Proposal for RFP #8666-0-2017
Community Development Division
Family Child Care Accreditation System in City of Madison

Submit application to CDDapplications@cityofmadison.com

Deadline: 12:00 pm (noon) CST on Friday, October 20, 2017
PROPOSALS RECEIVED AFTER 12:00 NOON WILL NOT BE ACCEPTED.

Please limit your proposal and responses to the form provided. Any materials submitted in addition to this application form will not be considered in the evaluation of the proposal. *Do not attempt to unlock or alter this form.*

Applicant Organization:			
Contact Person:			
Address:			
E-Mail:			
Website:		Telephone:	
Federal EIN			
Legal Status:	☐ Corporation ☐ Sole Proprietor ☐ 501 (c) 3	☐ Limited Liability Company ☐ Unincorporated Association	☐ General Partnership ☐ Other:_____.

Required Proposal Narrative

1. <u>Organizational Overview, Experience and Qualifications</u>: Please describe your organization's history, general administrative capacity, experience and abilities in relation to providing services to a network of diverse population of in-home family child care providers.

2. <u>Connection to Other Initiatives</u>: Please describe how your organization currently collaborates with other initiatives that impact children and youth in the City such as Madison Area Out of School Time (MOST) initiative, Launching Into Literacy and Math, the Early Childhood Coalition, etc.

3. <u>Quality Improvement Services</u>: Please provide a detailed description of your experience providing culturally-responsive and competent quality improvement services including on-site observation, consultation and/or coaching in any or all of the following subjects: program administration; budgeting; provider professional development; family engagement; curriculum; environment; health and wellness; screening and assessment of children; inclusion and diversity; education and training.

4. <u>Program Evaluation/Accreditation Services</u>: Please provide a detailed description of your experience evaluating family child care programs using a set of quality standards.

5. <u>Training</u>: Please provide a detailed description of your experience providing training to meet the needs of family child care providers. Include in your answer how you identify that need and how you meet the needs of providers who speak a language other than English.

6. <u>Northside Early Childhood Zone</u>: Please describe your experience working with child care providers within the Northside Early Childhood Zone in Madison. Describe how you would use that experience to achieve the goals of this RFP.

7. <u>Family Child Care Accreditation Standards</u>: Please describe your experience creating or maintaining accreditation or quality standards for family child care providers. Include the process you currently use when updating accreditation standards (from whom you receive input, steps in the process, etc.).

8. <u>Family Support</u>: Please describe your experience serving as a resource to parents searching for child care, especially diverse families and those with low to moderate incomes.

9. <u>Service Population</u>: Please describe the demographics of the population you intend to serve with this funding. Include each of the following in your response:
   a. For providers already participating in accreditation services please describe current provider demographics.
   b. Please describe if and how your current staffing configuration reflects the community you serve.
   c. Describe how aspects of your program (e.g. hours of availability, response time, location, staffing and outreach and engagement efforts) ensure that a diverse client base will find your program accessible, culturally responsive, welcoming and effective in providing high quality early care and education in family child care settings.
   d. What is your plan to recruit and retain diverse providers; particularly providers of color, providers who serve low to moderate income families and providers who are not currently accredited?
   e. Will your agency make additional accommodations for language barriers (i.e. other accommodations than phone interpretation services)?

Disclosures

A. **Disclosure of Conflict of Interest**. Disclose any potential conflict of interest due to any other clients, contracts, or property interests, e.g. direct connections to other funders or City funded or potentially funded organizations, or with the City of Madison.

B. **Disclosure of Contract Failures, Litigations**. Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation or investigation pending within the last three (3) years which involves your firm. List any contracts in which your firm and any subcontractor that has been found guilty or liable, or which may affect the performance of service to be rendered.

Budget:
   Summarize the budget for this project budget by estimated costs.

Definition of Account Categories: In the program sections of the application we are asking for costs in these four categories broken out at a high level.

- Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staff costs. Taxes/benefits include all payroll taxes, unemployment compensation, health insurance, life insurance, retirement benefits, etc.
- Program: Amount reported for program costs should include all of the following items:
  Insurance, professional fees and audit, postage, office and program supplies, utilities, maintenance, equipment and furnishings depreciation, telephone, training and conferences, food and household supplies, travel, vehicle costs and depreciation, and other operating related costs.
- Space: Amount reported for operating costs should include all of the following items:
  - Rent/Utilities/Maintenance: Rental costs for office space; costs of utilities and maintenance for owned or rented space.
  - Mortgage Principal/Interest/Depreciation/Taxes: Costs associated with owning a building (excluding utilities and maintenance).
- Special Costs: Amount reported for operating costs should include all of the following items:
  - Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients.
  - Payment to Affiliate Organizations - required payments to a parent organization (usually state or national).
  - Service/Program Subcontracts - the organization subcontracts for service being purchased by a funder to another agency or individual. Examples: the agency subcontracts a specialized counseling service to an individual practitioner; the agency acts as a fiscal agent for a multi-agency collaborative project and provides payment to those agencies under subcontract agreements.

| BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY $ REQUESTED	AMOUNT OF NON-CITY REVENUE	SOURCE OF NON CITY FUNDED PORTION
A. Personnel Costs (Complete Personnel chart below)				
1. Salaries/Wages (show detail below)				
2. Fringe Benefits and Payroll Taxes				
B. Program Costs				
1. Program supplies and equipment				
2. Office Supplies				
3. Transportation				
4. Other (explain *)				
C. Space Costs				
5. Rent/Utilities/Telephone				
6. Other (explain):				
D. TOTAL (A + B + C)				⊠

