

**Request for Proposals
For the Ottawa County Family and Children First Council
(c/o Ottawa County Department of Job and Family Services
Administrative Agent)
Child Abuse and Neglect Prevention Program**

Maximum Funding Available: \$15,000

Issue Date: Monday, January 9, 2012

**Closing Date: 10:00 a.m., D.S.T.,
Friday, February 3, 2012**

Contact Person:

**Stephanie M. Kowal
Ottawa County Department of Job and Family Services
8043 W. State Route 163, Suite 200
Oak Harbor, Ohio 43449
(419)898-3688
1-800-665-1677**

**Ottawa County Request for Competitive Proposals and Timeline
Child Abuse and Neglect Prevention Program**

Activity	Date
Release of Request for Competitive Proposals for Child Abuse and Neglect Prevention Program	9:00 a.m., Monday, January 9, 2012
Pre-Proposal Conference	1:00 p.m., Tuesday, January 17, 2012
Last Date for Submission of Written Questions on Request for Proposals	4:30 p.m., Friday, January 20, 2012
Last Date for OCDJFS to Respond, in Writing, to Written Questions on Request for Proposals	4:30 p.m., Wednesday, January 25, 2012
Due Date for Proposal Submission	10:00 a.m., Friday, February 3, 2012
Proposal Opening	10:05 a.m., Friday, February 3, 2012
Selection Committee Review and Selection of Proposal	February 6-10, 2012
Applicants notified of Selection Committee Decision	Monday, February 13, 2012
FCFC Approval of Committee Decision	Friday, March 2, 2012
FCFC Submission to Ohio Children's Trust Fund	Friday, March 30, 2012
Negotiations Complete/ All Signatures Acquired	After OCTF Notification of Award May/June 2012
Child Abuse and Neglect Prevention Program Contract to begin	Sunday, July 1, 2012

I. Background

The Ottawa County Department of Job and Family Services, as Administrative Agent of the Ottawa County Family and Children First Council, is seeking proposals to provide Child Abuse and Neglect Prevention Programs and Services in Ottawa County. Funding for these programs originates from the Ohio Children's Trust Fund, through the Ohio Department of Job and Family Services. The purpose of this contract is to fund programs that provide a framework for child abuse and neglect prevention by promoting an understanding of how building protective factors, in addition to reducing risk factors, can reduce maltreatment for young children and their families.

Proposals will be for primary and secondary abuse/neglect prevention services, prior to any abuse or neglect occurring. Primary prevention services include activities and services provided for the public, which are designed to prevent or reduce the prevalence of child abuse and neglect before

signs of neglect can be observed. Secondary prevention services include activities and services that are targeted towards individuals or families having risk factors for child abuse/neglect, and are designed to intervene at the earliest warning signs. Please note that Ohio Children's Trust Fund monies cannot be used to provide tertiary prevention programs or services. Additionally, these funds cannot be used in any instance where program participants have an open or substantiated case of abuse and/or neglect with a public children's services agency. Proposals that include tertiary services will be rejected.

Request for Proposals are being solicited for services to be contracted from **July 1, 2012** through **June 30, 2013**, with the option of renewing the contract at the same terms and conditions, for *July 1, 2013* through *June 30, 2014*, based on funding availability and performance of originally contracted services.

The closing date for proposals is 10:00 a.m., D.S.T., Friday, February 3, 2012. Proposals must be received by the closing date and time, at the Ottawa County Department of Job and Family Services, 8043 W. State Route 163, Suite 200, Oak Harbor, Ohio 43449, Attention: Stephanie Kowal.

The following attachments specify all components and expectations of this Request for Proposals:

- Request for Competitive Proposal
- Attachment A: The Ohio Children's Trust Fund Application Packet
- Attachment B: Statement of Assurances
- Attachment C: Declaration Regarding Material Assistance/ Non-assistance to a Terrorist Organization
- Attachment D: Provider Application Scoring Tool
- Attachment E: Local Appeals Process

II. Scope of Work and Deliverables

Bidder will demonstrate in the Proposal, how entity, will ensure delivery of each of the following program criteria:

1. Provide child abuse and neglect prevention services throughout Ottawa County, through either primary or secondary prevention methods.
2. Implement proposed programs and/or services with a high degree of fidelity to the original program design.
3. Include strategies for preventing child abuse and neglect, and include at least one of the five protective factors. (For information concerning the protective factors and

incorporating them into child abuse and neglect prevention programming, please visit the OCTF website (www.jfs.ohio.gov/octf).

