REQUEST FOR APPLICATIONS

Caring For Our Own Expansion

NC Department of Human and Health Services

**North Carolina**

**Department of Health and Human Services**

**(Division of Social Services)**

**REQUEST FOR APPLICATION**

**Caring For Our Own Expansion- #**

|  |  |  |  |
| --- | --- | --- | --- |
| RFA Posted | April 13, 2020 | | |
| Questions Due | April 17, 2020 | | |
| Applications Due | April 24, 2020 | | |
| Anticipated Notice of Award | May 1, 2020 | | |
| Anticipated Performance Period | July 1, 2020 – June 30, 2021 | | |
| Anticipated Contract Period | July 1, 2020 – June 30, 2021 | | |
| Service | Caring For Our Own Expansion | | |
| Issuing Agency | North Carolina Department of Health and Human Services  Division of Social Services | | |
| E-mail Applications and Questions to | Lindsay Harrison | Email | [Lindsay.Harrison@dhhs.nc.gov](mailto:Lindsay.Harrison@dhhs.nc.gov) |

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) he or she is authorized to bind the named Contractor to the terms of this RFA and Application; (2) the Contractor hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; (3) this Application shall be valid for 60 days after the end of the application period in which it is submitted.

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

**DIRECT CLIENT SERVICES - Face Sheet**

A. **CONTRACTOR INFORMATION**

1. Contractor Agency Name:

2. Address:

3. Telephone Number: Fax Number: Email:

4. Contractor Agency Project Director (Name and Title)

5. Contractor Agency Contract Administrator Name:

5a. Contractor Agency Contract Administrator Title:

5b. Address (if different from A.2. and 3. above):

Telephone Number: Fax Number: Email:

6a. Contractor Authorized Signatory Name and Title:

6b. Contractor Authorized Signatory Signature:

Telephone Number: Fax Number: Email:

7a. Contractor Agency Financial Contact Name:

7b. Contractor Agency Financial Contact Title:

Telephone Number: Fax Number: Email:

8. Name of Program (s):

9. Status:         (   ) Public           (   ) Private, Not for Profit        (   ) Private, For Profit

10. Contractor Agency: 1- Federal Tax ID Number: 2- DUNS Number

11. Contractor's Financial Reporting Year through

B. SERVICE DELIVERY SITE(S): \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. AREA(S) / COUNTIES TO BE SERVED:

D. AGENCY WEB SITE: \_\_\_\_\_\_\_

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**Section A. Introduction**

1. **Purpose**

Best practice standards have identified relatives or kinship care providers as the preferred resource for children who must be removed from their birth parents and placed in foster care. Placing children and youth with relatives or fictive kin maintains the children's connections to their families while minimizing the trauma associated with the removal. Some practitioners consider kinship care as a type of family preservation service. Because of the research around the positive effects of kinship, many states are requiring kinship caregivers to comply with traditional foster care licensure. This practice ensures the safety and well-being of the children.

During focus groups, kinship caregivers identified three common themes they face when caring for their relatives. The common themes that emerged were:

* The relationship of kinship caregivers with the helping network.
* The relationship of kinship caregivers with the children in their care.
* The relationship of kinship caregivers with the birth parents of the children in their care.

Caring For Our Own Program is a nine-week, 27 hour support group designed to provide kinship caregivers with assistance and ideas to help them work in partnership with the helping network, the children and the birth parents of the children. The program was updated in 2011 to include information on trauma and current federal guidelines for kinship care. NC DSS has approved Caring For Our Own to serve as a 30-hour pre-licensing training.

