

Narrative Response

Oklahoma Family Resource Center Request for Proposals

Potts Family Foundation Know and Grow Oklahoma: Building Resilient Children, Families and Communities grant funded by the American Rescue Plan Act (ARPA) and in partnership with the Oklahoma State Department of Health.

(FAIN: SLFRP4646, ALN: 21.027)

This is a one-year grant with two options to renew.

Please use the budget form included in this packet to submit three proposed budgets, one for each year. For Year 1 the budget should be for 8 months (May 2024 to December 2026) as awards will not be made until early April 2024. Budgets for Year 2 and Year 3 should be for 12 months.

It is not PFF’s intention to dictate the amount of funding Service Providers determine is sufficient to establish and operate a FRC in their community. PFF (Potts Family Foundation) is asking for a fair and reasonable funding request for the 2-year, 8-month run of the Know and Grow Oklahoma project. There is not a set number of community grants or a designated amount of funding per grant. To determine allowable expenses, please refer to the Potts Family Foundation Protocols document in this packet.

With the first year of establishing a FRC consisting of planning and training, it is advisable to enter a larger portion of the requested award in Year 2 which is a good time to consider one-time expenditures that will increase community and agency capacity and enhance services. As ARPA funds are one-time funding, there be a solid plan for sustainability of the FRC and FRC services beyond December 2026, the deadline for spending ARPA funds.

After completing the Budget form, please provide a narrative with detail regarding what purchases are budgeted in each budget category of Personnel/Salaries, Fringe Benefits, Travel, Supplies, Contractual and Admin Costs/IDC. (IDC is defined in the Potts Family Foundation Financial Protocols included in this Bid Packet.)

Please provide a funding request with figures rounded to the nearest whole dollar amount.

Year 1: $\_\_\_\_\_\_\_\_

Year 2: $\_\_\_\_\_\_\_\_

Year 3: $\_\_\_\_\_\_\_\_

Total Amount Requested: $\_\_\_\_\_\_\_\_

**Organizational Qualifications and Experiences**

**Please address the following:**

1. Length of time the Service Provider’s organization has been in business.
2. Brief description of the organization’s current mission, structure, and scope of current activities.
3. How is the organization currently funded or supported?
4. What programs/services does the organization currently provide?
5. What geographic area does the organization currently serve?
6. What geographic area does the Service Provider intend for the FRC to serve? (Include zip codes in your description when defining the geographic area to be served.)
7. Describe the population currently served by the organization.
8. Describe the population the Service Provider intends to serve with the FRC.
9. Describe the Service Provider’s experience engaging communities to improve community capacity and support improved social determinants of health and family wellbeing outcomes.
10. Describe how the Service Provider will recruit the proposed target population, and any potential service barriers and how they will be addressed (barriers could include language, transportation, or other things).
11. Describe the Service Provider’s current staff acceptance, organizational readiness to implement, feasibility of implementation, and sustainment beyond the funding period of this grant to establish and implement an Oklahoma Family Resource Center utilizing the National Family Support Network’s Standards of Qualify for Family Strengthening and Support Framework, and for the Study of Social Policy’s Protective Factors Framework. (Reference documents can be found in the Resources Document within this RFP packet.)
12. Attach an organizational chart that includes the organizational placement or proposed placement of the Family Resource Center and specific staffing and lines of authority for this program.
13. Provide a sustainability plan for supporting the FRC after December 2026, the deadline for expending ARPA funds.

**Service Delivery Qualifications and Experiences**

**Please address the following:**

1. Describe the Service Provider’s experience providing services to children and families utilizing a family-centered approach that values and recognizes families as an integral and central part of the organization. Provide specific examples.
2. Describe the Service Provider’s experience using a strengthening family approach to support strong, healthy, and safe families.
3. Describe the Service Provider’s experience providing strengthening family services to children and families in a way that creates resiliency and values, respects and embraces family diversity, advances equity, and maintains community representation thereby promoting their success and optimal development of children and families. Provide specific examples.
4. Identify the Service Provider’s experience providing services to children and families in a way that promotes community strengthening through the development of a strong and healthy community by working collaboratively with various stakeholders and supporting families’ civic engagement, leadership development and ability to effect systems level change. Provide specific examples.
5. Identify the Service Provider’s experience with evaluating services provided to children and families to identify areas of program strength and areas of further development to guide continuous quality improvement and achieve positive results for families. Provide specific examples.
6. Describe the Service Provider’s experience with providing services to children and families while utilizing each of the five (5) Protective Factors identified by the Center for the Study of Social Policy’s Strengthening Families framework and approach. Provide specific examples of how the Service Provider’s organization has implemented each of the Protective Factors through already established services in the past OR provide a description of how the organization can implement the Protective Factors. The Protective Factors are:

