

Instructions

Region: 11

Service: Respite as Prevention

Anticipated Allocation: \$15,000

Narratives may not be more than 5 pages in length.

6 Copies and 1 original signed in **BLUE** ink must be sent to the address below. Completed packets must be submitted by **both US Mail (post marked) and email** no later than **August 23, 2013, 5:00pm** (EST) to:

Children's Bureau, Inc.
Dawn Talbot
15530 Herriman Blvd.
Noblesville, Indiana 46060
dtalbot@childrensbureau.org

This RFP is being put back up for consideration at the request of the Regional Service Council. Please make sure the following specific information is addressed:

- **Capacity:** How many homes do you have available in each county to provide respite services?
- **Center-based:** If you have a shelter or other facility that is used for respite, describe the process and how you would/could provide transportation to those that need it?
- **What is your referral base for the program?**
- **What is the unit rate (per family)? And what does this provide? Does it pay for case management services, are the respite providers paid with this money, is it for administrative costs? Be specific in the budget.**

If a contract is awarded, the subcontractor must provide proof of insurance meeting the state standards and have "Children's Bureau, Inc." listed as an additional insured on the certificate. A copy of this must be received before any agreement can be executed.

**Interim Early Intervention Plan Form
For 2013-2014**

Prevention Services:

Primary Prevention

The first level of prevention, primary prevention, focuses on strategies for the general public. Primary prevention strategies often seek to strengthen family functioning. The philosophy of primary prevention is that keeping children safe from abuse and neglect is the responsibility of the entire community. The long-term goal of such strategies is to educate the entire community to create social change that is intolerant of child maltreatment.

Secondary Prevention

This level of prevention services focuses on those who are at-risk for abuse and neglect of their children. These include high stress familial situations, lack of familial or community support and young maternal age. Possible goals of at-risk based (secondary) prevention services could be to: increase parents' parenting skills and strategies; enhance connection between at-risk parents and resources or services in the community; increase parents' skills in coping with stresses of caring for children with special needs; and to increase access to social and healthcare services for all community members. These goals ultimately seek to strengthen family functioning and keep children safe from abuse and neglect.

We, the RSC (Regional Service Council), wish to purchase the following prevention services in Region 11:

Name of Prevention Service Respite Care as a Prevention Service

Description of service to be delivered: Programming will be developed and delivered in Hamilton, Hancock, Madison, and Tipton counties to provide services that will address the following areas:

- Crisis Respite
- A temporary interval of rest or relief from emotional exhaustion for parent(s), or caregivers of children, who are at risk of abuse and neglect.

The programming will be made available as a prevention service to the children/families residing in Hamilton, Hancock, Madison, & Tipton counties in Region 11. **Programming will be physically delivered in each of the counties in Region 11.**

Description of evidence based outcomes: Data will be compiled outlining at a minimum the number of children/families served in each of the four counties in Region 11 (Hamilton, Hancock, Madison, and Tipton); what specific services were delivered; number of children; number of children that were served that then were adjudicated CHINS or Delinquent.

Service Standard
Respite Care as a Prevention Service
Region 11: Hamilton, Hancock, Madison, & Tipton Counties

I. Service Description.

Respite is a temporary interval of rest or relief from emotional exhaustion for parent(s), or caregivers of children, who are at risk of abuse and neglect. Respite care can be both crisis (emergency) and referred or planned, and in the case of preventative respite care, the service will originate with the onset of a crisis situation facing the caregiver. Care giving services may be in a free standing facility or given in or away from the child's home and may be for a few hours or extend to a maximum of 14 days (see Service Delivery for details). Well planned and carried out respite services reduces stress and promotes the safety, well-being, and stability of families. This service will also provide an after-care plan to include a referral to Community Partners for Child Safety (CPCS).

II. Target Population.

Indiana children from birth to age 17 who are at risk of abuse and/or neglect due to the onset of adverse circumstances facing the child's caregiver(s). Preference will be given to providers that are able to provide this service to all age groups, including newborns and toddlers. Referrals into Respite for this contract may only come from the CPCS provider. The service is then initiated and agreed upon by the child's parent or guardian.

Children meeting the following conditions are **not** candidates for Respite as Prevention care as defined for these prevention dollars:

- Children with the status of CHINS and/or JD/JS.
- Children who are in foster care.
- Children actively infected with a communicable disease.
- Children whose caregivers have alternative means of child care.

