



**NORTH CAROLINA DEPARTMENT OF HEALTH and HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

**REQUEST FOR APPLICATION (RFA) # 09001-16
RFA Period SFY2014-2016**

For eligible grantees to provide services to the North Carolina Division of Social Services to develop, operate, and/or expand community-based, Intensive Family Preservation Services to ensure safety, permanency, well-being and self-sufficiency for children and families through the:

**NORTH CAROLINA INTENSIVE FAMILY
PRESERVATION SERVICES PROGRAM**

RFA Release Date:	January 10, 2013
Technical Assistance Webinar:	January 18, 2013
Letter of Intent:	January 22, 2013
Deadline for Questions:	January 25, 2013
Deadline for Proposals:	February 11, 2013, at 5:00 p.m.
Return to (Mailing Address –USPS):	NC Division of Social Services Mail Service Center 2410 Raleigh, NC 27699-2410
Hand Delivery/Overnight Delivery: (i.e., Fed EX, UPS, DHL)	NC Division of Social Services 325 N. Salisbury Street Albemarle Building, Suite 779 Raleigh, NC 27603
Mailing Address (USPS):	NC Division of Social Services 325 N. Salisbury Street Mail Service Center 2410 Raleigh, NC 27699-2410
Attention/Questions:	Michelle Reines Program Consultant Office (919) 334-1089 michelle.reines@dhhs.nc.gov
Submission Instructions:	Late Applications will not be accepted. Faxed Applications will not be accepted.

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I. GENERAL INFORMATION

A. PURPOSE OF REQUEST

The North Carolina Department of Health and Human Services (NCDHHS), through the Division of Social Services (NCDSS), is seeking proposals from qualified responders to develop, operate and/or expand community-based, Intensive Family Preservation Services (IFPS) to ensure safety, permanency, well-being and self-sufficiency for children and families. Responders will demonstrate the capacity to achieve positive outcomes for children at imminent risk of removal from their families. The North Carolina Intensive Family Preservation Services program helps to advance the NCDHHS' vision: *All North Carolinians will enjoy optimal health and well-being.*

B. AWARD AMOUNT AND TERM

IFPS annual allocation is \$3,072,000 for 11 grants.

IFPS is provided when the safety of the child, home and/or community are at-risk; and/or the child is at-risk of out-of-home placement as well as to prevent an adoption disruption. Consistent with family-centered practice, IFPS provides children with safe, nurturing environments that promote their physical, social and emotional well-being by promoting protective factors, addressing traumatic experiences and decreasing risk factors in families and communities.

NCDSS has allocated a dollar amount for each region of the state. Please see Appendix D for the state map with the delineated 11 regions and the funding allocated for each region. Agencies are required to serve all counties in each region. Agencies are not allowed to submit a proposal to serve a portion of a region.

The term of any resulting grant award is anticipated to be for three years, from July 1, 2013 until June 30, 2016. The initial contract period will be for one year, from July 1, 2013 until June 30, 2014. Contract renewal will be required for state fiscal years 2014/2015 and 2015/2016 and will be based on availability of funding, grantee performance and contractual compliance.

NCDSS will reimburse the IFPS program \$6,000 per family served for the full 28-day period. The 1st payment of \$3,000 may be requested on the DSS-1571 III (Administrative Costs Report) after 7 days of service. The 2nd payment of \$3,000 may be requested on the 1571 after 28 days of service. This must also be accompanied with the DSS 1571 – Addendum which lists the families served for both time periods.

C. ELIGIBILITY

Any tribal government, community-based, public or private nonprofit, tax-exempt organization (including faith-based), school system or local government agency that is duly incorporated and registered under North Carolina Statutes is eligible to apply. It is important that the proposed project does not overlap with existing programs in the region. Factors to take into account when considering program overlap are populations served, type of service, site locations, program curriculum, etc.

D. LETTER OF INTENT

It is highly recommended that all agencies considering applying for these funds submit a letter of intent by email to Michelle Reines at michelle.reines@dhhs.nc.gov to ensure receipt of subsequent information regarding application submission. Please submit signed letter of intent by **January 22, 2013** on agency letterhead. In addition, it must include the following information:

- Legal name of the agency or organization;
- Mailing address, phone number, and fax number of the agency or organization;
- Intent to respond to this RFA;
- County or counties to be served; and
- Name, title, and email address of the person who will coordinate application submission.

Agencies that submit a Letter of Intent will be able to submit questions regarding the RFA by **January 25, 2013 by 5PM** to Michelle Reines at michelle.reines@dhhs.nc.gov. Questions shall only be accepted via email for tracking purposes. Please send questions as soon as possible for due consideration. Answers to all questions received will be posted on the NCDSS public notice site <http://www.ncdhhs.gov/dss/pubnotice/> by **January 30, 2013**.

E. TECHNICAL ASSISTANCE WEBINAR

A technical assistance webinar will be held on **January 18, 2013** from **11AM-12:30PM**. The webinar can be accessed through the following web link: <https://dss.ncgovconnect.com/r41696506/>. Due to participant limits, multiple staff members from the same agency are encouraged to access the webinar through one portal.

A webinar for the ***Strengthening Families Protective Factor Framework*** will be held on January 23, 2013 from 10AM-12PM, and a webinar on the ***FRIENDS Logic Model Builder*** will be held on January 24, 2013 from 10-11AM. Links for these two webinars will be sent via email. Participation in these webinars is not required, but is highly encouraged.

F. NUMBER OF COPIES

One complete original application including a signed cover letter on agency letterhead and signed certifications and three additional complete application copies are required at the time of initial submission. An Acknowledgement of Receipt will be provided to all applicants. If the application is received by mail, the Acknowledgement of Receipt will be sent via email.

G. DEADLINE

The closing date for submission of applications is **February 11, 2013, at 5:00 p.m.** ***Applications received after 5:00 p.m. will be classified as late and will not be considered for funding.*** (Applicants should be aware that certain conditions influence the timely submission of applications, i.e., traffic congestions, available parking, highway construction, weather conditions, faulty driving directions, etc.) Applicants are cautioned to request a legible dated United States Postal Services postmark or receipt or to obtain a legibly dated receipt from a commercial carrier. Applicants should allow adequate time (approximately seven days) for application packages to arrive at the Albemarle Building. ***No faxed applications will be accepted.***

H. SELECTION PROCESS

All applications received by the declared deadline will be reviewed to ensure all necessary worksheets and documentation are complete and included in submitted applications. Nothing may be added to any application after it has been submitted. Applications will then be forwarded to the grant review committee who will review, score and rank the applications. NCDSS anticipates issuing award notices by **March 4, 2013**.

If an applicant wishes to appeal a scoring or award decision, the applicant must send a cover letter on agency letterhead outlining the reasons for the appeal to:

Sherry S. Bradsher, Director
NC Division of Social Services
325 North Salisbury Street
Mail Service Center 2408
Raleigh, NC 27699-2408

I. REPORTING

If awarded funding, the following are required reporting for all agencies:

Monthly:

- DSS-1571 III Administrative Costs Report, by the 10th of each month. Agencies with subcontract(s) must include monthly 1571 Report(s) completed by the subcontractor(s). 1571 Report(s) must be submitted monthly even if no costs are incurred.
- Entry of all services/activities in the NC IFPS Database.

Quarterly:

- Completed Performance Status Report

Annually:

- Completed Performance Status Report with cumulative end-of-year data
- NC State Auditors GS 143-6.2 Grant Compliance Report

J. PROGRAM MONITORING

Desk monitoring occurs on a monthly basis. Contract Administrators review the DSS-1571 III Administrative Cost Report for accurate, allowable and reasonable costs and the State Auditors' non-compliance list to ensure all G.S. 143-6.2 reporting requirements are being fulfilled by the contractor. Also, database entries are reviewed to ensure participants are enrolled and programming activities have been implemented. Ongoing telephone and e-mail monitoring is documented by the Contract Administrator when it pertains to possible contractual non-compliance issues.

For the first quarter of the contract year, contractors complete a Performance Status Monitoring Tool at 90 days of the contract start date. A conference call is then conducted between the Contract Administrator and contractor administration/staff to review the contractor's report to ensure that required components of programming, accurate monthly reporting, and fiscal procedures are being implemented and baseline data is being compiled to fulfill the evaluation plan of the contract.

Contractors will be monitored on-site at least once during a grant cycle according to an established schedule once baseline data is collected, unless other requirements for frequency take precedence.

For announced on-site monitoring reviews, Contract Administrators send a formal written notification letter on NCDSS letterhead to the contractors no later than 30 days prior to the scheduled review date. A Site Visit Report is completed at the end of the on-site monitoring review. The OMB Circular A-133 specifies fourteen areas of compliance monitoring which are reviewed during the on-site monitoring visit, if applicable to the program, in addition to the contractor's Conflict of Interest Policy which is included in the contractor's executed contract. Areas concerning programming, fiscal management, compliance requirements, personnel, safety, organizational capacity, subcontract services and evaluation are also reviewed to confirm contractual compliance during the on-site review.

