LIVE UNITED
United Way
United Way of King County

GENERAL INSTRUCTIONS

Application Due: No later than 12:00 Noon on Monday September 18

- Follow the instructions for submitting your application with care. Start early so you can identify any issues and get help. Contact United Way staff with questions. We are here to help.
- Applications are completed online using United Way's web-based application system, eCIMPACT.
- If desired, you can draft responses in Word, then copy and paste into the online application form. When you log into eCIMPACT you will have access to an Application Word Template, found in the Resource Center section.
- Applications are due by 12:00 Noon on September 18th. The online application system will close at this time, so you will not be able to submit a late application.
- Technical assistance may not be available at the last minute. Allow enough time to finish and submit ahead of the deadline.
- Review the RFP closely while writing your application. It highlights the goals and kind of information we look for in reviewing applications.

Application questions and review criteria let you know what reviewers will look for in the response to each question.
- It is very important that you read the review criteria for each section before answering questions. Make sure your response addresses all the review criteria.
- Funding decisions are never made based on numerical scores alone. However, the scores are a starting point and the review criteria listed below form the basis for decisions throughout the process.

Racial Equity

Questions related to racial equity are based on best practices that promote racial equity. Questions are integrated throughout the application; please answer the questions within each of the contexts, e.g. agency commitment, population served, service strategy and staff qualifications. All investments are intended to focus on populations where we see disparities: low-income, people of color, immigrant/refugee and English language learners. Focus population information is available in the RFP.

COMPLETING THE APPLICATION QUESTIONS- TIPS

- Answer all questions as completely as possible, noting the character limits. If you run out of space, use the review criteria to determine what is most important to include.

- Be brief while ensuring you've answered the question; reviewers must read and evaluate numerous applications. Do not add additional information that is not requested or does not respond directly to the review criteria.

Application Questions, Instructions and Review Criteria

Question	Instructions	Review Criteria (points)
General Applicant Information		
•Primary contact name for this application	Enter the name of the person who is the primary contact for this application.	No score
•Title of contact person	Enter the Title of the person who is the primary contact for this application.	
•Email address	Enter the email address of the primary contact person for this application	
•Telephone	Enter the daytime phone number for the primary contact person for this application.	
•Check if Text Telephone (TTY)	Check if Text Telephone (TTY) is required to communicate with the primary contact person.	
•Is your organization requesting funds to expand an already existing PCHP program or develop a new PCHP program?	Tell us whether you want to expand a current PCHP program or start a new one.	
Agency Summary		**20 (MAX)**
1. Agency Mission	Provide a brief statement describing the agency's core purpose.	Mission is consistent with goals for this investment. (No score)
2. Year agency was created	Enter the year in which your organization was established.	No score
3. How are your staff and board members involved with the communities you serve?	Explain how your organization is an important member in the geographic or demographic community you serve, how the organization has built trusted relationships and gained respect with the community served.	•The agency is an important member of the community it serves. •The agency has a positive relationship and is respected by the population or community served. •The agency supports and participates in community activities. (5)

4. How do your staff and board members represent the race, culture, gender and other characteristics of the people you serve?	Briefly describe the level of diversity among your management/leadership staff and board of directors. Share how your staff and board of directors matches your agency service population. For example, if over half of the population you serve identify as African American, do you have a similar proportion of African American members on your board and in leadership positions?	•Agency decision-making leadership reflects service population very well OR Agency has a plan for improving diversity of leadership. (5)
5. Describe how your organization is well-positioned to deliver the PCHP model.	Consider factors such as: • Support from organizational leadership, alignment of PCHP with organizational mission, strategies, value, and culture • Experience delivering PCHP, another evidence-based or evidence-informed intervention, and/or an early learning service • Any outcomes achieved in previous implementation of PCHP, or another early childhood or home-based intervention • Expertise in racial equity and culturally relevant service delivery	•Agency demonstrates buy-in for the program, clear alignment of PCHP with organization's other work, knowledge of focus population and how to serve them in a culturally relevant way. (5)
6. How does your organization continuously learn about community needs, satisfaction with services and opportunities for improvement?	Briefly describe efforts your organization takes to receive feedback regularly from the community you serve.	•Agency demonstrates systems for gathering feedback from the community and using it to both inform program development and improve service delivery. (5)

Population Served		30 (MAX)
7. Describe the need for PCHP services in the community/ies you plan to serve and why you have chosen the PCHP model for that community.	Using data from the sources provided in the "Data Sources" section of the RFP and any additional data (including anecdotal, community/parent perceptions of need), describe the need for these specific services in your community, as well as any interest expressed by the community. Include why the PCHP model in particular fits best. Consider factors such as the core components of PCHP, how services are delivered, and the expected outcomes.	•Proposed area and population are not duplicative of current PCHP services, i.e. services would reach new, or fill gaps in existing areas/populations •Strong case made for the need for this specific program (PCHP) for the proposed population •Proposed population/community shows interest/need for PCHP model. (10)