Through implementation of the Caring For Our Own Program, agencies can expect the following outcomes:

* Children living with kinship caregivers will have their needs for emotional support, physical, developmental and safety met.
* Kinship caregivers will help children who are placed in their care achieve permanency in the shortest time frame possible.
* The children's educational growth will be supported and enhanced through the kinship caregivers' partnership with the school system.
* Older adolescents will receive the educational and vocational services they need to achieve successful emancipation (independent living).
* Kinship caregivers will have an ongoing, informal social support network made up of other kinship caregivers.[[1]](#footnote-1)

North Carolina has stated in the 2020-2024 Child and Family Services Plan that one primary goal is to increase the number of licensed kinship caregivers. At the end of SFY 2019, 3.9% of youth living with relatives were in a licensed home (106 youth). 2599 youth were living with unlicensed relatives.

1. **Background**

The mission of NC DSS is to provide family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety and permanency. NC DSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. NC DSS is seeking proposals from qualified applicants to support the work in expanding the number of Caring For Our Own training classes for kinship families; increasing the number of completed mutual home assessments for kinship families and ultimately increasing the number of youth who safely exit foster care through reunification, guardianship or adoption.

**3. Questions**

Applicants will be able to submit questions regarding the RFA by ***April 17, 2020 at 5:00 p.m.***  to Lindsay Harrison at [lindsay.harrison@dhhs.nc.gov](mailto:lindsay.harrison@dhhs.nc.gov). Questions shall only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. Answers to all questions received will be posted by ***April 21, 2020*** onthe NC DSS public notice site: <https://www.ncdhhs.gov/divisions/social-services/public-notices>***.***

# Eligibility

To be eligible to receive funding to offer Caring For Our Own training, agencies must have trainers on staff who are certified to train the Caring For Our Own model. If new staff are hired, the agency must provide verification that the staff is certified to train Caring For Our Own. Additionally, agencies must have the capacity to assist in the completion of the Mutual Home Assessment process, if assistance is requested by the County DSS agency.

NC DSS is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, therefore, must ensure that all contractors are in compliance with HIPAA. Applicants that receive this award must provide verification that they have and are implementing policies and procedures which address HIPAA requirements, specifically protected health information and breach of confidentiality.

# Award Information

All applications received by the deadline will be forwarded to the award review committee which will read, score, and rank the applications with the requirements listed in Section B1. Programmatic Requirements and Priorities. An example of the Caring For Our Own Expansion reviewer score sheet can be found in Appendix C. Nothing may be added to/or removed from any application after it has been submitted to NC DSS. Application score alone will not be the sole determinant for awards. NC DSS staff will consider overall factors, including program history, when determining final award decisions.

NC DSS anticipates posting award notices on the NC DSS public notice site by ***\_ April 24, 2020\_*** at<https://www.ncdhhs.gov/divisions/social-services/public-notices>. Awards will be deemed final. There are no protest rights from an RFA as the NC DHHS Procurement and Contract manual states: “The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest”.

**North Carolina’s Caring For Our Own *annual* *statewide* allocation for awards resulting from this RFA is *$120,000.***

**NC DSS will award grants for Caring For Our Own Expansion based on the criteria outlined in this RFA.**

**The term of any resulting award and contract is anticipated to be for one year, from July 1, 2020 until June 30, 2021.**

* 1. Federal Funding Accountability and Transparency Act (FFATA)

As an applicant of federal funds, each selected applicant will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization’s Data Universal Numbering System (DUNS) number. Please see <https://fedgov.dnb.com/webform> for free registration. Additional information about FFATA is available at <https://www.fsrs.gov/>.

5.2 Source of Funds and Pass Through Requirements

Federal Award Identification Number:   93.556

Federal Award Date:   September 7, 2018

Subaward Period of Performance:  July 1, 2020 – June 30, 2021

Amount of Federal Funds Obligated by this Action: $120,000

Total Amount of the Federal Award: $465,502

Federal Award Project Description: Promoting Safe and Stable Families; Subpart 2 Kinship Navigator Program

Federal Awarding Agency: Administration for Children and Families

Pass-through Entity: NC Department of Health and Human Services, Division of Social Services

DUNS #: Reserved

CFDA Number:  93.556

CFDA Name:  Promoting Safe and Stable Families

Is award R&D: No

Indirect Cost Cap:  10%

* 1. Governing Legislation and Funding Sources

The mission of NC DSS is to provide family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety and permanency. NC DSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. As such, the following federal and state requirements govern the administration of this RFA:

**Adoption and Safe Families Act (ASFA) of 1997**

On November 19, 1997, the President signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA recognized that innovative approaches are needed to achieve the goals of safety, permanency, and well-being and provided a funding mechanism allowing greater flexibility to develop community-based strategies to achieve positive results for families.

