

CONTRACT RENEWAL | COVER PAGE*FORM A*

PROGRAM NAME:

ORGANIZATION:

ADDRESS:

CITY, STATE, ZIP:

PROPOSAL CONTACT PERSON:

TITLE OF CONTACT PERSON:

EMAIL ADDRESS:

PHONE NUMBERS:

Office:

Work Cell:

REQUEST FOR RENEWAL INTENT

RFR INTENT: ☐ Plan to Renew Contract ☐ Regret, will no longer be providing service

REQUEST FOR RENEWAL DUE DATE AND DOCUMENTS

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Due Date March 11, 2026 , by Noon. |
| <input type="checkbox"/> | Send completed RFR forms by email to bvcs.eci.director@gmail.com |
| <input type="checkbox"/> | Send a signed RFR by mail to BVCS Early Childhood Iowa PO Box 174 Breda, IA 51436 |

FORMS/ITEMS TO COMPLETE

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed Cover Page, |
| <input type="checkbox"/> | Budget Form (Contact Information) |
| <input type="checkbox"/> | Conflict of Interest |
| <input type="checkbox"/> | Detailed Budget (excel) |
| <input type="checkbox"/> | Application Description (if check yes - applicable if changing components of the program). |
| <input type="checkbox"/> | Application Description - Performance Measures (Program Trend Data provided to assist). |

BUDGET FORM (CONTACT INFORMATION)

ORGANIZATION NAME:

Name of Person responsible for managing the project funds:

Position with organization:

Address:

Zip Code:

Email:

Telephone:

Certificate: I hereby affirm that:

Information in this application is accurate to the best of my knowledge.

- a) The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds.
- b) If awarded, based on my authority, the organization is committed to fulfilling the standard contract conditions.

Signature:

Date:

CONFLICT OF INTEREST

CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submitting a proposal in response to the BVCS ECI Area Request for Renewal for **describe service.** Services (RFR), the undersigned certifies the following:

1. The proposal has been developed independently, without consultation, communication or agreement with any employee or consultant to any person serving as a member of the evaluation committee.
2. The proposal has been developed independently, without consultation or agreement with any other applicant or parties for the purpose of restricting competition.
3. Unless otherwise required by law, the information found in the proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the award of the contract, directly or indirectly, to any other applicant.
4. No attempt has been made or will be made by Name of Applicant _____
5. to induce any other applicant to submit or not to submit a proposal for the purpose of restricting competition.
6. No relationship exists or will exist during the contract period between the Name of Applicant _____ and the 3-County BVCS ECI Board that interferes with fair competition or as a conflict of interest.

--	--

Signature:

Date:

APPLICANT DESCRIPTION:

My program has program changes they would like to implement for FY27.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If **yes** provide a brief description of your program including the change/s you would like to implement.

If you select **no**, your program will follow components as submitted in the FY25 Request for Proposal.

You are **instructed to provide updated estimates for FY-27 ECI Performance Measures** related to *Input Measures, Output Measures, Quality Efficiency Measures, and Outcome Measures*; the Program Trend Line Data is provided to assist you.