Explanation of "Other" expenses: *(500 characters)*

Personnel Chart:

Identify and describe the role of key staff positions and affiliate partners who would become directly responsible for the various aspects of the contract, if awarded. For each position, please note if duties will be provided by a current staff position (no additional FTE), a new position, or expanded hours for a current staff position (additional FTE)

Title of Staff Position	Total Expected hours to be spent in this project	Proposed Hourly Wage*	Role With This Project
		$	
		$	
		$	
		$	
		$	
TOTAL			

Note: All employees involved in programs receiving City of Madison funds must be paid the established Living Wage required under City of Madison Ordinance 4.20. Effective January 1, 2018 – December 31, 2018, the Living Wage is $13.01 per hour.
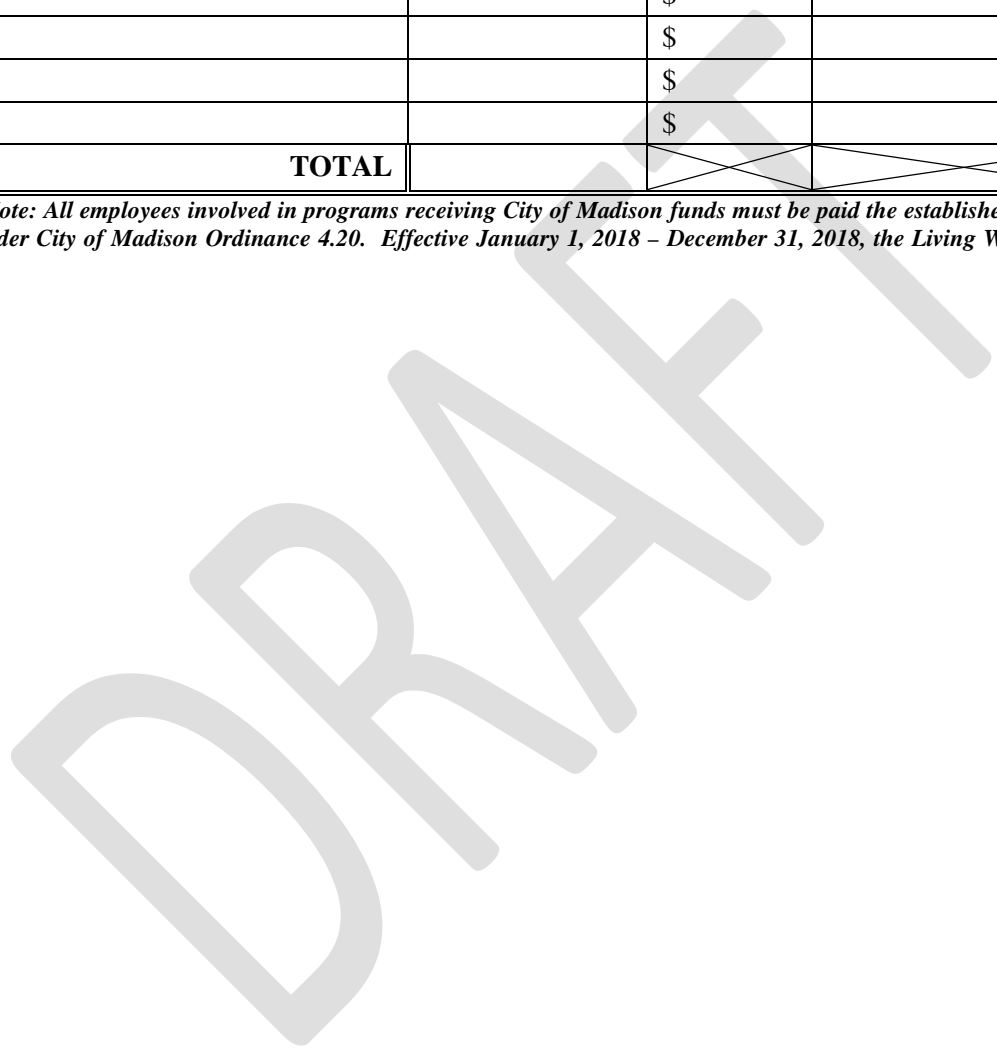
-SIGNATURE PAGE-

1. Affirmative Action:
   If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 and file either an exemption or an Affirmative Action Plan with the Department of Civil Rights. A model Affirmative Action Plan and instructions are available at http://www.cityofmadison.com/dcr/aaplans.cfm.

2. Living Wage Ordinance:
   All employees involved in programs supported by City of Madison funds must be paid the established Living Wage as required under City of Madison Ordinance 4.20 Effective January 1, 2017 through December 31, 2017, the Living Wage will be $12.85 per hour. On January 1, 2018 Living Wage increases to $13.01. For more information on Living Wage requirements, go to http://www.cityofmadison.com/finance/wage/.

3. City of Madison Contracts:
   If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions is attached to the RFP Guidelines document. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

4. Acknowledgement
   By entering signature below applicant acknowledges receipt of City of Madison Community Development Division **RFP #8666-0-2017** Guidelines document.

5. Signature: (***Any applications submitted without a signature will be considered incomplete and will not be considered.***)

Enter
Name: _____

By entering your initials [　　　] You are electronically signing your
in the box,   name and agreeing to the terms above.

Date: _____