**Promoting Safe and Stable Families Amendments (PSSF) of 2001 and The Child and Family Services Improvement and Innovation Act (P.L. 112-34)**

The purpose of this program is to enable States todevelop and establish, or expand, and to operate coordinatedprograms of community-based family support services, familypreservation services, time-limited family reunification services,and adoption promotion and support services to accomplish thefollowing objectives:

* To prevent child maltreatment among families at risk through the provision of supportive family services.
* To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
* To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
* To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

**The Fostering Connections to Success and Increasing Adoptions Act (The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) (the FCA or Fostering Connections Act) was signed into law on October 7, 2008, as Public Law 110-351.**

FCA amended parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption, and for other purposes.) was signed into law on October 7, 2008.

**Section B. Programmatic Requirements and Priorities**

# Programmatic Requirements and Priorities

NC DSS is dedicated to increasing the number of safe and timely exits from foster care and decreasing the number of days children and youth spend in foster care. In January 2020, North Carolina had approximately 2,275 children in custody living with a relative. Of these 2,275 children, approximately 105 were in licensed foster homes of a relative and about 2,170 were in unlicensed homes. Analyzing even further, of the 2,170 children in unlicensed homes of a relative, 403 met eligibility requirements for North Carolina’s Kinship Guardianship Assistance Program (KinGAP). KinGAP is designed to support permanent placements for foster youth who are placed with relatives and other kinship caregivers. KinGAP offers financial assistance and Medicaid for youth who are placed with licensed kinship caregivers or foster parents who are committed to becoming a permanent home for the youth. The kinship caregiver must be licensed to receive monthly cash payments through KinGAP.

This RFA is to expand the Caring For Our Own training program, a program specific for kinship caregivers to become licensed, have their needs for emotional support, physical, developmental, and safety met, and support permanency for children and youth in their care. Additionally, applicants will be requested to have a plan for assisting in the completion of the Mutual Home Assessment for all families who participate in the training. Applicants will also be requested to have a plan to license identified families after completion of the training.

The initial target of the expanded Caring For Our Own training program is to train and complete Mutual Home assessments for the homes of the approximately 403 youth in foster care who are eligible for KinGAP (as of January 2020).

Applicants implementing this program will offer two paths for families who participate:

Path 1: Contracting agency will train the family in Caring For Our Own curriculum and complete a Mutual Home Assessment (MHA). The licensure process will be completed by the county child welfare agency.

Path 2: Contracting agency will train the family in Caring For Our Own curriculum, complete a MHA, and license the family.

The applicants will be in communication with the county DSS and the family to decide if the family will complete the licensure process and to address any barriers to the family completing full licensure.

North Carolina’s 2020 - 2024 Child and Family Services Plan (CFSP) (<https://www.ncdhhs.gov/divisions/social-services/program-statistics-and-reviews/child-welfare-statistics>) outlines the state’s commitment to the safety, permanency, and well-being of children and youth. NC DSS has a commitment to recruit and maintain a sufficient pool of diverse families who are skilled to meet the unique needs of children and youth in foster care.

North Carolina’s statewide Diligent Recruitment and Retention Plan (DRR) outlines 3 targets that are grounded in North Carolina’s commitment to permanency for children. Through diligent recruitment and retention efforts, North Carolina aims to increase stability of foster care placements, achieve permanence for children in a timely manner, provide safe and nurturing environments for children who cannot remain in their own homes, and ensure foster, adoptive and kinship families have what they need to meet the well-being needs of children and youth for whom they are caring.

