The completed application, budget and all required supplemental documents must be submitted electronically to [home.visiting@dcyf.wa.gov](http://home.visiting@dcyf.wa.gov) by June 30, 2022 5:00 p.m. PST. Application packets submitted after this date/time will NOT be accepted.

The completed application/budget must address all of the required questions and supplemental documents described in this document and submitted electronically by June 30, 2022 5:00 p.m. Please use this template as the format for the application, using Arial 10pt font (or equivalent/larger), with all the margins no less than 1 inch. The Budget Template is available in a separate Excel document. Application Sections 1 through 9 (excluding the Budget and Supplemental Documents) may not exceed 25 pages in length. Any pages in excess of the 25-page limit will not be included in the review.

**Exploration/Start Up Proposals:**

For applicants wanting to explore their community’s readiness for Home Visiting, but who are not currently offering any home visiting services using the 9 HVSA-approved models, please fill out every section throughout this document unless specified for Expansion Applicants. Some tables in this document include cells for both Exploration/StartUp Applicants and Expansion Applicants – do not complete those columns directed for Expansion applicants (*with green headers)*

**Expansion Proposals:**

For applicants wanting to expand their current Home Visiting Program who are currently serving families using one of the 9 HVSA-approved models, please fill out every section throughout this document. Some tables in this document include cells for both Exploration/StartUp Applicants and Expansion Applicants – please columns all cells in these tables (*green and blue headers*) unless specified only for StartUp/Exploration applicants

1. **Organization Information *(not scored)***
2. **Organizational Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name |  | Tax ID |       |
| WA State Vendor #  |  | UEI or DUNS Number |       |
| Mailing Address |       | State |       | Zip |       |
| Physical Address (if different) |       |
| Phone Number |       |

1. **Organization Type:**  **Select** (*If Other please describe*: **)**

1. **Contact Information**

Person Completing this Application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefix |       | First Name |  | Last Name |       |
| Title |       |
| E-mail |       | Phone Number (incl. area code) |       |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefix |       | First Name |  | Last Name |       |
| Title |       |
| E-mail |       | Phone Number (incl. area code) |       |

Home Visiting Manager Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefix |       | First Name |       | Last Name |       |
| Title |       |
| E-mail |       | Phone Number (incl. area code) |       |

**2. Home Visiting Program Proposal Overview *(not scored)***

A. Current Home Visiting Program Name and Model

|  |  |
| --- | --- |
| Home Visiting Program Name |       |
| Program Model  | :  |
| Exploration or StartUp? *Please select one* |  |

|  |  |
| --- | --- |
| **StartUp/Exploration Applicants**: please make sure to complete all tables with **blue and purple** **headers** and all questions unless they specifically note for Expansion Applicants. | **Expansion Applicants**: please make sure to complete all tables with **blue and green headers** and all questions unless they specifically note for Start Up/Exploration Applicants. |

**B. Home Visiting Program Service Capacity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Typical Monthly Caseload** | **Requested Number of New FY23 HVSA Expansion funded slots** ***(not current slots)***  **+*****(all complete)*** | **Current HVSA funded slots** **+** | **NonHVSA funded slots** **=** | **New Total Slots** |
| *(Expansion applicants complete; StartUp applicants leave these columns blank)* |
| Number of Families served in typical month (slots) |       |       |       |       |
| *this will be your new “slots” throughout the application* |
| Number of Children served in a typical month |       |       |       |       |

**C. Current and Proposed Tribe(s) Served**

Please make sure your proposed tribes here aligns with your service areas described in Section 4A below.

|  |  |
| --- | --- |
| **Proposed Tribe(s) served by your program***(all complete)* | **Current Tribe(s) for this application***(Expansion applicants complete, StartUp leave blank)* |
|       |       |

**D. Home Visiting Program 12-month Budget – July 1, 2022 – June 30,2023**

***Please note, if the proposed budget exceeds $240,000, this application will automatically be disqualified.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested New FY23 HVSA Expansion Funding *(not current budget – not to exceed $240,000)*** **+** (*all complete)* | **Current HVSA Funding (*before expansion*)****+** | **NonHVSA funding****=** | **New Total HV Program Funding** |
| *(Expansion applicants complete; StartUp applicants leave these columns blank)* |
| **$**       | **$**       | **$**       | **$**       |

