

UNITED WAY OF OLMSTED COUNTY



STRONG FOUNDATIONS

NOVEMBER 2018

UNITED WAY OF OLMSTED COUNTY

903 West Center Street, Suite 100
Rochester MN, 55902

P : (507)-287-2000

E : impact@uwolmsted.org

W: uwolmsted.org

FB: facebook.com/uwolmsted

TW: twitter.com/uwolmsted

UNITED WAY OF OLMSTED COUNTY 2018 REQUEST FOR PROPOSALS

United Way of Olmsted County is a community change organization that fights for the education, health, and financial stability of every person in our community. Olmsted County is a fantastic place to live, work, play, and raise a family. A community with tremendous natural beauty, caring neighbors, a strong economy, and seemingly boundless opportunity, Olmsted County is an exceptional community.

But too often, there are people in Olmsted County who are left behind and don't share in the vitality. An unacceptable income gap. Geographic and socio-economic segregation. Personal and collective isolation. Gross inequities along racial and ethnic lines. These conditions and more cause Olmsted County to be experienced differently by people in need. United Way fights to erase divisions, bridge divides, and right inequities. We work to connect people with resources that change lives and transform our community.

We do this in a variety of ways. We operate programs and shared resources that support the community, such as our 2-1-1 information and referral service or our Get Connected volunteer matching portal. We work collaboratively with partners from many organizations and walks of life to create system change and solutions that elevate our community more than any single program or organization could. We provide financial, technical, and volunteer support for programs that make a difference.

At United Way, we LIVE UNITED with the change-makers, risk-takers, and problem-solvers as we seek, find, and create lasting solutions to the challenges that face our community.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
UNITED WAY FOCUS AREA: STRONG FOUNDATIONS	5
GRANT DETAILS & REQUIREMENTS.....	11
PROPOSAL & REVIEW PROCESS	13
FREQUENTLY ASKED QUESTIONS	14
APPENDICES.....	15
SOURCES.....	17

EXECUTIVE SUMMARY

United Way is working to bring an end to inequity in Olmsted County and help people in need reach their potential. This requires taking a long view, working to ensure that families are stable and children grow up in healthy environments that promote success. Those families can break cycles of poverty, strengthen across generations, and make a better community for us all.

The family is at the center of a child's development. Experiences at home are the basis for future learning, social skills, and health. To support healthy development in the earliest years, it is important that parents have the resources, knowledge, and skills to provide a strong foundation for their child's lifelong wellbeing.

United Way sees a particular need in Olmsted County to support the healthy development of our youngest residents. We are issuing this Request for Proposals to establish partnerships and offer support for programs that improve physical, mental, or behavioral health outcomes of children from the prenatal period to age three by working with parents to increase household stability.

United Way of Olmsted County welcomes proposals from organizations of all sizes serving Olmsted County's diverse communities. Organizations serving and led by people of color, immigrants/refugees, people with disabilities, LGBTQ people, or other underrepresented communities are especially encouraged to apply.

Anticipated Investments:

- United Way of Olmsted County anticipates awarding approximately \$150,000 in annual Strong Foundations investments beginning July 1, 2019, through June 30, 2022
- We anticipate 2-3 successful proposals from programs that work with families to improve family stability and improve health outcomes for children prenatal to age 3

Key Program Requirements:

- Annually report number of individuals who receive services
- Annually report on child outcomes demonstrating increased physical, mental, or behavioral health
- Annually report on family outcomes demonstrating increased household stability
- Demonstrate, practice, and report on continuous improvement practices
- Participate in anonymous partner surveys

* for complete details and program requirements, refer to page 11

Key Program Expectations:

- Attend quarterly partner cohort meetings
- Update your organization's 2-1-1 listings at least annually
- Participate in developing client success stories at least one time per year
- Submit annual program and performance reports on time

* for complete details and partner expectations, refer to page 12

Key Proposal and Review Information:

After submitting proposals, prospective partners may be invited to meet with United Way staff and volunteers to discuss the program being proposed. Additional paperwork may be requested and clarifying questions may be posed. The process is expected to be interactive, with prospective partners and United Way representatives engaging in ongoing dialogue about the proposal.

- **Public Information Session:**.....November 28, 2018, 3-4pm
- **Initial Proposals Due:**.....January 8, 2019
- **Initial Meetings:**.....January 14-16, 2019
- **Full Proposals Due:**.....February 12, 2019
- **Final Meetings:**.....February 21-22, 2019
- **Develop Performance Measures:**.....February 26 - March 12, 2019
- **Anticipated Award Announcements:**.....March 22, 2019
- **Funding Begins:**.....July 1, 2019
- **Funding Ends:**.....June 30, 2022

UNITED WAY FOCUS AREA: STRONG FOUNDATIONS

Why focus on children prenatal to age three?

The early years of life – broadly, prenatal to five years old – are crucial in developing positive physical and emotional health. Children with strong foundations in the early years are more likely to have successful academic careers (Forrest, Pati, Hashim, Brown, & Fiks, 2009); launch and maintain successful employment (Heckman, Moon, Pinto, Savelyev, & Yavitz, 2009); maintain financial stability as adults (Johnson & Schoeni, 2007); and raise healthy, stable children themselves (Belsky, Jaffee, Sligo, Woodward, & Silva, 2005). During these years children undergo tremendous change and development in four key areas: motor skills; communication and language; social and emotional development; and cognitive skills. Over 90% of brain growth occurs before age five, and the brain is highly malleable during this time – so much so that this is often described as a ‘sensitive period’ of brain development (Brown & Jernigan, 2012).