Through the Caring For Our Own training expansion, Target 3 of the DRR, *“Increase the number of licensed kinship placements”*, will be supported through removing barriers to kinship training and licensure and increase the number of children and youth who are placed in licensed kinship placements. With the ultimate goal of increasing the number of safe and timely exits from foster care to guardianship and receive KinGAP benefits.

1. **County Child Welfare Agency Collaboration:**

The Caring For Our Own training expansion relies on a commitment of partnership and collaboration between the agency providing Caring For Our Own training and county child welfare agencies to ensure kinship caregivers are being educated, engaged and supported when exploring Caring For Our Own training and subsequent licensure. Successful collaboration depends upon agency’s ability to effectively maintain open lines of communication regarding the needs of children and families, timely updates on the status of mutual cases, and provide required program documentation as scheduled.

Caring For Our Own contract agencies and county child welfare agencies must communicate about the needs of the youth and family and expectations during the training, Mutual Home Assessment, and licensure process. Caring For Our Own contract agencies and child welfare agencies shall present to families a partnership approach and commitment to successful permanency.

Caring For Our Own contract agencies must collaborate with county child welfare agencies, as well as the family, to determine if the contract agency will continue to license the family once the family completes the training program.

1. **Outcome Accountability and Evaluation**

Applicants must demonstrate the capacity to achieve positive outcomes for children and families who participate in their services. Outcome accountability is demonstrating that the expenditure of staff time, funding, and other resources result in tangible positive changes for children and families. To allow for consistency in analyzing statewide data and compiling performance reports, all Caring For Our Own contract agencies will be required to measure these outcomes:

* + - Complete at least 12 Caring For Our Own training classes with at least 15 participants per class between June 1, 2020 – June 30, 2021.
    - 95% of Caring For Our Own training class participants will have a completed Mutual Home Assessment.
    - 85% of families who complete the training and Mutual Home Assessment will become licensed kinship families.
    - 90% of families served will report improved knowledge about parenting or child wellbeing.

Applicants must describe how they will evaluate client and program success, their continuous quality improvement process, and success in past programming and outcomes achieved.

1. **Participant Eligibility Requirements**

Applicants must document the following:

1. The capacity and resources to facilitate ongoing Caring For Our Own training sessions. This includes staff, space, and equipment.
2. A plan that addresses potential barriers that may prevent families from participating in Caring For Our Own training such as travel and child care.
3. A plan to complete the Mutual Home Assessment process for each family participating in Caring For Our Own Training.
4. A plan to license kinship caregivers who are trained through Caring For Our Own.

Upon execution of this contract, contractors shall document for all staff and volunteers having direct contact with children or families on an ongoing basis, completion of a criminal history background check. This check should also include a check of the National Sex Offender registry. Any prior felony convictions or other abnormalities must have written evidence of supervisory review and acknowledgement, which justifies employment. This documentation shall be kept within the volunteer or employee personnel file and will be subject to review during an on-site monitoring visit.

Contractors will also be required to participate in additional training, technical assistance and peer networking opportunities that may be provided through NC DSS, if awarded funding.

1. **Reporting Requirements**

If awarded funding, the following are required reporting for all contractors:

***Monthly:***

* DSS-1571 III Administrative Costs Report, by the 10th of each month. Agencies with subcontract(s) must include monthly DSS-1571 Report(s) completed by the subcontractor(s). DSS-1571 Report(s) must be submitted monthly even if no costs are incurred.

***Quarterly:***

* Completed Performance Status Report due October 10, 2020, January 10, 2021, April 10, 2021and July 10, 2021, which shall include data on program activities, outputs and outcomes.

***Annually:***

* The July 10, 2021 submission shall count as the Year End Performance Status Report, which shall include raw and aggregate data of pre/post tests and satisfaction surveys for any services/activities provided under this contract and cumulative end of year data and outcome results.

