**Early Learning Hub  
Request for Proposals**

*Vision: All young children and their families engage in quality coordinated resources that support their growth, development and a health life trajectory.*

*Mission: The Yamhill Early Learning Council will work collaboratively to support coordinated systems that are child-centered, family friendly, culturally and linguistically appropriate, and community-based to meet the needs of the Yamhill County population and communities.*

**BACKGROUND**

Yamhill Community Care Organization’s Early Learning Hub is releasing funds for projects that will occur between January 1, 2020 and June 30, 2021. These funds will support programs that address the Early Learning Hub Strategic Plan, found here: <http://yamhillcco.org/about-us/early-learning-hub>. Projects must address one or more of the three Early Learning Hub outcomes:

* The early childhood system is aligned, coordinated and family-centered
* Children are supported to enter school ready to succeed
* Families are healthy, stable and attached

Proposed projects must serve populations 0-8 years old and their families. For more specific information about funding requirements, see the table in Exhibit A.

**ELIGIBILITY AND FUNDING REQUIREMENTS**

Applicants must be 501(c)3 or public agencies. Multiple agencies may collaborate on a project or application, but only one agency may apply as the fiscal sponsor. YCCO will not read or provide feedback on applications in advance of submission, but will answer questions and provide technical support in completing the application.

Funding will not be awarded:

* + 1. To individuals or in the form of scholarships
    2. For political purposes
    3. To disburse subgrants
    4. For any non-charitable purposes outside of the meaning of OAR 501(c)3

Programs addressing populations that are historically or systemically underserved and populations that exhibit ethnic, linguistic, economic, academic, or other disparities will be given preference.

Applicants must submit a current W9 for the applying agency in order to receive payment. If personal health information (PHI) or other confidential information will be exchanged, awardees will sign a Business Associate’s Agreement with YCCO. Awardees may be required to submit other financial or organization-specific paperwork upon receipt of grant.

**FUNDING**

YCCO Early Learning Hub is disbursing multiple funding streams with varying program requirements and limitations. YCCO EL Hub will determine which funding stream is most appropriate for individual programs. See Exhibit A for list of funding streams.

Funding will be reimbursable only and will require documentation of expenses. Each award will be between $5,000 - $20,000, depending on the program and agency.   
  
**TIMELINE**

Funding will be administered for the program as follows:

September 16th, 2019 Request for Proposals released  
November 1, 2019 Applications due   
December 1, 2019 Awards announced  
January 1, 2020 Funding agreements effective

After contracts are executed, funds will be reimbursed quarterly after receipt of narrative and expenditure report.

**REPORTING**

Reporting will occur quarterly. Reports are due 15 days after the end of each quarter, unless otherwise agreed-upon. YCCO will provide templates and technical support for completing reports, including one pre-implementation in-person or phone reporting meeting.

YCCO Early Learning Hub requires funding recipients to report, at minimum, the race/ethnicity and primary language of individuals served by the project, as well as the age of all children impacted. Reports will include a section detailing the demographics of populations served, narrative summary of activities held during the reporting period, and an expense report. If project-related funds were expended during the reporting period, report will include an invoice for expenses. Grantees should be prepared to submit documentation of expenses (receipts, pay stubs, etc.).

**SUBMISSION**

Submit completed applications to Jenn Richter at jrichter@yamhillcco.org or at 807 NE Third St., McMinnville, OR 97128. Applications must be received by 5 pm on Friday, November 1st to be considered for funding. Please direct questions to Jenn Richter at the email above or at (503)376-7421.

**APPLICATION**

**The Application should be 3-5 pages, single-spaced, 12-point font.**

1. **COVER PAGE**

Complete Attachment 1.

1. **PROJECT INFORMATION**

Describe your project. What is the demonstrated need in your community to fund this program? What are the demographics of your population? (Note that YCCO Early Learning Hub reserves the final decision regarding distribution of funding sources.)

1. **ORGANIZATIONAL CAPACITY**

Complete the table below to indicate main points of contact and roles for members of the project team. Additionally, indicate any other community partners, agencies, or volunteers that will collaborate, and how duplication with other agencies’ work will be avoided.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and title | Email address | Phone number |
| Project sponsor/oversight |  |  |  |
| Project lead |  |  |  |
| Reporting |  |  |  |
| Budget and finance |  |  |  |
| Other |  |  |  |

1. **SUSTAINABILITY PLAN**

Describe how you intend to continue the work of your project after the funding has been spent.

