**NOTE: TIME SENSITIVE**

Please allow time within your application process for your department’s approval procedures including board review and approval if necessary. Please consult your supervisor for guidance.

**A. SPECIFICATIONS**

* Use **Times New Roman, 12 point font**.
* **Refrain from using staples** in proposal packets. Paper/binder clips are acceptable.
* Submit a **signed original** with **12 copies**, and send an **electronic copy via email**

by 12:00 p.m., February 1, 2019 to Brenda’s attention:

*Mailing Address: Delivery Address:*

Alliance for Children Alliance for Children

PO Box 988 2661 W. Roosevelt Blvd., Suite A

Monroe, NC 28111 Monroe, NC 28111

*Email Address*: BGrigston@theallianceforchildren.org

**B. REQUIRED DOCUMENTS** (Submission Checklist included in bid packet)

|  |  |
| --- | --- |
| **1.** | **Applicant Information** |
| **2.** | **Program Description** |
| **3.** | **Logic Model** |
| **4.** | **Evaluation Plan** |
| **5.** | **Budget Narrative** |
| **6.** | **Personnel Listing with Job Descriptions** |
| **7.** | **Planning Budget** |
| **8.** | **Supporting Documents** |

**C. INSTRUCTIONS FOR BUDGET DOCUMENTS**

**5**. **Budget Narrative** *(Excel spreadsheet, first workbook tab)*

* Determine the total Smart Start funding required to provide this activity as described in the Logic Model for the entire year.
* Allow the formulas built into the spreadsheet to calculate the appropriate totals.
* Provide clear, detailed explanations for the planned expenditures for **each** budget line where you are requesting funds.
* Verify that the information provided in the Budget Narrative and the Planning Budget is consistent with the Program Elements included in the Logic Model.

**6.** **Personnel Listing** *(Excel spreadsheet, second workbook tab)*

* List all personnel associated with the program where Smart Start funds will be used for all or part of their salary. *Attach job descriptions for each position*.
* Provide the proposed personnel cost (salary, benefits, etc.) for each individual to be supported by Smart Start funds.

**7.** **Planning Budget**

* Using the figures submitted on the Budget Narrative in the ‘Smart Start Funds’ column, complete the remaining two columns (‘In-Kind Funds’ and ‘Cash Amount Funds’) on the spreadsheet, keeping in mind the legislatively-mandated 19% cash and in-kind contribution requirement for Smart Start state-wide.
* Allow the formulas that are built into the spreadsheet to calculate the appropriate totals.
* Expenditures must be in accordance with Smart Start Cost Principles and as described in the Chart of Accounts provided by the North Carolina Partnership for Children. *(Copies of the Cost Principles and/or the Expanded Chart of Accounts are available upon request.)*

**8.** **Supporting Documents**

* Only one copy of the supporting documents is required and should be included with the original, signed copy of your proposal documents.
* Based on your organizational structure, various documents are required. Non-profit entities submit items “a” through “h”; state, county or other public agencies submit items “c” through “h”; and private, for-profit, corporate entities submit items “b” through “h” (see the Submission Checklist included in the bid packet).

*a. Verification that the entity has received official notification of tax-exempt status (i.e., IRS determination letter);*

*b. Verification that the entity has received official corporate status (i.e., Secretary of State Certificate of Incorporation);*

*c. Verification of the entity’s federal tax identification or social security number and legal name (i.e., IRS Form W-9);*

*d. Name and title of the person authorized to sign the contract, including formal authorization for this individual to enter into contract binding the entity (i.e., bylaws, board minutes, etc.);*

*e. Name and title of the person authorized to sign financial status reports, if different from individual in item “d” above, including formal authorization;*

*f. Name, working title, mailing address (including street address, city, state and zip code), telephone number and fax number of the contract administrator;*

*g. Name and address of the person and the location where the payments should be mailed, if different from above;*

*h. Proof of insurance showing current insurance coverage as follows:*

*1) Fidelity Bond policy in an amount of at least 50% of the total grant funds provided by Alliance for Children, providing certificate holder status and proof of coverage and naming Alliance for Children as an additional insured or joint loss payee;*

*2) Workers’ Compensation;*

*3) Commercial General Liability;*

*4) Automobile Liability;*

*5) Other Insurance as applicable: (e.g., Professional Liability, Special Events).*

*Please note that Alliance for Children reserves the right to re-issue a Request for Applications should the Board of Directors deem the applicant pool insufficient. Funding is contingent upon approval by the North Carolina Partnership for Children and the Alliance for Children Board of Directors, as well as the continued availability of Smart Start funding from the North Carolina General Assembly.*