**Section C. Request for Application Specifications**

**1. How to Apply**

The RFA and instructions can be obtained by going to <https://www.ncdhhs.gov/divisions/social-services/public-notices>. Applications must be submitted by adhering to the following format:

* Type must be 12-point font size.
* The application must be typed on 8 ½” x 11” white paper and single spaced.
* Adhere to page limits. ***Do not*** add additional pages when responding to this application. Points will be deducted during scoring for applications that exceed page limits.
* Number each page consecutively.
* Applications ***must not*** be stapled or bound – instead use binder clips or paperclips.
* Respond to each criteria listed in this RFA in the order requested. ***Include section headings*** in the Scope of Work as listed in the application checklist. ***Do not*** insert page dividers.
* The ***Application Checklist*** (Appendix A) is required and provides the order for required documents.

**The applicant must submit the Direct Client Services Face Sheet of the RFA with all fields completed and signed by an authorized official of the applicant’s organization.**

Applications must be received no later than 5:00 p.m. April 24, 2020. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding. All applications must be submitted via email to Lindsay Harrison [Lindsay.harrison@dhhs.nc.gov](mailto:Lindsay.harrison@dhhs.nc.gov). Acknowledgement of Receipt will be sent via email.

**2.** **Written Questions**

All inquiries regarding the grant must be submitted via email by April 17, 2020 to Lindsay Harrison [Lindsay.harrison@dhhs.nc.gov](mailto:Lindsay.harrison@dhhs.nc.gov).

**3.** **Application Selection and Scoring**

An award committee will review and score all applications received by 5:00pm on April 24, 2020. All qualified applications will be evaluated, and awards made based on the criteria outlined in the Caring For Our Own Reviewer Score Sheet **(Appendix C)**, to result in awards most advantageous to the State.  Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the core factors indicated on the score sheet. NC DSS will consider scores, organizational capacity, distribution among all 100 counties, past contract performance, program history and variety of quality improvement plans in determining awards.  Please note that applicants not meeting the eligibility requirements or any of the minimum or mandatory requirements will not be scored.

**4.** **The NC DSS reserves the right to:**

1. Modify the application and budget with the help of the applicant. Items that may be modified include, but are not limited to goals, costs, performance and reporting requirements.
2. Allow or disallow budget amendments during the performance period of project.
3. Monitor the program based on the Division’s Contract Monitoring Plan.
4. Implement any change or requirement mandated by State or Federal law during the life of a project.
5. **Applicant Financial Capacity**

Applicants must have the financial capacity to operate without reimbursement for at least ninety (90) days of the project period. Applicants funded through this grant must submit all requests for payment and expenditure reports by the 10th of each month following the month of service.

1. **Period of Performance**

The term of any resulting award and contract is anticipated to be for one year, from July 1, 2020 until June 30, 2021.

**7. Costs**

Allowable and appropriate costs must be reasonable and necessary for the project.

**Section D. – Application Contents and Instructions**

The application from the applicant shall include the following items:

1. **Proposal Summary:**

The summary encompasses all the key points necessary to communicate the objectives of the project. It is the cornerstone of the proposal, and the initial impression of the plan. In many cases, the summary is the first part of the proposal package seen by the reviewers and can play an important role in the acceptance or the denial of the application.

Please provide a clear and concise description of the program. Summarize the major points including the community being served, the number of participants who will be served annually (# of families trained annually), # of children and youth residing in the kinship home of Caring For Our Own training class participants, county child welfare agencies served, # of families completing Caring For Our Own class, # of families pursuing licensure, # of families pursuing guardianship, physical location where the participants will be served, the activities proposed (frequency, intensity and duration), and who will administer the program.

1. **Organization Background and Qualifications- Describes the organization and its qualifications for funding:**

Successful applicants have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to strong programmatic and fiscal policies and procedures, adequate staff, professional development opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

Applicants must be able to demonstrate the ability to successfully implement Caring For Our Own curriculum, partner and collaborate with community resources to meet the needs of children and families, and utilize lessons learned from past experiences to build a successful program.