For this RFP, United Way of Olmsted County is focused on interventions impacting children prenatal to age three, when 80% of brain development occurs. Clearly, the best time to implement any intervention is as early as possible. Parents can often implement simple and cost-effective activities in the home that support healthy development, as long as problems are caught early (Minnesota Department of Education, Minnesota Department of Health, Minnesota Department of Human Services, 2018). Early interventions reduce the incidence of future problems and are generally both more effective and less costly than later interventions (National Scientific Council of the Developing Child & National Forum of Early Childhood Policy and Programs, 2010). Targeting this RFP to programs serving very young children ensures that interventions are being provided before the conclusion of the sensitive period.

Parents and children in Olmsted County

Nationally, 20% of children are born into poverty and 40% of children are considered ‘ever-poor’ – entering poverty during at least one year of their first five years of life (Ratcliffe, 2015). Locally, we see a similar rate of children born into poverty (19%) and would predict that approximately 40% of children in Olmsted County enter poverty at least once before their fifth birthday. Additional factors – such as parental education and household instability – are often correlated to poverty and contribute to placing these children at an elevated risk of poor life-long outcomes.

Fertility: Approximately 2,200 women give birth in Olmsted County each year. Of those women, about 24% of them have a high school education or less, and 19% of them live in poverty. Approximately 10% of women who give birth in a given year receive public assistance, and at least 35% earn less than a self-sufficient wage. Lastly, nearly 22% of the women who give birth in a given year are not in the labor force, whether due to choice, disability, or unemployment. (United States Census Bureau, 2016a)

Of all births in Olmsted County, nearly 25% are to unwed mothers. Of those women, about 88% of them have a high school education or less, and 50% of them live in poverty. Approximately 36% of unwed women who give birth in a given year receive public assistance, and at least 78% earn less than a self-sufficient wage. Lastly, nearly 75% of the unwed women who give birth in a given year are not in the labor force, whether due to choice, disability, or unemployment.

Households and Families: According to the Census Bureau, a household is a group of people who live together, and that household is considered a family if at least two of the members are related by biology, marriage, or adoption. In Olmsted County, there are approximately 18,600 family-based households with minor children present, of which 13,400 are married-couple families, in which children may belong biologically to both parents or only one (United States Census Bureau, 2016b).

There are approximately 3,800 female-headed households with minor children in Olmsted County. In roughly 1,600 (41%) of these families, an unmarried partner lives with mom and the kids. In approximately 900 of these families, all of the children are under the age of six (United States Census Bureau, 2016b, 2016c, calculations done by UWOC).

There are approximately 1,400 male-headed households with minor children in Olmsted County. In roughly 1,200 (83%) of these families, an unmarried partner lives with dad and the kids. In approximately 320 of these families, all of the children are under the age of six (United States Census Bureau, 2016b, 2016c, calculations done by UWOC).

THE IMPORTANCE OF SCREENING AND ASSESSMENT

Even without benchmarking, a one-time assessment can be instrumental in identifying supports that would be beneficial for a child. For this reason, developmental screenings are scheduled at 9 months, 18 months, and 30 months of age during preventative pediatric visits. Developmental surveillance and psychosocial/behavioral assessment is ongoing at routine medical visits throughout childhood and can be instrumental in generating referrals to specialized assessments and interventions (American Academy of Pediatrics, 2017).

Developmental screenings and up-to-date immunizations are required by law for children to enter kindergarten, but in Rochester, only 42% of students are screened at or by age three. For 17% of children in Rochester Public School District, the first time they are screened by the school district is when they are five years or older (Minnesota Department of Education, 2016). While the school district is not the only provider offering screenings, a great number of children with existing developmental needs do not have interaction with a service provider at the early stages of their delay, when intervention is most effective. Research has shown that at 24 months of age only 12% of children who would be eligible for services are currently receiving them (Feinberg, Silverstein, Donahue, & Bliss, 2011).

Programs funded under this RFP will provide screenings and/or assessments relevant to the outcomes they are seeking for the children served – whether physical, developmental, or socio-emotional needs – and use the results of those assessments to guide the support and interventions provided to that child and family.

Why work with parents and children, rather than just children?

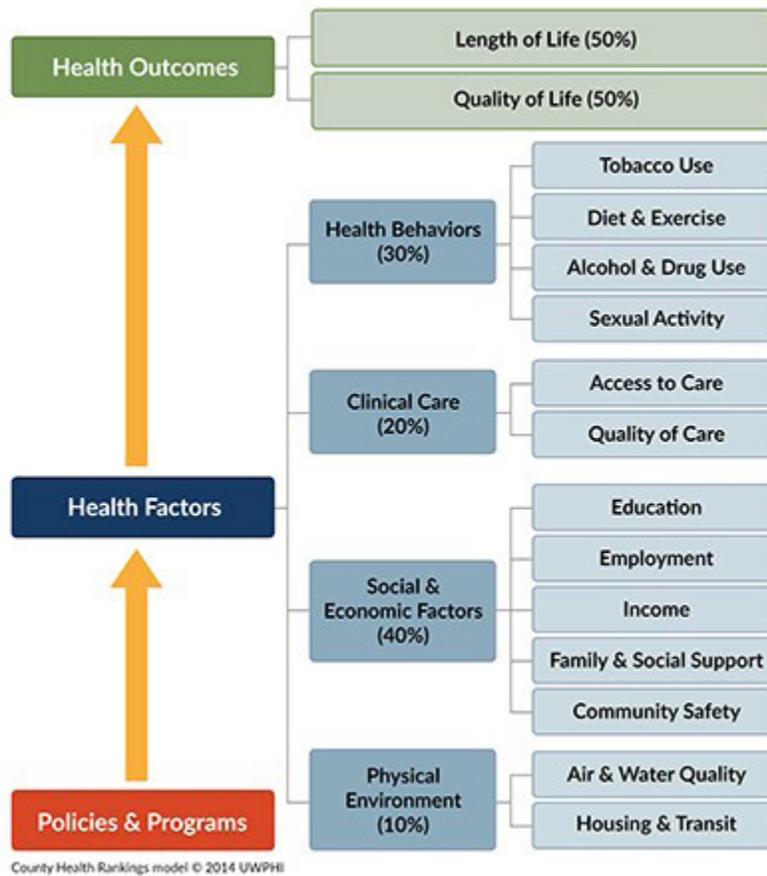
When attempting to improve health outcomes for very young children, it is important to remember that parental education, income, and behavior are among the strongest levers (Shonkoff & Phillips, 2000). This is because from prenatal to age three, children have little volition, are generally receiving care from their parents, and are unable to significantly influence their environmental conditions. Interventions that increase household income or stability provide a safe environment to children living within the home, which will support positive outcomes for the children in the long run.

