



Lucas County
Family and Children First Council
Under the Administrative Agency of the
Board of Lucas County Commissioners



REQUEST FOR APPLICATIONS
for the selection of contractor(s) for:
Help Me Grow: Service Coordination
SFY 2014
July 1, 2013 – June 30, 2014

Issued by:
Lucas County Family Council
2275 Collingwood Blvd, Room #117
Toledo, Ohio 43620

www.lucascountyfamilycouncil.org

Release Date: Tuesday, June 4, 2013
Notice of Intent Due: Monday, June 10, 2013 by 4:30 pm
Proposals Due: Monday, June 17, 2013 by 4:30 pm

The Mission of Lucas County Family and Children First Council is to support strong, nurturing and healthy families by creating and sustaining a collaborative, accessible and effective system of services.

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I. TIMETABLE

RFA Release Date	Tuesday, June 4, 2013
Notice of Intent to Apply (required)	Monday, June 10, 2013 by 4:30 pm
Deadline for Submitting Applications	Monday, June 17, 2013 by 4:30 pm
	No electronic or faxed submissions
	Lucas County Help Me Grow
	2275 Collingwood Blvd, Room # 117
	Toledo, OH 43620
Notification of Awards	Friday, June 28, 2013
Program Implementation	July 1, 2013 through June 30, 2014

II. APPLICATION SUMMARY and GUIDANCE

A. Application Name: Help Me Grow: Service Coordination

B. Purpose

Help Me Grow is the prenatal to three system of services in each of Ohio's counties. The primary purpose of Help Me Grow is to assure that infants have the best possible start in life by providing health and developmental services to eligible pregnant women, children, and their families. Help Me Grow includes Early Intervention -- for infants and toddlers with delays and disabilities, and Home Visitation -- for first-time expectant parents and first-time parents of infants.

C. Qualified Applicants

Agencies located in Lucas County, Ohio with previous experience delivering Help Me Grow Service Coordination may submit applications.

D. Target Population and Service Area

The target population for Help Me Grow Service Coordination is (1) infants and toddlers with developmental delays, and (2) infants and toddlers with diagnosed physical or

mental conditions that have a high probability of resulting in developmental delay, as specified by the Ohio Department of Health, and their families. Applicants must serve children residing in Lucas County.

E. Number of Contracts and Funds Available

Total funding of up to \$643,150.00 may be available contingent upon the final allocation for Service Coordination from the Ohio Department of Health. It is anticipated that two awards will be made, based on the capacity of applicants to serve the projected number of children throughout the program period. Funds will be used to support up to 2 FTE supervisors and 11 FTE service coordinators. Services will be provided to an estimated 500-600 children at any point in time, based on the number of children currently receiving services. Lucas County Family and Children First Council (LCFCFC) reserves the right to determine the number and amount of awards.

F. Due Date

Applications including any required forms and required attachments are due Monday, June 17, 2013 by 4:30 pm.

G. Authorization

Authorization of Federal funds for this program is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 84.181A; Part C of Individuals with Disabilities Education Act (IDEA), Public Law 108-446 and General Revenue Funds (GRF) authorized by the 130th General Assembly in Amended Substitute House Bill 59.

H. Goals & Scope of Services

This application helps Lucas County fulfill Part C of IDEA, providing service coordination for the Help Me Grow (HMG) Early Intervention (EI) program. Successful applicants will use these funds to ensure that each child participating in EI receives service coordination, including accountability for 45 day timelines, timely receipt of services, and transition into appropriate services at age three. Each child referred to HMG EI must be assigned a service coordinator as soon as possible after program referral to complete

service coordination activities in the time lines required. In addition, service coordinators and supervisors must meet the qualifications as required in rule 3701-8-03 of the Ohio Administrative Code (OAC).

The Ohio Department of Health will provide a new Service Coordination training for all current service coordinators. The training will be a requirement of obtaining the service coordination credential and renewal. The statewide training will be available after July 1, 2013 at locations not yet determined.