4. Collect, maintain and report outcome and evaluation data, as well as demographic data as part of their program delivery. Utilization of the Protective Factors Survey is required in most cases. A copy of this survey, along with additional background and implementation information is available on the OCTF website (www.jfs.ohio.gov/octf).
5. Identify program outcomes and outcome accountability. A logic model presenting program's strategies, outcomes and measurement must be included with the application.
6. Provide required fiscal reporting data, as required by the Ohio Children's Trust Fund.
7. Participate in program and fiscal monitoring conducted on this project.
8. Follow federal, state and local procurement policies.

III. Proposal Guidelines

- A. Proposals must clearly complete Application for Funding packet.
- B. Technical support, regarding information on child abuse and neglect prevention, and the Ohio Children's Trust Fund, may be obtained at the following website:
<http://www.jfs.ohio.gov/octf>
- C. The contract period will run from **July 1, 2012** through **June 30, 2013**, contingent upon funding availability. Contract will have the option of renewal, at the terms and conditions, for the period of *July 1, 2013* through *June 30, 2014*, contingent upon funding availability and performance of initial contracted items.
- D. Ohio Children's Trust Fund will be utilizing the following Program Menu. For programs that are not on this menu, proposals must complete the Application Supplement in the OCTF Application Packet. The Program Menu is as follows:

Prevention Education Programs for Children

- Incredible Years Dina Classroom
- Incredible Years Small Group Therapy
- Families and Schools Together (FAST)

Prevention Education Programs for Parents

- Incredible Years Parent Program
- Strengthening Families (3-5, 6-12, 10-14)
- Nurturing Parenting
- Active Parenting Now
- Parenting Wisely

- Parents as Teachers

Prevention Education/Training for Professionals

- Have a Plan – Preventing Shaken Baby Syndrome
- Stewards of Children
- Strengthening Families Framework

Home Visiting

- Healthy Families America (HFA)
- Nurse Family Partnership (NFP)
- Project 12-Ways/SafeCare
- Child First
- Parents as Teachers

IV. Completing and Submitting Bids

1. Proposal Costs. Bidders are responsible for any and all costs related to preparing and submitting proposals to be considered for the Child Abuse and Neglect Prevention Program.
2. Proposals providing one or more elements of this Request for Proposals, through partnership or contract, require a complete description of coordinated services, including:
 - Name and contact information of collaborating agency(ies)
 - Description of what customer services will be provided by each partner
 - How costs of services and operating costs of the partnerships will be funded
 - Method of referral between partners.

Provider will be responsible for performance of any sub-contracted activities, including proper procurement, provision of information for audit, performance levels, and quality of work provided. OCDJFS reserves the right to verify all information described in proposal and agreement with referenced parties.

3. A Pre-Proposal Conference will be held at 1:00 p.m., Tuesday January 17, 2012, in the Director's conference room of the Ottawa County Department of Job and Family Services. While attendance is not mandatory, it is recommended that anyone interested in submitting a proposal, attend the Conference. The purpose of the Conference is to answer questions related to the RFP. Prior to the Conference, questions on this RFP may be faxed (419-898-2048) or e-mailed (kowals@odjfs.state.oh.us), attention Stephanie Kowal. A summary of all questions/ answers relative to this Request for Proposals will be posted by January 25, 2011, at www.co.ottawa.oh.us under the Legal Notices and Bids tab.No questions will be accepted after Friday, January 20, 2012.
4. Closing Date for Bids. The closing for receipt of bids is **10:00 a.m., D.S.T., Friday, February 3, 2012.** Any proposal not received by the Ottawa County Department of Job and Family Services by the time and date, will not be considered.

5. Number of Copies. Entities interested in submitting proposal must submit one (1) original (clearly marked as such), and one soft copy of all proposal materials, in one sealed package.
6. Proposal Format.
- Proposals must be typewritten (no smaller than 12 pt. font), single-spaced, single sided, on standard 8 ½ X 11 inch plain white paper.
 - Program narrative should not exceed 5 pages in length. Number all pages of the proposal.
 - When answering questions, write the question, and then your answer.
 - Attachments to be completed with the **Request for Proposal** include:
 - A. OCTF Application Packet
 - B. Statement of Assurances
 - C. Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization
 - Attachments to be completed with the **OCTF Application Packet** include:
 - A. Application
 - B. Application Supplement Forms*
 - C. Logic Model
 - D. Budget Templates
 - ***Proposals that are NOT on the SFY 2013 OCTF Program Menu must complete the application supplement.**