Social determinants of health: A holistic framework for thinking about the interplay between environmental and individual factors that lead to health outcomes is the Social Determinants of Health (SDOH). This is demonstrated visually by showing the relationship between the built environment, healthcare, social and community context, education, and economic stability.



(Office of Disease Prevention and Health Promotion, 2018)

Health factors: The County Health Rankings framework attempts to quantify the extent to which various factors influence health outcomes. It is a helpful model that estimates that clinical care accounts for only 20% of health outcomes. The other 80% are attributable to health behaviors, physical environment, and socio-economic factors.



(University of Wisconsin Population Health Institute, 2018)

Taken together, these models suggest that working with parents will have strong direct and indirect effects on children’s health outcomes. For example, increasing household income will readily influence social and economic factors by increasing the availability of resources to meet daily needs, increasing access to health care services (US Department of Health and Human Services, 2012) and quality childcare (Minton & Durham, 2013), and reducing the stress felt by families experiencing poverty (Whitmore Schanzenbach, Mumford, Nunn, & Bauer, 2016). Increasing household income can often lead to a change in residence (Coulton, Theodos, & Turner, 2009), which can influence child health through improvements in the physical environment (newer, less crowded housing), reduced exposure to crime and violence, and increased positive social support for children as they enter the second sensitive period of brain development – adolescence (Ellen & Austin Turner, 2018).

Parent education, even in the absence of an increase in income, can also readily influence health behaviors and a child’s physical environment. Reducing exposure to noise (Anderson, 2012; Mroz, 2018; Niskar, Kieszak, & Holmes, 1998), changes in a child’s diet (Blaylock, Variyam, & Lin, 1999), and an increase in interactive and responsive parenting techniques (O’Connor & Scott, 2007) can all lead to improved physical and social-emotional outcomes for young children.

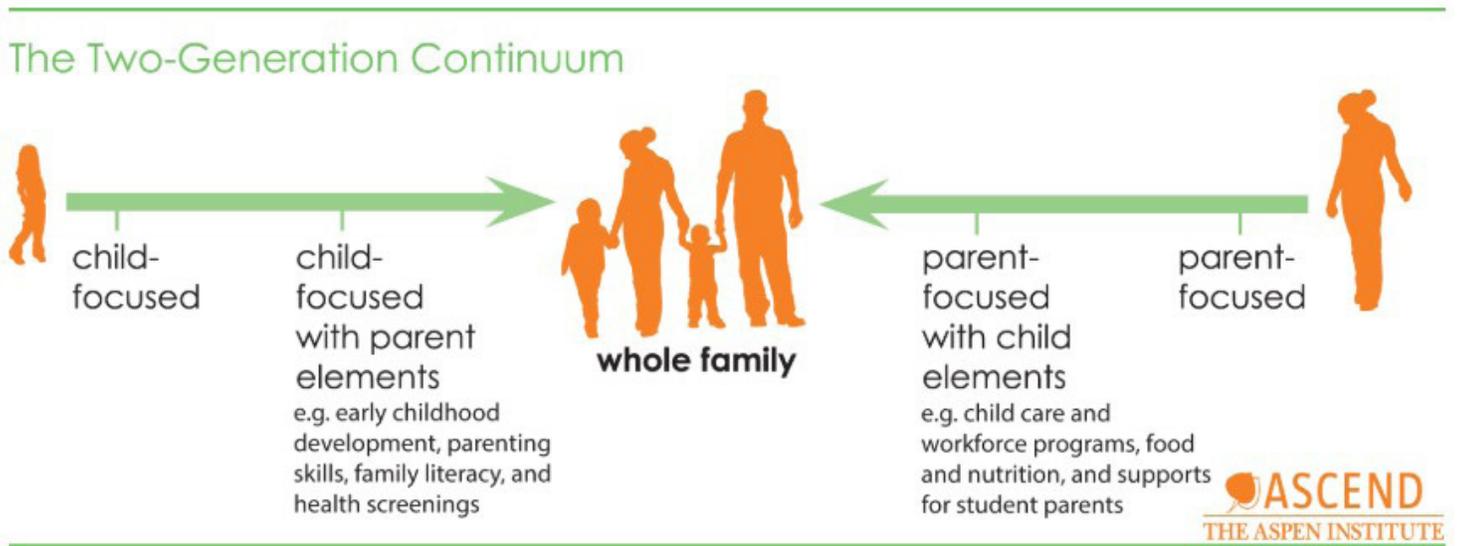
All this can be achieved without providing a direct health service to the child but rather by engaging and empowering parents. If communities wish to encourage durable positive outcomes, it is then strategic to support children’s health by providing direct service to the child while also engaging and empowering parents.

Dosage and cost-effectiveness: Many interventions require that parents and caregivers work with the service provider to learn about the intervention and then implement the intervention at home. This ensures that the child receives reinforcement and support even when they are not interacting directly with the service provider, leading to more sustained outcomes (Bierman, Morris, & Abenavoli, 2017). This both increases dosage and reduces costs, as the intervention is often being provided for free by the parent in the home rather than in a provider’s setting. Parent engagement and education, by extension, can also increase the number of children served by a single service provider.

