Contracts further subcontracted to another contractor	CANNOT BE USED UNLESS AN APPROVAL FROM NCPC ACCOUNTING & CONTRACTING MANAGER IS OBTAINED
45	Stipends/Scholarships	Costs of stipends and scholarships provided to outside organizations and/or individuals	Cash incentives to participants who attend trainings, intended to cover participants' costs to attend (such as travel, child care, etc.)
46	Cash Grants & Awards	Cash grants to outside organizations and /or individuals	Quality maintenance payments, tuition reimbursement, etc.
47	Non-Cash Grants & Awards	Non-cash awards to organizations and/or individuals; payments to a third party on behalf of a grantee	Grants of quality enhancement materials to child care centers, payments to a health insurer for health coverage on behalf of child care providers, Welcome Baby packets, sets of books distributed through a literacy activity, training-related materials not consumed during the training and given to participants to keep