7. Submission of Proposals. Proposals must be submitted in a sealed package. The entity submitting proposal assumes full responsibility for the selection of method of delivery for the proposal package. All proposals will be marked with the date and time of receipt. A receipt of delivery will be provided to the entity submitting proposal, only upon request. Proposals shall be accepted unconditionally, and without alteration or correction. Withdrawals of bids, before the closing date and time, are permitted upon written request to the address below. **All proposals must be received on or before 10:00 a.m., D.S.T., Friday, February 3, 2012, and addressed to:**

**Ottawa County Department of Job and Family Services
8043 W. State Route 163, Suite 200
Oak Harbor, Ohio 43449
Attention: Stephanie Kowal**

At 10:05 a.m., D.S.T., Friday, February 3, 2012, all Proposals received will be opened publicly in the Director's Conference Room of the Ottawa County Community Resource Centre (same address) and summary information will be read aloud.

8. Questions. Questions regarding this Request for Proposals can be directed to Stephanie Kowal, in writing. Contact may be made by fax (419-898-2048), Email (kowals@odjfs.state.oh.us), or U.S. mail (address listed above).

9. A committee of the Ottawa County Family and Children First Council will review and score proposals using Attachment C to this Request for Proposals. In the event that only one bid is received, it will be reviewed for appropriateness, and a decision will be made at the discretion of the Ottawa County Department of Job and Family Services, as Administrative Agent for the Ottawa County Family and Children First Council, with or without the use of this rating scale.

ATTACHMENT A

OHIO CHILDREN'S TRUST FUND APPLICATION FOR FUNDING



Ohio Children's Trust Fund: SFY 2013 Application

Name of Organization

Address

City, State, Zip

Phone

Fax

Web site

Contact person

Phone

Email

The Ohio Children's Trust Fund (OCTF) will accept only complete applications. A complete application addresses all of the requirements and includes all of the materials and attachments outlined in the "Closing Date" section of the application instructions (pages 4- 5). **Any Family and Children First Council (FCFC) whose complete application is emailed or postmarked after Sunday, April 1, 2012, will be allocated a reduced amount of funds on a pro-rata daily basis or may be denied funding.**

Please sign and date below to confirm that you have submitted a complete SFY 2013 Ohio Children's Trust Fund application.

FCFC Director/Coordinator Signature

Date

On behalf of the *[Insert County Name]* Family & Children First Council, we, *[Insert name of Council Chair]*, and, *[Insert name of Administrative Agent]*, approve and support the State Fiscal Year 2013 Ohio Children's Trust Fund Application and affirm that it is child abuse and neglect focused.

This plan was developed pursuant to the guidelines outlined in the application for funding for State Fiscal Year 2013. *[Insert County Name]* will implement the selected prevention strategy(ies) as contained in this application to achieve identified outcome(s) in an effort to protect our community's children from child abuse and neglect.

[Signature of Council Chair]

Date

[Signature of Administrative Agent]

Date

Program Narrative

The program narrative should provide information to support the selection of the proposed programs and/or services. This section should include the goals, objectives and appropriate performance measures for each identified program.

For each proposed program, please provide the following:

Program Description, Goals, Activities, and Timeline:

- A description of the activities that will take place as part of that program.
- The outcomes to be achieved with the program.
- A timeline for implementation of your program that at a minimum includes: the program start and end date and the dates when evaluation of the program will take place according to the curriculum of your proposed evidence-based program(s).

Program Participation:

- Describe the target population for your program. Be specific as to age, gender, ethnicity and other characteristics of the population you intend to serve.
- Please provide the number of families, adults and children you anticipate participating in the program by completing the SFY 2013 Program Participation Analysis spreadsheet (attachment B).
- A description of how the program and its' services will maximize the participation of parents, racial, cultural and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups and any other special population (i.e. Appalachian, poverty, military, etc.).

Evaluation:

- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect. As you know, programs providing direct service to parents and/or primary caregivers are required to administer the protective factors survey. In addition, you are required to administer any and all evaluation tools that are part of the curriculum of your proposed evidence-based program(s).
- Describe how the success of each program will be measured (please be specific). Performance measures should be concrete and state how the success of an objective will be quantified.
- Who will be responsible for evaluation? Please explain who will be administering the evaluation and who will be evaluating program effectiveness.