Empowerment: Engaging parents in their children’s health and development promotes parental resiliency and self-esteem (Wilson-Simmons, Jiang, & Aratini, 2017). Parents who are able to provide a stable home environment and meet their children’s needs are more likely to enjoy parenting (Meier, Musick, Flood, & Dunifon, 2016), potentially leading to warmer parent-child relationships. Reducing stress in and of itself has been shown to increase parenting abilities and improve child outcomes (Conger, Xiaoja, Elder, Lorenz, & Simons, 1994). Lastly, empowering parents to break generational cycles of abuse, trauma, unemployment, or poverty provides children from these families the opportunity for a brighter future.

What is meant by two-generational (two-gen) programs? Is this RFP for two-gen programs?

Two-gen is not a program type but rather an approach to programming. Two-generation approaches are best thought of on a continuum, a concept made well-known by the Aspen Institute. All programs serving parents and/or children fall somewhere on the continuum. Programs under consideration by United Way under this RFP may be child-focused with parent elements, parent-focused with child elements, or whole-family focused. Programs which are strictly parent- or child-focused are not under consideration.



There are numerous programs which do two-gen work (and may have been doing so for years), or which can incorporate two-gen elements, without being a formal member of any network. Two-gen is a relatively new, field-specific term. It shares features with approaches such as whole-family solutions, wrap-around case management, or other forms of high-quality, responsive programming. Many programs (such as home visiting programs or parenting classes) are already two-generation in approach but may not self-identify as such.

When asking yourself if your program fits into this RFP, ask yourself three questions:

- Is our outcome improved health (physical, mental, or behavioral) for the child?
- Do we achieve that outcome by working with primary caregivers?
- Does our work increase family stability overall?

If you are able to answer yes to all three, your program may be a fit.

Can you give examples of what you are looking for?

We are looking for programs that work with both the child and parent towards improved outcomes.

Example of an eligible program: mom attends college, child attends childcare provided by the same program.

The highest-powered programs will also intentionally address and improve the relationship between the child and parent.

Example of a highly-competitive program: mom attends college, child attends childcare, and they both participate in parenting classes together.

Programs that happen to serve both parent and child (as opposed to being intentionally designed to serve both) are not eligible for this grant.

Example of an ineligible program: mom and child receive food assistance and eat together.

What outcomes are you looking to see in health for the children served?

‘Health outcomes’ is a very broad term, left intentionally so. It is inclusive of physical, mental, and behavioral health and may encompass changes in physical health, reaching developmental milestones, improved behavioral health, or healthy birthweight.

Keep in mind that up until birth, the mother’s health directly impacts the baby’s health – so programs that serve pregnant women towards improved health outcomes may be eligible under this grant.

What types of services are being provided to parents?

Any intervention aimed at the parent(s) that leads to improved health outcomes for the child and improved household stability may be considered. Typically, we would anticipate parent education, health interventions, and income boosts that bring about changes in parental behavior, attitude, or circumstance that then directly influence their children’s health. Of particular interest are interventions in maternal mental health, as this is a strong lever on a baby’s social-emotional development.

What do we mean by ‘increased household stability’?

The outcomes we desire to see could include any of the following: the family leaves services because they are no longer needed, there are improved relationships between family members, improved outcomes in mental health/substance use by parents, or there is increased household income. Other positive outcomes will be considered as proposed – this list is not meant to be exhaustive!

What about reporting?

We are looking for robust, durable, and longitudinal outcomes in reporting. We seek programs that achieve significant changes in attitude, behavior, and/or circumstance for individuals served. We expect those changes to last for a long period of time – ideally for months or years. And we expect there to be some sort of longitudinal component to the work – whether that be repeated engagement with the clients over a number of months or years or follow-up after clients exit the program.

Outcomes as measured by the program or other provider will be preferred over self-reported outcomes.

What do we mean by parent, child, family, and household?

‘Child’ will be considered from conception to age three for this grant. We are focused on the very beginnings of life.

‘Parent’ will typically refer to mom or dad, but there are instances in which another adult (grandparent, stepparent, or extended family member) acts as primary caretaker for the child. All these individuals will be considered ‘parents’ for the purposes of this grant. Childcare providers (paid or unpaid) and other professionals who are providing a service will not be considered ‘parents.’

We will avoid providing a definition of either ‘household’ or ‘family’ under this grant. These concepts are moving targets once one considers the myriad of life circumstances individuals encounter, including multi-generational families, stepfamilies, single parenting, adoption, etc. For this grant we are specifically focused on the child and primary care provider(s). This includes fathers as well as members of two-parent/nuclear families, stepfamilies, and three-generation families.

SUCCESSFUL MODELS

Child FIRST is an early intervention for parents and children under the age of six. It is designed for parents whose children struggle with emotional regulation and focuses on improving parents’ ability to read their children’s nonverbal cues. A randomized, controlled trial of the program’s effectiveness with multi-risk urban mothers and their children ages 6-36 months found that at 12-month follow-up, children had improved language and externalizing symptoms compared to children in standard care. In addition, Child FIRST mothers had less parenting stress at the 6-month follow-up, lower psychopathology symptoms at 12-month follow-up, and less protective service involvement 3 years later, relative to the comparison group of mothers. Program families also accessed 91 percent of wanted services relative to 33 percent of the comparison group (Lowell, Carter, Paulicin, & Briggs-Gowan, 2011).

The New Beginnings Program was a post-divorce parenting course offered to mothers of young children. Some components were delivered to the mothers, others to mother and child simultaneously. The goals of the program were to improve mother-child relationship quality and effective discipline, increase fathers’ access to the child, and reduce interparental conflict. Even six years after the sunset of the program, children whose parents had participated demonstrated fewer behaviors such as conduct disorders, dropping out of school, substance use, and high-risk sexual behavior (Wolchik, Sandler, & Millsap, 2002).