**E. Home Visiting Program Funders – list ALL of the funders your home visiting program in the current and future fiscal years, if applicable.**

|  |  |  |
| --- | --- | --- |
| Name of Funder | Funding $ | Terms of Funding (dates) |
|       | $       |       |
|       | $       |       |
|       | $       |       |
|       | $       |       |
|       | $       |       |
|       | $       |       |

**F. Brief Abstract: Please briefly describe your proposal to start up or expand your home visiting program.**

Please describe in 1 to 2 paragraphs a summary of the key features of this proposal (e.g., newsletter blurb).

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**3. Advancing Equity and Reducing Disparities *(35 points)***

i. How will this program expansion support your organization in advancing racial equity? 20 points

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ii. Describe how your program engages parents in leadership, policy development, or planning at a program and organizational level. 5 points

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|  |

iii. How does your organizational leadership connect with the community you serve? 5 points

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**4. Proposed Community to be Served and Capacity to Reach *(50 points)***

1. **Proposed Populations to Be Served**
2. Please describe the tribal community you are proposing to serve through this funding opportunity and why you propose to serve them. 5 points

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1. All HVSA priority populations are identified in the table below. For this tribal funding opportunity, American Indians/Alaska Native families in Washington State must be a population served, and it is checked already. Please select at least one (1) or more additional population/characteristics in your home visiting program will serve.

**At least two (2) boxes must be checked in order to be eligible for HVSA funding.** 5 points

|  |  |  |  |
| --- | --- | --- | --- |
| (x) | HVSA Priority Characteristics | (x) | HVSA Priority Characteristics |
| [ ]  | Poverty/Low income/Economic Insecurity | [ ]  | Non-English-speaking or Recent Immigrant Families |
| [ ]  | Homeless/Unstable Housing | [ ]  | Current and Previously Incarcerated Parents |
| [ ]  | Parent Mental Health/Behavioral Health Illness  | [ ]  | Teen Parents |
| [ ]  | Racial and ethnic groups experiencing disproportionality (i.e., AI/AN families) | [ ]  | History or current experience with Substance Use, including Tobacco |
| [ ]  | Enrolled in WorkFirst/TANF  | [ ]  | Parents with Low Educational Attainment |
| [ ]  | Prior Involvement in Child Welfare System | [ ]  | Parents and/or Children with Disabilities |
| [ ]  | Intimate Partner Violence | [ ]  | Currently or formerly in the Military |

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| Comments: |

**B. Capacity to Reach Proposed Populations and Service Area**

i. What makes your organization well-positioned to serve the proposed tribal community indicated in Section A above? In your answer please tell us how your proposed program fits in the existing service array and connects to other organizations, families, and important elements of the proposed community. 10 points

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ii. Please describe your outreach strategies. How does/will your home visiting program reach out and engage community members? Include in your response:

* What strategies or activities does your program currently use, if any?
* What new or proposed strategies will you use to reach out and recruit families?
* How will you build or manage ongoing relationships with potential referring agencies?
* What systems, if any, are in place within your proposed community for identifying and referring children and families into your home visiting program?
* How have your strategies changed as a result of the COVID-19 pandemic? 15 points

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iii. In the table below, please include the names and relationships you have with 5 to 8 key internal or community partners from whom you expect to receive referrals into your program. 5 points

| Organization / Program Name | Location (City) | Internal / External to your organization | Description of Current Referring Relationship |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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iv. Sustaining Family Engagement/Enrollment Performance: How will you guarantee strong engagement of families with this expansion, ensuring families remain in and complete your program? In your answer please reflect specifically on the last 2 to 3 years of your program’s performance in engaging families (enrollment and retention) and answer the questions below. For StartUp applicants: If you haven’t implemented this program before, describe successes and changes implementing other programs with similar populations. 10 points

* Describe your successes and challenges in this area prior to and during the COVID-19 pandemic;
* How have you addressed low enrollment in your program, if applicable; and
* How have you worked to improve family engagement?