Public Awareness/Education Campaigns:

Applicants that are proposing public awareness/education campaigns must provide additional information illustrating how the proposed campaign:

- Has a direct focus on child abuse and neglect prevention
- Addresses prevention in a broad sense and builds protective factors
- Represents a community partnership effort building upon community resources
- Contains a positive and proactive message that identifies the desired behavior change

SFY 2013 Application Supplement Form 1 – Evidence Based Programs

County:

Program/Strategy:

Summary: Please provide a brief summary of all of your proposed programs. Please identify each proposed program as evidence based, evidence informed, promising practice or emerging programs and practices. *(max 5,000 characters)*

- An explanation of how the program strengthens families in order to prevent child abuse and neglect. When possible, be specific in terms of protective factors and your program strategies. Provide this description as a narrative. *(max 5,000 characters)*
- A description of the level of parent engagement in the program. This should go beyond simply stating whether or not parents are actual participants in the program. It should involve explaining the role of parents (if any) in developing or evaluating the program and it should provide examples such as a parent advisory board. It should also explain the role of parents (if any) in providing feedback on the content of the program and its' operation. *(max 1,600 characters)*
- A description of how program participants will be involved in your anticipated activities. This should include an explanation of any planning, advisory and/or oversight roles that parents and/or children play in the program and how this affects program activities. *(max 1,600 characters)*
- Please explain whether this a primary or secondary prevention program/service. *(max 1,400 characters)*
- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect. For each proposed program, please provide a sample copy of the evaluation tools that will be utilized. *(max 5,000 characters)*

Evidence-based programs and practices (Well Supported Programs and Practices)

Programmatic Characteristics

- Please identify how the program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. *(max 3,000 characters)*
- Please specifically identify the book, manual, training or other available writings that specify components of the service and describe how you will administer it. *(max 1,600 characters)*

Research & Evaluation Characteristics

- Please list two rigorous randomized controlled trials (RCT's) or comparable methodology in different usual care or practice settings have found the program/practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. Please provide citations for the published RCTs for your program. *(max 1,600 characters)*
- Please explain how the program/practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time. *(max 3,000 characters)*
- Please explain the reliability and validity of your program's outcome measures. Have these outcomes been administered consistently and accurately across all subjects? *(max 2,000 characters)*
- Have multiple outcome studies of your program been conducted? If so, does the evidence from these studies support the effectiveness of your program/practice? *(max 2,800 characters)*
- Please explain how the program is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. *(max 5,000 characters)*
- Please demonstrate adherence to model fidelity in program implementation. *(max 3,000 characters)*

SFY 2013 Application Supplement Form 2 – Evidence Informed Programs

County:

Program/Strategy:

Summary: Please provide a brief summary of all of your proposed programs. Please identify each proposed program as evidence based, evidence informed, promising practice or emerging programs and practices. *(max 5,000 characters)*

- An explanation of how the program strengthens families in order to prevent child abuse and neglect. When possible, be specific in terms of protective factors and your program strategies. Provide this description as a narrative. *(max 5,000 characters)*
- A description of the level of parent engagement in the program. This should go beyond simply stating whether or not parents are actual participants in the program. It should involve explaining the role of parents (if any) in developing or evaluating the program and it should provide examples such as a parent advisory board. It should also explain the role of parents (if any) in providing feedback on the content of the program and its' operation. *(max 1,600 characters)*
- A description of how program participants will be involved in your anticipated activities. This should include an explanation of any planning, advisory and/or oversight roles that parents and/or children play in the program and how this affects program activities. *(max 1,600 characters)*
- Please explain whether this a primary or secondary prevention program/service. *(max 1,400 characters)*
- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect. For each proposed program, please provide a sample copy of the evaluation tools that will be utilized. *(max 5,000 characters)*

Evidence-informed programs and practices (Supported Programs and Practices)

Programmatic Characteristics

- Please identify how the program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. *(max 3,500 characters)*
- Please specifically identify the book, manual, training or other available writings that specify the components of the practice protocol and describe how you will administer it. *(max 2,000 characters)*

Research & Evaluation Characteristics

- Please explain how the research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective

factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:

- Please list two rigorous randomized controlled trials (RCTs) (or other comparable methodology) in highly controlled settings (e.g., university laboratory) that have found the program/practice to be superior to an appropriate comparison practice. Please provide citations for the published RCTs for your program.