III. Goals and Outcome Measures.

Providers are to define how they will measure the required outcomes. The goal of the Respite as Prevention program is to provide parents and caregivers a "break" when they are feeling emotionally exhausted and can no longer care for their child(ren), putting them at-risk for abuse or neglect. Possible outcome measurements are to use pre/post self-reports by parents to measure the emotional well-being before and after. Another measurement could be satisfaction surveys to, at a minimum, measure client satisfaction with the respite service.

Goal 1: Increased preservation of families through prevention services.

- Reduced number of reports of child abuse and neglect.
- Reduced number of CHINS

Goal 2: Services will be received and responded to within a timely manner.

- 100% of requests for services will be addressed within 4 hours of the call/referral for crisis respite, and the next business day for referred/planned respite.

Goal 3: Parents/Caregivers will report that the Respite service significantly reduced family stress and prevented increased risk factors

- 90% of families surveyed about Respite services will report that the service was beneficial in preventing risk factors and reducing stress.

IV. Qualifications.

Administrative Standards:

1. The service provider shall comply with federal and state laws and regulations safeguarding client information and the personnel system shall comply with all applicable laws, statutes, regulations and equal employment opportunity mandates.
2. The service provider shall have a participant record system that includes, but is not limited to:
 - A written policy on the confidentiality and protection of records which states the use and conditions for removal of records, conditions for release of information and client authorization for release of information not otherwise authorized by law.
 - A written policy providing for the retention and storage of records as required for audit purposes and in the event the program discontinues operation.
 - Maintenance of records on the premises in a manner that is confidentially secure.
3. The service provider shall assure accessibility of services to persons with disabilities.
4. The service provider shall obtain and retain adequate insurance to guard against liabilities.
5. The service provider shall provide timely orientation to its employees that transmit the values philosophy and mission of this agency.
6. The service provider shall inform staff of laws, policies, procedures and individual reporting responsibilities regarding abuse, neglect and mistreatment of the person being cared for prior to the actual service delivery.
7. The service provider shall periodically assess the need for specific staff training programs.
8. The service provider shall have an evaluation system.
9. Have policies and procedures that address:
 - Program mission and philosophy.
 - Types of service.
 - Standards of care for children receiving services.
 - General emergency procedures.
 - Family and child rights and responsibilities.
 - Family confidentiality.
 - Program entry and departure procedures.

- Record keeping.
- Medication administration.
- Transporting children.
- Staff behavior and expectations.
- Staff communication.
- Staffing ratios and job descriptions.

Program Standards:

Service Providers shall:

- Match children with respite providers who meet their needs, and are familiar with their daily routines, preferred foods and activities.
- Provide clear admission and discharge procedures which includes that a child will only be released to a person listed in the plan of care and the caregiver should call the agency immediately if they sense a safety risk.
- Provide information on the plan of care to respite providers.
- In emergency/crisis respite situations the agency shall have age appropriate interventions to help the child cope with the trauma and stress of the situation. This should be documented in the plan of care.
- Highly discourage corporal punishment and recommend, encourage, and if necessary, teach the use of disciplinary methods such as time outs, redirection and positive reinforcement.
- Conduct satisfaction surveys with the family of the child in respite, the caregivers and the child if over 7 years old and able to respond.
- Offer training opportunities to staff and caregivers and keep a current list of other pertinent community trainings available.
- Be responsive to families needs. Families should have a choice of provider if possible and be able to request a change in provider. Respite services should be family friendly and easy to access. It should be clear what families need to do to receive services. The service options should be developed so that a variety of needs can be met and is flexible and responsive to the changing needs of families as possible.
- Instruct caregivers to report to the agency promptly any accidents, health problems or changes in appearance or behavior of a child in care.

Service Delivery:

Service Providers Shall:

- Limit number of children in respite home to 5 with no more than two under the age of 2. Exceptions can be made for sibling groups, if worker evaluates the provider home and recommends that a higher number of children can be provided quality care. This should be documented in the case file. If a child has therapeutic or medical special needs the number of children in a providers care should be evaluated and documented.

