

Maryland Family Network, Inc.
Request for Proposals to Operate a Family Support Center in
Queen Anne's County

Target areas: Queen Anne's County

Issue Date: October 1, 2024

Funding Partners: Maryland State Department of Education, U.S. Department of Health, and Human Services

Section 1: Summary of Opportunity

Maryland Family Network (MFN), the state-wide intermediary overseeing the network of Family Support Centers (FSCs), on behalf of its public and private funders, solicits proposals from organizations to operate a Family Support Center in Queen Anne's County, MD. Funding for this Family Support Center originates from State General Funds from the Maryland State Department of Education.

The Family Center of Queen Anne's County has been operating as a Family Support Center in Sudlersville, MD, for over 15 years. The current sponsoring agency has ended that relationship, and MFN is seeking a sponsoring agency to continue the Center's operations. The Center is currently located at 103 North Linden Avenue in Sudlersville. The facility is privately owned, and the owner is agreeable to entering into a new lease with the selected sponsoring agency.

MFN will fund one agency to operate the center in Queen Anne's County, serving eligible families with children birth until 5 years (4 years, 11 months) and/or expectant parents with an interest and need to participate in the services offered at a Family Support Center. Child age eligibility was expanded in 2023 to include children up to the age of five as a stopgap for children enrolled in the program who were unable to access Pre-K or Head Start Services. It is not the intention of a Family Support Center to offer a 4-year-old classroom or to compete with Pre-K or Head Start Services.

Agencies interested in applying to operate a Family Support Center under this RFP must have fiscal infrastructure and readiness, an identified site for operations and be prepared to meet fiscal reporting requirements as well as being ready to offer center-based services within a short period of time.

Funding under this RFP will consist of a \$330,000 annual award, funded as pass-through state funds from the Maryland State Department of Education. Additional funds from the Federal Child Based Child Abuse Prevention (CBCAP) grant may be allocated dependent on availability. For this application, lead agencies should plan a budget based on a \$330,000 award. Funding can be used for general operating expenses, personnel, recruitment, and purchasing. However, it cannot be used for construction expenses or for the purchase of vehicles.

The following are prerequisite requirements for an organization (or their identified fiscal sponsor) to meet when applying to operate a family support center:

- Be in a strong financial position for fiscal sustainability based on analysis of the organization's financial statements.
- Be able to provide, with the grant application, copies of the last two certified annual entity-wide financial audits, including related management letters and the most recent interim financial statement. Include a single award audit for each year if applicable.
- Agree to meet the contractual obligations related to collaboration with MFN regarding program management, training, technical assistance, monitoring, peer review, and evaluation.
- Have prior program experience that indicates the ability and capacity to operate a family support center and to fulfill fiscal and programmatic reporting requirements; and
- Have incorporated input from and secured the support of key community stakeholders, such as county government, community-based organizations and groups, and potential program participants who reside in the community to be served.
- Have or secure workers' compensation and liability insurance and enforce policies that limit liability exposure.
- Have identified adequate space for the provision of all proposed in-person family support center services, using the MFN square footage recommendation as a guide and describing how all required services will be provided in the proposed space.

Applicants will be selected through a competitive process coordinated by MFN utilizing this Request for Proposals (RFP) and a review panel comprised of experts in fields related to community-based family support services. The ranking tool to be used by the review panel is listed in Appendix 1.

Section 2: Family Support Center Description

FSCs are community-based programs designed for expectant parents and parents and caregivers with children from ages birth to age 5 (four years, eleven months). FSCs create a warm, welcoming family centered environment which provides or links families to services. The centers build on the Strengthening Families Protective Factors by promoting nurturing and competent parenting, the physical and mental health of parents/caregivers and children, family economic success, and full growth and development of children.

The centers strive to help:

- Parents/Caregivers meet or exceed their goals related to family life.
- Parents/Caregivers meet or exceed their goals related to family economic success. And
- Young children develop fully physically, socially, emotionally, and cognitively, preparing them to enter school ready to learn.

FSCs work collaboratively within their communities to support families in thriving. For instance, some existing FSCs partner with DSS offices in the provision of education and employment services for parents. Some centers work closely with area high schools, functioning as an alternative education or external diploma site. Centers may be part of Judith P. Hoyer Partnerships. Programs may connect with Early Head Start, Head Start, or other early childhood settings. Centers may connect with their local community college for adult education, English language classes, and workforce development services. Centers are expected to link participants to local and available high quality Pre-K environments when available.