Within 30 days of an on-site monitoring review with identified corrective action findings, the Contract Administrator will send a formal written corrective action findings letter to the contractor. If the contractor remains in non-compliance status, the contract may be terminated due to failure to meet the terms and conditions of the contract.

K. REQUIRED BACKGROUND CHECKS

Applicant agencies shall document for all staff and volunteers having direct contact with children or families on an ongoing basis, completion of a criminal history background check. This check should also include a check of the National Sex Offender Registry. Any prior felony convictions or other abnormalities must have written evidence of supervisory review and acknowledgement, which justifies employment. This documentation shall be kept within the volunteer or employee personnel file and will be subject to review during an on-site monitoring visit.

L. REQUIRED TRAINING

All direct service staff and their supervisors shall attend the *NCDSS Family-Centered Practice in Family Preservation Programs* six-day specialized curriculum designed for IFPS workers. Specifics regarding the course content and availability may be found on "NCSW Learn: A Learning Site for North Carolina's Human Services Professionals" at <https://www.ncswlearn.org/>. ***All staff is expected to complete this training prior to being assigned cases.*** Agencies shall have trained staff and/or facilitators in place prior to contract execution or shall demonstrate that staff is scheduled to be trained prior to case assignment.

Also, all direct service staff and their supervisors shall complete The National Alliance of Children's Trust and Prevention Funds (Alliance) online training course to support implementation of the Strengthening Families™ Protective Factors Framework in Multiple Settings: Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action <http://ctfalliance.org/onlinetraining.htm>. ***This training shall be completed by all required staff within 90 days of the beginning of the contract period.***

As a part of Continuous Quality Improvement practice, agencies are expected to encourage on-going staff development and should be budgeted accordingly. Some resources include, but are not limited to:

- a. The North Carolina Collaborative Training Institute <http://www.nccti.org/>
- b. The North Carolina Parenting Education Network <http://www.ncpen.org/>
- c. NC Family Development Credential for Workers
<http://www.communityactionopportunities.org/ncfamilysupport.html>

II. GOVERNING LEGISLATION AND FUNDING SOURCES

In the 1991 Session of the North Carolina General Assembly, legislation was enacted which established a Family Preservation Services Program to be developed and implemented by NCDHHS. The mission of NCDSS is to provide family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety and permanency. NCDSS is guided by both federal and state legislation designed to protect children and strengthen safe, stable, nurturing families. The following federal and state requirements govern the administration of the IFPS Program:

Adoption and Safe Families Act (ASFA) of 1997

On November 19, 1997, the President signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA recognized that innovative approaches are needed to achieve the goals of safety, permanency, and well-being and provided a funding mechanism allowing greater flexibility to develop community-based strategies to achieve positive results for families.

Promoting Safe and Stable Families Amendments (PSSF) of 2001 and The Child and Family Services Improvement and Innovation Act (public Law (Pub. L.) 112-34)

The purpose of this program is to enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services to accomplish the following objectives:

- To prevent child maltreatment among families at risk through the provision of supportive family services.
- To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively.
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997.
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Community-Based Child Abuse Prevention (CBCAP)

This program provides funding to States to develop, operate, expand and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. The program was reauthorized, amended and renamed as part of the Child Abuse Prevention and Treatment Act (CAPTA) amendments in 2003. While CAPTA does not provide funding for IFPS, it is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law on January 31, 1974 (P.L. 93-247). It was reauthorized in 1978, 1984, 1988, 1992, 1996, and 2003, and with each reauthorization, amendments have been made to CAPTA that have expanded and refined the scope of the law. CAPTA was most recently reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). Some of the core features of the program include:

- Federal, State, and private funds are blended and made available to community agencies for child abuse and neglect prevention activities and family support programs.

- An emphasis on promoting parent leadership and participation in the planning, implementation, and evaluation of prevention programs.
- Interagency collaborations with public and private agencies in the States to form a child abuse prevention network to promote greater coordination of resources.
- Funds are used to support programs such as voluntary home visiting programs, parenting programs, family resource centers, respite and crisis care, parent mutual support, and other family support programs.
- An emphasis on promoting the increased use and high quality implementation of evidence-based and evidence-informed programs and practices.
- A focus on the continuum of evaluation approaches which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

Reaching for Excellence and Accountability in Practice

At a time of unprecedented economic challenge, diminishing resources, and increased demands for public services, NCDSS and local county departments of social services are renewing their commitment to improving child welfare outcomes for children, youth and families through support of a new initiative being piloted called REAP (**R**eaching for **E**xcellence and **A**ccountability in **P**ractice). Understanding that the effective use of limited public dollars is more important than ever, REAP will assist NCDSS and local county departments of social services in adopting a comprehensive, quality-improvement approach in child welfare that will result in improved child safety, permanence and well-being outcomes, and a more effective use of resources in delivering quality services.

Launched in February 2011, REAP provides the leadership and staff of local county departments of social services with training and technical assistance to achieve four principal goals within the child welfare system:

- Improved child, youth, and family outcomes by measuring performance and using data to inform practice and policy.
- Consistent delivery of quality services and the use of best practices.
- Partnerships across the child welfare service delivery spectrum to collectively achieve more positive outcomes – from DSS agency leadership and line workers to community partners and the courts.
- Targeted, effective technical assistance provided by NCDSS to local departments of social services to support the achievement of improved outcomes.

IFPS agencies must demonstrate the capacity to achieve positive outcomes for children and families who participate voluntarily in their programs. For more information, please see the NC Child Welfare Core Achievements document in Appendix F.

III. PROGRAM PURPOSE AND REQUIREMENTS

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent unnecessary placement of children away from their families by providing in-home services aimed at restoring families in crisis to an acceptable level of functioning. These services are designed to meet the following objectives: (1) stabilize the crisis which put the family at imminent risk, (2) keep the child, family and community safe by defusing the potential for violence (physical, sexual, emotional/verbal abuse), and (3) help families develop the skills, competencies and resources they need to handle future crisis situations more effectively.

Consistent with family-centered practice and program goals is the goal of strengthening and supporting families and children to increase their stability by building an integrated community-based system to family functioning. As a foundation to achieving these goals, North Carolina has implemented, as part of its system reform, Six Principles of Partnership:

- Everyone Desires Respect
- Everyone Needs to Be Heard
- Everyone Has Strengths
- Judgments Can Wait
- Partners Share Power
- Partnership is a Process

In addition, agencies can fulfill a variety of needs for families while they are working in partnership with the local county DSS. Below are the seven principles of multiple response:

- Collaboration between the Work First Family Assistance and Child Welfare programs.
- A strengths-based, structured intake process.
- A choice of two approaches to reports of child abuse, neglect, or dependency.
- Coordination between law enforcement agencies and child protective services for the investigative approach.
- A re-design of in-home services.
- Implementation of Child and Family Team meetings during the provision of in-home services.
- Implementation of shared-parenting meetings in child placement cases.

North Carolina IFPS applicants shall meet *all of the following requirements to be eligible for funding (a detailed description of each requirement is provided on the subsequent pages):*

1. Provide services based on the values and beliefs of Family Preservation Services.
2. Serve eligible populations at risk of removal from the home.
3. Implement the model and comply with agency and program requirements.
4. Promote the five protective factors and children's social and emotional well-being.
5. Demonstrate an understanding of trauma-informed services as they relate to clients and staff.
6. Demonstrate positive outcomes through accountability and evaluation tools.
7. Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
8. Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.

1. Family Preservation Services Values and Beliefs

It is critical that IFPS providers and supervisors have a firm understanding of and commitment to these values and beliefs about families:

1. Safety of the children is the first concern.
2. Children have a right to their family.
3. The family is the fundamental resource for the nurturing of children.
4. Parents should be supported in their efforts to care for their children.
5. Families are diverse and have a right to be respected for their special cultural, racial, ethnic and religious traditions; children can flourish in different types of families.
6. A crisis is an opportunity for change.
7. Inappropriate intervention can do harm.
8. Families who seem hopeless can change and grow.
9. Family members are our colleagues.
10. It is our job to instill hope.

2. Eligible Population At-Risk of Removal from the Home

Families eligible for IFPS services have at least one child age birth through 17 years who is at imminent risk of placement in out-of-home care. Families with adopted children are eligible for referral to the program when it is determined that a disruption in the adoption placement will occur without intensive services. The priority for case assignment are those children at risk of placement into the social services system, and at least 75% of cases served each year shall be DSS referred cases, but referrals may also come from the mental health/developmental disabilities/substance abuse or juvenile justice systems.

“Imminent risk of out-of-home placement” is defined as follows:

Department of Social Services referred cases:

- There has been a substantiation of abuse, neglect or dependency (as determined by the local Department of Social Services prior to the referral to IFPS) **AND** there is a rating of ‘high’ or ‘intensive’ on the Family Risk Assessment (DSS form 5230) or the Family Risk Reassessment (DSS Form 5226); **OR**
- There is a substantiation of abuse, but there is no rating of ‘high or ‘intensive’ on the Family Risk Assessment (DSS Form 5230) or Family Risk Reassessment (DSS Form 5266); **OR**
- There has been a finding of In Need of Services (as determined by the local Department of Social Services prior to referral to IFPS) **AND** there is a rating of ‘high’ or ‘intensive’ on the Family Risk Assessment (DSS form 5230) or Family Risk Reassessment (DSS Form 5226).