The current Request for Applications (RFA) seeks bids to provide Help Me Grow Service Coordination, as described below. In carrying out these requirements, applicants that are awarded contracts must follow all applicable federal law and regulations (IDEA Part C), state rule (OAC Chapter 3701-8), and guidance provided by the Ohio Department of Health and Lucas County Family Council through training, written communication, and technical assistance. Part C federal regulations are located at <http://www.ectacenter.org/partc/303regs.asp>. Help Me Grow rules and are located at <http://codes.ohio.gov/oac/3701-8>.

The ability to meet timelines and maintain high quality documentation is essential to successful service provision in Help Me Grow. These services must be provided in accordance with the timelines specified in Help Me Grow rule and documented in both the child record and Help Me Grow data system (Early Track).

I. Technology Requirements

Help Me Grow providers are required to use Help Me Grow's web-based data system, Early Track, for the collection of child, family, and services data, for supervision and monitoring, and for reporting to LCFCFC and the Ohio Department of Health. Agencies must have a minimum of the following specifications:

- Pentium 3 (or equivalent) or higher processor
- 256 MB of memory
- Microsoft Windows 2007 or XP

- Internet Explorer 6.0 or higher
- High-speed Internet (DSL)

J. Program Period and Budget Period

The program and budget period begins July 1, 2013 and ends on June 30, 2014.

K. Acknowledgment and Late Applications

Written acknowledgment that the application was submitted by the due date will be provided upon submission. Applications received late will not be considered for review.

L. Successful Applicants

Successful applicants will receive official notification in the form of a letter from the Executive Director of LCFCFC. The selected service providers will be required to enter into an agreement designated by the County outlining the purchase of services(s) and specifying the terms under which funds will be reimbursed. A signed contract with The Board of Lucas County Commissioners as Administrative Agency to the LCFCFC allows for expenditure of contract funds.

M. Unsuccessful Applicants

Applicants that will not be funded for the program period will receive written notification in the form of a memo from the Executive Director of LCFCFC.

N. Review Criteria

All applications will be judged on the quality, clarity, and completeness of the application. Detailed criteria are provided in Appendix 2, Application Review Form.

Applications will be judged according to the extent to which:

1. Budget matches the proposed scope of the project; budget and budget justification are complete and accurate; projected costs and justification are reasonable;
2. Program personnel are well qualified for their roles in the program; the applicant organization has adequate facilities and personnel;

3. Applicant organization has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds; and
4. Applicant describes activities which support the requirements outlined in Sections H, I, and the Project Narrative.

Final awards/agreements are at the sole discretion of LCFCFC. There will be no appeal of the LCFCFC's decision.

O. Public Records

All submitted applications are subject to open public records laws. Selected proposals may be reviewed at the LCFCFC office by appointment only by calling (419) 725-7196.

P. Unallowable Costs

Limitations on the use of Help Me Grow funding are listed in **Appendix 3**.

Q. Submission of Application

One copy of the following must be submitted to the address below:

1. Original Cover Sheet with **signature in blue ink** (form available on Lucas County website)
2. Copy of Tax Exempt Status
3. Copy of most recent audit (if very large organization, submit copy of Management Letter, Federal Schedule (SEFA), and Departmental Audit rather than whole audit)

Additionally, four copies of the following must be submitted to the address below:

1. Project Narrative
2. Budget and Budget Justification

**Lucas County Help Me Grow
2275 Collingwood Blvd, Room #117
Toledo, OH 43620**

III. APPLICATION REQUIREMENTS AND FORMAT

A. Formatting Requirements

1. The narrative response portion of the application must be produced on 8-1/2" x 11" plain white paper utilizing 12-point font, 1.5" line spacing and 1" margins. There is no page limit.
2. Budget figures, including unit cost, are to be in whole dollars only (no cents).
3. No binders may be utilized in assembling your application.
4. An individual who is authorized to contractually bind the applicant's organization must sign the cover page of the application.
5. Faxed or e-mailed applications will **NOT** be accepted.

B. Cover Sheet

Complete the Cover Sheet (**Attachment A**) to clearly identify Agency/organization by:

- a. Name (include dba's or aka's if they exist)
- b. Address
- c. Organizational type – i.e. – Government, Not-for-Profit, For Profit, etc.
- d. Employer Identification Number (EIN)
- e. Tax exempt status (i.e. Have own 501(c)(3) and date, or through others)
- f. Confirmation of Equal Opportunity Employment and date of most recent statement. Must be signed by an individual who is authorized to contractually bind the applicant's organization.

