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| State Fiscal Year 25 | INSERT PURPOSE OF RFP | | |
| BVCS ECI Request for Proposal  Due Date: May 1, 2024, by Noon | MONTH, DAY, YEAR | | |
| A close-up of a logo  Description automatically generated | **A beach ball**Agency Logo (optional, change picture with your logo) | | |
| NAME OF PROPOSAL/PROJECT NAME  FOR BUENA VISTA, CRAWFORD, SAC, EARLY CHILDHOOD IOWA  FROM: INSERT THE NAME OF THE BIDDERS LEGAL NAME | | | |
| PROGRAM PURPOSE STATEMENT | *The purpose of* (insert name of your program here) *is to provide/produce* (service, activity, or product) *to/for* (customer/stakeholder) *so they can/in order to* (outcome/planned benefit)*.* | | |
| PROGRAM BENCHMARKS TO BE ACHIEVED  *List numerical data such as number of families served, visits conducted, children served, FTE, etc.* |  | | |
|  | NAME OF PERSON SUBMITTING PROPOSAL – TITLE  EMAIL ADDRESS  PHONE NUMBER | | |
| FEDERAL TAX ID NUMBER |  | | |
| AMOUNT OF FUNDING REQUESTED |  | | |
|  |  | | |
| **Certificate: I hereby affirm that:**   1. The information in this application is accurate to the best of my knowledge. 2. The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds. 3. If awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions. | | | |
|  | |  |  |
| Signature, Executive Program Director (sign in blue ink) | |  | Date Signed |

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| INSERT AGENCY NAME INSERT NAME OF PROJECT   |  |  |  | | --- | --- | --- | | To: | Annette Koster, BVCS Early Childhood Iowa, Program Director | | |  | bvcs.eci.director@gmail.com | 712-673-4610 | | Buean Vista, Crawford, Sac, Early Childhood Iowa | | | PO Box 174, Breda, IA 51436 | |   Short paragraph:  Who is sumbitting the proposal? What are you submitting the proposal for?   |  |  |  |  | | --- | --- | --- | --- | | From: | Name, Title | | | |  | Email | Phone: | | | Agency Name | | | | Site Address | City | Zip | | Mailing Address if different from site address |  |  |   Provide a short answer or paragraph for the items listed below. See Guidance Document for clarification, guidelines and/or descriptions to respond to the statements.   1. Agency 2. Project title 3. Alignment with the BVCS Early Childhood Iowa Community Plan. 4. Project description 5. Marketing and outreach. 6. Deliverables - Quality Assurance - Measurable Outcomes 7. Relationships 8. Project Fees/Budget Narrative 9. Agreements from your agency (if applicable). |

You may delte items from this point forward.

Proposals shall be assembled in the order below.

* Attachment B - Proposal
* Attachment C - Budget
* Attachment D – Project result matrix
* Attachment E –BVCS ECI Assurances (signed in blue ink)
* Indirect Cost Rate Documentation (if applicable)
* Due Date: May 1, 2024, by Noon
  + Email proposal to Program Director.
  + Mail one signed proposal to Program Director.