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**5.Staffing *(60 points)***

1. **Staffing Plan and Caseload Expectations**

i. In the table below, please indicate the FTE count (#) for each staff category allocated to your home visiting program by funding source: requested new staff, currently HVSA funded staff, NonHVSA funded staff, and your new total for staff FTE if your proposed expansion is funded. Full-time equivalents (FTE) are determined as follows: a 1.0 FTE is a person who works at least 35-40 hours per week for 50 weeks per year. Please use the comment section to clarify if staff work less than a full year. 5 points

| **Staff Role** | **Requested New Staff FTE** **+** | **Currently HVSA funded Staff FTE** **+** | **NonHVSA funded Staff FTE** **=** | **New Total FTE** |
| --- | --- | --- | --- | --- |
| *(all complete)* | *Expansion applicants complete; StartUp applicants leave these columns blank* |
| Home Visitor FTE |       |       |       |       |
| Supervisor FTE |       |       |       |       |
| Administrative Support FTE directly supporting the home visiting program |       |       |       |       |
| Data Support Staff FTE directly supporting the home visiting program |       |       |       |       |
| Management Staff FTE directly supporting the home visiting program |       |       |       |       |
| Additional Direct Service FTE directly supporting the home visiting program |       |       |       |       |
| Other staff supporting home visiting program *(please describe in comments)* |       |       |       |       |
| **Total FTEs** for all 6 categories above  |  |  |  |  |

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| Comments: |

ii. Describe how many staff will be newly hired and how many existing positions will have hours increased in the proposed expansion. (not scored)

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iii. Caseload Expectations: In the table below, please describe your program’s caseload expectations for program staff (caseload is the typical of families each position will hold at any given time) according to their expected FTE status. 5 points

|  |  |  |
| --- | --- | --- |
| Staff Role*(please use categories in table above)* | Number of *New* FTE | Expected Caseload (*Number of families if applicable)* |
| Home Visitors 1.0 FTE |       |       |
| Home Visitors - other FTE(Please describe:  FTE) |       |       |
| Supervisors  |       |       |
| Other Staff |       |       |

iv. In the table below, please tell us which of the staff described above will be independent contractors and not employees of your organization and what their expected caseload will be, if applicable. (not scored)

|  |  |  |
| --- | --- | --- |
| Contractor Staff Role*(please use categories in table above)* | Number of New Contractor FTE | Contractor Caseload *(Number families if applicable)* |
| Home Visitor |       |       |
| Supervisor |       |       |
| Other |       |       |

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| Comments:      |

**B. Exploration/StartUp/Expansion Timeline**

i. What is your anticipated ramp-up timeline for planning, staff recruitment, hiring, training, and serving families? (please check each cell in the table below to depicts your timeline for each row) 10 points

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staffing Ramp Up Plan | July 2022 | August 2022 | September 2022 | October 2022 | November 2022 | December 2022 | January 2023 | February 2023 | March 2023 | April 2023 | May 2023 | June 2023 |
| Exploration and StartUp Planning For StartUp Applicants only  |
| Program Planning\* |       |       |       |       |       |       |       |       |       |       |       |       |
| Preparation for Implementation\*\* |       |       |       |       |       |       |       |       |       |       |       |       |
| Other: |       |       |       |       |       |       |       |       |       |       |       |       |
| For All Applicants: |
| Staff Recruitment |       |       |       |       |       |       |       |       |       |       |       |       |
| Staff Hiring |       |       |       |       |       |       |       |       |       |       |       |       |
| Staff Training |       |       |       |       |       |       |       |       |       |       |       |       |
| For Expansion Applicants Only: |
| Begin New Caseload |       |       |       |       |       |       |       |       |       |       |       |       |
| Full Caseload |       |       |       |       |       |       |       |       |       |       |       |       |
| Other: |       |       |       |       |       |       |       |       |       |       |       |       |

\* Program planning includes working with DCYF to determine appropriate program model, size/capacity, and service area and other essential components desired to achieve program goals

\*\* Preparation for Program Implementation includes developing the start-up and training timeline and work plan, marketing program to potential partners for referrals into and out of the program, and developing the internal systems within the organization (HR, fiscal, data, etc) to embrace and sustain the new program.

|  |
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| Comments:      |

**C. Staff Recruitment and Retention**

i. Describe your program abilities and challenges to quickly hire and train new staff in the coming months in order to implement this proposal. 5 points

