

MEMORANDUM OF UNDERSTANDING

To: All Interested Applicants

From: Andrew Sasseville, SVP Accountability and Community Services

Re: Services to Military and Veteran Families (SMVF): Evidence-Based Positive Parenting Program

Thank you for your interest in serving military families with children 0-18 years old in Bexar County. Please note the following:

Purpose of the Program:

The intent of the Positive Parenting Program funding is to assist you in expanding and/or creating new services to serve military families including active duty, veteran, retiree, reserve, guard and their dependents. ***It is not intended to supplement or supplant other program funds.***

Attaching Supporting Documentation:

Along with the narrative program application, interested applicants are asked to provide: (1) a copy of the IRS Tax Determination Letter; (2) an updated list of the agency's Board of Directors; (3) the Excel budget worksheet for proposed program for fiscal year 2021 (9/1/20-8/31/21); and (4) a budget narrative to provide detail for the proposed program budget spreadsheet.

Maximum Budget and Number of Families Served: Applicants meeting the program's qualifications are required to serve a minimum of 80 families from September 2020-August 2021. In addition, supplemental counseling services are required to serve a minimum of 80 individuals. The maximum budget for the fiscal year is \$120,000 with a match not required but strongly encouraged. Match requirements such as in-kind and cash match details are pending final DFPS requirements.

Additional Program Requirements: Applicants must attend Positive Parenting Program required training; monthly Supervisors' meetings; Professional Development trainings; any DFPS and SMVF required trainings; and be an active member of the ReadyKidSA Coalition, which meets quarterly. This is a cost-reimbursement grant. In addition to the monthly billing documentation, applicants must submit monthly program narrative reports provided by DFPS which includes monthly performance metrics (as per negotiated performance measure tables). Applicants must also submit all client information monthly for United Way to enter into the DFPS PEIRS database. United Way will perform program, fiscal and administrative monitoring for all SMVF programs at least annually. If applicant is determined to be the most effective provider, United Way will enter into a signed subcontract, which will stipulate these program requirements, including the negotiated performance metrics.

All Required Items Due No Later Than 4 p.m. on August 3, 2020: Important: Your materials must be submitted to: <https://agency.e-cimpact.com/login.aspx?org=46725F> on or before the above deadline for review by a committee of the United Way Impact Council members. Completion of the materials as well as the submission of supporting documentation will provide the committee with the necessary information needed for consideration of your application and funding request. ***Incomplete applications, including those that are missing one or more signatures, may be disqualified.*** Contact Andrew Sasseville at asasseville@unitedwaysatx.org, if you have questions and/or need clarification regarding the application process.

Please sign below, print and submit this memorandum of Understanding with your application:

Executive Director's Signature

Date

Services to Military and Veteran Families (SMVF)- Positive Parenting Program

The intent of this program is to provide direct services to military families through an evidence-based program aiming to prevent child abuse and neglect. Families with children 0-18 years old, living in Bexar County are eligible. It is preferred that a combination of in-home and group based Positive Parenting programming with supplemental counseling services be provided to meet the needs of a variety of families and schedules.

<https://www.triplep-parenting.com/us/triple-p/>

1. APPLICANT INFORMATION

Is your agency a (check one):

- PRIVATE VOLUNTARY
 ORGANIZATION GOVERNMENT AGENCY

Agency Legal Name:

Agency Address:

Agency's Federal Employer Identification Number (FEIN):

***Applicant must be a 501(c)(3) tax exempt not-for-profit organization. Include a copy of your IRS Tax Determination Letter with this application as proof of 501(c)(3) status ***

Is your agency debarred or suspended from receiving funds or doing business with the federal government?
 YES NO

Have you included a copy of your agency's most recent annual audit?
 YES NO

2. PRIMARY POINT OF CONTACT:

Agency/Organization Name			
Program Address		City	State/ZIP
Exec. Director/President/CEO		Phone	Email

3. ALTERNATE POINT OF CONTACT

List if there is another agency representative designated by the Executive Director who can serve as the Alternate Point of Contact for questions regarding your agency's application and, if funded, program related issues in the Executive Director's absence. Include the representative's position and contact information in the space below. Otherwise, state 'n/a' to indicate no alternate point of contact:

Title and Name of Alternative Contact:

Phone Number:

Email Address:

4. PROGRAM INFORMATION:

1. Describe your agency vision/mission and discuss how it aligns with this proposed program.
2. Describe your agency's history in serving the military population and provide any data to support success in serving military families.
3. Describe the target population to be served with SMVF dollars (e.g., specific geographies within Bexar County). What data supports this target population as being in need?
4. Is this a new, ongoing or expanded service?
5. Where will the service be delivered? When will the service be delivered?
6. Which, if any, evidence-based home visiting models currently exist at your agency?
7. To what extent are the models referenced in question #6 meeting or not meeting the needs of the Bexar County community? What data supports your position?
8. How will implementing the Positive Parenting Program model with supplemental counseling services meet the needs of the community? Please provide any data to support the need for this program.
9. Is there a written or formal relationship with other agencies that serve the same population? If so, name them *and* describe your collaboration.
10. Describe the buy-in/support from the key agency leadership for this project. What role would leadership have in ensuring the success of this project?
11. Describe how you will support this program if you do not receive full funding or are denied funding.
12. Is there any additional information that the volunteers reviewing the applications should consider?

5. FUNDING REQUEST. Please refer to enclosed material for the budget spreadsheet and submit a budget narrative to provide detail explaining the proposed budget.

Note: SMVF funding is intended to expand or create new services and not supplant, substitute or reimburse ongoing programs and services.

<u>Amount of funding requested:</u>

6. APPLICATION CHECKLIST

Please review & note in the checklist below that you have completed each section of the application, included the requested documentation, and have attached the completed Board Membership Application before submission.

- Signed Memorandum of Understanding (first page of this application packet)**
- 12 Narrative Questions Answered**
- Copy of IRS Tax Determination Letter**
- List of the Board of Directors**
- Completed Budget Spreadsheet**
- Completed Budget Narrative**

7. REQUIRED SIGNATURES

Note: Incomplete applications, including those missing one or more signatures, may be disqualified

Executive Director's Name (Printed)	Signature	Date
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Board President's Name (Printed)	Signature	Date
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**SUBMIT THIS APPLICATION ELECTRONICALLY
TO: <https://agency.e-cimpact.com/login.aspx?org=46725F> ALONG
WITH THE REQUIRED SUPPORTING DOCUMENTS,
BY 4 PM ON AUGUST 3, 2020**

For assistance or further information, please contact Andrew Sasseville at asasseville@unitedwaysatx.org