Proposals must reflect an understanding of the core tenets of Family Support and describe how programs continually identify and acknowledge family strengths and establish a formal process of building upon them.

Proposals must include assurances that participants can access various community resources through the centers, even though some may be incongruent with the personal beliefs of either the sponsoring agency or any member of its staff. This includes providing or referring for medical and reproductive health care and other services and assuring that funds will not be used to teach or promote a particular philosophy or belief.

| Core Cluster Area | Required Service | Optional Services |
|--|--|--|
| <ul style="list-style-type: none"> Community Connections | | <ul style="list-style-type: none"> Information & Referral (fielding calls from the larger community and providing resource information.) Basic Needs Support (ex. Food assistance, diaper distribution, direct financial aid) Community Based workshops/classes Community Events (for the purpose of recruitment) Field Trips |
| <ul style="list-style-type: none"> Parent/Caregiver Capacity Building | <ul style="list-style-type: none"> Evidenced Based Parent Education | <ul style="list-style-type: none"> Employment Readiness/ Workforce Development Health Education Adult Education (GED/ABE/ESOL) Teen Parent Program (Alternative High School program) Parent Leadership Development |
| <ul style="list-style-type: none"> Coordinated Family Support | <ul style="list-style-type: none"> Case Management/Resource Coordination Adult Mental Health Support Services | <ul style="list-style-type: none"> Home Visiting |
| <ul style="list-style-type: none"> Early Childhood Development | <ul style="list-style-type: none"> Infant Toddler Program Parent And Child Time (PACT) Children’s Mental Health Support Services | <ul style="list-style-type: none"> Playgroups Family Literacy Activities |

Services may be provided at the center, in the home, or virtually; others may be arranged on a contractual or referral basis with other community agencies. Some operating centers have co-located with other health and social service agencies to ensure efficient service provision.

Section 4: Key Dates and Timeline:

| | |
|---|-------------------------|
| Issuance of RFP | 10/01/2024 |
| Pre-Proposal Meeting | 10/24/2024 |
| Proposals Due to MFN | 12/01/2024 |
| Programmatic & Fiscal Review | 12/13/2024 |
| Proposal Awarded | 01/24/2025 |
| Transition / Planning (to include contract development & execution) | 02/01/2025 – 06/30/2025 |
| Grant Begins | 07/01/2025 |

Section 5: Required Proposal Elements and Pre-proposal Information.

5A: Pre-proposal submission of a Letter of Intent

There is no requirement for a Letter of Intent. A Pre-Proposal Meeting will be held on Thursday, October 24, 2024, at 11:30 am. Please email dyorks@marylandfamilynetwork.org for a link to the meeting that will be provided on October 23, 2024.

5B: Title Page and Transmittal Letter

Exhibit A is the Title Page that must be included with the submission.

Submissions must be received by 5 pm EST on 12/01/2024. Email proposal and supporting documents to FSC_RFP_application@marylandfamilynetwork.org.

A brief transmittal letter must be prepared on the applicant’s business stationery and be signed by an individual authorized to bind the organization to all statements, including services and prices contained in the proposal. Please include the name and contact information for both the project manager and fiscal contact. The letter should clearly state the address of the proposed FSC site and the neighborhood in which the center will be located, the amount of funding requested, and the numbers to be served broken down into the following:

- Parents/Caregivers of children birth through 59 months of age.
- Children from birth through 59 months of age; and
- Expectant parents

5C. Technical Sections – unless specifically mentioned, there are no page recommendations.

Executive Summary (1 page)

This section should be a clear and concise one-page summary of other sections of the proposal. It should include:

- A description of the applicant;
- A definition of the community assets that need to be addressed;
- A statement of what the applicant hopes to accomplish;

- An outline of the activities and services to be provided;
- The projected total number of families to be served; and
- The total project cost

Project Narrative (recommended length for this section is 10 to 12 pages)

This section should include the following:

- Background/assets/needs statement;
- Proposed approach;
- Experience of the applicant, and staffing; and
- Collaborative partnerships may be described in this section; however, collaborative agreements demonstrating partnerships should be submitted as part of the appendices with attached memoranda of understanding and or letters of support.

Community Assessment and Needs

This section should:

- Describe the targeted neighborhood or community to be served by the center, identifying the geographic, physical, economic, social, institutional, and other characteristics of the center's target areas relevant to the need for family support services;
- Describe current community strengths and services for families with young children as well as challenges and or barriers that exist in the targeted community.
- Provide a general description of the target population that clearly demonstrates an understanding of people's strengths, needs, and potential barriers to success; and
- Provides statistics, trends, and outcomes for the target population with complete reference to all data cited. One free resource for data is the Casey Family Programs community opportunity map.