C. Budget and Budget Justification

Please Note: See Appendix 4 for Budget Instructions. Complete all sections of the Budget in the Excel file named Attachment B Budget and Budget Justification. In your budget justification narrative you are required to provide a detailed justification for each cost. **Failure to submit a Budget Justification providing supporting detail to proposed costs will result in the proposal not being considered for funding.** A thorough budget justification is considered one that discusses each budget item in detail. A one or two word narrative is not considered thorough or complete. Describe

how categorical costs were derived. Describe specific functions of all personnel. Make sure to provide adequate explanation and justification of equipment, travel and trainings costs. Spell out how you will pay for client transportation to EI services on the IFSP if this service is needed. Appendix 4 provides further examples of writing detailed justifications for proposed costs.

Limit the budget to service coordination, supervision, printing, travel/mileage, supplies, client travel and interpretation, and **allowable costs as necessary to support the proposed project**. Make sure no unallowable costs are included, including incentives/promotional items (see Appendix 3).

D. Project Narrative

Describe the process your organization will use to provide service coordination for families of infants and toddlers eligible and in need of services. Using the information provided on page 4 Number of Contracts and Funds Available, identify the number of FTE's that will be dedicated to supervision and to service coordination for the HMG EI program. List by name, role, and credential all personnel who will be directly involved in program activities. ***Include a copy of each supervisor and service coordinator credential or credential renewal (most recent).***

Describe the capacity of your organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate or have low literacy skills, and individuals with disabilities. Identify any contracts your organization holds with agencies or individuals that provide interpretation services.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary.

E. Liability Coverage

Prior to contracting, the agency/organization's Certificate of Insurance from the organization's insurance carrier must be submitted. Lucas County must be identified as an additional insured for the period July 1, 2013 through June 30, 2014.

F. Non-Profit Organization Status

Non-profit organizations must submit documentation validating current status. Submit one copy of the Internal Revenue Services (IRS) letter approving non-tax exempt status (**Non-Profit Organizations only**).

IV. ATTACHMENTS AND APPENDICES

A. Attachments

1. **Attachment A**, Cover Sheet
2. **Attachment B**, Budget and Budget Justification

B. Appendices

1. **Appendix 1**: Notice of Intent to Apply
2. **Appendix 2**: Application Review Form
3. **Appendix 3**: Unallowable Costs
4. **Appendix 4**: Budget and Budget Justification Instructions



**Lucas County Family and Children First Council
Help Me Grow
Request for Applications**

Cover Sheet

<p>APPLICANT ORGANIZATION (Funds sent here):</p> <p>ADDRESS:</p> <p>AGENCY TYPE: (CHECK ONE) Government <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-for Profit (501(c)3) <input type="checkbox"/></p> <p>Employer Identification Number (EIN):</p>	<p>IMPLEMENTING ORGANIZATION – IF DIFFERENT THAN APPLICANT ORGANIZATION (Delivers Services): Check here if the same <input type="checkbox"/></p> <p>ADDRESS:</p>
<p>ADMINISTRATIVE CONTACT PERSON:</p> <p>TELEPHONE: FAX : E-MAIL:</p>	<p>PROGRAM CONTACT PERSON:</p> <p>TELEPHONE: FAX: E-MAIL:</p>
<p>AMOUNT REQUESTED: \$</p>	

AGENCY INFORMATION CHECKLIST

Copy of Tax Exempt Status – Most recent IRS 990 form (If Applicable)

Has the State Auditor’s Office issued an unresolved finding for the recovery of funds against your agency? Yes No (Complete Affidavit)

We certify to the best of our knowledge that data in this application is correct and this document has been duly authorized by the governing body of the Applicant. We further certify that if this application is approved, that said program/ service will be carried out in accordance with the contractual requirements presented by the Lucas County Family and Children First Council under the Administrative Agency of the Board of Lucas County Commissioners.

