

SFY2022 Fall HVSA Expansion Application Template

The completed application must address all of the required questions and supplemental documents described in this document and submitted electronically home.visiting@dcyf.wa.gov by noon August 10, 2021. Please use this template as the format for the application, using Arial 10pt font (or equivalent/larger), with all margins no less than 1". It is recommended you submit as a pdf document. Applications, excluding the Supplemental Documents section, may not exceed 20 pages in length. Any pages in excess of the 20-page limit will not be included in the review.

1. Organization Information (not scored)

A. Organizational Details

Organization Name		Phone	
WA State Vendor # (if applicable)		DUNS #	
Mailing Address		State	Zip
Physical Address (If different)			

B. Contact Information

Chief Executive Information [Note: This will be the signatory on the contract agreement.]

Prefix		First Name		Last Name	
Title					
E-mail				Phone Number	

Home Visiting Manager Information

Prefix		First Name		Last Name	
Title					
E-mail				Phone Number	

Person Completing this Application

Prefix		First Name		Last Name	
Title					
E-mail				Phone Number	

2. Expansion Proposal Overview (*not scored*)

A. Current Home Visiting Program Name and Model

Home Visiting Program Name			
Program Model (please highlight)	Early Head Start	Nurse Family Partnership	Parents As Teachers
	Early Steps to School Success	Outreach Doula	STEEP
	Family Spirit	ParentChild+	Child Parent Psychotherapy

B. Home Visiting Program Service Capacity

Typical Monthly Caseload	Proposed New FY22 HVSA Expansion funded slots	Current HVSA funded slots	NonHVSA funded slots	New Total Slots
# Families served in a <i>typical</i> month				
# Children served in a typical month				

C. Home Visiting Program 12-month Budget – July 1 2021-June 30, 2022

Please note, if the proposed budget exceeds \$250,000, this application will automatically be disqualified.

Proposed FY22 HVSA Expansion Funding	Current HVSA funding (<i>before expansion</i>)	NonHVSA funding	New Total HV Program Funding
\$	\$	\$	\$

D. Home Visiting Program Funders

List ALL of the funders of your home visiting program in the current and future fiscal years.

Name of Funder	Funding \$	Term of Funding (<i>dates</i>)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

E. Brief Abstract: Please describe your proposed expansion.

Please describe in 1 to 2 paragraphs a high level summary of the key features of your proposed expansion (e.g. newsletter blurb).

3. Proposed Community and Population to be Served and Capacity to Reach (50 points)

A. HVSA/Expansion Priority Populations and Service Areas

i. All HVSA contractors are expected to enroll participants who identify with at least two of the priority characteristics listed in the table below; participants may identify with additional characteristics. In the table below, please check which HVSA priority characteristics your home visiting program will prioritize with expansion funding.

(x)	HVSA Priority Characteristics	(x)	HVSA Priority Characteristics
<input type="checkbox"/>	· <i>Poverty/Low income/Economic Insecurity</i>	<input type="checkbox"/>	· <i>Non-English Speaking or Recent Immigrant Families</i>
<input type="checkbox"/>	· <i>Parent Mental Health/Behavioral Health Illness</i>	<input type="checkbox"/>	· <i>Current and Previously Incarcerated Parents</i>
<input type="checkbox"/>	· <i>Homeless/Unstable Housing</i>	<input type="checkbox"/>	· <i>Teen Parents</i>
<input type="checkbox"/>	· <i>Racial and ethnic groups experiencing disproportionality</i>	<input type="checkbox"/>	· <i>History or current experience with Substance Use, including Tobacco</i>
<input type="checkbox"/>	· <i>Enrolled in Work First/TANF</i>	<input type="checkbox"/>	· <i>Parents with Low Educational Attainment</i>
<input type="checkbox"/>	· <i>Prior Involvement in Child Welfare System</i>	<input type="checkbox"/>	· <i>Parents and/or Children with Disabilities</i>
<input type="checkbox"/>	· <i>Intimate Partner Violence</i>	<input type="checkbox"/>	· <i>Currently or formerly in the Military</i>

Comments

ii. This expansion is prioritizing service to populations identified as high-risk through the 2020 Home Visiting Needs Assessment and who would benefit the most from home visiting. Referring to the Expansion Priority by Race/Ethnicity listed below, please use the following table to describe who your home visiting program will serve with expansion funding; if you will not be serving families within the identified race/ethnicity populations below, please indicate N/A and describe the specific ethnic and racial populations to be served in the comments box.

Priority by Race/Ethnicity	# Families Expected to Serve in a typical month (once fully operational)
American Indian/Alaska Native children and families	
Black/African American children and families	
Hispanic children and families	
Pacific Islander children and families	

Comments

iii. This expansion is prioritizing service to all tribes, tribal organizations, and high risk counties in Washington State, as identified in the 2020 Home Visiting Needs Assessment. The priority counties are listed below. Please use the table to identify the priority county(ies) and/or tribe(s) your home visiting program will serve with expansion funding and for each category the number of families you expect to serve in a typical month (caseload) once fully operational. If your expansion will not be serving any of these counties or a tribe, please indicate N/A in your answer and describe the geographic service area in the comments box.