Juvenile Justice referred cases:

- There has been an adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges, **OR**
- The juvenile has been placed on Level 2 disposition by the court.

Mental Health referred cases:

- It is determined by the child’s treatment team that if IFPS is not offered, the child would be referred to a residential or inpatient setting, **AND**
- A standardized assessment tool must be completed demonstrating that the child is at imminent risk of removal from the home if IFPS services are not provided. The Community Based Programs Team of the Division of Social Services must approve the tool utilized prior to referrals based on that tool being accepted.

3. Agency and Program Requirements

The IFPS program is based on the Homebuilders model. The following internet links provide information on this model:

- Institute for Family Development (developers of the HOMEBUILDERS Program)
<http://www.institutefamily.org/>
- HOMEBUILDERS - Strengthening America's Families Program
http://www.strengtheningfamilies.org/html/programs_1999/23_HOMEBUILDERS.html
- Casey Family Programs, A Ten-Year Review of Family Preservation Research
<http://www.casey.org/resources/publications/TenYearReviewFamilyPreservation.htm>
- National Family Preservation Network <http://www.nfpn.org/>

It is a requirement that agencies demonstrate in the application that there has been careful thought around the implementation of the IFPS program. Additionally, it is required that during planning, agencies seek out support for pre-implementation assessment, training, in-service and peer support opportunities, coaching/clinical supervision, and evaluation in order to ensure program sustainability. Agencies must demonstrate that these supports are in place and are able to be sustained throughout the grant award period. This support is considered an allowable cost and should be budgeted accordingly. All applicants shall complete the “Implementation Plan Form”, for which a link can be located in Appendix F.

NCDSS requirements are as follows:

Contract Compliance:

- Develop a working knowledge of State policy and procedures regarding IFPS and ensure staff compliance. The Contractor shall use and maintain forms as required by the NCDSS.
- Complete regular evaluations of IFPS staff to assess knowledge of, and compliance with, philosophy and intervention strategies of the IFPS model.
- Participate in quality assurance evaluation activities as designated by NCDSS. Activities include, but are not limited to, participating in group meetings, site visitations and peer review of policies and procedures.
- Make accessible to the assigned State IFPS Consultant or other designated NCDHHS or NCDSS representative full access to and the right to examine all case and administrative records for the purpose of monitoring this agreement.
- Unit Definition: one (1) unit equals one (1) family intervention as outlined in program description. Units - The number of IFPS units to be provided for each region during the term of the Agreement shall be in accordance with the chart in Appendix D.
- The Contractor shall provide services only in the region identified in its proposal.

Staffing Requirements:

The Contractor shall assure that the IFPS program shall be staffed as identified herein and that the staff identified to fill the roles of program manager, supervisor and worker shall have the following minimum qualifications for each position:

Program Manager:

- Appropriate degree in the human services area or in management and experience to manage in-home programs. Administrative and clinical experience preferred.
- Participation in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.
- Not more than 25% position for one full team (four workers and one supervisor).

Supervisor:

- A degree in the human services area and field experience working with multi-problem families. A master’s degree in social work is preferred.
- Demonstrated experience in, or potential for, providing supervision to workers who provide in-home services.
- Knowledge of child welfare policies and programs, family therapy theories, treatment philosophies and strategies of home-based services, as well as knowledge and availability of local resources is necessary.
- An understanding of and commitment to the IFPS model is essential.
- Capacity for overseeing program operations related to the family’s entry into and participation in the program.

- The ability to relate to and collaborate with County and State personnel, the courts and other service providers on behalf of the family.
- Ability to maintain a flexible work schedule.
- Participation is required in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.

Worker

- A degree in the human services area. A master's degree in social work is preferred.
- Field experience working with multi-problem children and families and overall ability to relate to and engage with these families.
- Ability to maintain a flexible work schedule.
- Understanding of the IFPS philosophy and intervention strategies is essential.
- Willingness and ability to participate in initial and ongoing training provided by Division of Social Services staff or trainers coordinated by the Division.

Activities Contractor shall perform:

Referrals:

- Market the IFPS program to eligible referral sources. It is the responsibility of the contractor to ensure an adequate number of referrals are received in order to meet contractual requirements for the number of families to be served.
- Develop a procedure for accepting referrals. The procedure shall include accepting referrals 24 hours per day/7 days per week. There shall be no provision for maintaining a waiting list. The Contractor shall make available to referring units notice of any vacancies.
- Accept a second referral for any given family only if it has been 90 days since the Contractor or any other IFPS contractor terminated the most recent intervention for the family, or if permission specific to the referral is granted by the State IFPS Consultant.
- Accept a third, or subsequent, referral for any given family served by the Contractor or any other IFPS contractor only after consultation with and approval by the State IFPS Consultant.

Capacity and Staffing:

- Maintain the capacity to serve the anticipated number of families specified in this Agreement. The Contractor shall be responsible to provide 1 full-time IFPS worker for every 18 anticipated families to be served. It is expected that a full-time worker can deliver at least 18 interventions per year. Supervisors shall directly serve some families each year.
- Assign a caseload of 2 families to each IFPS worker. The Contractor may assign a 3rd family ONLY during the final week of an intervention.
- Maintain a supervisory/direct service staff ratio that ordinarily shall be 1 full-time supervisor to no more than 5 full-time IFPS workers.
- Ensure IFPS workers and supervisors work a flexible schedule determined by the needs of the family (rather than a standard 8AM to 5PM schedule). Full-time IFPS staff shall submit to the Contractor a disclosure statement regarding any supplemental employment and/or educational commitment. The Contractor must ensure that the supplemental employment and/or educational commitment does not negatively impact services provided by the contract.

- Each new IFPS worker shall shadow the supervisor for at least 1 case, and be shadowed by the supervisor for at least one 1 case, before being assigned cases. (Shadowing shall be defined as accompanying the person responsible for the case on at least half the home visits to the family, or at least 3 home visits per week, whichever is greater.)
- The IFPS supervisor shall accompany experienced staff on home visits, as needed. Feedback on accompanied visits shall be part of the weekly individual conference or team meeting.

Supervision:

- Conduct regularly scheduled team meetings involving all IFPS staff, including the IFPS supervisor. The purpose of these meetings shall be to review individual family progress, consult on alternative service plans, action steps and activities needed on IFPS cases, staff all active cases and use results to develop weekly plans to achieve family goals. Meetings shall be documented and documentation shall be maintained.
- Conduct conferences between each IFPS worker and supervisor at least once weekly for the express purpose of enabling individual IFPS workers to discuss their client families on a one-to-one basis. The conferences shall be directed toward review of individual family progress, consultation on alternative service plans, and determination of action steps and activities needed on active cases. These conferences will be documented.
- Ensure the IFPS program manager reviews and approves, by signature, all service plans and termination reports of cases assigned to IFPS supervisors.
- Ensure the IFPS program supervisor reviews and approves, by signature, all service plans and termination reports of cases assigned to IFPS workers

Minimum Program Requirements:

- Ensure IFPS workers attempt to make face-to-face contact with the family within 24 hours (immediately if an emergency) from time of referral to IFPS. If unable to make face-to-face contact within 48 hours, referring staff shall be notified immediately.
- The assigned IFPS worker shall maintain ongoing contact with referring staff at a frequency sufficient to address the circumstances of the individual family, as agreed upon with referring staff.
- Provide services in the family's home or, at the family's request, a location (other than the Contractor's facility) mutually agreed upon by the Contractor and the family.
- Ensure IFPS staff is directly available to the families assigned to them 24 hours per day, 7 days a week.
- During each service period, the IFPS worker shall provide not less than 40 hours of face-to-face contact per family. Each family will receive face-to-face contact at least 3 times per week.
- Ensure IFPS workers provide services to each family for a minimum of 4 weeks. Services may be extended up to maximum of 6 weeks when an extension will substantially decrease the chance of placement. A service extension shall be determined by the IFPS supervisor and worker in consultation with referring staff.

