Strengthening Families Program

Request for Partnership Winter 2018

This application form is being provided to ensure that Children’s Trust collects consistent data and information. Please complete all sections below.

The proposal must be clear, concise, legible and conform to the following requirements:

* Use Times New Roman (size: 12 point) or Arial (size: 12 point)
* Margins in all directions must be at least one inch.
* Total number of pages should not exceed ten.

All blue text can be eliminated from the final proposal as these are instructions for your application. Please ensure that the questions are included in your submission.

Applications are due no later than 4:30 pm on Monday, November 13, 2018. Late applications will not be considered.

Organizations interested in participating must submit an original version of the application with signature, as well as an electronic version via email to the following:

Sherri Caldwell, Program Manager

Children’s Trust of South Carolina

1330 Lady Street, Suite 310

Columbia, SC 29201

[scaldwell@scchildren.org](mailto:scaldwell@scchildren.org)

Organization/Grantee legal name:

Organization doing business as (DBA) or also known as (AKA):

Is your organization an IRS 501(c)(3) non-profit?

Tax ID/Employer Identification Number (EIN):

DUNNS Number:

If no, is your organization a public agency/unit of government?

If no, check with Children’s Trust for details on using fiscal agent and list name and address of fiscal agent.

Address Line 1:

Address Line 2:

City: State: ZIP:

Primary telephone:

Web address:

Organization email:

Annual operating budget:

Has your organization conducted an audit within the last two years? Yes or No

Please provide a brief organizational background statement:

Contact information

Primary contact:

(This is the person authorized by your organization to make contractual obligations)

Primary contact signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary contact title:

Primary contact email:

Primary contact telephone:

Program contact, if different from primary contact:

(This is the person who manages the work)

Program contact telephone:

Financial contact:

(This is the person who authorizes the financial/expenditure information and would report to Children’s Trust)

Financial contact email:

Financial contact telephone:

**PROPOSAL SECTION**

**Section A: Community Partnerships**

1. Identify the current needs of your community and how the Strengthening Families Program (SFP) will meet the needs of your community? What service gaps will SFP meet? Are there any duplicate services in your targeted service area?

2. Identify a minimum of four (4) community partners and summarize the specific role they will play in supporting SFP, for example, public awareness, referrals, space, transportation, in-kind donations, etc. **For three of these organizations, furnish a Memorandum of Understanding for this project from their leadership on their letterhead.** The letters should include how long they have been a partner, the nature of their partnership with your organization, and specific ways that they will provide support. **One of these letters should be from the organization providing space for the program sessions.**

1. How will SFP be introduced to your service area/funded community? Describe how you will engage community partners in the referral and recruitment of families.
2. Identify the resources you will need from the following entities to enable your organization to successfully implement SFP:
   1. Children’s Trust
   2. Agency leadership for your organization
   3. Community

**Section B: Capacity to Deliver Program**

1. What evidence-based or research-based programs have been implemented in your agency, with attention to fidelity, to meet the needs of children and families?

2. What barriers or challenges do you anticipate for your organization with regards to implementing SFP with fidelity?

3. How does your organization ensure program fidelity currently?

**Section C: Organizational Structure and System Levels**

1. How does SFP align with the mission and vision of your organization?
2. What services does your agency currently provide to support families in your community? How were current services selected?
3. Describe internal and/or external processes used to identify barriers to implementation and model fidelity in your organization. Describe how such barriers or problems are resolved at each level of your organization.
4. How is data currently collected for programs used by your organization? How is data used to drive decision making?
5. Describe your continous quality improvement (CQI) process.

**Section D: Management and Staff**

1. What types of organizational and system level changes have been made to support current services? Please provide specific examples of policies, procedures, and/or processes that have been put in place or changed to support effective implementation of current services or that you anticipate needing in order to support SFP.

2. Who has been involved in considering and assessing SFP? How will SFP be supported by different levels of your organization i.e. program staff and board leadership?

3. How will leadership be engaged in SFP implementation?

1. What are your agency’s current philosophy, practices, values, policies and procedures throughout all staff levels to model racial equity and inclusion? How does your leadership team reflect the population that you serve? What are your plans for continued growth in this area?
2. How are staff/contractors recruited, selected, trained and coached to provide current services with competency? Please address recruitment, selection, training and coaching separately. Discuss how you will identify a SFP team that reflects the community you will serve.

6. Please provide a brief description of the staff selection process and identify staff’s qualifications and experience in delivering family-skills training and evidence-based prevention programs. (SFP requires a minimum of five (5) staff: a site coordinator, two (2) parent group leaders, two (2) children’s leaders for ages 6-11, and childcare and teen workers for siblings attending the program. How will you ensure the staff’s availability to attend a 2-day SFP Group Leader Training and annual Advanced Training? How will you address SFP staff turnover during this grant period?

7. Briefly describe the accounting system. Does the organization have the ability to track different grant funding streams separately?

8. Does the organization have written financial policies and procedures in place that promote internal control? Briefly describe.

9. Does the organization track personnel time to the grant via timesheets or some other accepted mechanism? Please describe.

**Section E: Resources**

1. Describe how your organization currently receives referrals and where you intend to get appropriate referrals (families with at least one child 6-11 years old) for participation and commitment to implement SFP. Outline in detail your recruitment and retention plan for SFP enrollment and participation. Please include recruitment strategies, persons responsible, resources needed. Please also include possible barriers and strategies to overcome those barriers. Be specific when describing the roles of any community partners included in this plan.
2. Reflect on your community partners and potential referral sources. Explain who needs to be at the table and why. What additional resources do you anticipate your partners being able to provide that have not already been addressed in this application?
3. How will your agency ensure transportation, meals, and incentives are provided and utilized as required in the implementation of SFP? Please give specific details.
4. Discuss your plans for the physical location of the program and collaboration with other organizations that will impact any aspect of the delivery of the program. Include your insights on the site’s capacity to be welcoming and friendly to a culturally diverse population of clients.
5. Does the organization have financial capacity to cover monthly expenses for this grant while awaiting reimbursement?