The Nurse Family Partnership connects specially trained nurses with first-time moms to conduct regular home visits starting in early pregnancy and continuing through the child’s second birthday. The program has been repeatedly studied over 40 years and has been shown to reduce child abuse and neglect, decrease behavioral and intellectual problems in the children served, reduce convictions and increase employment of mothers, and improve pregnancy outcomes (Olds, Eckenrode, & Henderson, 1997).

Beyond any doubt, ***there are countless other innovative and effective means for building strong foundations in early childhood. The above are provided as suggestions and models*** of programs that have been effective in other places but do not replace local innovations or ingenuity in developing solutions to local problems. United Way of Olmsted County welcomes proposals from programs that represent new innovations and concepts in supporting parents and their children.

For a deeper exploration of strong foundations and related research, visit <https://www.uwolmsted.org/strong-foundations>

If you wish to speak with a United Way staff member about this research, this request for proposals, or ask questions about a proposal idea, please contact Kelsey Zubke at KelseyZ@uwolmsted.org or 507-535-5519.

GRANT DETAILS & REQUIREMENTS

Investment Information:

United Way anticipates making approximately \$150,000 in annual investments in strong foundations through this RFP. Investments will begin in July, 2019, and end in June, 2022. We anticipate 2-3 total successful proposals.

Reporting & Milestones:

- Annually report number of individuals served
- Annually report on child outcomes demonstrating increased physical, mental, or behavioral health
- Annually report on family outcomes demonstrating increased household stability
- Additional performance measures to be co-developed by program and United Way

Budget Requirements:

Proposals that advance in the review process will be expected to include a program budget that provides both income and expense details. Program budgets may be submitted in your own preferred format; if you do not have a budget template of your own, we are happy to provide you with a sample you may work from.

While United Way wants to understand your program as clearly as possible in order to establish a positive partner relationship, we know that programs and program plans change and evolve over time. We anticipate that there will be changes to program budgets and designs over the life of the program and ask that you consult us when such changes are warranted.

United Way knows that all programs require foundational organization support for administrative and fundraising functions. Combined administration and fundraising costs of 10%-25% of the total program cost are anticipated.

Similarly, any capacity-building (such as program evaluation systems, equipment, or training) needed to enact or sustain the program should be reflected in the program budget.

United Way funding is provided for programs, rather than organizations. Investments will not be restricted to specific line items within a program's budget (such as an individual staff member, volunteer training, or a capital purchase). These awards are made to the overall program budget and are not restricted to specific kinds of program-related expenses.

Audit/Financial Reports:

United Way of Olmsted County policy requires that partners and prospective partners required by state law to conduct an independently prepared financial audit annually (all those with annual revenues greater than \$750,000) maintain the most current audit available on file with United Way of Olmsted County at all times.

All other partners and prospective partners (those with annual revenues less than \$750,000) must submit and maintain on file with UWOC a financial audit independently prepared by an outside firm and completed within the past three program agency fiscal periods. For each year between audits, partners must submit to UWOC a financial compilation that is in GAAP format. For purposes of this proposal process, ***at a minimum, a compilation will need to be on file with United Way prior to March 15, 2019, and a completed audit must be submitted no later than June 30, 2019.***

Proposal review criteria:

Proposals will be evaluated in consideration of the following criteria, which will inform United Way's investment decisions:

- ***Alignment:*** Program fits UWOC values and strategies, as well as the investment goals identified in this RFP.
- ***Priority Populations:*** Program is intentionally designed to serve low-income families with children aged prenatal to 3.
- ***Performance Measurement:*** Program demonstrates commitment to data-driven reporting, outcomes measurement, and continuous improvement efforts.

- Program Design: Program is intentionally designed, with high likelihood of achieving goals.
- Budget: Program budget includes administrative costs, any capacity-building needs, and meets United Way's overall investment criteria.

Additional consideration may be given to programs that demonstrate the ability to partner effectively with United Way and others and which are able to advance UWOC programs and strategies.

EXPECTATIONS OF PARTNERS:

- Attend quarterly partner cohort meetings:

Each quarter, for the length of this award period, representatives of partner organizations will gather with United Way staff to discuss programming, relevant challenges and opportunities, and emerging trends in the field. These meetings will sometimes be intended for executives and other times for program staff contacts. This is an important part of United Way's ongoing knowledge-building plan.

- Update your organization's 2-1-1 listing annually:

United Way sponsors 2-1-1, our local affiliate of the nation-wide information and referral service, available by phone, mobile-responsive web platform, and live internet chat. It is critical that this service maintain the most up-to-date information possible about community supports and services. All United Way partners are required to update their service information at least one time each year.

- Participate in developing client success stories:

It is to the mutual benefit of United Way and its partners that we develop compelling stories of the success of individual clients, with appropriate permissions and media releases. These stories help to illustrate the value of our partnership and enhance United Way's ability to continue providing financial support for programs throughout the community.

- Submit annual program and performance reports on time:

For the length of the award period, partner programs must submit program and performance reporting on an annual basis. Metrics reported will include the Key Performance Measure(s), referenced above, and other performance measures mutually determined by your program and United Way staff

- Make volunteer engagement opportunities available:

While it is not required of any program that it engages volunteers in its work, United Way asks that partners assist in finding and developing opportunities to engage United Way's stakeholders (volunteers, donors, corporate partners, etc.) in volunteer service opportunities.

- Integration with United Way programming:

Also not a requirement, United Way asks partners to consider the ways in which other United Way programming can be promoted through the partner's work (e.g. providing FamilyWize prescription discount cards to program participants, etc.).