- Require IFPS workers to develop a Service Plan Report for each family. The worker shall establish the service plan and goals in collaboration with the family. The family's involvement shall be clearly documented by their signing of the final Service Plan.
- The Service Plan shall address safety measures put into place and shall include, but not be limited to: identifying family strengths, helping the family define the specific goals of intervention, showing the family how improvements can occur, helping the family resolve or improve safety concerns by such techniques as examining positive alternatives for negative behaviors, teaching skills to prevent the reoccurrence of abuse and neglect and other family conflict, and connecting with resources to maintain ongoing progress.
- The Contractor shall submit the Service Plan to referring staff within 14 days from the time of referral to IFPS. An In-Home Family Services Agreement developed as part of a Child and Family Team Meeting will be sufficient in place of the Service Plan if the IFPS worker is present during the CFT meeting.
- Ensure IFPS staff provide a wide range of goal-directed services to the family which may include, but shall not be limited to:
 - 1) Assessing risk and aiding the family in developing a behaviorally specific safety plan.
 - 2) Teaching appropriate parenting skills, such as:
 - a) Alternatives to corporal punishment and neglect which encourage a no-hit policy
 - b) Age appropriate expectations
 - c) Parent as a role model
 - d) Choices and consequences
 - e) Display of greater parent/child affection and trust
 - 3) Family, individual and/or marital counseling, which shall:
 - a) Be based on a cognitive, behaviorally oriented model that encourages the development of linkages with natural helping networks and community resources
 - b) Teach anger management techniques
 - c) Teach appropriate communication skills
 - 4) Assessing and teaching budgeting skills.
 - 5) Aiding the family in meeting medical needs such as arranging for substance abuse treatment for family members and assisting in making available follow-up support resources when treatment is completed.
 - 6) Teaching, assisting and modeling housekeeping, homemaking and other organizational skills needed to provide a positive family environment.
 - 7) Assisting the family to access transportation and/or transporting them.
 - 8) Referring and linking the family with needed concrete services (such as aiding the family in obtaining needed furniture, etc.).
 - 9) Referring and linking family with follow-up services when necessary.
- Develop a written plan to administer flexible monies averaging \$300 per family. This plan must be available to the IFPS Worker and State IFPS Consultant.
- Discuss termination recommendations with referring staff. A termination conference shall occur no later than seven days prior to anticipated closure of the case. The family may be invited to attend the termination conference.
- Conduct a termination meeting with the family to summarize the progress made during intervention and options for maintaining progress. The meeting shall occur at

the final family session. When possible, a CFT to discuss termination held with the referring staff and family will meet this requirement. The case shall be considered closed as of that date.

- Within 7 days of case closure, send to the family and to the referring worker a Termination Report signed by the appropriate FPS staff which shall summarize the progress the family made during the intervention.
- Administer the Family Satisfaction Survey and Referring Worker Survey upon termination of each case to determine satisfaction with the IFPS program. A copy of the completed forms shall be maintained in each case record.
- Contact the most involved parent in each family served by the IFPS program and administer a follow-up evaluation at 6 and 12 months after termination. If a home visit is not possible, a telephone contact shall be attempted. Five telephone attempts to contact shall be made and documented. This evaluation shall determine the status of the family and whether placement of a child has occurred.

4. Promoting Protective Factors

NCDSS is committed to achieving safety, permanency and well-being for North Carolina's children and their families. Research and initiatives suggest that the Strengthening Families Framework that identifies protective factors can significantly reduce incidences of childhood maltreatment and trauma. The Strengthening Families Framework is an intentional focus on family development and optimal child development that identifies five protective factors that are relevant for the continuum of child welfare services.

North Carolina IFPS agencies *shall measure outcomes for the following protective factors*:

- **Parental Resilience**

A parent's ability to effectively cope with the various challenges of parenting and everyday life and their ability to overcome life's challenges. Examples include program activities that help caregivers establish relationships with friends, family, and professionals that provide on-going encouragement and knowledge of accessible community resources.

- **Social Connections**

Positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional support to parents and caregivers. Examples of programming would strengthen informal and formal support mechanisms for families.

- **Knowledge of Parenting and Child Development**

Accurate information about raising children and appropriate expectations for their behavior. Examples would be parenting education through parent support groups, facility based education classes or home visitation.

- **Concrete Support in Times of Need**

Support and services within the community which can include financial, transportation, and food assistance, job training, and/or mental health services. An example of programming would be providing immediate and accessible resources or support to families in crisis.

- **Children's Social and Emotional Development***

A child's ability to effectively interact with others and to articulate their feelings. An example of programming would be providing children and caregivers a safe and nurturing place to "practice" normal roles and behaviors, strengthening a positive parent-child relationship.

The Strengthening Families Framework identifies 7 key strategies that exemplary programs use in their work to build protective factors with families. While the strategies themselves are consistent across many different kinds of programs, the way in which a program implements the strategies may vary. To

find out more information on the 7 strategies please utilize the following link: <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-for-Practitioners.pdf>

* It is essential to note the increasing focus on children's social and emotional well-being in the child welfare system. Commissioner Bryan Samuels from the U.S. Administration for Children and Families stated the following in a letter dated July 24, 2012:

“In April 2011, the Children's Bureau released an *information memorandum (IM)* articulating a framework for social and emotional well-being in child welfare. Emerging evidence shows that many of maltreatment's most devastating impacts are social and emotional, seriously affecting how children relate to their world. However, growing research also demonstrates that evidence-based interventions, when carefully selected and delivered with fidelity, can restore healthy, developmentally appropriate functioning. ACYF-CB-IM-12-04, 'Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services,' describes child welfare strategies for achieving real, achievable and long lasting improvements in well-being for children and families. Find this IM at: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf.”

5. Providing Trauma-Informed Services

Research confirms child abuse has a long-term negative impact on a child's life and the entire community, harming both quality of life and prosperity. Children who experience abuse and/or severe neglect often develop toxic levels of stress. If prolonged, this high level of stress can damage the developing architecture of a child's brain. These changes to a child's brain caused by exposure to toxic stress can lead to significant behavioral changes.

In 2005, the Centers for Disease Control and Prevention and insurer Kaiser Permanente released the most comprehensive research to date on the impact of child abuse and neglect. This study, called the Adverse Childhood Experiences Study or ACE Study, surveyed 17,000 adults about their childhood experiences and compared them with their health histories. The research found that children who suffered severe adversity in childhood – violence, abject poverty, substance abuse in the home, child abuse and neglect – were far more likely to suffer long-term intellectual, behavioral, and physical and mental health problems.

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or someone critically important to the child (e.g., a parent or sibling). *Chronic trauma* refers to repeated assaults on the child's body and mind (e.g., chronic sexual or physical abuse, exposure to ongoing domestic violence, emotional or physical neglect). *Complex trauma* is a term used by some trauma experts to describe both exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child, and the immediate and long-term impact of such exposure on the child (Cook et al., 2005).

A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency, and recovery.

The following are essential elements which provide a guiding framework for agencies striving to infuse trauma-informed knowledge and practice into their existing systems.

- Maximize Physical and Psychological Safety for the Child and Family
- Identifying Trauma-Related Needs of the Child and Family
- Enhancing Child Well-Being and Resiliency
- Enhancing Family Well-Being and Resiliency
- Enhancing the Well-Being and Resiliency of Those Working in the System
- Partnering with Youth and Families
- Partnering with System Agencies

Adopting a trauma-informed approach provides benefits on multiple levels. It equips staff members and leadership with the tools and skills necessary to manage their own secondary traumatic stress and assist the children and families in their care. It also provides a framework for educating the workforce and affiliated stakeholders on the impact of trauma and provides them with strategies to manage a child's difficult behaviors and overwhelming emotions and ensuring that the child receives the services he/she needs.

To find out more information, please refer to the following:

The Chadwick Trauma-Informed Systems Project. (2012). *Creating trauma-informed child welfare systems: A guide for administrators* (1st ed.). San Diego, CA: Chadwick Center for Children and Families.

The National Child Traumatic Stress Network, Learning Center for Child and Adolescent Trauma
<http://learn.nctsn.org>

6. Outcome Accountability and Evaluation

All funded programs will be performance and outcome-based. The process of having agencies develop and utilize a logic model guides agencies towards greater outcome accountability. Outcome accountability is demonstrating that the expenditure of staff time, funding, and other resources result in tangible positive changes for children and families. The logic model should be the applicant's 'drawing board' for planning services and linking those services to outcomes. The logic model is intended to be a working document that is referenced and revised regularly by your agency.

In order to support outcome accountability, and provide a framework for outcome evaluation, NCDSS **requires applicants** to utilize the FRIENDS National Resource Center Evaluation toolkit in the development of a required logic model: <http://friendsnrc.org/evaluation-toolkit>

NCDSS highly encourages applicants to participate in the Logic Model training (accessible through the following link <http://friendsnrc.org/online-learning-community>) prior to drafting their logic model.

The IFPS programs in this RFA will be offered in every county/region of the state. Therefore, it is necessary for all programs to measure the same core outcomes, as outlined below. This allows for consistency in analyzing statewide data and in compiling performance reports to be provided to various stakeholders. Specific inputs (resources), outputs (service strategies), assumptions and outcome percentages are determined by applicants.

The following shared vision, outcomes and measurement tools are required in your logic model:

- **Shared Vision:** Consistent with family-centered practice, IFPS provides children with safe, nurturing environments that promote their physical, social and emotional well-being by promoting protective factors, addressing traumatic experiences and decreasing risk factors in families and communities.
- **Outcomes** are divided into short-term, intermediate and long-term, as follows:
 - Short-Term: In __% of families the children will not enter foster care. In __% of families the children will not experience repeat maltreatment by case closure. __% of families will demonstrate improved family functioning at case closure.
 - Intermediate: In __% of families the children will not enter foster care by 6 months after case closure. In __% of families the children will not experience repeat maltreatment by 6 months after case closure.
 - Long-Term: In __% of families the children will not enter foster care by 12 months after case closure. In __% of families the children will not experience repeat maltreatment by 12 months after case closure.
- The **measurement tools** will be the case files (including Termination Reports), the North Carolina Family Assessment Scale (NCFAS) and the Post-Case Closure Follow-Up Tool.