Proposed Approach

This section should:

- Describe how the proposal was developed;
- Include a description of any input solicited from prospective participating families and other community partners;
- Explain how the proposed services will address the identified need;
- Describe the core cluster services you propose to offer and how they will be provided;
- Identify subcontractors and other collaborators and describe the services they will provide;
- Detail the personnel expected to be hired;
- Address the ways that family outreach and recruitment will be accomplished;
- Describe what kinds and how many participants will access which services and how often
- Provide plans for how participants will access the center, such as in-person by walking, public transportation or ride share services, and virtually. Purchasing of a vehicle is not permitted

within this grant funding however renting/leasing vehicles may be permitted. Any projected transportation expenses must be itemized in the budget; and

- Provide assurances that participants will be able to access community resources whether or not they are congruent with the personal beliefs of either the sponsoring agency or any member of its staff; that the center will provide or refer participants for health care, family planning upon request, and other services, and that funds will not be used to teach or promote a particular philosophy or belief.

Experience of Applicant

Describe the applicant's:

- Prior program and new program development experience;
- Areas of expertise;
- Awards it has received;
- Personnel policies that reflect compatibility with family support principles;
- fiscal management capacity;
- Relationship to the community; and
- Provide evidence that the applicant can provide culturally relevant services and is otherwise capable of providing high-quality, highly desired services.

Personnel

Indicate the proposed positions (with associated number of hours) and type of personnel (qualifications and job functions) to be used in the development and operation of the center. Upon request, MFN will provide sample job descriptions for positions recommended as essential. Also, indicate whether any portion of a position will be in-kind from a collaborating agency, including the applicant's agency. Any proposed use of subcontractors or independent consultants should be detailed in this section.

Space Plan

Indicate the intention of using the current space available or, if providing new space, provide details of the site and space, including square footage. The recommended minimum size of a FSC is 3,000+ square feet, including dedicated child development space, staff workspaces, private meeting space, a kitchen/food preparation space, and multipurpose spaces to meet a variety of program needs such as classes, support groups, and meetings. In addition to the above, access to outdoor play space or a playground adjacent to the center or in close proximity is required;

Commitment to Diversity, Equity, Inclusion and Antiracism

MFN seeks to advance diversity, equity, and inclusion and be an antiracist organization. It is essential for systems and services to be respectful, equitable, inclusive, and welcoming of individuals, families, and groups and strive to include diverse points of view in decision-making and service provision. Applicants should describe their commitment to advancing diversity, equity, and inclusion and being an antiracist organization through its systems, practices, and services.

Section 6. Required Financial Information

Exhibit B

Use this template to:

- Indicate costs for projected total operational costs of the center;
- Include any additional sources of income and in-kind commitment supporting the center's operations, especially those for space and other facility costs, initial renovations, transportation, staffing, and delivery of services through collaborative agreements;
- Identify specific sources, amounts or value, term of financial commitments, and allowable uses of matching funds available;
- Include supporting narrative related to the proposed approach and personnel as detailed in the technical section of the proposal; and
- Specify contractual agreements required by the applicant, if any.
- NOTE: Overhead or indirect cost rate may not exceed 10% of the budget.

Exhibit A

FAMILY SUPPORT CENTER GRANT PROPOSAL

| |
|--|
| Offered By: |
| (Legal Name of Applicant Agency for Contract (if awarded)) |
| Address of Applicant: |
| Federal I.D. Number: |
| Primary Phone: |
| Fax: |
| Email: |
| Proposed Name of FSC: |
| Address of Proposed Center: |
| Square Footage of Proposed Center (overall): |
| Square footage of Proposed Child Development Space: |
| Total Operations Funding Requested: |
| Application prepared by: |
| (Name) (Title) (Phone #) |
| Authorized Signatory of Contract: |
| (Name) (Title) |
| Date: |