PROPOSAL & REVIEW PROCESS

- **Public Information Session:****November 28, 2018 at 3:00pm**
An optional public session, during which United Way staff will provide an overview of the investment opportunity, the program requirements, and the proposal and review process. There will be a brief time for questions and answers. Individual follow-up discussions may also be arranged.
- **Initial Proposals Due:****January 8, 2019**
All initial proposals must be completed by 12:00pm on Tuesday, January 8, 2019. Proposals are intended to be brief (questions included here as Appendix A) and should be submitted through UWOC’s online grants portal at www.uwolmsted.org/grants. For assistance with the online tool, please contact Zeni Aly at 507-287-7877 or zenia@uwolmsted.org.
- **Initial Program Meetings:****January 14-16, 2019**
A brief initial meeting will be scheduled with select prospective partners. These initial meetings are informal and require no specific preparation. In most cases, it’s advised to include a key program contact in these conversations. This time allows for dialogue that will help our team become familiar with your program plans.
- **Full Proposals Due:****February 12, 2019**
Programs invited to complete a full proposal should submit their completed proposal by 12:00 pm on Tuesday, February 12, 2019. The full proposal (questions included here as Appendix B) will request additional details related to your requested funding level and the details of your program budget. Your own program budget format will be accepted. If you don’t have a program budget already, a template can be provided to assist you.
- **Additional Program Meetings:****February 21-22, 2019**
Select prospective partners will be invited to have further dialogue with United Way’s review team. This meeting is intended to clarify any remaining questions our team has about your program and address any remaining questions or concerns your organization has about partnership with United Way of Olmsted County.
- **Performance Measurement:****February 26 - March 12, 2019**
Finalists will work together with UWOC staff to develop the performance measures to be reported during the funding cycle. These measurements will be co-created and specific to the program. Performance measures should align with Results Based Accountability. Programs funded under the Strong Foundations RFP will be required to report on at least one “better off” measure (outcome) for each client (child), one “how much” measure (output) for primary care providers, as well as the a “better off” measure for the family or household.
- **Awards Anticipated:****March 22, 2019**
Prospective partners can anticipate being notified of the status of their request on or before March 22, 2019, after United Way’s Board of Directors has approved its final decision.
- **Funding Begins:****July 1, 2019**
First disbursements will be made in July, 2019.
- **Funding Ends:****June 30, 2022**
Final disbursements will be made in June, 2022.

UNITED WAY'S ONLINE GRANTS PORTAL:

All proposals must be submitted through United Way of Olmsted County's online grants portal. In your web browser, type in www.uwolmsted.org/grants to learn more about UWOC's funding priorities. The grants portal works best in Google Chrome.

To submit a proposal, click on "Funding Opportunities" to access the most up-to-date listing of funding opportunities. Select the opportunity that interests you, and click on apply. You'll be asked to log in or create a new user account in order to access the proposal materials.

For technical support with the proposal process, you may contact Zeni Aly, Community Impact Administrative Assistant, at 507-287-7877 or ZeniA@uwolmsted.org.

For previous UWOC partners – this is a new system and all partners will need to create a new account.

FREQUENTLY ASKED QUESTIONS

Can one organization submit proposals for multiple programs?

Yes. United Way of Olmsted County makes awards to programs, rather than to organizations. In the event that a single organization has more than one program that meets the goals of the RFP, multiple proposals will be considered.

Organizations may also be eligible to submit proposals to multiple RFPs within United Way's overall investment portfolio.

My program already receives United Way funding. Can I submit a proposal to this RFP as well?

Yes. There is no rule limiting a single program from receiving United Way support through more than one funding stream, nor is there any promise that any eligible program will necessarily be selected for investment.

Will you accept joint proposals?

Yes. Joint proposals involving multiple organizations seeking shared funding are welcome to submit their proposals but are limited to programs that are being jointly delivered. In practical terms, that requires all organizations to be serving the same individual clients toward a single, shared outcome over a sustained period of time.

We recognize this is a change of practice, which may produce fewer joint proposals. We prefer to reserve this practice for situations that require shared funding, shared program administration, shared reporting, and shared program planning. We encourage community-serving organizations to develop robust cooperation and partnerships wherever possible, even where they aren't able to jointly submit their proposal.

I represent a [faith-based organization] / [unincorporated group] / [government agency]. Is my organization eligible?

Yes. Government agencies/units are eligible.

Faith-based organizations are eligible, provided they can demonstrate that there will be no explicitly faith-related content included in their programming and that there are no discriminatory restrictions (age, race, gender identity, ethnicity, sexual orientation, religion, ability, or otherwise) on service recipients.

Unincorporated community groups are eligible, provided they can document their relationship with a proper fiscal sponsor.

Individuals and for-profit entities are not eligible to receive United Way funding.

Can I save and edit my progress on the online proposal?

Yes. Our online proposal management system requires a login to be created, which allows you to create, save, edit, and submit your proposal online.

When can I expect to hear back from you?

You should expect to receive an automated notification that your proposal has been received shortly after submitting it. If you believe you've successfully submitted your proposal but you haven't received an acknowledgement, please contact Zeni Aly (ZeniA@uwolmsted.org or 507-287-7877) for assistance.

After submission, you should anticipate hearing about the progress of your proposal during the week of January 8, 2019. We anticipate notifying final awardees around March 22, 2019.

APPENDIX A - INITIAL PROPOSAL

Organization Information:

Organization's Legal Name:

Program/Project Name:

Organization's Common Name, if different from above:

Proposal Contact Name:

Organization Address:

Proposal Contact Address/Phone/Email:

Organization Phone:

Executive Director/CEO:

Organization Email:

ED Address/Phone/Email:

Employer Identification Number:

Joint proposals involving multiple organizations are welcome to submit their proposals but are limited to programs that are being jointly delivered. That requires all organizations to be serving the same individual clients, toward a single, shared outcome, over a sustained period of time.