- For children under the age of 4, they are not to remain in Respite care for more than 4 consecutive days. The maximum number of consecutive days is to be no more than 7 and the maximum number of total days is to be no more than 14 for the contract period. If there are needs that require the child to stay longer than outlined, prior authorization is required.
- It is highly recommended to partner with another agency, if needed, to provide maximum service delivery and coverage of the region.
- Maintain a 24 hour contact phone number with an on-call staff available. Service providers must be able to accept calls 24 hours a day, seven days a week and during holidays. Non business hours: Designated service provider staff shall receive calls via phone, cell phone or pager contact and will notify supervisory staff of the need for emergency care. Contact will be initiated with the client to arrange an intake at the service provider office, clients home, hospital or any other safe place.
- Provide caregiver with an on-call number and the child's health care contact information and known allergies.
- Have a method to assure client (child/child's family and caregiver) input on matters pertaining to program activities.
- Have a method/plan to advertise service availability in all four counties within the Region.
- Respite is to be available for families in all four (4) counties within the region. If the service provider does not have Respite homes/centers established in any one of the four counties, they are to be able to provide the family with transportation to the Respite provider. If the family is unable to transport themselves to receive Respite care, the service provider is to have a plan for assisting with transportation.
- All families receiving Respite care will be referred to Community Partners as part of the aftercare and follow-up plan.
- Each family is to have an aftercare plan to include a community resource guide and a crisis plan that addresses the reason for the identified need for Respite care.
- Each family is to complete a survey identifying their personal resources, community resources, and any obstacles to utilizing those resources. Each family is to sign an agreement that they will pursue any resources recommended by CPCS.

Caregivers providing respite care shall meet the following standards:

- Be at least 21 years of age, documented by birth certificate or driver's license.
- Be free of communicable diseases and/or other conditions that would pose safety or health risk to care recipients, documented by a signed statement.
- Documentation from a medical service provider may be requested.
- Possess the ability to follow directions and keep records, when required, of tasks being performed, documented by observation.
- Have adequate training for the level of child in their care.

- Have the ability to perform tasks/activities of the service to be provided, documented by written evidence of previous experience, competency –based testing, and training.
- Be a responsible, mature individual of reputable character who exercises sound judgment and displays the capacity to provide good care for children. This to be documented by competency-based testing, training or education, written evidence of previous experience.
- Possess the ability to communicate effectively with the person being cared for - documented by demonstrated ability.
- Shall not have been convicted in any jurisdiction for abuse, neglect, or any other crime that might pose a safety or health risk to the person receiving care. This is to be documented by a fingerprint analysis and criminal background check administered by the local police department and the Indiana State Police and a check of the Sex Offender Registry.
- Three written references shall be provided by someone who has known the caregivers family for more than a year.
- Care providers should respect the culture, race, ethnicity, language, religion and sexual orientation of the children they provide respite for.

Respite services may be delivered in various settings:

- 1) Child(ren) needing respite services are taken to a respite caregiver’s home.
- 2) Respite caregivers may go to the child(ren)’s home to deliver services.
- 3) Child(ren) may be taken to a respite care center.

Caregiver’s Home Standards:

When respite is in the caregiver’s home the worker must submit a written statement that the home meets the following standards.

- The home shall be clean and maintained in a sanitary condition.
- The home shall have adequate heating, ventilation and lighting.
- The home shall be equipped with at least one smoke detector per floor and a minimum of one fire extinguisher per home.
- The home shall have a safe drinking water supply.
- Each child shall have a comfortable and clean place to rest or sleep. This includes an age appropriate bed/crib and available per child.
- Potential hazards such as guns, medicines, etc. shall not be accessible to the child.
- The home shall have a method for communication such as a telephone.
- The home shall have a first aid kit.
- Caregiver’s pets must not negatively affect a child in the home.

When the respite caregiver goes into the family home, the home must have the following:

- The caregiver will have access to a working phone.
- The caregiver will have information regarding domestic violence situations or other dangerous situations regarding the family or the home.

- The caregiver will have a list of emergency numbers pertinent to the local area as well as the contact information for the parents and the agency on-call number.
- The caregiver will be familiar with the plan of care.

Center-based respite care:

Center-based respite care is care that is provided in a residential care facility licensed by the state. Facilities providing respite care services are required to follow applicable licensing and certification rules.

