

# REQUEST FOR APPLICATIONS

## Home Visiting Funding



The Missouri Children's Trust Fund (CTF) is pleased to announce the availability of up to \$500,000 in Federal Community Based Child Abuse Prevention (CBCAP) funds to support direct home visiting services in Missouri. Funding will run from Fiscal Year 2024 through Fiscal Year 2027.

### CTF'S APPROACH TO HOME VISITING

CTF seeks to broaden the range of home visiting services in Missouri by reaching families in the greatest need of community support, by placing a heavy emphasis on serving families in high poverty areas. Home visiting is supported as an evidence based approach to promoting positive outcomes for parents and young children with key outcomes including the prevention of child maltreatment and positive impacts in the areas of child and maternal health, child development and school readiness, parent/child interactions, and family economic self-sufficiency. In tandem with the expansion of home visiting services, CTF seeks to compliment the current Collective Impact (CI) structure in Missouri by coordinating services at the state and local levels in order to provide families and stakeholders with easy accessibility to available resources and to ensure families are connected with services best suited to meet their needs.

### PURPOSE OF FUNDING

This funding is intended to support direct home visiting services with an emphasis on serving high poverty areas.

### ELIGIBILITY TO APPLY

In order to be considered for this funding, an applicant must be a fully functioning home visiting provider with experience providing early childhood (prenatal – 3 years) home visiting services, who meets the following criteria:

- Utilizes an evidence-based OR high quality home visiting model that incorporates a parent education curriculum;
- Delivers year-round services, with a minimum of 1-2 visits per month;
- Serves an area that includes at least one zip code with a poverty rate of 25% or higher, identified in the following map (*qualifying regions are shaded blue/orange and can be selected to identify specific zip codes within*):  
<https://mogov.maps.arcgis.com/apps/webappviewer/index.html?id=7ca73feed7c94a33aa57289bf990da65>

### PARTICIPATION REQUIREMENTS

Participating home visiting providers must meet the following requirements throughout the contract period, as it pertains to services and programming funded directly by CTF:

- Serve only low-income families with a household income under 185% of the poverty threshold, as outlined by the U.S. Department of Health and Human Services in the following:  
[https://www.aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf?\\_ga=2.249815045.2025795230.1675797558-592377897.1643386963](https://www.aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf?_ga=2.249815045.2025795230.1675797558-592377897.1643386963);
- Ensure that at least 50% of the families served reside in a zip code with a poverty rate of at least 25%, identified in the following map: <https://mogov.maps.arcgis.com/apps/webappviewer/index.html?id=7ca73feed7c94a33aa57289bf990da65>;
- Enter all required data into a REDCap database approved by CTF;
- Fully participate in a CTF-sponsored Home Visiting Collective Impact (CI) site if providing services in a core CI coverage area, as identified in the [CRIS Core & Expansion Map](#).
  - Full participation includes:
    - Data collection as specified by CI site;
    - Acceptance of referrals via a Coordinated Referral and Intake System (CRIS);
    - Participation in collaborative project meetings; and

- Participation in professional development and quality improvement activities as offered and/or required by the CI site
- Accept referrals via a Coordinated Referral and Intake System (CRIS) if serving in a CRIS expansion area, as identified in the [CRIS Core & Expansion Coverage Map](#).
- Participate in continuous quality improvement activities;
- Implement a process to evaluate family satisfaction results and report on an annual basis; and
- Offer voluntary services to families who are not actively known to be involved in a child welfare investigation and/or court case at the time of referral (i.e. offer non-mandatory, primary and/or secondary prevention services).