County	# Families	County	# Families	County	# Families
Adams		Grays Harbor		Pierce	
Asotin		Jefferson		Skagit	
Benton		King		Skamania	
Chelan		Kitsap		Snohomish	
Clallam		Klickitat		Spokane	
Cowlitz		Lewis		Stevens	
Douglas		Mason		Thurston	
Ferry		Okanogan		Walla Walla	
Franklin		Pacific		Whatcom	
Garfield		Pend Oreille		Yakima	
Grant					

Tribe (please list below)	# Families

Comments

iv. Explain how your home visiting program is well-positioned to serve the proposed expansion population/community; please include how your program fits within the existing service array and connects to other organizations, families, and important elements of the proposed community.

B. Participant Engagement

Outreach and Enrollment

i. Please describe your approach, skills and track record in reaching and engaging participants from among the populations identified above. What are your specific capacities, strengths and strategies that will assure success in reaching these populations?

ii. Please describe other information to support how you will be successfully able to reach your proposed expanded service numbers including existing waiting lists and other tangible indicators of need.

iii. What is your program approach and interactions with other community partners or related internal programs of your organization that will support referrals into this home visiting program? In the table below, please include the names and relationships you have with 5-8 key internal or community partners from whom you expect to receive referrals into your program.

Organization/Program Name	Location	Internal or external to your organization	Description of Current Referring Relationship

Organization/Program Name	Location	Internal or external to your organization	Description of Current Referring Relationship

Sustaining Family Engagement/Enrollment Performance

i. Please reflect on the last 2-3 years of your program’s performance in engaging families, particularly enrollment and retention. Please describe in detail your program’s successes and challenges in these areas. If applicable, how have you addressed low performance in these areas with the aim of improving enrollment, retention, or other performance challenges? How will you guarantee strong engagement of families with this expansion, ensuring families remain in and complete your program?

4. Advancing Equity and Reducing Disparities (20 points)

i. Please describe how your program’s approach to family engagement and service delivery advances racial equity and reduces disparities experienced by marginalized children and families, particularly children of color (including Black/African American, Native American, Hispanic, Pacific Islander children).

ii. How will this program expansion support your organization in advancing racial equity?

iii. Describe how your program engages parents in leadership, policy development or planning at a program and organizational level.

iv. How does your organizational leadership connect with the community you serve?

5. Staffing (40 points)

A. Staffing Plan and Timeline

i. In the table below, please indicate the FTE count (#) for each new/expanded staff role allocated to your proposed expanded program (1.0 FTE is a person who works at least 35-40 hours per week for 50 weeks per year). Please do not include your current staffing in this section, only new/expanded staff numbers. Please use the comment section to clarify if staff work less than a full year. In addition, please describe your program’s caseload expectations of a full-time home visitor and supervisor (if supervisors will carry a caseload, and any other staff who will provide home visits).

Staff Role	Expand Existing Staff FTE	New Staff FTE	Anticipated Caseload (# families)
Home Visitor FTE			
Supervisor FTE			
Administrative Support FTE directly supporting the HV program			
Data Support Staff FTE directly supporting the HV program			
Management Staff FTE directly supporting the HV program			
Additional Direct Service FTE directly supporting the HV program			
Contractor staff supporting HV program (<i>please describe in comments</i>)			
Total FTEs/caseload for all 6 categories above			

Comments

ii. What is your anticipated ramp-up timeline for recruitment, hiring, training, serving families?

Staffing Ramp Up Plan	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022
Recruitment									
Hiring									
Training									
Begin Caseload									
Full Caseload									
Other:									

B. Staff Recruitment and Retention

i. Describe your program capacity and limitations to quickly hire and train new staff in the coming months.

ii. Describe the specific strategies you will use to recruit and hire staff under this expansion to bring both (1) the “right” individuals onto your team (qualified, good fit for the organization, good fit for home visiting work) and (2) representative of and able to connect with the diverse needs, cultures and experiences of your proposed expansion population.

iii. Reflect on your strengths and weaknesses with staff retention in the last few years, including any recent history (1-2 years) of home visitor turnover, your understanding of the causes behind turnover, and your approach to resolving and preventing turnover.

C. Staff Support and Supervision

i. Thinking about program supervision of home visitors and supervisors over the last few years and with this expansion, how do you implement Reflective Supervision and what benefits arise from using RS? In your answer please address this topic from 2 vantage points: prior to COVID-19, during COVID-19, and what you anticipate during program expansion.

ii. In addition to Reflective Supervision, please describe strategies your program and organization use to support a trauma-informed and supported staff to deliver home visiting services to a diverse array of families; please including in your response a discussion of your approach before the COVID-19 pandemic, during the COVID-19 pandemic, and with this expansion.

6. Organization Infrastructure (45 points)

Please answer the questions below for the entire organization in which the proposed home visiting program expansion resides.