Program Evaluation:

Each respite service provider will be audited twice during the contract period. Focus will be on agency operation and services. The audit will include, but is not limited to:

- Review of the performance of the program director and all staff.
- Review of the extent to which the program assisted clients (children and caregivers).
- Measurement of the achievement of goals and objectives.
- Assessment of the cost effectiveness of the program.
- Assessment of the relationship of the program to the rest of the community service network.
- Recommendations for improvement, corrective action of problem areas, and future program directions.

Ideally the program would internally evaluate the following for best practice:

- Reasons families are seeking service.
- Impact of services on family stress and quality of life.
- Family requests for service changes, expansion, and new service development.
- Family involvement in services.
- Program cost-effectiveness.
- Impact of the services on the community.
- Special activities (public awareness; fundraising).

V. Billable Units

This prevention service has a unit rate cap of \$75/day per child in respite care. Any rate higher than this established rate must be clearly explained with supportive documentation. Administrative fees cannot exceed 7.5% and should be built into the per diem rate. Mileage reimbursement cannot exceed the state rate of .42 cents per mile.

For hourly rates, partial units may be billed in quarter hour increments only. Partial units to be billed are to be rounded to the nearest quarter hour using the following guidelines: 8 to 22 minutes = .25 billable hours, 23 to 37 minutes = .50 billable hours, 38 to 52 minutes = .75 billable hours, 53 to 60 minutes = 1.00 billable hours. All billed time must be associated with a family/client.

Reminder: Not included is routine report writing and scheduling of appointments, collateral contacts, court time, travel time, and no shows. These activities are built into the cost of the face-to-face rate and shall not be billed separately.

VI. Case Record Documentation.

Service providers shall maintain the following in a client case file:

- Dates of service and any reimbursement.
- Plan of care that meets the child's needs and identifies essential information to maintain the health, safety and welfare of the child, including any known allergies.
- Notes on behaviors, diet, routine, recreation and leisure activities (likes and dislikes) and any assistance needed for daily living skills if not age appropriate.
- A list of emergency contacts and phone numbers for child and a written agreement with the family regarding arrangements for emergency care. This should be signed by the parent and agency representative.
- An assessment of the client's needs relevant to the provision of respite services (client being both child and caregiver).
- Documentation of accidents, health problems or changes in appearance or behavior of a child in care and any follow up if it occurs.
- A discharge plan that includes the client's status (child and caregiver), recommendations for continuing care, referrals to community services agencies, and necessary follow-up when the client leaves the program.

IX. Service Access.

As a Respite provider within this prevention program, it will be required that all families that utilize Respite be referred by Community Partners for Child Safety staff that provide supportive case management services. Survey documentation regarding internal and external resources will be provided by CPCS for the provider to use.

**DEPARTMENT OF CHILD SERVICES
PREVENTION SERVICES REGIONAL APPLICATION**

July 1, 2013 – June 30, 2014 Request For Funds

Section I Applicant/Agency Information

A. Program Title/Service:

Service components to be Provided:

B. Applicant/Agency Name:

Doing Business As:

Telephone: ()

C. Chief Executive Officer:

Telephone: ()

D. Financial Officer:

Telephone: ()

E. Contact Person for Proposal:

Telephone: ()

Email:

F. Mailing Address:

FAX: ()

G. Federal ID #

W-9 on File with State Auditor? YES ___ NO ___

H. Check Applicant's Legal Status: ___ Not for Profit ___ For Profit Corporation

___ Sole Proprietorship ___ Partnership ___ Other (Specify)

I. Proposed Funding Period: From _____ To _____

J. Proposed Number of Families to be served 2013-2014: _____

FOR Community Partners
Scoring Committee USE ONLY

K. Total Requested Funds: \$ _____

Families approved: \$ _____

Amount Approved: \$ _____

Rates Approved: _____

Score: _____

M. Check Type of Application: ___ New ___ Reapplication ___ Amended

Section II.

I hereby certify that all program information submitted in the application is true and correct and accurately reflects the agency's program. I understand and will comply with the Community Partners for Child Safety guidelines/requirements placed upon this agency if we are awarded a contract.

O. Signature/Title of Agent: _____

P. Date Submitted: _____

*As of January 1, 2009 All regional applications will be reviewed by the Regional Service Council (RSC) and contracts brokered by Community Partners for Child Safety.