8. Please specify the estimated number of families to receive PCHP services. A typical PCHP program will serve 40 families over the first 2 years. 8a. Ethnicity & Race # Hispanic (of any Race) # African American/Black # African immigrant, Other African (Ex. Somali, Ethiopian, etc.) # American Indian/Alaskan or Aleut # Asian, Asian American (Chinese, Japanese, Korean, Filipino, etc.) # Southeast Asian (Vietnamese, Thai, Iu Mien, Hmong, Cambodian, etc.) # Native Hawaiian or Pacific Islander # Middle Eastern (ex. Iraqi, Pakistani, etc.) # White/Caucasian # Multiracial # Other Race 8b. Please specify the estimate number of families to receive PCHP services in the following geographic regions: North King County ____# East King County ____# Seattle ____# South King County ____# Other (please explain): 8c. Tell us anything else we should know about your target population. Note anything special about your program participants that is not included in the categories above. (e.g. age, additional	Include estimated number of your total participants in the corresponding categories: 8a. Include the estimated number of participants by race/ethnicity. The total should add up to the number you plan to serve in your program. 8b. Include estimated number served by geographic region. 8c. Describe the population expected to participate in services in terms of age, race, ethnicity, culture, languages spoken, immigrant/refugee status, gender, sexual orientation, income, disability, housing situation or any other characteristics relevant to the need for services or service methods. Share how you are reaching PCHP focus populations.	•Population to be served is consistent with goals for the investment. •It is clear that participants fall into one of the priority focus populations for the investment. •The organization currently works with/in proposed target population/area, has an existing relationship with this community (10)

ethnicity categories, culture, languages spoken, gender, sexual orientation, income, housing situation or any other characteristics relevant to the need for services or service methods). If relevant, give estimates of the number of participants in each additional category. (For example "5 homeless families", or "10 LGBTQ families").		
9. Describe how you recruit and retain families for your programs. Do you plan to use these same strategies to recruit families for PCHP? If not or if using additional strategies, please describe.	Describe how you will recruit the families into PCHP and your experience using these strategies.	• The organization has experience working with and in the proposed community. • The organization has a successful history of recruiting and retaining participants from the proposed community. • The organization has firsthand knowledge and experience with specific strategies effective in the community to be served. (10)
Program Delivery & Support		**30 (MAX)**
10.What additional staffing capacity will you need to expand a current program or start a new program at the proposed level of service? How do you attract and retain staff from the communities you serve? Describe how you hire and retain staff from these communities.	Describe how your organization has the staffing to provide PCHP with a language and cultural match of each family's home language, e.g. language(s), staffing.	• Organization employs and has the ability to retain staff from the community to be served. • Program will be adequately staffed according to the PCHP model. (15)
11.Describe any partnerships or service coordination efforts your organization has in place, formal or informal, that can support referrals for PCHP children and families. Include additional referral resources you hope to build to support children and families in PCHP services.	While PCHP home visits focus on play and parent- child interaction, PCHP families often have needs beyond what the PCHP program provides. Give examples of how your PCHP program will partner or coordinate with other programs or organizations to offer referrals for family needs.	•Demonstrates anticipation of PCHP family needs and current partnerships or plans for additional partnerships that will meet those needs (15)
Program Evaluation		**10 (MAX)**

12. What is your organization's experience with collecting, tracking and analyzing outcomes and other data? What additional data systems capacity do you anticipate needing related to PCHP?	• Describe your experience with program evaluation, tracking, analyzing and reporting outcomes data. • Describe plans to coach home visiting staff in observational tools and data collection.	• Organization has a system for collecting and reporting on data, including tracking data for populations where there are racial disparities, and uses data for program improvement. • Organization has an understanding of what data systems capacity is needed for PCHP. (10)
Annual Budget Planning		**10 (MAX)**
13. Typical program costs average $4,300 per family per year. See Program Budget Template for a sample of how funds might be spent. How well will this cover PCHP program costs for your agency? How will you supplement if needed?	• Applicants will not submit budgets as part of this process. Budgets will be prepared once applicants are awarded funds. Applicants should, however, draft a budget using the template provided to make sure that they are able to deliver PCHP services for the per family amount of $4,300. Start-up costs are in addition to this amount. • Describe any issues you anticipate with serving families using the PCHP model within the allotted budget per family. • If there are concerns about this average cost per family, describe in general how you plan to supplement.	• Answer demonstrates ability to stay within the $4,300 amount per family or a plan to supplement if needed. (10)
		100 (MAX)