## USE OF FUNDS

Awarded funds may only be used for expenses related to home visiting service activities. Eligible expenses include, but are not limited to:

- Staff time and travel expenses related to administering and/or providing home visiting services;
- Information technology hardware, software, and technical support related to administering, providing, and/or participating in home visiting services;
- Marketing and outreach to facilitate access to home visiting services;
- Professional development activities and trainings;
- Continuous quality improvement activities;
- Incentives for participating families including developmentally-appropriate toys and/or books, safety or hygiene related items, transportation assistance, gift cards, family specific basic needs, etc.
  - *Must monitor the use of gift cards to ensure funds are not used to purchase tobacco, alcohol or fire arms.*
- Indirect costs necessary to the performance of the project, not to exceed 5% of the total contract amount.

## APPLICATION PROCESS AND REQUIREMENTS

The application period for this funding opportunity begins at 9:00 am on March 6, 2023 and ends at 11:59 pm on April 16, 2023. To successfully apply, the following components must be completed and emailed to [CTF@oa.mo.gov](mailto:CTF@oa.mo.gov) as a single PDF document before the deadline stated above:

- Cover letter;
- CTF application form (must use template provided);
- Project budget (must use template provided) detailing total project costs, the requested CTF allocation of total project costs, and the applicant allocation of total project costs. ***Applicants may request up to \$100,000 in CTF funds to cover 80% of total project costs, and must use non-federal funding to cover no less than 20% of total project costs (i.e. grantees will be responsible for 20% local matching funds);***
- Application narrative (must respond to the questions provided);
- Redacted example of family satisfaction of services received (i.e., survey results, success story, etc.);
- Documentation supporting applicant's full participation in a Collective Impact (CI) project, if providing services in a core CI area as indicated in the [CRIS Core & Expanded Coverage Map](#).
- Signed certifications form (must use template provided);
- IRS 501(c)(3) certification letter, if applicable;
- Applying agency's most recent financial audit summary report;
- Applying agency's current list of Board of Directors and their affiliations; and
- Documentation verifying applying agency's current accreditation and/or affiliation with the home visiting model of choice (i.e., model accreditation letter, training certificates, letter of support, etc.)

**Note:** If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor

understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. CTF will treat such personal information in accord with §105.1500, RSMo.

**Applications submitted after 11:59 pm on April 16, 2023 will not be considered.**

**A pre-bid meeting will occur on March 15<sup>th</sup>, 2023 from 10:00am-11:00am. Learn more about how to join the meeting by visiting CTF's funding opportunity page at the following link: <https://ctf4kids.org/program-partners/ctf-funding-opportunities/>**

## **AWARDS AND GRANT REQUIREMENTS**

Award announcements are expected to be made the week of June 12, 2023. Initial contracts will have a term of one year, effective on July 1, 2023, with the option to renew annually for three (3) additional years. Award amounts are based on need and funds available, and therefore subject to change from year to year. All grantees will be subject to the following contract requirements:

### Local Match Requirement

Grantees will be responsible for twenty percent (20%) of total project costs, annually. Matching funds must come from non-federal sources (e.g. local fundraising, state funds that are not used as match for other federal awards, etc.). For example, if annual project costs total \$100,000, \$80,000 may be requested from CTF and \$20,000 is required by the grantee in matching funds.

### Background Checks

CTF grantees must ensure that all employees and volunteers, having direct contact with children younger than eighteen years of age through their CTF-funded program, complete the following requirements:

- Register with the Family Care Safety Registry (FCSR) and provide FCSR screening results to employer, prior to working with children. FCSR screenings must be completed annually after initial registration/screening. Fees to meet this requirement may be included in the grantee's project budget. More information about the FCSR program is available at [www.health.mo.gov/safety/fcsr/about.php](http://www.health.mo.gov/safety/fcsr/about.php).
- Complete a state and national, fingerprint-based, criminal background check as part of the hiring process through the Missouri Volunteer and Employee Criminal History Services (MOVECHS) program <https://mshp.dps.missouri.gov/MSHPWeb/PatrolDivisions/CRID/MoVECHSProgram.html>. If these background checks were not completed upon hire, they must be initiated within thirty (30) days of receiving a CTF grant award.