Section III Program Narrative and Required Statements

(Use additional 8½ x 11 paper as needed to complete these items as directed on the Instructions and Criteria Sheet)

Please answer the narrative on a separate sheet(s) and include with your RFF. While it is not necessary to have every detail in place, a general description of how program service delivery will be accomplished.

Describe:

- Brief agency history (one paragraph)
- Describe the service your agency proposes to offer to the region. Include the name and definition of the service, target population, the defined delivery unit, the referral and delivery process, i.e., how referrals are made; how long from referral to service initiation
- Provide an organization chart and describe how the program is administered
- Describe your agency's working relationship with other agencies
- Demonstrate the need for the service through data (not to exceed one page)
- Clearly identify outcomes and describe how your agency will justify or prove the outcomes through use of data (not to exceed 2 pages)
- Provide a budget narrative that includes whether your agency's rate for service are justifiable

Section IV: Budget

(Please complete Budget Justification Worksheets)

**DEPARTMENT OF CHILD SERVICES
PREVENTION SERVICES REGIONAL APPLICATION**

BUDGET JUSTIFICATION WORKSHEET

Program Title: _____

Funding Period: July 1, 2013 – June 30, 2014

Section IV: Budget							
A. Personnel							
			1. Salaries & Wages			2. Fringe Benefits	
(A) Position/Job Title*	FTE	(B) Average # of Hours/Month for Program	(C) Salary/Wage per month for Program	(D) # of Months (1-12)	(E) Salary/Wage For Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually.							
Total Salaries and Wages:						Total Fringe:	

A. 3. Consultant and Contract Services				
(A)	(B)	(C)	(D)	(E)

**DEPARTMENT OF CHILD SERVICES
PREVENTION SERVICES REGIONAL APPLICATION**

BUDGET JUSTIFICATION WORKSHEET

Program Title:

Funding Period: From: July 1, 2013 – June 30, 2014

Section IV Budget (Continued)

B. Other Direct Costs

1. Travel (Compute Staff and client costs separately)

Calculations/Descriptions:

2. Consumable Supplies & Printing (Justify by type of expense)

Calculations/Descriptions:

3. Space Costs (Show computations of each cost)

Rent: Calculations/Descriptions:

Utilities: Calculations/Descriptions:

Custodial: Calculations/Descriptions:

4. Insurance (Specify by type: i.e., personal liability)

Calculations/Descriptions:

**DEPARTMENT OF CHILD SERVICES
PREVENTION SERVICES REGIONAL APPLICATION**

BUDGET JUSTIFICATION WORKSHEET

Program Title: _____

Funding Period: July 1, 2013 – June 30, 2014

Section IV Budget (Continued)	
B. Direct Costs (Continued)	
<p>5. Staff Training (Show factors included and computation) Calculations/Descriptions:</p>	
6. Telephone:	
Postage:	
Total:	
<p>7. Rental/Lease/Prorated Share of Equipment Purchase Calculations/Descriptions:</p>	
<p>8. Other Administrative Expenses Calculations/Descriptions:</p>	
<p>9. Other Direct Costs—Specify (This category cannot exceed 5% of the total request) Calculations/Descriptions:</p>	
<p>C. Indirect Costs (List each indirect cost separately. See instructions re: non-allowable expenses) Compute your Actual Indirect Cost % ____ (Total Indirect Costs / Total Direct Costs = Percentage)</p>	
<p>1. Accounting Services Calculations/Descriptions:</p>	
<p>2. Other Indirect Costs (Attach itemization if more space is needed.) Calculations/Descriptions:</p>	

**DEPARTMENT OF CHILD SERVICES PREVENTION SERVICES REGIONAL
APPLICATION**

Section IV BUDGET SUMMARY	
	Proposed Program Costs (totals from worksheets)
A. Personnel	
*1. Salaries & Wages	
*2. Fringe Benefits	
*3. Consultant & Contract Services	
B. Other Direct Costs	
*1. Travel Expenses a. Staff b. Clients	
*2. Consumable Supplies & Printing	
*3. Space Costs (Rent, Utilities Custodial)	
*4. Insurance	
*5. Staff Training	
*6. Telephone & Postage	
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per instructions)	
*8. Other Administrative Expenses	
*9. Other – Specify	
C. Indirect Costs (Actual ____ % of Direct Cost)	
*1. Accounting Services	
*2. Other (See Worksheet Justification)	
D. TOTAL PROGRAM COSTS	
E. TOTAL IN-KIND AND OTHER FUNDS	
F. ADJUSTED PROGRAM COSTS Subtract Row E from Row D	