1. **IMPLEMENTATION PLAN AND TIMELINE**

Include a timeline of events and milestones required to complete your project

1. **BUDGET**

See attached budgeting template (Attachment 2). Include in budget fees to background check any employees who will have unsupervised contact with children (See Exhibit C). Funds require a 25% match. Match funds can be in-kind, cash or cash equivalent. (Federal Funds cannot be utilized as match funds for Title IVB2.)

1. **DATA COLLECTION AND REPORTING CAPACITY**

What is your agency’s ability to collect and evaluate data? Is your organization able to share data with YCCO and sign a Business Associate Agreement if personal health information will be shared?

1. **OUTCOME MEASURES**

How will your program measure success? List at least three outcomes you intend to track through your program and what goal or milestone you intend to achieve by the end of the project. How will you measure these outcomes?

1. **STATE REQUIREMENTS**

Indicate YES or NO if your agency meets the listed requirements. If your agency is awarded, you will be required to submit documentation of these requirements being met.:

|  |  |
| --- | --- |
| 1. Insurance liability must include at least $1,000,000 per occurrence and at least $3,000,000 annually in commercial general liability. Automobile insurance for business use must be at least $3,000,000 for bodily injury and property damage. Professional liability must cover any damages at least $1,000,000 per occurrence and $3,000,000 aggregate annually. For complete insurance requirements, see Exhibit B attached. Include proof of insurance in application. | YES  NO |
| 2. All providers who will have unsupervised contact with children must be subject to a background check, including FBI fingerprinting. Prior enrollment in the Office of Child Care, Central Background Registry will be accepted. If applicant indicates “NO” on this item, cost of federal background check should be included in proposed budget. For complete background check requirements, see Exhibit C attached. Background check documentation must be provided to YCCO for any providers included in proposed project. | YES  NO |
| 3. In compliance with state and federal laws and regulations, contracted agencies will not discriminate on the basis of age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran status in any of their policies, procedures, or practices. Include anti-discrimination policy in application. | YES  NO |

1. **TECHNICAL ASSISTANCE**

List any technical assistance needs you anticipate in implementing the proposed project. This may include assistance in completing this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Description and Fund Restrictions** | **Eligibility** | **Examples of programs** |
| Family Support Services (Title IV-B2) | **Family Support Services must**  (1) be family-focused and targeted to the family and not only the child or other individual family member(s);  (2) be focused on at-risk families so that the services will have an impact on the population that would otherwise require services from DHS; and  (3) focus on child welfare (not educational needs or other services which are the responsibility of other agencies). Family Support Services funds allocated may not be used for family preservation or family reunification services as these are services provided by DHS. | All children and their families. | Services to improve parenting skills; respite care; structured activities for parents and children; transportation, information, and referral; developmental screening and assistance; home visiting |
| School Readiness | *School Readiness Services must be community-based, high quality early learning experience and/or therapeutic services, with demonstrated positive school readiness.*  **School Readiness services are**  (1) services that increase the number of QRIS providers focused on providing culturally specific services or services in targeted school catchments or low-income communities, serving children and families of historically underserved populations,  (2) community-based evidence based early literacy services that target high-risk communities or populations and promote cross-sector collaboration, and  (3) capacity building activities for developmental screening, infant-toddler mental health consultants and targeted professional development and training. | a. Children receiving Heathy Families Oregon services, Early Head Start services, Oregon Pre-Kindergarten services, or are on other early learning service waiting lists.  b. Children in Contractor targeted elementary school catchments areas.  c. Children from historically underserved populations.  d. Children with diagnosed disabilities or delays in natural settings. | Playgroups for childcare providers and families; lending libraries; kindergarten transition activities; school readiness kits |
| Healthy, Stable, and Attached Families | **Healthy, Stable, and Attached Families services are**  (1) services that increase access to evidence based early learning programs, including culturally specific community-based programs, that increase the confidence and competence of caregivers and/or strengthen resiliencies of families who are experiencing specific stressors,  (2) services that build connectivity and collaboration between Early Learning Services and health, mental health, child welfare, self-sufficiency and other stabilization programs and  (3) capacity building activities for developmental screening, infant-toddler mental health consultants and targeted PD and training. | All children and their families | Respite outreach |

**EXHIBIT B – Insurance Requirements**

**Required Insurance:** Contractor shall obtain, at Contractor’s expense, the insurance specified in this **Exhibit C** prior to performing under this Contract and shall maintain it in full force and at its own expense throughout the duration of this Contract, as required by any extended reporting period or tail coverage requirements, and all warranty periods that apply. Contractor shall obtain the following insurance from insurance companies or entities authorized to transact the business of insurance and issue coverage in State and are acceptable to ODE. Coverage shall be primary and non-contributory with any other insurance and self-insurance, with the exception of Professional Liability and Workers’ Compensation. Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.