Identify your organization’s mission and goal(s).

Briefly describe the organization’s history, structure, and capacity to serve and reach the target population.

Provide a brief summary of your organization’s experience in providing Caring For Our Own training and facilitating the licensing of kinship families. This can be presented in a chart. The following data points covering the state fiscal year (SFY 18/19) must be included in this summary:

1. The number of families enrolled in Caring For Our Own training.
2. Of those families enrolled, the number who completed Caring For Our Own training.
3. Of the number who completed training, the number who had a completed home study.
4. County child welfare agencies served.
5. The total number of rostered Caring For Our Own facilitators.
6. The total number of Caring For Our Own training sessions completed.

Include past accomplishments and evidence of the program’s impact in the community served.

Describe your strategic plan for implementing Caring For Our Own and completing the Mutual Home Assessment process. Please include examples of how your agency utilizes data to drive performance.

What position(s) will oversee the administration and supervision of the proposed services and what are their qualifications?

Provide details regarding the following:

* Any **criminal** **convictions** of any officers, directors, employees, agents or subcontractors of which the agency has knowledge *or a statement that there are**none;*
* Any **criminal** **investigations** pending against any officers, directors, employees, agents or subcontractors of which the agency has knowledge *or a statement that there are none;*
* Any **regulatory sanctions** levied against any officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies **within the past three years** of which the agency has knowledge *or a statement that there are none*. As used herein, the term “regulatory sanctions” includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings;
* Any **regulatory investigations** pending against any officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies of which the agency has knowledge *or a statement that there are none.*

**Note: NC DSS may reject a proposal solely based on this information.**

* Any of the agency’s directors, partners, proprietors, officers or employees or any of the proposed project staff are related to any NC DHHS employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
* Assurance that the agency and the proposed agency staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and Human Services.

Include an **organizational chart (positions only, no names)** of your agency showing how the program fits into the organization’s structure.

1. **Needs Assessment (Problem Statement)**

Describe the need(s) as it relates to placement stability and timely permanence through training and licensing kinship caregivers within the counties you are partnering. This should be a clear, concise, well-supported statement of the needs and why the program will improve outcomes for children and youth who achieve permanency through the kinship training and licensing process. ***Data and noted citations must be used to support need statements***. Proposals shall include:

1. Statistical information which may include but is not limited to: description of child population (age, race, ethnicity, sibling groups, and mental, physical, and emotional disabilities) to be served, number of children placed in kinship homes; # current rostered Caring For Our Own facilitators in proposed service area.
2. How county departments of social services support Caring For Our Own needs and how the proposed Caring For Our Own will augment existing county programs.
3. The proposal should include information on the likely outcome for children/youth and families if the program is not implemented.
4. **The Plan of Action (Project Design & Activities)**

The Plan of Action refers to how the project is expected to work and solve the stated need. Applicants must also describe methods for evaluating outcomes and program success.

The following questions should be answered when drafting the Plan of Action section:

Caring For Our Own Training

* Describe your agency’s ability to provide Caring For Our Own trainings including # staff available, space where training will take place, resources (equipment, food, daycare, etc.), anticipated # of families trained per year.

Collaboration with County Child Welfare Agencies

* Describe how your agency currently partners or collaborates with county child welfare agencies?
* If you currently provide Caring For Our Own services, describe your agency process and timeframe for initiating communication and sharing of information regarding shared cases. Who is responsible for ongoing communication? Describe relationships with county child welfare agencies.
* Describe how your agency will communicate and document with the county child welfare agency and decide on who will:
  + Complete the Mutual Home Assessment.
  + Facilitate licensure of the families after the completion of the Caring For Our Own class.