INSTRUCTIONS FOR COMPLETING THE PROPOSAL

**DEPARTMENT OF CHILD SERVICES
PREVENTION SERVICES REGIONAL APPLICATION**

**July 1, 2013 – June 30, 2014
REQUEST FOR FUNDS**

SECTION I. APPLICANT/AGENCY INFORMATION

Item A: Program Title/Service- Enter the title or name of the program or service being proposed.

Note: It is possible that the responses to “A” and “B” will be the same if it is a single service program and the service provider uses the service component description names listed below for the Program name.

Service Components to be Provided: Enter the names of the service unit component description, to be included in the proposed program. Use the standard service description names and definitions of unit descriptions whenever possible. Standard service descriptions include:

Item B: Applicant/Agency Name: Enter the legal name as registered with the Secretary of State Office, Corporation Section, of the entity that will provide the services. Verification of Secretary of State registration can be gained by calling 317/232-6576 or at www.state.in.us/sos/. Unincorporated individuals or organizations enter the legal name used on tax documents sent to the Internal Revenue Service.

Doing Business As- The name that the agency will be providing services under.

Telephone- List the primary telephone number to be used by the service provider while conducting business.

Item C: Chief Executive Officer of Applicant Agency and Phone number.

Item D: Financial Officer of Applicant Agency and Phone number.

Item E: Contact Person for Proposal- Enter the name, telephone number and E-mail of the person to be contacted regarding this Request For Funds if it is being completed by an agency or organization. Leave blank if the service is to be provided by an independent contractor.

Item F: Mailing Address and Fax Number- Enter the mailing address and fax number (if applicable) to which all correspondence regarding this Request for Funds should be sent.

Item G: Federal ID# or SS# - Enter the agency’s federal tax identification number if payments for services are to be made to an incorporated agency. Enter

the service provider's social security number if the services are to be provided by an independent contractor.

W-9 on File with State Auditor- Check "Yes" if the service provider has a current Internal Revenue Service Form W-9 on file with the Indiana State Auditor's office. Check "No" if this form is not on file. A W-9 Form must be on file or submitted with this proposal.

Note: No payments for services can be issued to any service provider that does not have this required form on file.

Item H: Check Applicant's Legal Status- Enter an "X" on the line in front of the description that identifies the legal status of the person(s) or organization submitting this Request for Funds. Independent Contractors who are not incorporated should identify themselves as "Sole Proprietors".

Item I: Proposed funding period: Provide the beginning and ending dates for the federal funding. The dates for the contract year are September 1 through August 31.

Item J: Number of Families to be Served- Enter the proposed number of families and to be served by the program/units presented in this Request For Funds.

Item K: Total Requested Funds: Enter the amount of public funds requested.

Item L: Total Requested Funds: Enter the amount of public funds requested.

Item M: Check Type of Application- Check the following application type that accurately defines the Request for Funds being submitted.

New- New applications are those that are requesting funds for services not currently being funded by RSC.

Reapplication- Reapplications are those that are requesting funds for services that are currently being provided or have been provided during the past 18 months by the applicant using funds from any of the sources of funds available through this proposal.

Amended- Amended applications are those that propose additions to services that have previously been approved and are included under existing contracts.

Proposed services to be funded by RSC must meet the State criteria established for each funding category within the funding guidelines.

SECTION II: (Page 1)

Sign, using **blue ink**, and date on the line provided. This will certify that all program information submitted in the application is true and correct and accurately reflects the agency's program. I understand and will comply with the Community Partners for Child Safety guidelines/requirements placed upon this agency if we are awarded a contract.

Item O: Signature/Title of Agent- This item is to include the original signature of the provider. If the proposal is being submitted by a corporation or other organization, it must include the original signature of a person authorized to sign legal documents for the organization and the person's title within the organization.

Item P: Date Submitted- Enter the date the proposal was submitted to the authorizing entity.