| Appendix 1 Review Panel Ranking Tool (For MFN use and provided for Informational Purposes Only) | Points |
|--|---------------|
| Title Page and Transmittal Letter: Q1. Reviewer's Name: Q2. Organization/Agency Name on Application: | N/A |
| Executive Summary: Q3. Completed in Full Q4. Includes description of applicant Q5. Includes description of community assets and needs Q6. The applicant describes: <ul style="list-style-type: none"> ○ Services to be provided ○ Total project costs ○ Overall goals of what the agency would like to accomplish | 20 |
| Proposal Narrative: Q7. The applicant identifies the background/assets and needs of the proposed community. Q8. There is evidence that service delivery is aligned with community needs (i.e., location, hours). Q9. The applicant clearly describes their proposed approach to service delivery. Q10. The applicant provides a description of collaboration between partners (e.g., description in proposal narrative, MOUs, collaborative agreements). Q11. Applicant used statistics, trends and outcomes related to the target population. | 15 |
| Proposal Narrative: Community Assessment and Needs: Q12. Identifies the geographic, physical, economic, social, and other characteristics of the Center's target community. Q13. Describes community strengths and services. Q14. The applicant describes and understands the community's challenges and barriers. Q15. The applicant describes targeting population(s) to address disproportionality. | 15 |
| Proposed Approach: Q16. Application describes description of input solicited. Q17. Application describes how services proposed will address identified needs. Q18. Applicant describes appropriate space planning and access to the Center. Q19. Applicant describes equitable access to community resources. | 20 |
| Experience of Applicant: Q20. Applicant has described prior experience working with families and children and/or experience with new program development. Q21. Applicant has demonstrated ability to provide culturally relevant services to families and children. | 10 |
| Staffing: Q22. Project is appropriately staffed. Q23. The organizational chart reflects the project staff and/or contractors described in the proposal. | 5 |
| Budget Q24. Budget, personnel, and equipment are aligned with the project. Q25. Budget narrative includes a description of funding related to the operation of a Family Support Center. Q26. Financial controls are in place. Q27. Project costs are related directly to project/program activities. | 15 |
| Total Possible Score | 100 |
| Q25. Do you recommend funding this project? YES/NO With or without conditions? | N/A |
| Q26. Summarize issues of concern requiring further follow up. Clarification or further information: | N/A |

**MARYLAND STATE DEPARTMENT OF EDUCATION
GRANT BUDGET C-1-25**

Step 1
Step 2
Step 3
Step 4
Step 5

| | | | | | |
|-----------------------|--|-----------------------|------|--------------|--|
| ORIGINAL GRANT BUDGET | | AMENDED BUDGET # | | REQUEST DATE | |
| GRANT NAME | | GRANT RECIPIENT NAME | | | |
| MSDE GRANT # | | RECIPIENT GRANT # | | | |
| REVENUE SOURCE | | RECIPIENT AGENCY NAME | | | |
| FUND SOURCE CODE | | GRANT PERIOD | FROM | TO | |

Step 6
Step 7
Step 8
Step 9
Step 10

| CATEGORY/PROGRAM | BUDGET OBJECT | | | | | | BUDGET BY CAT./PROG. |
|---|-----------------------|------------------------|---------------------------|--------------------|----------------|----------------|----------------------|
| | 01 - SALARIES & WAGES | 02 - CONTRACT SERVICES | 03 - SUPPLIES & MATERIALS | 04 - OTHER CHARGES | 05 - EQUIPMENT | 08 - TRANSFERS | |
| 201 Administration | | | | | | | |
| Prog. 21 General Support | | | | | | | 0.00 |
| Prog. 22 Business Support | | | | | | | 0.00 |
| Prog. 23 Centralized Support | | | | | | | 0.00 |
| 202 Mid-Level Administration | | | | | | | |
| Prog. 15 Office of the Principal | | | | | | | 0.00 |
| Prog. 16 Inst. Admin. & Supv. | | | | | | | 0.00 |
| 203-205 Instruction Categories | | | | | | | |
| Prog. 01 Regular Prog. | | | | | | | 0.00 |
| Prog. 02 Special Prog. | | | | | | | 0.00 |
| Prog. 03 Career & Tech Prog. | | | | | | | 0.00 |
| Prog. 04 Gifted & Talented Prog. | | | | | | | 0.00 |
| Prog. 07 Non Public Programs | | | | | | | 0.00 |
| Prog. 08 School Library Media | | | | | | | 0.00 |
| Prog. 09 Instructional Staff Dev. | | | | | | | 0.00 |
| Prog. 10 Guidance Services | | | | | | | 0.00 |
| Prog. 11 Psychological Services | | | | | | | 0.00 |
| Prog. 12 Adult Education | | | | | | | 0.00 |
| 206 Special Education | | | | | | | |
| Prog. 04 Public Sch Instr. Prog. | | | | | | | 0.00 |
| Prog. 06 Educ. Prog. In State Institution | | | | | | | 0.00 |
| Prog. 07 Non Public Programs | | | | | | | 0.00 |
| Prog. 09 Instructional Staff Dev. | | | | | | | 0.00 |
| Prog. 15 Office of the Principal | | | | | | | 0.00 |
| Prog. 16 Inst. Admin & Superv. | | | | | | | 0.00 |
| 207 Student Personnel Serv. | | | | | | | 0.00 |
| 208 Student Health Services | | | | | | | 0.00 |
| 209 Student Transportation | | | | | | | 0.00 |
| 210 Operation of Plant | | | | | | | |
| Prog. 30 Warehousing & Distr. | | | | | | | 0.00 |
| Prog. 31 Operating Services | | | | | | | 0.00 |
| 211 Maintenance of Plant | | | | | | | |
| 212 Fixed Charges | | | | | | | 0.00 |
| 213 Food Services | | | | | | | 0.00 |
| 214 Community Services | | | | | | | 0.00 |
| 215 Capital Outlay | | | | | | | |
| Prog. 34 Land & Improvements | | | | | | | 0.00 |
| Prog. 35 Buildings & Additions | | | | | | | 0.00 |
| Prog. 36 Remodeling | | | | | | | 0.00 |
| Total Expenditures By Object | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Step 11