Outcome Accountability and Evaluation

* How will you evaluate client and program success? Discuss evaluation tools or surveys to be utilized.
* Describe your data collection process. Who is responsible for this?
* Describe your continuous quality improvement process.
* Describe your agency’s success in past programming and outcomes achieved (not necessarily Caring For Our Own). How was this programming evaluated?

1. **Applicant’s Performance Measures:**

Provides an understanding and description of aligning the goals of the funding and the application. In the table below, complete the baseline and target values for each measure. If your agency will not provide one of the measures, list “N/A” in both the baseline and target columns. Complete Appendix B: Performance Measures Chart and include in application.

**Performance Measures**

|  |  |  |  |
| --- | --- | --- | --- |
| Performance Measure | Measure Type | Baseline Value (estimated value as of July 1, 2020) | Target Value (as of June 30, 2021) |
| Number of Caring For Our Own classes completed | Output | \_\_\_\_\_\_\_\_ Classes | \_\_\_\_\_\_\_\_ Classes |
| Number of families completing Caring For Our Own class | Output | \_\_\_\_\_\_\_\_ families | \_\_\_\_\_\_\_\_ families |
| Number of individual participants completing Caring For Our Own class | Output | \_\_\_\_\_\_\_\_ participant | \_\_\_\_\_\_\_\_ participant |
| Percentage of class participants with a completed Mutual Home Assessment | Output | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |
| Percentage of families who complete the training and Mutual Home Assessment will **become licensed kinship families** | Output | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |
| Percentage of families participating in Caring For Our Own class reporting improved knowledge about parenting or child wellbeing. | Outcome | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |

# Budget and Narrative

The RFA budget shall constitute the total cost to provide the services. The line items should be necessary, allowable, and reasonable. For example, if setting a salary for a position, check the fair market value for the salary of the similar position in the similar area. The budget should indicate a clear relationship with the project.

Every line item should have a narrative. A budget narrative is the justification of how and why a line item is required to meet the goal of the project.

Applicants are required to submit a line-item budget for State Fiscal Year 2020-21 on form DSS 6844 and a budget narrative justifying each line item

The budget and budget narrative are subject to the following requirements:

* All funds are distributed on a reimbursement after expenditure basis.
* Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following link: <http://www.osbm.state.nc.us>
* Funds may not be used to purchase or renovate real estate nor purchase or lease vehicles.
* Tangible equipment costing $3,000 or more requires justification and three price quotes.
* Funds from this award may not be used to supplant other funds.
* Award amounts do not require a local match.

Final grant awards may not match proposed budget. Award amounts will be determined based on number of grants awarded, service areas covered, and total available statewide budget.

**APPENDIX A**

**Application Checklist**

**(All required documents can be accessed in the Appendix Sections)**

Application Checklist

Direct Client Services - Face Sheet

Application Contents – include the following sections:

Proposal Summary

Organizational Background/Qualifications (include the following attachments):

* Organizational Chart
* Organizational Experience Chart

Needs Assessment

Project Design/Activities (include the following attachments):

* + Performance Measures Chart

Budget and Budget Narrative

FFATA Verification (non-governmental agencies)

**Appendix B**

**Performance Measures Chart**

**Instructions:** Complete this chart and include in your grant application.

|  |  |  |  |
| --- | --- | --- | --- |
| Performance Measure | Measure Type | Baseline Value (estimated value as of July 1, 2020) | Target Value (as of June 30, 2021) |
| Number of Caring For Our Own classes completed | Output | \_\_\_\_\_\_\_\_ Classes | \_\_\_\_\_\_\_\_ Classes |
| Number of families completing Caring For Our Own class | Output | \_\_\_\_\_\_\_\_ families | \_\_\_\_\_\_\_\_ families |
| Number of individual participants completing Caring For Our Own class | Output | \_\_\_\_\_\_\_\_ participant | \_\_\_\_\_\_\_\_ participant |
| Percentage of class participants with a completed Mutual Home Assessment | Output | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |
| Percentage of families who complete the training and Mutual Home Assessment will **become licensed kinship families** | Output | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |
| Percentage of families participating in Caring For Our Own class reporting improved knowledge about parenting or child wellbeing. | Outcome | \_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_ % |