SECTION III: NARRATIVE

Please answer the narrative on a separate sheet(s) and include with your RFF. While it is not necessary to have every detail in place, a general description of how program service delivery will be accomplished.

Describe:

- Brief agency history (one paragraph)
- Describe the service your agency proposes to offer to the region. Include the name and definition of the service, target population, the defined delivery unit, the referral and delivery process, i.e., how referrals are made; how long from referral to service initiation
- Provide an organization chart and describe how the program is administered
- Describe your agency's working relationship with other agencies
- Demonstrate the need for the service through data (not to exceed one page)
- Clearly identify outcomes and describe how your agency will justify or prove the outcomes through use of data (not to exceed 2 pages)
- Provide a budget narrative that includes whether your agency's rate for service are justifiable

SECTION IV: BUDGET JUSTIFICATION WORKSHEET:

Directions for Budget Justification worksheet for personnel costs are as follows:

Item A. Personnel

- (a) Title of all proposed full-time and part-time positions associated with the delivery of the proposed services including administrative and support staff. Please list each staff position individually (not grouped by position).

- (b) Average number of hours per month persons in each listed position will be working in the proposed program.
- (c) Projected monthly salary of each position (including raises if applicable).
- (d) Number of months of the program proposed. (in most cases this will be 12)
- (e) Indicate the total annual cost requested for each position. (multiply (c) by 12 months). If the funding period is less than one year, indicate the actual length of the funding period on which the personnel costs are based.
- (f) Enter the rate (percentage of base salary) for the fringe benefits for each program position included in the budget. Fringe benefits include: FICA, vacation and sick days, insurance, retirement, etc.
- (g) Enter expense for the fringe benefits for each program position included in the budget (multiply e by f). If the position is assigned a fraction of time to the program, only the same fraction may be charged for fringe benefits.

Consultant/Contract Services

Enter all consultant and contracted services that will be purchased by the applicant in order to provide the proposed services. Calculate at cost without fringe benefits.

Enter the totals from this worksheet on the following lines of the Budget Summary

Item A 1-2. Personnel – Budget Summary – Enter the total projected expenses for personnel carried over from the budget justification worksheet

Item A 3. Consultant and contract services - Enter the total projected expenses for personnel carried over from the budget justification worksheet

Item B Other Direct Costs

1. Travel Expenses

- a. Staff
- b. Clients

Computation of travel expenses is to be documented using Budget Justification Worksheet section B. 1. The requested mileage rate may not exceed the state rate of **\$.44** per mile. Complete the justification section on the worksheet for all travel costs. Indicate the projected number of miles for professional staff, volunteer staff, and/or clients. Also indicate the rate to be paid, and explanation of additional travel expenses and the total dollars budgeted for travel expenses.

Enter the proposed travel expenses on the Budget Summary, Item B. 1

2. Consumable Supplies & Printing

Enter the total amount on the Budget Summary for Consumable Supplies and Printing. Itemize the costs for Consumable Supplies and Printing using the Budget Justification Worksheet Section B. 2. Consumable Supplies & Printing.

Enter the total amount on the Budget Summary, Item B. 2, for Consumable Supplies and Printing.

3. Space Costs

Itemize the Space costs using Budget Justification Worksheet section B. 3. Space Costs.

Enter the total amount on the Budget Summary, Item B. 3, for Space Costs.

4. Insurance

This is usually computed by the percentage that the proposed funding is of the total agency budget. Itemize these costs in the Budget Justification Worksheet B. 4. Insurance.

Enter the total amount on the Budget Summary, Item B. 4, for personal liability coverage for professional staff, if applicable.

5. Staff Training

This is computed by the percentage of the program allocation that is required for staff. Itemize these costs using the Budget Justification Worksheet B. 5. Staff Training.

Enter the total amount on the Budget Summary, Item B. 5, for staff training of direct service staff, if applicable.

6. Telephone and Postage

Itemize these costs using the Budget Justification Worksheet B. 6. Telephone, Postage, and Total.

Enter the total amount on the Budget Summary, Item B. 6, for Telephone and Postage costs.

7. Rental/Lease of Equipment

Itemize these costs using the Budget Justification Worksheet B. 7. Rental/Lease of Equipment.

Enter total amount on the Budget Summary, Item B. 7, for Rental/Lease of Equipment costs.