Applicants must also choose one additional outcome relating to the Strengthening Families Protective Factors Framework. The FRIENDS toolkit provides examples of outcome measurements to assist in this selection. Outcomes should be SMART- Specific, Measurable, Achievable, Realistic, and Time-Bound. *Applicants are required to use the Protective Factor Survey as a retrospective post test to measure their additional outcome.* The survey may be accessed at <http://friendsnrc.org/protective-factors-survey>. Also, the following website contains a Community Response Program technical assistance webinar for the survey: <http://vimeo.com/48608924>

Once you have developed your logic model in the logic model builder, please transfer the data to the following logic model form (Appendix E), which can be adjusted as needed, but should remain 1 page. The narrative portion of this section should expand upon the information listed in the Logic Model. Applicants must discuss how their agency will ensure maintenance of the logic model.

7. Parent Engagement and Leadership

Developing strong relationships between parents and staff is an essential ingredient in the program's ability to connect with parents. When parents and other caregivers feel valued and supported in the context of a learning relationship, the likelihood of their taking responsibility for and making use of new information increases. *Agencies must demonstrate* how staff will work proactively with families who are isolated or seem most in need of encouragement and support, drawing them into the social networks and activities available. IFPS grantees are expected to convey a clear message that parents and caregivers are an important and valued part of their children's lives and their community.

Agencies are also required to demonstrate how they will model the family preservation values and beliefs, to include opportunities for parents and other caregivers to contribute to program planning, governance, and administration. Parents play an essential role in improving the quality of services and offer unique perspective as consumers. Meaningful involvement of families ensures the programming being delivered actually meets the community's needs.

8. Collaborative Community Partnership

Preventing child abuse and neglect is not the responsibility of one agency. It is a community responsibility. Agencies must demonstrate that they are actively developing and participating in on-going collaborative relationships with community partners to link families with appropriate and timely resources and identify gaps and/or barriers to a family's ability to access services.

Examples of community partners are as follows:

- Parents/Caregivers
- Department of Social Services
- School system
- Juvenile justice system
- Health Department
- Mental Health Center
- Child care center
- Local Head Start /Early Head Start
- Partnership for Children
- Community agencies (i.e. faith and civic organizations)

Applicants are also encouraged to discuss involvement with their local Community Child Protection Team (CCPT). Located in all 100 counties, the CCPTs meet to promote a community-wide approach to the problem of child abuse and neglect. The purpose of the CCPT includes identifying gaps and deficiencies with the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. Further information on local Community Child Protection Teams can be found at: <http://www.ncdhhs.gov/dss/ccpt/index.htm>

PLEASE NOTE: NCDSS is engaged in continuous initiatives to improve all services, especially related to promoting protective factors, improving children's social and emotional well-being, using the developmental lens with infants and toddlers, and providing trauma-informed services. As part of these efforts, providers may be expected to revise and/or develop practices/outcomes in partnership with NCDSS.

IV. GENERAL INSTRUCTIONS and FORMAT

Basic Format

- A ***cover letter*** on organization letterhead must accompany the application. Include in the cover letter: purpose of the request, the specific amount being requested, number of participants to be served, program activities, area/county of program and the population being served. ***This letter must be signed by the authorized official of the agency.***
- Type should be 12 point font size.
- The proposal should be typed on 8 ½" x 11" white paper and single spaced.
- Adhere to page limits. ***Do not*** add additional pages when responding to this application. Points will be deducted during scoring for applications that exceed page limits.
- Proposals ***should not*** be stapled or bound – instead use binder clips or paperclips.
- Respond to each criteria listed in this RFA in the order requested. ***Include section headings*** in the Scope of Work as listed in the application checklist. ***Do not*** insert page dividers.

Application Order

Use the table below to comply with the maximum page limits in each section. *The Application Checklist (Appendix A) is recommended as reference. Links to all required contract documents are located in Appendix F.*

Section	Maximum Page Limit
Direct Client Services Narrative Face Sheet (All sections completed)	1
Proposal Summary	2
Needs Assessment	3
Project Design – Include the following: Logic Model Implementation Plan Form	15
Organizational Capacity - Include the following: Organizational Chart Worksheet 1 - Board Member Profile Capacity Checklist Job Descriptions (for all staff positions involved in IFPS)	2
Local Coordination and Collaboration	N/A
Sustainability – Include the following: Worksheet 2 - Anticipated Revenue Summary Worksheet 3 - Funding Chart	1
Budget Form DSS-6844S (and the following supporting information): Budget Narrative Draft of Sub-Contract Agreement(s) (if applicable) Cost Allocation Plan (if some costs are shared with other funding/programs)	N/A
Conflict of Interest form notarized & a copy of grantee’s conflict of interest policy attached	N/A
No Overdue Tax Form (on organization’s letterhead and notarized)	N/A
IRS Federal Tax Exempt Letter 501 (c) (3)	N/A
Federal Certification	N/A
State Certification	N/A
Letters of support (3 required)	N/A

Page Limits pertain to narrative sections and do not include worksheets, logic model, checklists, job descriptions, etc.

Scope of Work

Direct Client Services Narrative - Face Sheet (1 page limit)

All sections must be completed.

Proposal Summary (2 page limit)

Please provide a clear and concise description of the program. Summarize the major points from your Scope of Work, including: the region to be served, the number of families who will be served for the entire contract period and per fiscal year, the activities proposed (intensity, duration and content) and who will administer the program.

Needs Assessment (3 page limit)

Describe the regional needs that the proposed IFPS program will address. *Applicants are asked to reference the North Carolina County Child Maltreatment Data, listed in Appendix C. After review of this data, applicants should speak to factors contributing to the region’s child maltreatment rates and why providing the proposed IFPS program may have long-term impact on these rates.* The needs assessment should be a clear, concise, well-supported

statement of what the regional problems are (not limited to child maltreatment) and why the program is needed. ***Data and noted citations should be used to support the needs assessment.*** Proposals shall include:

1. How your agency assessed the current needs of your region (i.e. collaborative needs assessment process with other agencies and parents, focus groups, accessing other agency's data/reports, etc)
2. Socio-economic needs of the region and risk factors of the specific target population. Please state the relationship of the target population to the larger region.
3. Need for the community-based IFPS program in the identified region. Applicants should reference how the proposed program fits into the community's continuum of services, if it fills an identified gap in services, and/or works to eliminate barriers to a family's ability to access services. If similar services are already being delivered to your community, the proposal should describe why an additional service is needed (i.e., location, service times, funding, people not being served, etc.)
4. The proposal should include information on the likely outcome for children/youth and families if the program is not established.

You may find some of your region's statistical information at any of the agencies you collaborate with or you may utilize other Needs Assessments completed by agencies and organizations within your region, (e.g., United Way, etc.). Additional information can also be found on the internet at:

- <http://www.aecf.org/>
- <http://www.ncchild.org/>
- <http://www.census.gov/popest/estimates/html>
- <http://www.ocme.unc.edu/nccfpp/index.shtml>
- http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- <http://quickfacts.census.gov/qfd/states/37000.html>

Project Design/Activities (15 page limit, not including logic model and implementation checklist) Applicants shall describe in how the program will meet ***all 8 requirements listed on pages 8-20 of this RFA*** by providing a detailed description of the program design. The following questions should be referenced when drafting the project design section:

Family Preservation Services Values and Beliefs

- How will your agency model the Family Preservation Services Values and Beliefs?
- How will your agency affirm and strengthen families' cultural, racial and linguistic identities?
- How do you ensure families are approached with equality and respect?

Eligible Population

- What community outreach/recruitment will be done?
- How will you ensure that you serve the required number of families to be served?
- How will you ensure all families served meet eligibility criteria?
- How will you ensure services are accessible to all counties in the proposed region?
- Where will IFPS staff offices be located and program records be stored?

Agency and Program Requirements

- What is your understanding of the Homebuilders model?
- Describe your agency's experience delivering the IFPS program, if any.
- How will you ensure compliance with administrative requirements?
- How will you ensure compliance with NCDSS program requirements?

Promoting Strengthening Families Protective Factors Framework

- How will you strengthen protective factors with the families you serve?
- What is your understanding of children's social and emotional well-being?
- How will you ensure your IFPS staff is knowledgeable about assessing protective factors?
- How will you ensure your IFPS staff is knowledgeable about providing services to promote protective factors?

Trauma-Informed Services

- What is your understanding of "trauma-informed" services?
- Describe your agency's current or anticipated efforts to assess trauma and provide trauma-informed services.
- Describe your agency's plan to maximize the physical and psychological safety of the child and their family.
- Describe your agency's plan to enhance the well-being and resiliency of your staff working with children and families.

Outcome Accountability and Evaluation

- What is your identified theory of change?
- What are your inputs, outputs, assumptions and outcome percentages?
- Why did you choose these inputs, outputs, assumptions and outcome percentages?
- What information will be captured on your follow-up tool with families?
- How will you engage in a continuous quality improvement process and who will be involved in this?

Meaningful Parent Engagement and Leadership

- What will meaningful parent engagement look like?
- How will you recruit and maintain parents to participate in this process?
- How will parents be involved in your agency's continuous quality improvement process?