OR

- Please list two between-group design studies using either a matched comparison or regression discontinuity that have found the program/practice to be equivalent to another program/practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.
(max 1,600 characters)

- Please explain how the program/practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time. *(max 2,000 characters)*
- Please explain the reliability and validity of your program's outcome measures. Have these outcomes been administered consistently and accurately across all subjects? *(max 2,800 characters)*
- Have multiple outcome studies of your program been conducted? If so, does the evidence from these studies support the effectiveness of your program/practice? *(max 3,000 characters)*
- Please explain how the program is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. *(max 3,000 characters)*
- Please demonstrate adherence to model fidelity in program implementation. *(max 3,000 characters)*

SFY 2013 Application Supplement Form 3 – Promising Practice Programs

County:

Program/Strategy:

Summary: Please provide a brief summary of all of your proposed programs. Please identify each proposed program as evidence based, evidence informed, promising practice or emerging programs and practices. *(max 5,000 characters)*

- An explanation of how the program strengthens families in order to prevent child abuse and neglect. When possible, be specific in terms of protective factors and your program strategies. Provide this description as a narrative. *(max 5,000 characters)*
- A description of the level of parent engagement in the program. This should go beyond simply stating whether or not parents are actual participants in the program. It should involve explaining the role of parents (if any) in developing or evaluating the program and it should provide examples such as a parent advisory board. It should also explain the role of parents (if any) in providing feedback on the content of the program and its' operation. *(max 1,600 characters)*
- A description of how program participants will be involved in your anticipated activities. This should include an explanation of any planning, advisory and/or oversight roles that parents and/or children play in the program and how this affects program activities. *(max 1,600 characters)*
- Please explain whether this a primary or secondary prevention program/service. *(max 1,400 characters)*
- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect. For each proposed program, please provide a sample copy of the evaluation tools that will be utilized. *(max 5,000 characters)*

Promising Practices (Promising Programs and Practices)

Programmatic Characteristics

- Please identify how the program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. *(max 2,800 characters)*
- Please specifically identify any book, manual, other available writings and training materials that specify the components of the program/practice protocol and describe how you will administer it. Please also explain how the program is able to provide formal or informal support and guidance regarding program model. *(max 1,600 characters)*

Research & Evaluation Characteristics

- o Please list one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) that has established the program's/practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison program/practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect. Please provide citations for any formal, independent report that has been produced which documents the program's positive outcomes. *(max 3,000 characters)*

- o Please explain how the program is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. *(max 3,000 characters)*

- o Please demonstrate adherence to model fidelity in program implementation. *(max 5,000 characters)*

SFY 2013 Application Supplement Form 4 – Emerging Programs

County:

Program/Strategy:

Summary: Please provide a brief summary of all of your proposed programs. Please identify each proposed program as evidence based, evidence informed, promising practice or emerging programs and practices. *(max 5,000 characters)*

- Please justify what need(s) this program meets that cannot be fulfilled by one of the programs on the SFY 2013 OCTF Program Menu. *(max 3,000 characters)*
- An explanation of how the program strengthens families in order to prevent child abuse and neglect. When possible, be specific in terms of protective factors and your program strategies. Provide this description as a narrative. *(max 5,000 characters)*
- A description of the level of parent engagement in the program. This should go beyond simply stating whether or not parents are actual participants in the program. It should involve explaining the role of parents (if any) in developing or evaluating the program and it should provide examples such as a parent advisory board. It should also explain the role of parents (if any) in providing feedback on the content of the program and its' operation. *(max 1,600 characters)*
- A description of how program participants will be involved in your anticipated activities. This should include an explanation of any planning, advisory and/or oversight roles that parents and/or children play in the program and how this affects program activities. *(max 1,600 characters)*
- Please explain whether this a primary or secondary prevention program/service. *(max 1,400 characters)*
- Describe how you plan to evaluate the programs for which you are requesting funding, and what information you plan to collect. For each proposed program, please provide a sample copy of the evaluation tools that will be utilized. *(max 5,000 characters)*

Emerging Programs and Practices

Programmatic Characteristics

- Please identify how the program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. *(max 2,800 characters)*
- Please specifically identify any book, manual, other available writings, training materials OR documents that specify the components of the program/practice protocol and describe how you will administer it. *(max 1,600 characters)*