8. Other Administrative Expenses

Cannot exceed 7.5% of the requested amount. Document any other administrative expenses that will be incurred as a direct result of providing the proposed services. Itemize these costs using the Budget Justification Worksheet B. 8. Other Administrative Expenses.

Enter the total amount on the Budget Summary, Item B. 8, for Other Administrative Expenses.

9. Other

Document the request for any other allowable expenses that will be incurred as a direct result of providing the proposed service. Do not include any expenses that could be documented in other specified sections of the proposed budget. These expenses cannot exceed 5% of the total request. Itemize these costs using the Budget Justification Worksheet B. 9. Other.

Enter the total amount on the Budget Summary, Item B. 9, Other – Specify

Item C: Indirect Costs (Actual __% of Direct Costs):

Administration and general expenses. Enter the total indirect costs on budget. The expenses under this heading are those that have been incurred for the overall general executive and administrative offices of the organization and program. This requires that all indirect costs such as accounting services, general custodial services, or other overhead-related services to the program be itemized and justified on the budget worksheet. Use additional pages as needed.

Enter the total indirect costs on the Budget Summary, Item C., and C 1. and C 2. in appropriate column(s).

Item E: In-kind Contributions and Other Grants/Income:

It is assumed that funds listed in this section will be used to reduce the per-unit cost to be contracted. Do not include private/in-kind amounts that are to be used as matching funds.

Example: Program Service: Assessment: County to be served:

In the Table: Income for billing is to come from United Way. If these funds come in the form of a “matching” grant, the reduction of cost could come in the form of a reduction in the billable cost of each unit.

Enter the Total In-kind and Other on Line E. of the Budget Summary.

EXPLANATION OF SECTION IV: BUDGET SUMMARY SHEET

Please use the budget justification worksheets to calculate the amounts entered on this page. The following information is to be entered in the Total Proposed Program Costs column:

Item A. Personnel Costs

1. Salaries & Wages – Enter the total projected salary and wage expenses for personnel calculated on the budget justification worksheet.
2. Fringe Benefits – Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.
3. Fringe Benefits – Enter the total projected fringe benefit expenses for personnel calculated on the budget justification worksheet.

Item B. Other Direct Costs

1. Travel Expenses
 - a. Staff – Enter the total projected staff travel expenses for this program as calculated on the budget justification worksheet.
 - b. Clients – Enter the total projected client travel/transportation expenses for this program as calculated on the budget justification worksheet.
2. Consumable Supplies and Printing – Enter the total projected expenses for consumable supplies and printing as calculated on the budget justification worksheet.
3. Space Costs (Rent, Utilities, Custodial) - Enter the total projected expenses for space costs as calculated on the budget justification worksheet.
4. Insurance – Enter the total projected expenses for business and professional insurance as calculated on the budget justification worksheet.
5. Staff Training - Enter the total projected expenses for staff training as calculated on the budget justification worksheet.
6. Telephone & Postage - Enter the total projected expenses for telephone and postage as calculated on the budget justification worksheet.
7. Rental/Lease/Prorated Share of Equipment Purchase - Enter the total projected expenses for the rental/lease/prorated share of purchased equipment as calculated on the budget justification worksheet.
8. Other Administrative Expenses – Enter the total projected expenses for other administrative expenses as calculated on the budget justification worksheet.
9. Other – Specify – Enter the total projected expenses for other specified costs as calculated on the budget justification worksheet.

Item C. Indirect Costs (Enter the Actual Percentage of Direct Cost from.

1. Accounting Services – Enter the total projected expenses for accounting services as calculated on the budget justification worksheet.
2. Other Indirect Costs – Enter the total projected expenses for other indirect costs as calculated on the budget justification worksheet.

Item D. Total Program Costs – Enter the sum of the projected expenses listed in the Total Proposed Program Costs. This total is to include all known and anticipated costs required to provide the services described in this proposal.

Item E. Total In-Kind and Other Funds - Enter the total projected resources to be used to reduce the cost of the proposed services as identified on the budget justification worksheet.

Item F. Adjusted Program Costs – Subtract Item E from Item D and enter the remainder in this item. The amount entered is the total projected cost of the program to be paid by Community Partners for Child Safety for the services included in this proposal.