Parental Resilience

Social Connections

Concrete Support in Times of Need

Knowledge of Parenting and Child Development

Social and Emotional Competence of Children

**Commitment to Community Representation and Inclusion**

**Please address the following:**

1. Describe the Service Provider’s experience providing culturally and linguistically relevant services to target populations to be served OR identify what steps will be taken to effectively provide culturally and linguistically competent services to the target population.
2. Describe the Service Provider’s understanding of why there are population groups who will significantly benefit from culturally tailored approaches, focused outreach, or other strategies for focusing efforts on partnerships with the specific populations.
3. Provide a description of how the culture and the language of the families to be served through the FRC will be present in the design and delivery of the services. Provide specific examples.
4. Describe how the Service Provider’s organization structures its staffing, board membership and contracted services to reflect cultural, linguistic, and socioeconomic background of the population the FRC services will focus on.

**Strategy for a Universal Service Access Plan**

(The Universal Service Access Plan will include tracking of referrals and time-based follow-up to each referral to help families learn how to access services and navigate systems on their own as the goal of the Systems Navigation Support portion of the strategy.)

**Please address the following:**

1. Describe the services the Service Provider will offer to meet the outcomes for the Systems Navigation Support Strategy described in Resources Document, OFRC Service Model, and how the Service Provider came to know these services are needed in the proposed service area and desired by the population served.
2. Describe which systems the Service Provider will focus on and why they were selected.
3. Describe how the Service Provider proposes to offer services (location, times, days of the week, etc.)
4. Provide a list of which, if any, of the proposed services are new to the organization and a brief description of the Service Provider’s plan for implementation.
5. Describe how the Service Provider will serve multiple generations, fathers and other male caregivers, mothers, individuals needing mental health assistance and individuals needing substance abuse treatment with the proposed service access and systems navigation strategy. (Refer to the Resources Document, OFRC Service Model.)
6. Describe how the Service Provider will develop and implement service access and navigation support services that fit a variety of families, including but not limited to kinship families, LGBTQ+ families and families with disabilities.

**Strategy for Family Management Support**

(All proposed strategies will include a plan to help families build and maintain positive and healthy relationships within the family unit and within the community. Provide specifics regarding how the Service Provider proposes to address the family management portion of the strategy.) Early and ongoing relational health is a vital element of raising thriving, resilient children. This element includes prevention of Adverse Childhood Experiences (ACEs) and promotion of Early Relational Health (ERH) and positive self-care experiences for children and their caregivers.

**Please address the following:**

1. Describe services the Service Provider will offer to meet the outcomes for the Family Management Support strategy described in Resource Document, OFRC Service Model, and how the Service Provider came to know that these services are needed and desired in the proposed service area.
2. Provide a narrative of proposed classes, workshops, and other programming the Service Provider may provide as well as a list of topics that may be addressed with families within the target population.
3. Describe how the Service Provider proposes to offer services for the Family Management Support strategy (location, times, days of the week, etc.)
4. Provide a list of which, if any, of the proposed services are new to the organization and a brief description of the Service Provider’s plan of implementation.
5. Describe how the Service Provider will serve multiple generations, fathers and other male caregivers, mothers, individuals needing mental health assistance and individuals needing substance abuse treatment with the proposed service access and systems navigation strategy. (Refer to the Resource Document, OFRC Service Model.)
6. Describe how the Service Provider will develop and implement Family Management Support services that fit a variety of families, including but not limited to kinship families, LGBTQ+ families and families with disabilities.

**Qualifications and Experience with Service Access and Systems Navigation/Family Management Strategies**

The Service Provider will provide organizational capacity and experience specific to the Service Access and Systems Navigation and the Family Management strategies.

**Please address the following:**

1. Provide a list of each staff position, qualifications and the job duties for each staff position needed to coordinate or implement services for the service access and systems navigation and the family management support strategies funded by this RFP.
2. Describe how the Service Provider recruits and retains staff in its service area.
3. Provide a timeline showing how the Service Provider will become fully staffed and offer services upon the work plan's implementation.
4. Describe specific examples of classes, workshops, and other services that demonstrates the Service Provider’s experience providing the type of support identified in the anticipated outcomes of the service access and systems navigation and the family management support strategies.

**Commitment to Collaboration and Partnership Work**

**Please address the following:**

1. Describe how the Service Provider will collaborate with community members and participating families. Within this description, provide a narrative description of how the Bidder will develop and sustain a Parent Advisory Committee in alignment with the NFSN’s Parent Advisory Committee framework described in Resource Document, Oklahoma Parent Advisory Committees, as well as any additional groups with whom the Service Provider plans for collaboration.
2. Provide specific examples of how the identified community members and participating families will influence the design, implementation, and ongoing improvement of services.
3. Describe how the Service Provider will collaborate with other organizations or programs.
4. Describe the Service Provider’s experience working with agencies and organizations in other sectors to advance a community’s goals, strengthen the community, and achieve community outcomes.
5. Describe current and planned strategies to identify meaningful support and collaboration with key stakeholders in the planning, designing, and implementing of all proposed activities within this RFP.
6. Provide an attachment of at least three (3) signed letters of intent from any community partners providing significant resources for services the Service Provider is requesting is requesting funding for through this RFP.