Step 12

| | | | | | |
|----------------|-----------------------------|------|-----------|------|-------------|
| Step 13 | Finance Official Approval | | | | |
| | | Name | Signature | Date | Telephone # |
| Step 14 | Supt./Agency Head Approval | | | | |
| | | Name | Signature | Date | Telephone # |
| Step 15 | MSDE Grant Manager Approval | | | | |
| | | Name | Signature | Date | Telephone # |

Complete C-1-25 Worksheet

- Step 1 Enter the Original Grant Budget Amount
- Step 2 Enter the Grant Name
- Step 3 Enter the MSDE Grant Number
- Step 4 Enter the Revenue Source
- Step 5 Enter the Fund Source
- Step 6 Enter the Amended Budget Number and the Request Date
- Step 7 Enter the Grant Recipient Name
- Step 8 Enter the Grant Recipient Number
- Step 9 Enter the Recipient Agency Name
- Step 10 Enter the Grant Period
- Step 11 Use line 214 "Community Services" to enter the new proposed budget amounts from the C-1-25 A worksheet in the appropriate columns.
- Step 12 The total that populates Column **Budget by Cat. /Prog.** should match the budget total (using the Excel spreadsheet)
- Step 13 Grantee Project Manager Approval Affix Sponsoring Agency Finance approval.
- Step 14 Finance Official
- Step 15 MSDE Grant Manager

**Maryland Family Network
Family Support Center/EHS Budget Sheet
Salary Budget Detail Worksheet**

Step 1
Step 2
Step 3

| | |
|-------------------------|--|
| Center Name: | |
| Grant/Program | |
| Contract Period: | |

| Position/Title | Incumbent (Last Name and First Initial) | Equivalent Full-Time Annual Wage | % of Full- Time | #of Months Employed | Total Salary to Be Paid | Salary Budgeted for This Program |
|----------------|---|--|--------------------|------------------------|----------------------------|---|
| A | B | C | D | E | F | G |
| Step 4 | Step 5 | Step 6 | Step 7 | Step 8 | \$0 | Step 9 |
| | | | | | \$0 | |
| | | | | | \$0 | |
| | | | | | \$0 | |
| Total | | | | | \$0 | |

Salary Detail Worksheet

Complete Salary Detail Worksheet

Step 1 Enter Center Name

Step 2 Enter Grant/Program (i.e., Family Support Center or Planning Grant)

Step 3 Enter the Contract Period (i.e., July 1 – June 30, 2023 or contract dates)

Step 4 Enter the Position Title for each position that is a part of this program budget request in Column A

Step 5 Enter the name of the person (incumbent) currently filling the job. If it is vacant, please enter "TO BE NAMED" in Column B

Step 6 Enter the annual full-time-equivalent wages (FTE) for each person in Column C. Example: If someone works half-time and is paid \$10,000 per year, the FTE salary is 2 times \$10,000, or \$20,000. If the secretary is paid at an FTE rate of \$16,000, but only works 75% of the time, the secretary will be paid \$12,000 for the year.

Step 7 Enter the percent of full-time employment for each position in Column D

Step 8 Enter the number of months that this position is expected to be filled during the budget period in Column E

Step 9 Total Salaries in Column F total automatically. Please be sure to verify that the totals match your records.

Step 10 Enter the Amount of each Person's salary budgeted for this program in Column G. Total of the Column will populate automatically.