Collaborative Partnerships

- Describe the need for collaborative efforts within your region.
- What formal and informal resources are being used to support families?
- What is your relationship with the Departments of Social Services in your region?
- How do you communicate your agency's available services to your community?
- How is your agency contributing to community efforts to prevent child maltreatment?
- Describe your collaboration and coordination plan with other community partners within the region.

Organizational Capacity (2 page limit not including worksheets, organizational chart, job descriptions and capacity checklist). Successful agencies have strong organizational capacity to help achieve their goals. Organizational capacity includes but is not limited to, sound programmatic and fiscal policies and procedures, adequate staff, professional development

opportunities, meaningful staff supervision time, engaged board and community stakeholders, sufficient resources, and a strong data and evaluation process.

This section should include, but not be limited to the following (do not mention staff names, only position titles):

- State the mission of the organization and how it relates to programming.
- Describe the history of your organization within the community and provide evidence that it has the capacity to serve and reach the target population.
- Will any of the proposed services be outsourced to a subcontractor? If so, describe how the services will regularly be monitored and performance evaluated.
- Who will oversee the administration and supervision of the proposed services and what are their qualifications?
- Include an **organizational chart** of your agency showing how the program fits into the organization's structure (this chart will not be included in the page limit).
- Who will be responsible for submitting all financial forms and the individual's experience with submitting budget modifications and monitoring agency/grant spending?

Complete the **Worksheet 1 - Board Members**, listing your current board members, their board position and contact information. Worksheet 1 can be located in Appendix F.

Complete the **Capacity Checklist** form. The Capacity Checklist form can be located in Appendix F.

Please attach **job descriptions** for all positions related to the IFPS program.

Local Coordination and Collaboration

Each proposal must show evidence of collaboration with other agencies and organizations, including parents and/or caregivers. ***Proposals must include MOAs with all Departments of Social Services in proposed region and at least 3 letters of support.*** At least 1 letter should be from a consumer of services. Examples are:

- Juvenile Justice system
- Mental Health Center
- Health Department
- Local Head Start /Early Head Start
- Child care center
- Housing authority
- Partnership for Children
- Hospitals/Pediatricians/Nurses
- If school based, a letter of support signed by school principal
- Community agencies (i.e. faith and civic organizations)
- Parents/Caregivers

Sustainability Plan (1 page limit, not including worksheets).

Applicants must address the potential for continuing the project beyond the initial grant period, as the funding available from this source may not be available on a recurring basis. Sustainability is important because a break in services for families and children may increase risk of child maltreatment and removal. Proposals may include actions that will be taken to

ensure continuity of programming and identifying specific funding sources that will be contacted. Describe a *3 year sustainability plan* that includes a plan for diversifying funding for the program. Include the following:

- The types of support and resources from the applicant organization and their partners.
- In-kind resources.
- A funds diversification plan which includes identification of sources and types of local, state and federal funds, as well as foundations and corporate sources.

Complete the Worksheet 2 - Anticipated Revenue Summary Form and Worksheet 3 - Funding Chart.

Budget (DSS 6844S) and Budget Narrative

The annual budget amount is to be written on line K of page 1 on the DSS 6844S Contract Budget form, and it is to be included in section K on page 6 of the budget. The budget narrative must explain how the expenditures help the program meet the proposed program deliverables. ***Agencies will be expected to submit a new budget during the annual contract renewal process. Based on the availability of funding, annual budget awards will remain the same for SFY 14-15 and 15-16.***

- Include a cost allocation plan for applicant agency.
- Include a draft Sub-Contractors Agreement, if proposed in the budget.
- Expenditures for travel and daily subsistence must be in accordance with state approved rates. The Office of State Budget and Management (OSBM) prepares the Budget Manual which includes current state approved travel and daily subsistence rates and can be located through the following link: http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf
- Funds may not be used to purchase or renovate real estate property nor purchase or lease vehicles.
- Equipment may be purchased if it can be shown to be essential to the overall goals and outcomes of the program.
- Tangible equipment costing \$5000 or more cannot be purchased with these funds.
- Agencies which received funding in previous years to purchase equipment (e.g. computers, televisions, vcr/dvd players, etc) will not be approved to purchase duplicate equipment under this grant, unless the need is clearly articulated.
- Award amounts do not require a local match.
- Funds from this grant may not be used to supplant other funds.
- No carry over of unexpended funds is allowed from one fiscal year to another.

APPENDIX A

Application Checklist

(All required documents can be accessed in Appendix F)

_____ Cover letter on agency letterhead

_____ Application Checklist

_____ Scope of Work – will include the following sections:

_____ Direct Client Services Face Sheet

_____ Proposal Summary

_____ Needs Assessment

_____ Project Design (please include the following):

♦ Logic Model

♦ Implementation Plan Form

_____ Organizational Capacity (please include the following):

♦ Organizational Chart

♦ Worksheet 1 – Board Member Profile

♦ Capacity Checklist

♦ Job Descriptions (for all IFPS staff)

_____ Local Coordination and Collaboration

• MOAs with all DSS agencies in proposed region

• Letters of Support (3)

_____ Sustainability Plan (please include the following):

♦ Worksheet 2 – Anticipated Revenue Summary

♦ Worksheet 3 – Funding Chart

_____ Budget Form DSS-6844S and Budget Narrative:

Attach the following, as needed, following the budget narrative:

▪ Cost Allocation Plan

▪ Draft of Sub-Contractor(s) Agreement(s)

▪ Subcontractor(s) Budget(s)

_____ Conflict of Interest- Notarized (Include organizational conflict of interest policy).

_____ No Overdue Tax Form - Notarized & printed on Agency Letterhead (non-governmental agencies only)

_____ IRS Federal Tax Exempt Letter (501)(c)(3) (non-profit) or Verification of Tax ID (governmental)

_____ Federal Certifications

_____ State Certification

_____ Acknowledgement of Receipt

APPENDIX B

SFY 2014-2016 COMMUNITY BASED PROGRAMS READER RECORDING SHEET - IFPS PROGRAMS

Reader: _____

Total Reader Points Awarded: _____

Applicant: _____

Funding Criteria	Clarification	Maximum Score Possible	Points Awarded
I. Proposal Summary		5 Maximum Points	
	<ul style="list-style-type: none"> ▪ Agency provides a clear and concise summary of proposed services. 	0-5 points	
Subtract (-1) point if the applicant exceeded 2 pages for this section.			
		Subtotal	
II. Needs Assessment		10 Maximum Points	
	<ul style="list-style-type: none"> ▪ Clearly stated sources of needs assessment data. 	0-1 point	
	<ul style="list-style-type: none"> ▪ Agency speaks to region's child maltreatment rate, contributing factors, and how the proposed program may mitigate the incidence of child maltreatment. 	0-3 points	
	<ul style="list-style-type: none"> ▪ Program fits into the community's continuum of services and is not duplicative. 	0-3 points	
	<ul style="list-style-type: none"> ▪ Demographics of the area are provided. 	0-3 points	
Subtract (-1) point if the applicant exceeded 3 pages for this section.			
		Subtotal	
III. Project Design		42 Maximum Points	
Family Preservation Services Values and Beliefs	<ul style="list-style-type: none"> ▪ Agency discusses who they will support the Values and Beliefs of Family Preservation Services. ▪ The agency states how they will demonstrate cultural competency. 	0-4 points	
Eligible Population	<ul style="list-style-type: none"> ▪ Agency discusses planned outreach/recruitment efforts. ▪ Agency describes procedure for ensuring family eligibility. ▪ Location of staff offices and program records is stated. 	0-5 points	
Agency and Program Requirements	<ul style="list-style-type: none"> ▪ Agency describes procedures to ensure contractual compliance. ▪ Agency demonstrates strong understanding of Homebuilders model. ▪ Agency describes procedures to ensure model fidelity. ▪ Implementation Plan Form completed 	0-7 points	
Promoting Protective Factors	<ul style="list-style-type: none"> ▪ Agency demonstrates understanding of all 5 protective factors. ▪ Agency demonstrates understanding of social and emotional well-being. ▪ Agency describes plan to ensure staff's ability to conduct assessment and provide services to promote protective factors. 	0-6 points	