SIGNATURE _____
 INDIVIDUAL AUTHORIZED TO CONTRACTUALLY
 BIND THE PROPOSER’S ORGANIZATION

SIGNATURE _____
 PROGRAM REPRESENTATIVE

**Help Me Grow Service Coordination Budget
SFY 2014**

(Organization Name)

Please include all funds utilized to support your Service Coordination Program in SFY 2014

Requested Program Funds **Amount**

Help Me Grow Funding Requested (Enter Amount)

List any additional funding (Cash or In-kind) to support program - not required

Total **0**

Lucas County Family and Children First Council - SFY 2014

**Help Me Grow Service Coordination Budget
SFY 2014**

0

Line Item	Amount
Income	
Program Funds	\$0.00
Expenditures	
Personnel	\$0.00
Equipment	\$0.00
Other Costs	\$0.00
Contract Costs	\$0.00
Total Expenditures	\$0.00
Revenues minus Expenditures	\$0.00

Lucas County Family and Children First Council - SFY 2014

NOTICE OF INTENT TO APPLY FOR FUNDING

Lucas County Family & Children First Council

Program Title: Help Me Grow – Service Coordination

(please print clearly or type)

Applicant Agency _____

Applicant Agency Address _____

Agency Contact Person & Title _____

Telephone Number _____

Email Address _____

Mail, Email or Fax to:

Mindy Delvaux
Lucas County Help Me Grow
2275 Collingwood Blvd.
Toledo, OH 43620
Email: mdelvaux@nwoca.net
Fax: 419-725-7197

**Application Review Form
Lucas County Family Council
Help Me Grow Service Coordination**

Applicant Organization _____

Reviewer _____

Date _____

Required Responses to Application	Maximum Score	Reviewer Comments
1. Application and attachments are complete. Attachment A: Cover Sheet Attachment B: Budget & Budget Justification	10	
2. Budget: applicant has completed all sections and provided a detailed justification. No unallowable costs included, including incentives/promotional items. Described how categorical costs were derived. Specific functions of personnel are described. Adequate explanation and justification of equipment, travel and trainings costs is included. Applicant spelled out how it will pay for client transportation to EI services on the IFSP if needed. Budget limited to service coordination, supervision, printing, travel/mileage, supplies, client travel and interpretation, and allowable costs as necessary to support the proposed project.	30	
3. Program personnel are well-qualified by training and/or experience for their roles in the program. Applicant organization has adequate facilities and personnel.	15	
4. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of contract funds.	15	
5. Identifies number of FTE's, individuals, roles and credentials	10	

for supervisor and service coordinator positions. Includes copy of most recent credential for each individual named.		
6. Describes capacity of organization to communicate with diverse audiences, including identifying contracted interpreters.	10	
7. Includes any personnel or equipment deficiencies that will need to be addressed. Describes plans for hiring and training as necessary.	10	
Total Score (total possible=100)		
<ul style="list-style-type: none"> • IRS letter approving non-tax exempt status (Non-Profit only) • Copy of recent audit (very large organizations: Management Letter, SEFA, department audit) 	<p>YES</p> <p>NO</p>	

**Help Me Grow
Unallowable Costs
SFY14**

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds. Funds may not be used for the following:

- 1. The use of incentives or promotional items provided to families;**
- 2. Financial audit costs;**
3. Travel and meals over the current state rates (see OBM website <http://www.obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule);
4. To disseminate factually incorrect or deceitful information;
5. Consulting fee for salaried program personnel to perform activities related to grant objectives;
6. Bad debts of any kind;
7. Lump sum indirect or administrative costs;
8. Contributions to a contingency fund;
9. Entertainment;
10. Fines and penalties;
11. Membership fees—unless related to the program and approved by Council;
12. Interest or other financial payments (including but not limited to bank fees);
13. Contributions made by program personnel;
14. Costs to rent equipment or space owned by the funded agency;
15. Inpatient services;
16. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
17. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
18. Costs related to out-of-state travel;
19. Training longer than one week in duration;
20. Contracts for compensation with advisory board members;
21. Grant-related equipment costs greater than \$300, unless justified and approved by Council; and,
22. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

COMPLETING THE BUDGET

PROJECTED INCOME

Indicate the amount requested, based on staff and supervision capacity, physical and technological capacity. In addition to the total Help Me Grow funds requested, indicate any additional resources (i.e., sources of income and in-kind contributions) that will be available from your agency to provide these services.