Research & Evaluation Characteristics

- Please explain how the program/practice has been evaluated and whether the evaluation designs have a comparison group. Please also indicate whether an evaluation is in process with the results not yet available. *(max 3,000 characters)*
- Please explain how the program is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Please list a timeframe for how this program is going to move to the next level of evidence. Please list the academic institution or other organization that is spearheading the ongoing evaluation and progression to higher levels of evidence. *(max 5,000 characters)*



Ohio Children's Trust Fund

Vendor Program Budget Template

State Fiscal Year 2013

Name of Organization		County	
Director/President	Email	Phone	
Contact Person	Email	Phone	
Total Amount Requested	Funding Period Start Date	Funding Period End Date	
Service to be Provided:			
Expenditures Description-Please list expenditures for each budget category.			
1. Personnel Services - A breakdown of salaries for each of the people whose time is spent working directly with the program should be listed here; include fulltime and part-time staff, consultants and trainers. - Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours) - Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency)			
Explanation:			Total Amount Requested:
2. Program Materials and Supplies - Includes curriculums, brochures, training materials, books, videotapes, educational toys which are <i>directly related</i> to carrying out the program or delivering the service. - Travel expenses for program participants can be included in this category.			
Explanation:			Total Amount Requested:
3. Travel - Travel must be relevant to the service being proposed. - The state of Ohio mileage rates can be found at www.obm.ohio.gov .			
Explanation:			Total Amount Requested:
4. Other - Provide details of any necessary expenditures not captured by the above categories.			
Explanation:			Total Amount Requested:

Budget Summary	
Please list the total amount requested from each category above.	
1. Personnel Services	
2. Program Materials and Supplies	
3. Travel	
4. Other	
Total Program Budget	



Ohio Children's Trust Fund
 Family & Children First Council/ Local Advisory Board
 Executive Budget Summary
 State Fiscal Year 2013

County

Contact Person

Email

Phone

Total Amount Requested
\$15,000.00

Funding Period Start Date
07/01/2012

Funding Period End Date
06/30/2013

Please list the total expenditures for each budget category. This should be the compilation of your Vendor Program Budgets and/or FCFC/LAB Program Budgets.

1. Personnel Services

- A breakdown of salaries for each of the people whose time is spent working directly with the program should be listed here; include fulltime and part-time staff, consultants and trainers.
- Fulltime equivalency (FTE) may be defined according to the agency's policy (i.e. 37-40 hours)
- Indicate the formula used to determine payroll related expenses (use percentages currently used by the agency)

Explanation:

Salaries for two IY Group Leaders who are responsible for teaching the IY Basic Parent Program. The position costs have been determined by the employees' current wages and the projected amount of time to be spent on the project. The number of hours accounts for 2 hours of instruction time and 2 hours for classroom preparation, outreach and evaluation.
 4 hours/session x 14 sessions x 7 groups x \$29.00/hour = \$11,368.00

Total Amount Requested:
\$11,368.00

2. Program Materials and Supplies

- Includes curriculums, brochures, training materials, books, videotapes, educational toys which are *directly related* to carrying out the program or delivering the service.
- Travel expenses for program participants can be included in this category.

Explanation:

Instructional Materials for Incredible Years: Trouble Shooting Guide for Parents: At the beginning of each 14 week session, parents will receive the Incredible Years Trouble Shooting Guide for Parents.
 \$19.95 ea x 80 books = \$1,596.00

Funds are being requested to cover the cost of paper for the flyers.
 Flyer Copying 1 ream of paper = \$25.60

Postage is necessary to mail flyers to every licensed day care center in the County, and to families that have participated in parenting workshops hosted by the Family and Children First Council.
 Postage 25 x \$.44 ea = \$11.00

Total Amount Requested:
\$1,632.60

3. Travel

- Travel must be relevant to the service being proposed.
- The state of Ohio mileage rates can be found at www.obm.ohio.gov.

Explanation:

Mileage is for program coordinators traveling to day care centers to administer IY programs. We are conducting 7 different sessions with 14 classes each with an approximate roundtrip mileage of 20 miles to each site.
 7 x 14 x 20 x \$0.45 = \$882.00

Total Amount Requested:
\$882.00

4. Other

- Provide details of any necessary expenditure not captured by the above categories.