**APPENDIX C**

**Reviewer Score Sheet**

Applicant Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Evaluation Factor** | **Clarification** | **Yes / No** |
| 1. **Proposal Summary** |  |  |
|  | * Applicant provides a clear and concise summary of proposed services. |  |
| 1. **Organizational Background/ Qualifications** |  |  |
|  | * Organizations mission statement and goal(s) are clearly stated and relate to programming. |  |
|  | * Briefly describe the organization’s history, structure and capacity to serve the target population. |  |
|  | * Applicant states the position(s) who will oversee services and the qualifications of identified staff. |  |
|  | * Applicant includes a description of its strategic plan (including evaluation of subcontractors, if any) for implementing Caring For Our Own. |  |
|  | * Applicant clearly provides examples of how the agency uses data to drive performance. |  |
|  | * If Caring For Our Own was previously provided by applicant, a summary of accomplishments and community impact is provided. |  |
|  | * Applicant provides an overview (chart acceptable) of organization’s experience in providing Caring For Our Own services. |  |
|  | * Applicant provides a summary of any criminal convictions/investigations and regulatory sanctions/investigations or a statement that there are none. |  |
|  | * Organizational Chart is included and provides evidence that there is a support structure in place. |  |
| 1. **Assessment of Needs** |  |  |
|  | * Demographics of the service population are provided. |  |
|  | * Applicant speaks to the outcomes of placement stability and timely permanency through Kinship family training and completion of home assessments and how the proposed services will address NC DHHS’s vision. |  |
|  | * Program fits into the community’s continuum of services and is not duplicative. |  |
|  | * Clearly stated sources of needs assessment data. |  |
| 1. **Project Design/ Activities** |  |  |
|  | * Describe your agency’s ability to provide Caring For Our Own trainings including # staff available, space where training will take place, resources (equipment, food, daycare, etc.), anticipated # of classes and families trained per year. |  |
|  | * Applicant explains how it currently partners and/or collaborates with local county child welfare agencies. |  |
| * Relationships with the region’s Departments of Social Services are discussed. |  |
| * If Applicant currently provides Caring For Our Own services, it describes their process and timeframe for initiating services and sharing of information. |  |
| **V. Performance Measures** |  |  |
|  | * Applicant explains how it will evaluate client and program success, including evaluation tools/surveys to be utilized. |  |
|  | * Applicant describes its data collection/evaluation process and who is responsible. |  |
|  | * Applicant explains their continuous quality improvement process. |  |
|  | * Applicant describes success in past programming and outcomes achieved (not necessarily Caring For Our Own). The applicant describes how this programming was evaluated. |  |
|  | * Performance Measures chart completed. |  |
| 1. **Budget and Narrative** |  |  |
|  | * The budget is appropriate and supports the Project Design/Activities. |  |
|  | * The budget narrative provides justification for each service area, is clearly articulated and sufficient to support the goals and activities outlined in the proposal. |  |
| **FINAL SCORE** | Total number of “Yes” marks \_\_\_\_\_\_ Total number of “No” marks\_\_\_\_\_\_\_ |  |

Please identify strengths/concerns/questions/comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference Documents**

**On-Line Required Application Documents and Corresponding Instructions:**

* DSS-6844 [Budget Template](file:///\\wp5dssfp01p\data\hq\dsshq\shared\GROUPS\CS\Adoption%20Services\Post%20Adoption%20Support%20Services%20(PASS)\PASS%2018-20\2018-2020%20RFA\Budget%20Template%202013.xls)
* Budget Narrative
* Tips Regarding the Budget Narrative

1. Source: <https://www.gomapp.com/caringforourown.php> [↑](#footnote-ref-1)