EXPENDITURES

Funding may be used to support direct program costs, which include the following: personnel, staff training and travel, purchase of equipment and supplies directly related to satisfy the program requirements.

Personnel

List all Personnel involved in the implementation and administration of the program. Enter the percent of their time you are allocating to the program and their total salary. The spreadsheet will then calculate the amount charged to the program. Next, enter the benefits rate for the position – this may vary as health benefits may be a fixed rate and so the rate may vary based on the salary level.

Equipment

List all equipment (cost more than \$300 **and** shelf life is more than one year) you plan to purchase using grant funds. Each line in the Description Column has a drop down list to choose from. If you choose “Program Equipment” or “Other” then you will need to include an explanation on the “Describe” column.

Other Direct Costs

List all expenses that are not Personnel, Equipment or Contracts on this page, e.g., printing, rent, office supplies, etc. On the Description column, each line has a drop down list – choose from this list. If you choose something on the drop down list that says “please describe” next to it, you will need to include an explanation next to it in the “Describe” column.

Contract Costs

If you propose using any contractors on this job, you will need to include each contractor, their EIN or Social Security Number and the total amount of the contract.

BUDGET JUSTIFICATION

Your budget justification should provide a clear and concise rationale for each line item within your budget, how this contributes toward the implementation of the program, and your assumptions for the proposed costs – see the example for rent above. You can compose your Budget Justification in a Word document using the following protocol –

Help Me Grow – Service Coordination Budget Justification

<Organization>

Total Projected Expenditures = <Amount>

Personnel

- Service Coordinator A = \$XX,XXX. <Role and rationale for costs>
- Service Coordinator B
- Supervisor
- Other <Name of Position>

Equipment

- 2 desktop computers = \$X,XXX <rationale>
- Etc.

Examples showing how to provide detailed justification –

PERSONNEL

Salaries

\$23,612.99

Grant Coordinator – Jo Ann Doe (\$452.00) Full-Time Employee

This position serves as a backup for the RCGC Administrative Assistance on a PRN basis, providing administrative and clerical support to all program personnel, including patient contact, scheduling for appointments, managing clinical transcriptions, mailings (90%). Also provides ODH database entry and RCGC database management and data reporting manager (10%).

Fringe Rate

\$53,393.00

Personnel fringes incorporate PERS @ 14%, Worker's Compensation 3%, as well as Medicare 1.45% and health insurance for family insurance at \$14,714 (FTE) and single insurance at \$5,518. Only full-time employee has the option for insurance.

OTHER DIRECT COSTS

1. Phone Service - \$X,XXX.00:

Land Lines (2). Phones for Contract Manager, "Program Manager" in GMIS and Central Intake and Data Coordinator "Administrative Assistant" in GMIS, include cost

APPENDIX 4 Budget Justification Instructions

for two land lines at an average cost of \$XX per month and pro-rated to amount of time each position is allocated to grant - \$XXX.00

- Program Manager (Contract Manager) \$XX per month X 12 months X 53% (allocated to grant) = \$XXX.00
- Administrative Assistant, \$XX per month X 12 months X 20% (allocated to grant) = \$XXX.00

Cell Phone Service (2) [these are issued by County Telecommunications within Purchasing Department of the Board of Lucas County Commissioners – phones are owned by County and phone service with Sprint is through County]. Due to the amount of work time spent out of the office, Blackberries are used by Contract Manager and Screener when working off-site to schedule meetings and screening appointments, read and reply to email, and make/receive phone calls. – \$XXX.00

- Program Manager (Contract Manager) \$XX.00 per month X 12 Months X 53% = \$XXX.00
- For use by Help Me Grow Screener \$XX.00 per month X 12 X 50% Months = \$XXX.00

2. Postage - \$400.00

This cost is for mailing of letters to clients. It also covers general communications for the program. Approximately 76 pieces are mailed each month at \$.44 a piece. Total cost for postage is \$400.