<p>Explanation:</p> <p>Administrative Costs The Fiscal Manager will be responsible for fiscal management. The position costs have been determined by the employee's current wages and the projected amount of time to be spent on the project. The number of hours accounts for 8 hours while the program is in session to process invoices and purchase orders, 1 hour before the session begins to develop purchase orders and 2 hours after program completion to complete financial reporting. Fiscal Manager 11 hrs x \$16.70 x 2 sessions = \$367.40</p>	<p>Total Amount Requested: \$367.40</p>
<p>5. FCFC/LAB Administrative Cost - Please note per Ohio Revised Code 3109.18 (E) the administrative cost cannot exceed 5% of the total budget requested.</p>	
<p>Explanation:</p> <p>5% for Administrative Cost</p>	<p>Total Amount Requested: \$750.00</p>

<p>Budget Summary</p> <p>Please list the total amount requested from each category above.</p>	
1. Personnel Services	\$11,368.00
2. Supplies and Services	\$1,632.60
3. Travel	\$882.00
4. Other	\$367.40
5. Administrative Fee	\$750.00
Total Program Budget	\$15,000.00



OHIO CHILDREN'S TRUST FUND ANNUAL APPLICATION: LOGIC MODEL

County Name: Sample County

County long-term outcome: All children are ready for school.

County intermediate outcome(s): Reduce the risk of child abuse and neglect among families with children birth to five by 10% by increasing protective factors (Parental resilience, Knowledge of parenting and child development, Social connections and Children's social and emotional development) for this population by 60%.

Program(s): Parents as Teachers Born Learning
Incredible Years DINA Classroom

Needs to be addressed by Program(s): The Parents as Teachers Born Learning program addresses the following needs among parents with children birth to five:

1. Limited parent resiliency and family functioning.
2. Poorly developed social support networks.
3. Limited knowledge of child development and parenting.
4. Lack of knowledge of community resources and limited skills in accessing needed services.

The Incredible Years DINA Classroom program addresses the following need among children three to five:

1. Need to learn social and emotional skills, including how to identify and handle feelings of self and others.

Population Served:

PAT: Families with children birth to five with an emphasis on military families.

IY DINA: Children three to five with an emphasis on children with a parent in the military.

*If you have more than one program strategy, you can populate by pressing "enter", which will bring up additional boxes for additional strategies. We request that you do this rather than submit multiple logic models.

Program Strategy	Protective Factor	Short-Term Outcome(s)	Measurement
PAT Home Visits	Parental resilience Knowledge of parenting and child development	80% of parents will indicate increased levels of resiliency and family functioning. 75% of parents will indicate increased nurturing/attachment with their child. 80% of parents will indicate an increased understanding of age appropriate expectations of their child.	PFS (Subscale Items 1-5) PFS (Subscale Items 17-20) PFS (Subscale Items 12-16)
PAT Parent Cafés	Social connections Parental resilience	60% of parents will indicate increased levels of social and emotional support.	PFS (Subscale Items 6, 7, 10) Parent Café Evaluation
IY DINA Classroom (25 classroom presentations)	Children's social and emotional development	80% of children will use positive methods to initiate interactions with others. 100% of children's inappropriate behaviors will be reduced in frequency, duration and intensity.	Eyberg Child Behavior Inventory IY Individual Child Behavior Plan

ATTACHMENT B

STATEMENT OF ASSURANCES

THE OHIO CHILDREN'S TRUST FUND
STATEMENT OF ASSURANCES BY GRANTEES

As a recipient of monies distributed by The Ohio Children's Fund,
_____ (Printed Name of Program/ Service)
hereby provides assurance that all staff, volunteers and consultants involved in
programs/ services supported in whole or in part by Trust Fund monies will adhere to
the following:

- All instances of suspected child abuse and neglect will be immediately reported to the county children services agency;
- No person needing funded services shall be discriminated against based on race, color, national origin, sex, age, or handicap;
- Trust Fund monies shall be used solely for the purposes approved in the application;
- Trust Fund monies shall not in any way be used to supplant a currently funded program;
- Funding shall not result in a violation of the Ohio Ethics Law 102, or Section 2921.42 of the Ohio Revised Code;
- Grantees shall not copyright any materials (whether print, tape, electronic or otherwise) developed with Trust Fund monies; all copyrights to such materials belong to The Ohio Children's Trust Fund;
- Grantees shall prominently display on all materials developed with Trust Fund monies the following statement: This was developed under a grant from the Ohio Children's Trust Fund, but does not necessarily represent the views of the Ohio Children's Trust Fund Board;
- Representatives from the Local Family & Children First Council and from the Ohio Children's Trust Fund will be afforded reasonable access to all records and program sites related to the provision of services supported by Trust Fund monies;
- Program and fiscal reports will be submitted at the time and in the manner specified by the Local Family & Children First Council;
- All funds that are unexpended or unencumbered by June 30 for use during the fiscal year for which they were awarded, shall be returned to the County Treasurer who shall forward them to the State Treasurer for re-deposit in the Ohio Children's Trust Fund;
- Evaluation regarding individual outcomes and participant satisfaction shall be carried out for each program/ service and the grantee shall comply with the OCTF Application Requirements.

