**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’s Early Learning Hub is releasing funds for projects that will occur between November 1, 2021 and September 30, 2022. These funds will support programs that promote the wellbeing of children and families and increase the strength and stability of families (including adoptive, foster, and extended families), that increase parents’ confidence and competence in their parenting abilities, that afford children a safe, stable and supportive family environment, that strengthen parental relationships and promote healthy marriages, and that otherwise enhance child development. Awarded projects will help to move forward the work outlined in the Early Learning Hubs 2018-2022 strategic plan found at <https://yamhillcco.org/early-learning/early-learning-leadership/early-learning-council/>. Proposed projects must serve populations 0-6 years old and their families.

**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 will award up to $35,000 in Community Funds. Each award will be between $2,500 and $10,000. Funding will be reimbursable only and will require documentation of expenses.

**TIMELINE**

Funding will be administered for the program as follows:

Monday, September 13, 2021 Request for Proposals released
Friday, October 1, 2021 Applications due
Friday, October 8, 2021 Awards announced
Monday, November 1, 2021 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. Select awards may also require the collection of the Parenting Skills Ladder, an outcomes assessment tool. 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 11:59 PM on Friday, October 1, 2021 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 single-spaced and 12-point font.**

1. **COVER PAGE**

Complete Attachment 1.

1. **PROJECT INFORMATION (250 - 500 words)**

Describe your project. What is the demonstrated need in your community to fund this program? What are the demographics of the population you are serving? How do you intend to serve them?

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 (100-150 words)**

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

1. **IMPLEMENTATION PLAN AND TIMELINE (100-150 words)**

 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 (50-100 words)**

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 (100-150 words)**

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 (up to 150 words)**

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

**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.