(For the purposes of this RFP, significant resources are defined as being crucial to the program without which the organization would not be able to provide services. Examples include but are not limited to meeting room space; trainers, teachers and agencies with subject matter expertise; concrete supports for families; in-kind donations; leveraged financial support, or transportation.)

**Qualifications and Experience with Evaluation Capacity**

**Please address the following:**

1. Describe the Service Provider’s capacity to provide and maintain computer equipment that collects and transfers data while maintaining confidentiality.
2. Provide a description of the Service Provider’s technical capacity to report data to PFF as required and/or requested and then use the data to develop community education based on data results.
3. Provide a description of the Service Provider’s data collection plan to include, but not limited to:
   1. Who will collect the data
   2. Who will enter the data into the database
   3. Who will analyze and submit data to PFF
   4. How the data will be used to modify strategies and improve services to families

**Additional Qualifications and Experience**

**Please address the following:**

1. Describe any additional qualifications, activities and/or achievements of the Service Provider relevant to this request for proposal. Please limit the response to 1,000 words.

(Some examples may include but are not limited to drop-in playgroups, indoor or outdoor play spaces, drop-in childcare, parenting groups, clothing and infant care items, on-site food pantry and resource library for parents.)

**Pricing/Proposed Budgets**

Please use the Know and Grow Budget form included in this bid packet. Awarded sub-recipients will be reimbursed for actual expenditures monthly in arrears in accordance with the submitted and approved line-item budget and budget narrative. For Year 1 the budget should be for 8 months (May 2024 to December 2026) as awards will not be made until early April 2024. Budgets for Year 2 and Year 3 should be for 12 months.

With the first year of establishing a FRC consisting of planning and training, it is advisable to enter a larger portion of the requested award in Year 2 which is a good time to consider one-time expenditures that will increase agency capacity and enhance services. As ARPA funds are one-time funds , there must be a solid plan for sustainability of the FRC and FRC services beyond December 2026, the deadline for spending ARPA funds.

The submitted budget will be for the grant term and provide summary costs for each category of expenditure. The submitted budget should include a narrative justification for each line-item category stating why the expenditure is necessary for the program.

Line-item budget categories may include:

* Personnel/Salaries
* Fringe Benefits
* Travel/Training
* Supplies
* Contractual
* Administrative Costs/IDC
* Other

Administrative Costs/IDC shall be based on the federal de minimum rate or an approved indirect cost rate. All costs charged shall be allowable under the applicable federal cost principles and allocable to the federal program.

Affirmations

**Please Attest to the Following:**

**Non-Collusion Certification**

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion of fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

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Type or print Name of individual authorized to Date

sign and submit this proposal.

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Signature of individual authorized to sign and Title

Submit this proposal.

**Conflict of Interest**

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of the Service Provider conflicts with the personal interests, financial or otherwise, of that of a staff member, or an immediate family member of a board member, or that the board member’s employer (

I attest that no conflict of interests exists between (Name of Organization) and Potts Family Foundation that would hinder the execution of this grant. I understand that it is my obligation to disclose a conflict of interests, or appearance of a conflict, to Potts Family Foundation when a conflict, or appearance of a conflict, arises,

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Type or print Name of individual authorized to Date

sign and submit this proposal.

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Signature of individual authorized to sign and Title

Submit this proposal.

I attest that the information in this document is true and accurate and that I am the authorized person at (name of organization) to sign and submit this Request for Proposal for the Know and Grow Oklahoma Family Resource Center.

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Type or print Name of individual authorized to Date

sign and submit this proposal.

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Signature of individual authorized to sign and Title

Submit this proposal.

**Please attach the following documents:**

* IRS Determination Letter and the EIN (Employer Identification Number): If the organization submitting this proposal is a nonprofit, include the IRS determination letter and the EIN. If the organization submitting this proposal is for-profit include the EIN.
* Oklahoma Secretary of State (SOS) Certificate as proof of good standing with the office of the Oklahoma Secretary of State.
* Worker’s Compensation Insurance Verification
* Proof of Liability Insurance
* Organization’s Nondiscrimination Policy
* Unique Entity Identifier (UEI) number. If a UEI number is needed, please register at <https://sam.gov/content/home> or check to be sure the UEI number is still active. This process may take several days so please plan accordingly. We are required to do checks for any UEI exclusions prior to distributing federal funds.