PRINTED NAME

SIGNATURE

DATE

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).

- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME	FIRST NAME	MI
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE		COUNTY
WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME	PHONE
BUSINESS ADDRESS	
CITY	STATE
ZIP	COUNTY
BUSINESS/ORGANIZATION REPRESENTATIVE NAME	TITLE

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above on of this declaration.

APPLICANT SIGNATURE X	DATE
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ATTACHMENT D

SERVICE PROVIDER APPLICATION SCORING TOOL

**SERVICE PROVIDER APPLICATION
SCORING TOOL**

REQUIRED FOR CONSIDERATION	APPLICATION	COMMENTS
	All parts of application are completed, and Face Sheet is signed by authorized representative of agency providing proposal, Statement of Assurances is signed by an authorized official. Proposed services clearly meet the criteria for primary or secondary prevention as defined in the OCTF Biennial State Plan.	
SCORE/POINTS		
Yes=12 No=0 _____	Issues which this program/service will address is clearly explained (includes prevalence, frequency, short and long term effects & description of how the issue relates to child abuse and neglect.)	
Max = 10 _____	There is a logical rationale presented for HOW these services will help prevent abuse/neglect.	
Max = 5 _____	A detailed profile of the target population is provided.	
Max = 10 _____	Program description thoroughly addresses HOW, WHEN & WHERE services will be provided	
Max = 12 _____	At least 1 outcome is outlined in clear, specific & measurable terms.	
Max = 12 _____	Method to evaluate individual outcomes & customer satisfaction is appropriate and sound.	
Max = 10 _____	Services are realistic & clearly specified (includes unit of service definition & total # of units proposed.	
Max = 10 _____	Budget: Summary & individual cost sections completed & accurate.	
Max = 8 _____	Costs are deemed appropriate and reasonable for numbers to be served.	
Max = 6 _____	Budget justifications are explained with sound rationales.	
_____	TOTAL POINTS (Maximum = 100)	

ATTACHMENT E

LOCAL APPEAL PROCESS

1. The applicant shall file a written appeal with the Board of Appeals within 30 days of the date of the final decision of the local authority.

2. The appeal shall be filed with the Board of Appeals, which shall schedule a public hearing on the appeal.

3. The Board of Appeals shall hold a public hearing on the appeal, and shall consider the appeal and the local authority's decision.

4. The Board of Appeals shall issue a written decision on the appeal, which shall be final and binding.

5. The Board of Appeals shall file a copy of its decision with the local authority.

Ohio Children's Trust Fund County Agent Appeal Process

I. Purpose

The purpose of this appeal process is to assure that applications for OCTF funding receive fair consideration in accordance with the current Biennial State Plan, the county-specific needs and priorities currently identified for funding, and that decisions of the OCTF County Agent (Local Prevention Advisory Board/ Family & Children First Council) are based on information presented in the Grantee Application for Funding, and, are not biased, arbitrary or prejudiced.

The appeal process shall be based only on the following Criteria for Appeal, and shall *not* be utilized as a means to gain additional opportunity to influence the selection process.

All appeals will be addressed and fully resolved at the county level.

II. Criteria for Appeal

Appellants must demonstrate that the OCTF County Agent improperly discharged its review and decision-making responsibilities, or that the decision to deny or substantially reduce requested funds was biased, arbitrary or prejudiced.

III. Method for Appeal

All appeals shall be made in writing and submitted to the designated contact person for the OCTF County Agent.

Name: Stephanie Kowal
Address: Ottawa County Family and Children First Council
8043 W. St. Rt. 163, Suite 200
Oak Harbor, OH 43449.

All appeals must be received at the above address by 1:00 pm on Friday, February 24, 2012.

IV. Decision and Notification Process

The appeal body is composed of a designated sub-group of the Family and Children First Council, who were not involved with the original selection decision.

The appeal body will consider an appeal, render a decision and respond to the appellant in writing within five (5) working days of receiving the written request for appeal. The written decision shall include a summary of issues, findings of fact and the decision reached.

V. Final Appeal

All decisions of the appeal body are final and binding.