Trauma-Informed Services	<ul style="list-style-type: none"> Agency demonstrates understanding of trauma-informed services. Agency describes plan to develop its ability to conduct assessment and provide services to address trauma. 	0-6 points	
Outcome Accountability and Evaluation	<ul style="list-style-type: none"> Agency communicates their theory of change. Agency identifies their inputs, outputs, assumptions and outcome percentages, and explains why these were chosen. Agency states information to be gathered at follow up with families after case closure. The agency explains how they will conduct their continuous quality improvement process. 	0-6 points	
Meaningful Parent Engagement and Leadership	<ul style="list-style-type: none"> The agency explains what meaningful parent engagement looks like in their agency. The agency discusses how they will recruit parents and support their retention. Parent involvement in the agency's continuous quality improvement process is discussed. 	0-4 points	
Collaborative Partnerships	<ul style="list-style-type: none"> Community partners who are supporting service delivery are identified. Relationship with the regional Departments of Social Services is discussed. Agency discusses how they are contributing to community child maltreatment prevention efforts. The agency's collaboration and coordination plan with other organizations within the region is described and clearly articulates the need for collaborative efforts. 	0-4 points	
	Subtract (-1) point if the applicant exceeded 15 pages (not including logic model and worksheet for this section.		
		Subtotal	
IV. Organizational Capacity		14 Maximum Points	
	<ul style="list-style-type: none"> A brief description of the organization's history and structure is provided. 	0-3 points	
	<ul style="list-style-type: none"> Organization's mission clearly relates to programming. 	0-2 points	
	<ul style="list-style-type: none"> Capacity to serve and reach the target population – Capacity Checklist is complete. 	0-4 points	
	<ul style="list-style-type: none"> Board Member Profile- Worksheet 1 is complete. 	0-1 point	
	<ul style="list-style-type: none"> Organizational Chart is included and provides evidence that there is a support structure in place. 	0-2 points	
	<ul style="list-style-type: none"> Job descriptions included for all IFPS staff positions 	0-2 points	
	Subtract (-1) point if the applicant exceeded 2 pages (not including job descriptions, org chart, capacity checklist and worksheets) for this section.		
		Subtotal	
VI. Local Coordination and Collaboration		12 Maximum Points	
	<ul style="list-style-type: none"> A minimum of three required letters of support are included. <i>(1 point per letter)</i> 	0-3 points	
	<ul style="list-style-type: none"> Memorandums of Agreement for all Departments of Social Services in the region are included. <i>(Calculation; each county letter's point value is 9 divided by the number of counties in the region. Ex: 9 divided by 11 counties = .82 points, therefore deduct .82 for each missing letter.)</i> 	0-9 points	
		Subtotal	

V. Sustainability		7 Maximum Points	
	<ul style="list-style-type: none"> A three year plan for possible funding is clearly described, including a list of potential funding sources. 	0-5 points	
	<ul style="list-style-type: none"> Anticipated Revenue Summary Form – Worksheet 2 is complete. 	0-1 point	
	<ul style="list-style-type: none"> Funding Chart – Worksheet 3 is complete. 	0-1 point	
	Subtract (-1) point if the applicant exceeded 1page (not including worksheets) for this section.		
		Subtotal	
VII. Budget Accuracy		10 Maximum Points	
	<ul style="list-style-type: none"> The amount listed in the budget matches the regional funding chart in Appendix D. 	0-2 points	
	<ul style="list-style-type: none"> The budget narrative provides justification for the projected expenses, is clearly articulated and is sufficient to support the goals and activities outlined in the proposal 	0-5 points	
	<ul style="list-style-type: none"> The budget includes supplemental documents, as needed (cost allocation plan, draft of Subcontractor(s) Agreement(s), subcontractor’s budget) 	0-3 points	
		Subtotal	
TOTAL POINTS AWARDED	Please add section subtotals and transfer this amount to the front page of the scoring sheet		

It is required to complete the following sections. Please bullet point areas of strength and concern.

Areas of Strength:	
Areas of Concern/ Questions Needing Clarification:	

Other Comments:

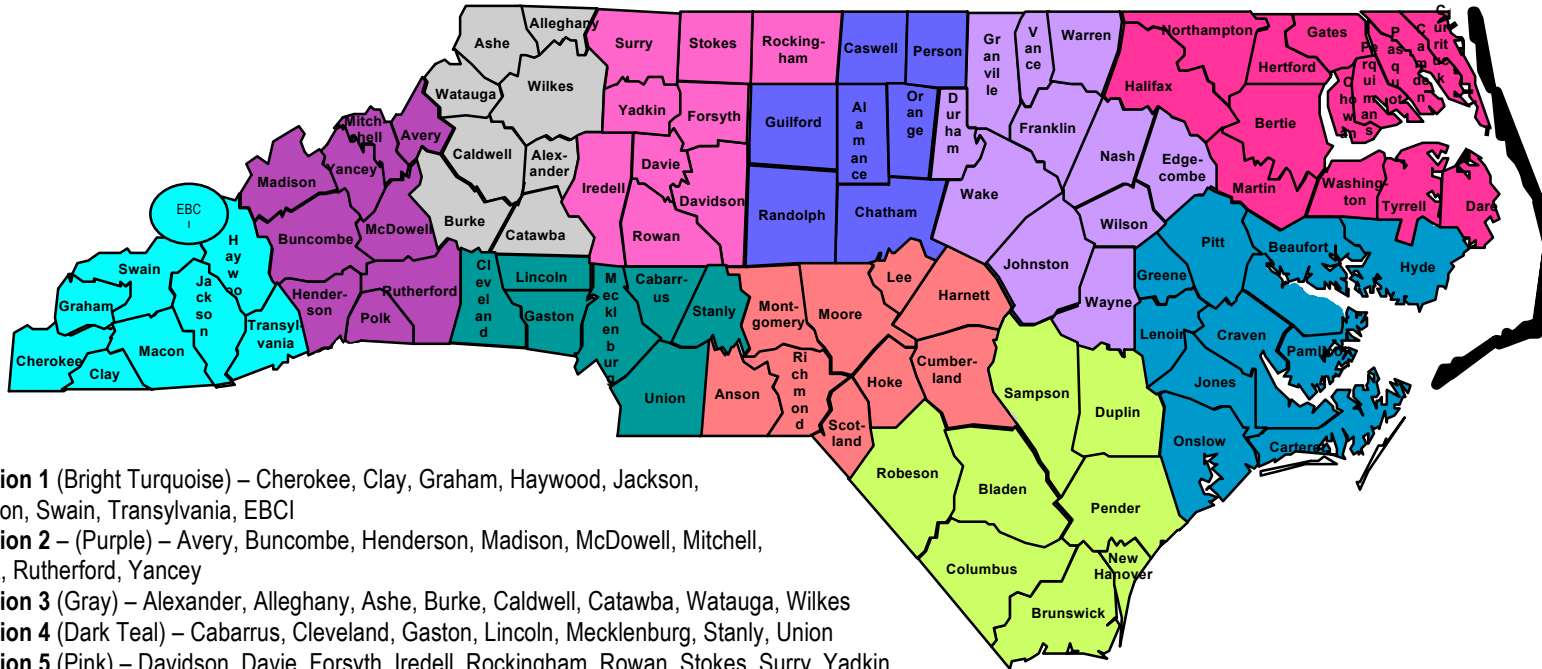
APPENDIX C

North Carolina County Child Maltreatment Data

The following are the average yearly numbers of children eligible for IFPS in FY10/11 and FY11/12.

REGION 1			REGION 5			REGION 9		
CHEROKEE	97	0.62%	DAVIDSON	294	1.86%	BLADEN	38.5	0.24%
CLAY	29.5	0.18%	DAVIE	96	0.61%	BRUNSWICK	169	1.06%
GRAHAM	37	0.23%	FORSYTH	112.5	0.70%	COLUMBUS	167.5	1.05%
HAYWOOD	340	2.15%	IREDELL	479	3.01%	DUPLIN	47.5	0.29%
JACKSON	112	0.71%	ROCKINGHAM	295	1.84%	NEW HANOVER	381.5	2.40%
MACON	36	0.23%	ROWAN	232.5	1.46%	PENDER	47.5	0.30%
SWAIN	100.5	0.64%	STOKES	116.5	0.72%	ROBESON	410	2.58%
TRANSYLVANIA	99.5	0.64%	SURRY	104.5	0.65%	SAMPSON	111	0.70%
TOTAL	851.5	5.39%	YADKIN	78	0.49%	TOTAL	1373	8.62%
			TOTAL	1808	11.34%			
REGION 2			REGION 6			REGION 10		
AVERY	29	0.18%	ALAMANCE	207.5	1.30%	BERTIE	11	0.07%
BUNCOMBE	617.5	3.88%	CASWELL	25.5	0.16%	CAMDEN	1	0.01%
HENDERSON	182.5	1.14%	CHATHAM	94.5	0.59%	CHOWAN	31.5	0.20%
MADISON	106	0.66%	GUILFORD	420.5	2.62%	CURRITUCK	53	0.33%
MCDOWELL	158	0.98%	ORANGE	96.5	0.62%	DARE	79	0.49%
MITCHELL	25.5	0.16%	PERSON	80	0.50%	GATES	7.5	0.05%
POLK	25	0.16%	RANDOLPH	303	1.88%	HALIFAX	188.5	1.18%
RUTHERFORD	252	1.60%	TOTAL	1228	7.66%	HERTFORD	6.5	0.04%
YANCEY	43	0.27%				MARTIN	24.5	0.15%
TOTAL	1439	9.03%				NORTHAMPTON	15.5	0.10%
			REGION 7			PASQUOTANK	79.5	0.50%
REGION 3			ANSON	37	0.23%	PERQUIMANS	9.5	0.06%
ALEXANDER	171.5	1.07%	CUMBERLAND	617	3.87%	TYRRELL	1	0.01%
ALLEGHANY	19.5	0.12%	HARNETT	198.5	1.25%	WASHINGTON	5.5	0.04%
ASHE	63	0.40%	HOKE	41	0.26%	TOTAL	513.5	3.21%
BURKE	270	1.69%	LEE	57.5	0.36%			
CALDWELL	339.5	2.14%	MONTGOMERY	65	0.41%	REGION 11		
CATAWBA	431.5	2.69%	MOORE	86.5	0.53%	BEAUFORT	94	0.59%
WATAUGA	47	0.29%	RICHMOND	28	0.18%	CARTERET	106	0.66%
WILKES	120.5	0.75%	SCOTLAND	82	0.51%	CRAVEN	216	1.35%
TOTAL	1463	9.15%	TOTAL	1213	7.60%	GREENE	29	0.18%
			REGION 8			HYDE	2	0.01%
REGION 4			DURHAM	322.5	2.04%	JONES	9	0.06%
CABARRUS	211.5	1.32%	EDGEcombe	156.5	0.98%	LENOIR	151.5	0.95%
CLEVELAND	231	1.45%	FRANKLIN	66	0.41%	ONSLOW	569.5	3.58%
GASTON	314.5	1.97%	GRANVILLE	88	0.55%	PAMLICO	18.5	0.11%
LINCOLN	105	0.65%	JOHNSTON	257	1.62%	PITT	212	1.33%
MECKLENBURG	888	5.60%	NASH	121.5	0.77%	TOTAL	1408	8.85%
STANLY	146	0.92%	VANCE	109	0.69%			
UNION	250	1.57%	WAKE	1058	6.66%			
TOTAL	2146	13.48%	WARREN	25	0.15%			
			WAYNE	151.5	0.96%			
			WILSON	136	0.85%			
			TOTAL	2491	15.67%			