### Monitoring and Reporting

CTF reserves the right to monitor contractual, programmatic and financial compliance throughout the effective period of the contract, which may include on-site and/or virtual reviews, as well as the review of family files. Every third state fiscal quarter (January – March), CTF will specifically be assessing grantee compliance in ensuring at least 50% of served families are residing in a high poverty zip code. Contracts may not be renewed if grantees are not meeting the 50% requirement.

All grantees are required to submit an annual program report for each year of the grant cycle, on a report template provided by CTF. Annual reports are due July 31st, following the end of the contract reporting period.

CTF requires that all awarded grantees use a REDCap database to collect all family data obtained through the provision of home visiting services provided through this funding opportunity. Grantees will be required to collect Maternal Infant Early Childhood Home Visiting (MIECHV) performance indicators, as well as additional performance and process indicators as identified by CTF.

### Contracting and Payment

Contracts must be signed and returned to CTF by the date noted in the award letter. Payment is reimbursement-based and will only be issued for expenses incurred during the contract period, which begins on July 1, 2023. In order to receive payment, grantees must register as a vendor with the State of Missouri through the MissouriBUYS eProcurement System (<https://missouribuys.mo.gov/registration>). Additionally, all CTF grantees must participate in the E-Verify program (<https://www.e-verify.gov/>), have no taxes due to the State of Missouri, and be in good standing with the federal government.

### **RESOURCES**

Child Welfare Information Gateway's *Home Visiting*

<https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/>

Collective Impact article in *Essentials for Social Innovation*

[https://ssir.org/articles/entry/collective\\_impact#](https://ssir.org/articles/entry/collective_impact#)

The Protective Factors Framework

[https://www.flgov.com/wp-content/uploads/childadvocacy/strengthening\\_families\\_protective\\_factors.pdf](https://www.flgov.com/wp-content/uploads/childadvocacy/strengthening_families_protective_factors.pdf)

MIECHV Performance Indicators and Systems Outcomes

<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf>

Home Visiting Collaborative Improvement and Innovation Network 2.0: Toolkit to Build Parent Leadership in Continuous Quality Improvement

<https://uwm.edu/mcwp/wp-content/uploads/sites/337/2019/08/Parent-Leadership-Toolkit.pdf>

Child Welfare Information Gateway's *Racial Equity Resources for Child Welfare Professionals*

<https://www.childwelfare.gov/topics/systemwide/diverse-populations/racialequity/>

### **CONTACT INFORMATION**

**Please contact CTF with any questions about participation requirements, eligibility requirements and/or any processes related to this funding opportunity.**

Tara Goins

Program Coordinator

(573) 751-2266

[tara.goins@oa.mo.gov](mailto:tara.goins@oa.mo.gov)

Jeni Sommerfeld

Program Director

(573) 751-6511

[Jennifer.Sommerfeld@oa.mo.gov](mailto:Jennifer.Sommerfeld@oa.mo.gov)

# CTF APPLICATION FORM

Home Visiting Funding

Name of Applicant Agency	
Address	
City, State, Zip Code	
Telephone Number	
Website Address	
Federal Tax ID#	

<p><b>Tax Status of Applicant Agency:</b></p> <p><input type="checkbox"/> Exempt under sec 501(c)3 of the IRS Code</p> <p><input type="checkbox"/> Exempt governmental Unit</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>NOTE: Incorporated or governmental tax-exempt agencies applying as the sponsoring agency for an unincorporated association or coalition must attach a memorandum of understanding indicating its willingness to be responsible for the fiscal and programmatic requirements.</b></p>
---	--

<b>Primary Program Contact:</b>	<b>Email:</b>
<b>Fiscal Contact:</b>	<b>Email:</b>
<b>Authorized Contract Officer</b>	<b>Email:</b>

<b>Dollar Amount Requested from CTF: \$ _____</b>
---

## PROJECT BUDGET

Please detail the project expenses for which you are requesting CTF funding under the appropriate budget category, below.