**1. Workers’ compensation & employers’ liability**

All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Contractor shall require and ensure each of its subcontractors complies with these requirements. If Contractor is a subject employer, as defined in ORS 656.023, Contractor shall also obtain employers' liability insurance coverage with limits not less than $500,000 each accident.

**2. Commercial general liability:**

Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that is satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, and contractual liability coverage for the indemnity provided under this contract. Coverage shall be written on an occurrence basis in an amount of not less than **$ 1,000,000** per occurrence. Annual aggregate limit shall not be less than **$ 3,000,000.**

**3. Automobile liability insurance:**

Automobile Liability Insurance covering Contractor’s business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than **$ 3,000,000** for bodily injury and property damage. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for Commercial General Liability and Automobile Liability). Use of personal automobile liability insurance coverage may be acceptable if evidence that the policy includes a business use endorsement is provided.

**4. Professional liability:**

**Professional Liability insurance** covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract by the Contractor and Contractor’s subcontractors, agents, officers or employees in an amount not less than **$ 1,000,000** per occurrence. Annual aggregate limit shall not be less than **$ 3,000,000.** If coverage is on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability insurance coverage, or the Contractor shall provide Tail Coverage as stated below.

**5. Excess/umbrella insurance:**

A combination of primary and excess/umbrella insurance may be used to meet the required limits of insurance.

**6. Additional insured:**

The Commercial General Liability insurance and Automobile liability insurance required under this Contract must include an additional insured endorsement specifying the State of Oregon, its officers, employees and agents as Additional Insureds, including additional insured status with respect to liability arising out of ongoing operations and completed operations, but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance. The Additional Insured endorsement with respect to liability arising out of your ongoing operations must be on ISO Form CG 20 10 07 04 or equivalent and the Additional Insured endorsement with respect to completed operations must be on ISO form CG 20 37 04 13 or equivalent.

**7. Tail coverage:**

If any of the required insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, Contractor shall maintain either tail coverage or continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor’s completion and ODE’s acceptance of all Services required under this Contract, or, (ii) ODE or Contractor termination of contract, or, iii) The expiration of all warranty periods provided under this Contract.

**8. Certificate(s) and proof of insurance:**

Contractor shall provide to ODE Certificate(s) of Insurance for all required insurance before delivering any Goods and performing any Services required under this Contract. The Certificate(s) shall list the State of Oregon, its officers, employees and agents as a Certificate holder and as an endorsed Additional Insured. If excess/umbrella insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list of all policies that fall under the excess/umbrella insurance. As proof of insurance ODE has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Contract. Contractor shall furnish acceptable insurance certificates to: **Oregon Department of Education. Attn: Amy Fowler, 255 Capitol St NE, Salem OR 97310** prior to commencing the work.

**9. Notice of change or cancellation:**

The contractor or its insurer must provide at least 30 days’ written notice to ODE before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**10. Insurance requirement review:**

Contractor agrees to periodic review of insurance requirements by ODE under this Contract and to provide updated requirements as mutually agreed upon by Contractor and ODE.

**11. State acceptance:**

All insurance providers are subject to ODE acceptance. If requested by ODE, Contractor shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to ODE’s representatives responsible for verification of the insurance coverages required under this Section.

**EXHIBIT C – Background Check Requirement**

**Background Checks.** Contractor and its subcontractors shall conduct a criminal background check, including FBI fingerprinting, of any officers, employees, volunteers or agents of Contractor or its subcontractors who will have unsupervised contact with children. Contractor shall pay all fees assessed for processing the background checks. Contractor may accept criminal background checks for subject individuals already enrolled in the Office of Child Care, Central Background Registry under Oregon Administrative Rules (OAR) 414-061-0000 through 414-061- 0120, (OAR) 414-180-0005 through 414-180-0100, OAR 414-205-0000 through 414-205-0170; OAR 414-300-0000 through 414-300-0410, and OAR 414-350-0000 through 414-350-0405.