Is this a joint proposal? Y/N

How many Collaborating Organizations are involved? (1,2,3)

Proposal Overview

1. Describe your proposed program: (200 word limit)
2. What are the goals of your proposed program? (100 word limit)
3. We're funding programs and initiatives that improve health outcomes for children between the prenatal period to age three by working with parents to increase household stability. Tell us how your program achieves these things: (300 word limit)

Equity

4. UWOC's goal with this investment is to serve families with young children living at or below 185% of the federal poverty guidelines, who may also face additional systemic barriers (including but not limited to people of color, new arrivals, LGBTQ+ individuals, people with disabilities). Tell us how your program is designed to be responsive to one of these populations. (300 word limit)

Continuous Improvement

5. For this funding opportunity, the "Key Performance Measures" are 1) number of individuals served, 2) number of children served who achieve improved outcomes in health, and 3) number of families served who demonstrate increased household stability

Do you measure, or are you willing and able to measure, the Key Performance Measures? (Yes/No)

APPENDIX B - FULL PROPOSAL

Equity

1. Describe the demographic make-up of the people you serve or intend to serve through this program (this could include household income, race, ethnicity, age, etc...): (300 word limit)

Continuous Improvement

2. Describe your proposed program's evaluation and/or continuous improvement plan(s). We understand that some programs don't yet have one in place. If you don't have a plan in place already, describe your current approach to data collection and how you'll develop a continuous improvement plan (400 word limit).
3. How many people do you expect to serve annually during the grant period?

Program Design

4. Describe your program in detail (500 word limit).
5. Tell us how your program a) aligns to an evidence-based program or best-practice, AND/OR b) responds in an innovative or unique way to local conditions: (500 word limit)
6. Please upload a logic model that demonstrates how your program leads to its proposed outcomes. You may use your own preferred format or download a template from our website (www.uwolmsted.org/logic-model).

Attachments/Org Documents

Program Budget

- Program Budget. Your budget should:
 - o show all projected income streams for this project, including your organization's in-kind support and your requested funding from United Way
 - o include management and fundraising costs
 - o include and indicate any capacity-building needed to enact the program
- 7. United Way of Olmsted County intends to invest up to \$150,000 annually in Strong Foundations programming through 2-3 programs in the community. What dollar amount are you requesting from United Way of Olmsted County? (this should match the number reflected in your program budget).
- 8. Use this space to provide any explanations, descriptions, or other narrative that should accompany your program budget.

Other attachments

- IRS Determination Letter
- Most recent IRS Form-990
- Contact list of current Board of Directors (name, mailing address, email, phone)
- Most recent audited financial statements*
- Your current organization budget

*For applicants and partners that are required by state law to conduct an independently prepared financial audit annually (all those with annual revenues greater than \$750,000), the most current audit available will be on file with United Way of Olmsted County (UWOC) at all times.

All other applicants (those with annual revenues less than \$750,000) must submit and maintain on file with UWOC a current financial audit independently prepared by an outside firm and completed within the past three program agency fiscal periods. For each year between audits, partners must submit to UWOC a financial compilation that is in GAAP format. **At a minimum, a compilation will need to be on file with United Way prior to March 15, 2019 and a completed audit must be submitted no later than June 30, 2019.**

SOURCES:

- American Academy of Pediatrics. (2017). Recommendations for Preventative Pediatric Health Care. Itasca, IL: American Academy of Pediatrics. Retrieved from https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- Anderson, K. L. (2012, February 17). Brain Development & Hearing Loss: We Hear with Our Brains, Not Our Ears. Retrieved March 5, 2018, from
- Belsky, J., Jaffee, S. R., Sligo, J., Woodward, L., & Silva, P. A. (2005). Intergenerational Transmission of Warm-Sensitive-Stimulating Parenting: A Prospective Study of Mothers and Fathers of 3-Year-Olds. *Child Development*, 76(2), 384–396.
- Bierman, K., Morris, P., & Abenavoli, R. (2017). Parent Engagement Practices Improve Outcomes for Preschool Children (Issue Brief). Philadelphia, PA: Pennsylvania State University. Retrieved from https://www.peopleservingpeople.org/wp-content/uploads/2017/02/Parent_Engagement__Preschool_Outcomes.pdf
- Blaylock, J. R., Variyam, J. N., & Lin, B.-H. (1999). Maternal Nutrition Knowledge and Children's Diet Quality and Nutrient Intakes (Food Assistance and Nutrition No. 1). Washington, DC: United States Department of Agriculture.
- Brown, T. T., & Jernigan, T. L. (2012). Brain Development During the Preschool Years. *Neuropsychology Review*, 22(4), 313–333.
- Conger, R. D., Xiaojia, G., Elder, G. H., Lorenz, F. O., & Simons, R. L. (1994). Economic Stress, Coercive Family Process, and Developmental Problems of Adolescents. *Child Development*, 62(2), 541–561. <https://doi.org/10.2307/1131401>
- Coulton, C., Theodos, B., & Turner, M. A. (2009). Family Mobility and Neighborhood Change: New Evidence and Implications for Community Initiatives. The Urban Institute. Retrieved from <https://community-wealth.org/sites/clone.community-wealth.org/files/downloads/report-coulton-et-al.pdf>
- Ellen, I., & Turner, M. A. (2018). Does Neighborhood Matter? Assessing Recent Evidence. *Housing Policy Debate*, 8(4), 833–865.
- Feinberg, E., Silverstein, M., Donahue, S., & Bliss, R. (2011). The Impact of Race on Participation in Part C Early Intervention Services. *Journal of Behavioral Pediatrics*, 32(4), 284–291.
- Forrest, C. B., Pati, S., Hashim, K., Brown, B., & Fiks, A. (2009). Early Childhood Predictors of Early School Success: A Selective Review of the Literature. Philadelphia, PA: Children's Hospital of Philadelphia, PA. Retrieved from https://www.childtrends.org/wp-content/uploads/2009/05/Child_Trends-2009_05_26_FR_EarlySchoolSuccess.pdf
- Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz. (2009). The Rate of Return to the High/Scope Perry Preschool Program. Cambridge, MA: National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w15471.pdf>
- Johnson, R. C., & Schoeni, R. F. (2007). The Influence of Early Life Events on Human Capital, Health Status, and Labor Market Outcomes Over the Life Course. Berkeley, CA: National Poverty Center Working Paper Series. Retrieved from http://npc.umich.edu/publications/u/working_paper05-07.pdf