A. Organization Summary and Relationship to HV

i. Please briefly describe the following about your entire organization:

- Your organization's mission statement, a brief history, and number years in operation
- A brief overview of your organization's strategic goals and current programs/activities
- Your organization's current leadership structure, staff and tenure
- Infrastructure supports for the home visiting program

ii. What is your organization's long-term relationship with and commitment to your home visiting program and how does the home visiting program and this proposed expansion advance the mission and goals of your organization? How willing is the organization to sustain a high quality program without guarantee of increasing future HVSA financial investment?

B. Organization Assessment and Structure to Support Quality and Expansion

i. Briefly tell us about what your organization does really well and areas where it can improve.

ii. Practically speaking, how is your organization structured and resourced to support and facilitate a fast ramp up of high quality programming and service delivery? Include management, administration, communications, human resources, financial systems, and other aspects of your organization's infrastructure.

iii. This expansion may introduce another funding source supporting your home visiting program. Describe your organization's capability to manage complex, multi-year grants and projects. Include a summary of your organization's effectiveness at program and financial management for multiple programs and programs with multiple fund sources.

C. Program Implementation, Quality, and Data Capacity

i. What do you anticipate will be barriers to expanding your program while still in the midst of the COVID-19 pandemic and how will you mitigate those barriers? Please include in your answer specifically how you will navigate to returning to in-person services.

ii. Describe how your home visiting program currently collects data on participants' demographic information, service utilization, and program impacts to support assessment of HVSA and programmatic outcomes? Describe your data management system and software used to manage this information.

iii. Tell us a specific example of how your program recently applied CQI tools to an area where you seek program improvement: share the issue you explored, your aim statement, tests you've run, learnings, and program applications.

7. Budget Proposal (10 points)

12-month Proposed Annual Budget: Your 12-month budget may not exceed \$250,000. An application with a 12-month budget that exceeds \$250,000 will not be considered.

Instructions

1. **Please use the budget template emailed to you with this application template. You must complete the budget proposal using the template and format provided. This does not count towards your page limit.**
2. **This budget will include 1-time only expenses related to program ramp-up such as initial training and travel expenses for new staff, costs related to hiring and initial management of the expansion, purchase of supplies to support new employees, initial model fees, etc.**
3. **Even though your first SFY22 Expansion Budget will span a 9- month time frame beginning on October 1, please prepare an anticipated 12-month budget as though you were starting on July 1, 2021.**
 - *It is expected that a portion of the first year of this expansion funding will support program ramp-up and a portion will support ongoing expenses once the program is under way.*
 - *This budget will also include anticipated ongoing program expenses such as program travel, ongoing training, materials and supplies, etc. once your program is fully staffed, operational, and direct services have begun.*
 - *Please note that while you are preparing an annual, 12-month budget in this application, if your application is successful, the final budget will be negotiated based upon available funds; the 9-month SYF22 contract budget may be prorated at 75% of the total final 12-month budget (which will become your annual allocation in future contract years).*
4. **Please include your Agency and Program Name in Lines 7 and 8 of the Template.**
5. **Please use the comments column to detail the justification for the expenses in the budget column. The detail will help to support your request (i.e. if left blank, this may result in misunderstanding or inaccurate interpretation of your request).**
6. **Please complete the rows as they relate to your program. You may edit the categories in green font.**
7. **Please provide sufficient detail in the comments/justification column for reviewers to understand the specifics of and justification for your expense categories.**

8. If your program includes an indirect rate that exceeds 10% of the direct costs, you must attach an approved federal certificate that supports the rate presented in your budget unless it has already been submitted to DCYF. This document may be in pdf format and does not count towards the page limits.
9. Please populate the spreadsheets provided in the template. Attach the Excel format version of the budget template with your application. PDF versions of the proposed budget will not be accepted.
10. Before submitting this application and budget, please review your materials and ensure the following:
 - FTE described in the Budget aligns with the FTE in your Application Staffing Plan (Section 4A).
 - Budget calculations are error free and do not exceed allowable requests.
 - If the indirect rate exceeds 10% of the direct costs, you've submitted documentation of federal certification that verifies the indirect rate proposed in the budgets.
11. Please refer to the Budget section of the Application Guidance for more information on the completing budget proposals.

8. Supplemental Documents (*not scored*)

Please submit the following 5 attachments along with your application. These are required; if not submitted, your application will be considered incomplete.

1. Organization Letter of Authorization

Letter of authorization from the Executive Director (or appropriate director) allowing organization application for these funds. This letter should identify a back-up contact person if the primary contact person is not available for an extended period of time.

2. Organizational Chart

Current organizational chart with clear indication of where the home visiting program and staff reside

3. Organization Operating Budget Statement

Current year of the organization's annual operating budget statement

4. List of Current Board Members

List of current board members, including name, role on the board, job title/role in the community, city of residence

5. Current Home Visiting Program Total Budget

The current year annual budget for the home visiting program spreadsheet, not including the expansion request