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|       |

ii. Describe specific strategies you will use to recruit and hire staff for this proposal who are:

the “right” individuals for your team (qualified, good fit for the organization, good fit for home visiting work) **and**

representative of and able to connect with the diverse needs, cultures and experiences of your proposed expansion population described in Section 4 A and B. 10 points

|  |
| --- |
|       |

iii. Please reflect on your program’s strengths and weaknesses with staff retention in the last few years, including any recent history (1-2 years) of home visitor and supervisor turnover (if applicable), your understanding of the causes behind staff turnover, and your approach to retaining staff/preventing turnover for the proposal. 10 points

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|       |

**D. Staff Support and Supervision**

i. Thinking about program supervision of home visitors and supervisors, particularly of practitioners serving families, home visitors and supervisors, how do you apply a reflective practice/trauma informed approach and/or Reflective Supervision\* (RS)? What benefits does your program experience from using this approach? Please address in your response both topics before the COVID-19 pandemic, during the COVID-19 pandemic, and expected with this proposal. 10 points

|  |
| --- |
|       |

\* Reflective supervision is a formal term used to describe the regular collaborative reflection between a home visitor and supervisor that builds on the home visitor’s use of her thoughts, feelings, actions, reactions and values evoked in the course of working closely with young children and their families. Please refer to the Guidance document for a more in-depth definition.

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 expected with this expansion. 10 points

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**6. Home Visiting Service Content *(20 points)***

i. Briefly describe the essential elements of your home visiting program. Include the expected frequency of home visits (or the range based on participant characteristics). Include any program components to specifically reduce inequity and focus service on the diverse cultures, ethnicities and other characteristics of the populations served by your program. For StartUp applicants: please describe the essential elements you would like your proposed home visiting program to offer to families. 5 points

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|       |

ii. Screening and Assessments: Assessment and Measurement tools may be used to determine family status and progress on specific milestones. Some home visiting programs/models use standardized tools to track specific indicators. In the table below, briefly describe how (including the tools used by your program) and how often your home visiting program typically administers participant screenings and assessments for the following indicator areas. For StartUp applicants: please identify the assessment areas you would like your proposed home visiting to explore with families. 5 points

| Assessment Area | How do you assess in this area? (use tool name if applicable) | When/how often |
| --- | --- | --- |
| Child development\* |       |       |
| Parent child interactions\* |       |       |
| Caregiver mental health and depression\* |       |       |
| Family economic circumstances and stability, including housing stability |       |       |
| Relationships, social support, intimate partner violence\* |       |       |
| Medical and dental health and access\* |       |       |
| Substance use disorder, prevention and treatment\* |       |       |
| Other: |       |       |
| Other: |       |       |

\*Priority assessment areas

iii. COVID-19 Impacts: How has the COVID-19 pandemic affected the delivery of your home visiting program services (including, but not limited to assessments)? What specific strengths and strategies have been adopted to support implementation of the service elements of your home visiting program? 5 points

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|       |

iv. Outgoing Referral Networks: In the table below please summarize the top 8 to 10 services to whom your program refers/plans to refer home visiting participants for needed resources; enter the organization’s name next to the appropriate primary service category (listed in “Services Delivered” column) and a short description of your *current* relationship with each organization. 5 points

|  |  |  |
| --- | --- | --- |
| Outgoing Referral Networks:Organization Names | Services Delivered (complete those relevant to your program and population) | Description of Referring Relationships |
|       | Child Maltreatment Prevention |       |
|       | Child welfare |       |
|       | Intimate Partner Violence Prevention |       |
|       | Early Childhood Development |       |
|       | Education |       |
|       | Health |       |
|       | Mental Health |       |
|       | Substance Use Support |       |
|       | Housing |       |
|       | Other:       |       |
|       | Other:       |       |

**7. Program Quality, Fidelity and Technical Assistance *(25 points)***

i. Please describe how your organization manages/would manage your home visiting program to be successful in implementation and assure performance in areas such as enrollment, home visitors’ caseloads, screening assessments, frequency of visits, and other essential program components. 10 points

|  |
| --- |
|       |

ii. How and with whom does your home visiting program currently utilize for technical assistance (TA) with your national model and other TA providers? For StartUp Applicants: how do you use TA with other programs that are serving families within your organization? 5 points