- Lowell, D., Carter, A., Paulicin, B., & Briggs-Gowan, M. (2011). A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research Into Early Childhood Practice. *Child Development*, 82(1), 193–208. <https://doi.org/10.1111/j.1467-8624.2010.01550.x>
- Meier, A., Musick, K., Flood, S., & Dunifon, R. (2016). Mothering Experiences: How Single-Parenthood and Employment Shift the Valence. *Demography*, 53(3), 649–674. <https://doi.org/10.1007/s13524-016-0474-x>
- Minnesota Department of Education. (2016). Early Childhood Screening: 16-17 Rochester Public School District - 0535-01. St. Paul, MN: Minnesota Department of Education. Retrieved from <https://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=290>
- Minnesota Department of Education, Minnesota Department of Health, Minnesota Department of Human Services. (2018). What is Infant and Toddler Intervention. Retrieved October 10, 2018, from <http://helpmegrowmn.org/HMG/HelpfulRes/Articles/WhatInfantToddlerInterv/index.html>
- Minton, S., & Durham, C. (2013). Low-Income Families and the Cost of Child Care: State Child Care Subsidies, Out-of-Pocket Expenses, and the Cliff Effect. Washington, DC: Urban Institute. Retrieved from <https://www.urban.org/sites/default/files/publication/24321/412982-Low-Income-Families-and-the-Cost-of-Child-Care.PDF>
- Mroz, M. (2018). Hearing Loss in Children. Retrieved October 11, 2018, from <https://www.healthyhearing.com/help/hearing-loss/children>
- National Scientific Council of the Developing Child, & National Forum of Early Childhood Policy and Programs. (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Cambridge, MA: Center on the Developing Child. Retrieved from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- Niskar, A. S., Kieszak, S. M., & Holmes, A. (1998). Prevalence of Hearing Loss Among Children 6 to 19 Years of Age: The Third National Health and Nutrition Examination Survey. *Journal of the American Medical Association*, 279(14), 1071–1075. <https://doi.org/10.1001/jama.279.14.1071>
- O'Connor, T. G., & Scott, S. B. C. (2007). Parenting and Outcomes for Children (Literature Review). London: Joseph Rowntree Foundation. Retrieved from <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-outcomes.pdf>
- Office of Disease Prevention and Health Promotion. (2018). Social Determinants of Health. Retrieved October 10, 2018, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- Olds, D. L., Eckenrode, J., & Henderson, Ch. R. (1997). Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-Year Follow-up of a Randomized Trial. *Journal of the American Medical Association*, 278(8), 637–643. <https://doi.org/10.1001/jama.1997.03550080047038>
- Ratcliffe, C. (2015). Child Poverty and Adult Success (p. 15). Washington, DC: Urban Institute. Retrieved from <https://www.urban.org/sites/default/files/publication/65766/2000369-Child-Poverty-and-Adult-Success.pdf>

Shonkoff, J., & Phillips, D. (2000). *From Nuerons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Reseach Council Institute of Medicine. Retrieved from <https://www.nap.edu/read/9824/chapter/1>

United States Census Bureau. (2016a). *FERTILITY: 2012-2016 American Community Survey 5-Year Estimates (Olmsted County Geography) (American Community Survey No. S1301)*. Washington, DC: US Census Bureau. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1301&prodType=table

United States Census Bureau. (2016b). *HOUSEHOLDS AND FAMILIES: 2012-2016 American Community Survey 5-Year Estimates (Olmsted County Geography) (American Community Survey No. S1101)*. Washington, DC: US Census Bureau. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1101&prodType=table

United States Census Bureau. (2016c). *PRESENCE OF UNMARRIED PARTNER OF HOUSEHOLDER BY HOUSEHOLD TYPE FOR CHILDREN UNDER 18 YEARS IN HOUSEHOLDS: Population Under 18 years in Households 2012-2016 American Community Survey 5-Year Estimates (Olmsted County Geography) (No. B09008)*. Washington, DC: US Census Bureau. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_B09008&prodType=table

University of Wisconsin Population Health Institute. (2018). *What and Why We Rank*. Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>

US Department of Health and Human Services. (2012). *Summary Health Statistics for US Adults: National Healthy Interview Survey, 2011 (Health and Vital Statistics No. Series 10, Number 256)*. Atlanta, GA: Centers for Disease Control and Prevention National Center for Injury Prevention and Control: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf

Whitmore Schanzenbach, D., Mumford, M., Nunn, R., & Bauer, L. (2016). *Money Lightens the Load*. Washington, DC: Brookings Institute. Retrieved from http://www.hamiltonproject.org/assets/files/money_lightens_the_load_updated.pdf

Wilson-Simmons, R., Jiang, Y., & Aratini, Y. (2017). *Strong at the Broken Places: The Resiliency of Low-Income Parents (Policy report)*. New York, NY: Columbia University National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_1177.pdf

Wolchik, S. A., Sandler, I. N., & Millsap, R. E. (2002). *Six-Year Follow-up of Preventive Interventions for Children of Divorce :A Randomized Controlled Trial*. *The Journal of the American Medical Association*, 288(15), 1874–1881. <https://doi.org/10.1001/jama.288.15.1874>