APPENDIX D FY14/16 IFPS Regions



- Region 1** (Bright Turquoise) – Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Transylvania, EBCI
- Region 2** – (Purple) – Avery, Buncombe, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey
- Region 3** (Gray) – Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Watauga, Wilkes
- Region 4** (Dark Teal) – Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, Union
- Region 5** (Pink) – Davidson, Davie, Forsyth, Iredell, Rockingham, Rowan, Stokes, Surry, Yadkin
- Region 6** (Blue) – Alamance, Caswell, Chatham, Guilford, Orange, Person, Randolph
- Region 7** (Salmon) – Anson, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Scotland
- Region 8** (Light Violet) – Durham, Edgecombe, Franklin, Granville, Johnston, Nash, Vance, Wake, Warren, Wayne, Wilson
- Region 9** (Yellow-Green) - Bladen, Brunswick, Columbus, Duplin, New Hanover, Pender, Robeson, Sampson
- Region 10** (Magenta) - Bertie, Camden, Chowan, Currituck, Dare, Gates, Halifax, Hertford, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, Washington
- Region 11** (Dark Turquoise) - Beaufort, Carteret, Craven, Greene, Hyde, Jones, Lenoir, Onslow, Pamlico, Pitt)

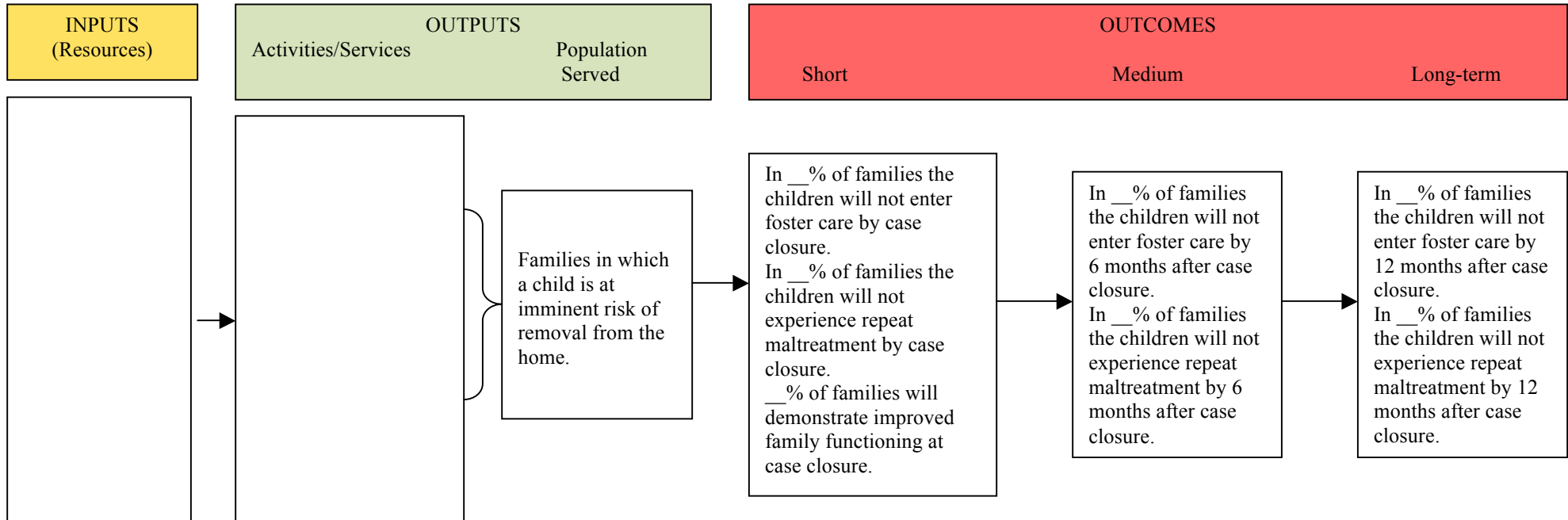
IFPS Funding Allocated for Each Region

Region	Funding Allocation	Number of Families to be Served (\$6,000 per unit)
1	\$168,000	28
2	\$276,000	46
3	\$282,000	47
4	\$414,000	69
5	\$348,000	58
6	\$234,000	39
7	\$234,000	39
8	\$480,000	80
9	\$264,000	44
10	\$102,000	17
11	\$270,000	45
Totals	\$3,072,000	512

APPENDIX E

IFPS Program Logic Model *form*

IFPS Shared Vision: Consistent with family-centered practice, IFPS provides children with safe, nurturing environments that promote their physical, social and emotional well-being by promoting protective factors, addressing traumatic experiences and decreasing risk factors in families and communities.



ASSUMPTIONS

INDICATORS

- Child(ren) residing safely with their parent(s)/caregiver at case closure.
- Family environment considered safe at case closure per discharge summary.
- Family improvement on total score of the NCFAS.
- Child(ren) residing safely with their parent(s)/caregiver at 6 months post-case closure.
- Child(ren) residing safely with their parent(s)/caregiver at 12 months post-case closure.

MEASUREMENT TOOLS

- Case files (including discharge summary)
- NC Family Assessment Scale (NCFAS)
- Post-case closure follow-up tool

APPENDIX F ON-LINE CONTRACT DOCUMENTS AND RESOURCES

On-Line Required Application Documents and Corresponding Instructions:

- Application Checklist
- Direct Client Services Face Sheet
- Direct Client Services Face Sheet Instructions
- Implementation Plan Form
- Logic Model Template
- Worksheet 1 – Board Member Profile
- Capacity Checklist
- Worksheet 2 – Anticipated Revenue Summary
- Worksheet 3 – Funding Chart
- Budget Form DSS-6844S
- Budget Narrative Sample
- Budget Instructions
- Conflict of Interest Form
- No Overdue Tax Form (non-governmental agencies)
- 501(c)3 Status Form (non-profit agencies)
- Verification of Tax ID (governmental agencies)
- Sample DSS MOA
- Acknowledgement of Receipt
- Federal Certifications
- State Certification

On-Line Contract Reference Materials (samples):

- Model Fidelity Checklist
- Performance Status Monitoring/Quarterly Reporting Tool
- Administrative Cost Report DSS-1571 III
- Notice of Certain Reporting and Audit Requirements
- Budget and Contract Amendments
- Tips for Drafting a contract budget narrative
- General contract reference guide
- Monitoring Notification Letter
- NC Child Welfare Core Achievements

Other Helpful Links:

- The Department of Health and Human Services' Office of Procurement and Contract Services' website is <http://opcs.dhhs.state.nc.us/default.aspx>
- The Department of Health and Human Services' Office of the Controller' website is <http://www.dhhs.state.nc.us/control/index.htm>
- U.S. Department of Health and Human Services, Administration for Children and Families, <http://www.acf.hhs.gov/>
- The Center for the Study of Social Policy (Strengthening Families Initiative) <http://www.cssp.org/reform/strengthening-families>
- Child Welfare Information Gateway <http://www.childwelfare.gov/preventing/>
- Prevent Child Abuse North Carolina <http://www.preventchildabusenc.org/>
- University of Kansas Community Toolbox http://ctb.ku.edu/en/tablecontents/chapter_1003.aspx
- National Clearinghouse on Families and Youth (organization and community toolkit) <http://ncfy.acf.hhs.gov/publications/guide-to-starting-and-managing-a-youth-program/organization>
- The Finance Project <http://www.financeproject.org/index.cfm?page=22>
- Grant Writing <http://www.grantstation.com/>