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|       |

iii.a. For Expansion Applicants only (StartUp Applicants leave blank): Tell us a specific example of how your program works to improve its methods and delivery [using Continuous Quality Improvement (CQI) tools]. Please share the issue you explored, how you tested various improvement ideas, what you learned (positive and negative), and how you adjusted your program to reflect successful learnings. 5 points

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|       |

iii.b. For StartUp applicants only (Expansion applicants leave blank): Please share with us your organization’s experience with Quality Assurance and/or Continuous Quality Improvement? How do you currently support continued learning and understanding of your program and making improvements informed by program experience and data? 5 points

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|       |

**8. Evaluation *(25 points)***

i.a. For Expansion Applicants (Start Up Applicants leave blank):Describe how your home visiting program currently collects data on participants’ demographic information, service utilization, and program impacts? How do you apply what you learn from program data towards improvement? 5 points

|  |
| --- |
|       |

i.b. For Exploration/Start-Up Applicants (Expansion Applicants leave blank):How does your organization currently collect data on program participants’ demographic information, service utilization, and program impacts? 5 points

|  |
| --- |
|       |

ii.a. For Expansion Applicants (StartUp Applicants leave blank): Describe your data management system and software used to manage this information. And in the table below, please select which data system(s) you currently use for your home visiting program, if applicable. 5 points

| **Home Visiting Data System** | (x) please select all that apply) |
| --- | --- |
| Visit Tracker | [ ]  |
| FLO (NFP Data) | [ ]  |
| Apricot | [ ]  |
| DAISY | [ ]  |
| Other | [ ]  |
| None of the above | [ ]  |

|  |
| --- |
| Comments if Other or None of the above:       |

ii.b. For Exploration/StartUp Applicants (Expansion Applicants leave blank): Please describe the current data system you are using with programs. If selected for funding, are you willing to use the data system recommended by the HVSA or your national program model? 5 points

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|       |

iii. DCYF tracks specific data indicators to support home visiting program evaluation; some of these require client data matching with other State education and social services systems. 15 points

|  |  |
| --- | --- |
| By applying for this funding, you acknowledge and accept the expectations that our organization will seek consent for families to routinely share information collected by the HV program with DCYF for evaluation purposes *(please check adjacent box to indicate you agree)* | [ ]  |

|  |
| --- |
| Comments, concerns, questions, or barriers to sharing client level data (not scored):      |

**9. Organization Infrastructure *(25 points)***

i. Please briefly describe your entire organization’s mission, history, strategic goals and programs, and leadership. 5 points

|  |
| --- |
|       |

ii. Practically speaking, please describe your organization’s resources (management, administration, communications, human resources, financial systems, and other infrastructure) to support this expansion effort and to maintain high quality home visiting services during implementation, even during the COVID-19 pandemic. 10 points

|  |
| --- |
|       |

iii. Describe your organization's experience and ability to successfully manage complex, multi-year grants and projects. Please include in your answer a summary of your organization’s capacity for financial management/accounting and fiscal oversight of grant funds, and describe your financial system’s ability to accurately assign and track expenditures across multiple funding sources and payment points. 5 points

|  |
| --- |
|       |

iv. Reflecting on your organization’s commitment to your home visiting program and this proposal, how might your program adapt in the future with the understanding that HVSA financial investment (base funding) may not increase over time (e.g. cost of living increases)? 5 points

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| --- |
|       |

**10. *Required* Budget Proposal Instructions** *(20 points)*

**Please use Budget Template (MS Excel version) provided with application;** PDF versions of the Budget will not be accepted. **Instructions for completing the budget are provided in the Application Guidance starting on page 22**; please refer to the instructions to prevent disqualification of your submission. Applications submitted without a proposed budget in this template will be disqualified. Please note that applications submitted without the budget in this template format will forgo the 20 points for this item.

**11. Supplemental Documents *(required, but not scored)***

**Please submit all the required Supplemental Documents outlined in the Application Guidance starting on page 24**; please refer to the instructions for this section in the Guidance document to prevent disqualification of your submission.*Please note, a 5-point deduction from overall application score will occur for each required supplemental document that is missing from the application packet.*