BUDGET CATEGORY	DESCRIPTION OF EXPENSE(S)	CTF FUNDS REQUESTED (80%)	REQUIRED MATCH (20%)	TOTAL PROJECT COSTS (100%) <i>Funds requested plus matching funds</i>
<b>Salaries and Wages</b> <i>Including # of FTEs &amp; positions supported</i>		\$	\$	\$
<b>Fringe Benefits</b> <i>Not to exceed 30% of salary costs</i>		\$	\$	\$
<b>Consultant &amp; Contractual Services</b> <i>Hourly fee x hours</i>		\$	\$	\$
<b>Travel</b> <i>Mileage not to exceed \$.55/mile</i>		\$	\$	\$
<b>Equipment</b>		\$	\$	\$
<b>Materials and Supplies</b>		\$	\$	\$
<b>Program Related Expenses</b>		\$	\$	\$
<b>Indirect Costs</b> <i>Not to exceed 5% of total funds requested</i>		\$	\$	\$
<b>Other Costs</b>		\$	\$	\$
<b>GRAND TOTAL</b>		\$	\$	\$

## APPLICATION NARRATIVE

Respond to each of the following prompts/questions on a separate document. Total narrative should not exceed ten (10) pages in length using a minimum font size of 11pt. Additional documents may be referenced in the narrative response and attached to the application. Any attachments will not be counted against the page limit.

- 1) Briefly summarize your agency's experience in providing early childhood home visiting services and the primary population served.
- 2) Identify and describe the home visiting model to be used as part of this funding opportunity, including model eligibility requirements, target population, frequency of home visits, length of time implementing model, screening tools/assessments utilized, fidelity requirements and accreditation status.
- 3) Identify the counties and zip codes to be served, specifically identifying the high poverty zip code(s) to be targeted.  
<https://mogov.maps.arcgis.com/apps/webappviewer/index.html?id=7ca73feed7c94a33aa57289bf990da65>
- 4) Describe how your agency will reach low-income families and ensure 50% of the families served are residing in a high poverty zip code with a poverty rate of at least 25%.  
<https://mogov.maps.arcgis.com/apps/webappviewer/index.html?id=7ca73feed7c94a33aa57289bf990da65>
  - i. Planned outreach/engagement methods to reach low-income families
  - ii. How will your agency verify family income?
  - iii. How will your agency track the proportion of low-income families living in high-poverty zip codes that are served by your program?
- 5) Provide the following outcomes from your home visiting program for state fiscal year 2022:
  - i. Number of unduplicated families served
  - ii. Number of unduplicated low income (under 185% of Federal poverty threshold) families served
  - iii. Number of prenatal women enrolled
  - iv. Number of unduplicated children (aged 0-3 years) served
  - v. Average number of monthly home visits per family served
- 6) Describe your agency's ongoing professional development requirements for home visiting personnel.
- 7) Identify your agency's process for continuous quality improvement and how your program is informed by such activities.
- 8) Identify how many families you hope to serve through this funding opportunity in state fiscal year 2024.
- 9) Does your program offer an incentive program for families? If so, please describe in detail. If not, will this funding opportunity be used to implement an incentive program?
- 10) Describe your agency's knowledge of the current CRIS (Coordinated Referral and Intake System) infrastructure offered through Collective Impact sites and how families/providers may benefit from the coordinated efforts.

## CERTIFICATIONS

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Children's Trust Fund special conditions specified in the grant award and contract.

I, the undersigned, certify that program information will be collected and conveyed to the Children's Trust Fund by submission of a final project report.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain accepted accounting procedures to provide for accurate and timely recording or receipt of funds (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes, and that documentation is readily available to verify that such charges/expenses are accurate.

**Name:**

**Authorized Official, Title**

**Signature:**

---

**Authorized Official**

**Date**