##

Rhode Island Pre-K

Family Liaison Recruiter

 Grant Application

**RI Pre-K is seeking partners to recruit and assist eligible families with enrolling in the RI Pre-K lottery for the 2024-2025 school year.**

Rhode Island received a $4M Preschool Development Planning Grant; a portion of which is set aside to fund “Rhode Island Pre-K Family Liaisons.” The RI Pre-K Family Liaison will support Rhode Island families as they learn about and apply for the upcoming RI Pre-K lottery. Family Liaisons will support families with the transition to RI Pre-K by recruiting families and educating them on the benefits of RI Pre-K, helping families access the appropriate information, identifying whether RI Pre-K may be right for their child(ren); and supporting families in successfully completing the RI Pre-K on-line lottery or paper application. Winners of this grant award will receive up to $10,000 to be expended no later than October 1, 2024, and will be used to implement recruitment plans, created by their organization, identifying children in the community eligible for RI Pre-K.

Grantees will need a unique entity ID and be registered as state vendor. Note, if the applicant does not have a unique entity ID, they can apply for one at sam.gov. Recipients of funds will need to be registered suppliers with the state of RI. The vendor registration link is: <https://ridop.ri.gov/ocean-state-procures-osp/osp-vendor-registration>

Scope of Work

Vendors will be responsible for supporting families, with children eligible for RI Pre-K, to learn about and apply for the RI Pre-K lottery in Spring 2024.

**Identify community or population to be served:**

* Vendors seeking to apply for this opportunity will identify the community, or communities, that will serve as the focus of outreach and engagement for that organization. Vendors should identify a specific geographic area, racial or ethnic group, or other priority community, such as children in foster care, children in special education, children that are multi-lingual learners, or other groups. Priority will be given to projects that focus on children and families that are priority populations in the Early Childhood Care and Education Strategic Plan and that demonstrate a focus on advancing equity.

**Conduct outreach and engagement to increase awareness of the RI Pre-K lottery:**

* Assess family needs (e.g., conduct surveys, interviews, etc.) to develop and implement a recruitment plan that removes barriers to a child’s entrance into the RI Pre-K lottery.
* Conduct outreach and engagement with families with children eligible for RI Pre-K to ensure families know about the lottery opportunity.
* Implement a variety of programs to involve parents and the community for the purpose of establishing familiarity with the RI Pre-K program and application process.
* Respond to inquiries from a variety of internal and external sources (e.g., parents, community agencies, etc.) for the purpose of providing information and/or direction as may be required.

**Provide direct support to eligible families in applying for RI Pre-K:**

* Visit families in their homes or other spaces where parents gather to enroll students in the RI Pre-K lottery, interview parents, inform parents of school choices, and provide child development information.
* Establish innovative, accessible opportunities for families to get direct one-to-one support in signing up for the RI Pre-K lottery.

**Evaluate impact of the recruitment and outreach activities:**

* Report on the number of outreach activities conducted and the impact of the outreach activities.
* Report on the number of unique families supported in applying for the RI Pre-K lottery.

**Other activities:**

* Work directly with external agencies such as RIDE (RHODE ISLAND DEPARTMENT OF EDUCATION), DHS (Department of Human Services) (Department of Human Services) (Department of Human Services), and RIDOH (Rhode Island Department of Health) for the purpose of ensuring as many eligible families are reached as possible.
* Participate in meetings as needed with other vendors engaged in this effort to support partnership and sharing of best practices.
* Participate in meetings as required by RIDE, such as conversations about the design of the RI Pre-K lottery system.

Important Dates:

**March 29 2024:** Application Released

**April 15, 2024:** Applications are due by 5:00 pm and should be submitted electronically to RIPre-K@ride.ri.gov.

* Proposals must have all appropriate signatures and required components to be considered complete.

**Project timeline:** Immediately upon receipt of the GAN through October 1, 2024.

1 Grant Applicant Information

|  |  |
| --- | --- |
| **Program Name:** | Click or tap here to enter text. |
| **Primary Contact** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Mailing Address:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. | **Fax:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Unique Entity ID:** | Click or tap here to enter text. |

2 Work Plan

Briefly describe how your organization will support recruitment efforts to find families that may not be involved in other state programs. (Max 300 words)

Click or tap here to enter text.

3 Demonstrated Capacity

Explain, using concrete examples, how the work will be supported, and by whom, during the funded period. Specifically, who will be involved, their capacity and leadership and how they were selected by the organization. Identify the key project staff for the grant including project lead, project manager, team staff, and support staff. Indicate the FTE for each that will be allocated to this project. (Max 300 words).

Click or tap here to enter text.

4 Leadership and Stakeholder Commitment

We, the below signed, agree to participate in the RI Pre-K Family Liaison Project. We acknowledge the time commitment through the life of the grant and are committed to the successful completion of this work within the time allotted. We will work with RIDE to monitor progress towards project goals.

**Required Signatures:**

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Organization Leadership Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Lead Name Title Date

### 5 Budget and Budget Narrative

**Budget Narrative: For each cost category within the proposed budget, explain how grant funds will be used; include a rationale for how they are reasonable and sufficient to achieve the grant outcomes.** Please include a cost basis for each category that resembles a mathematical equation when possible.

Click or tap here to enter text.

The Organization estimates that its budget for work to be performed under this Agreement is as follows:

|  |
| --- |
| **Expense Category** |
|  | **TOTAL** | **FY24***4/1/24-6/30/24* | **FY25***7/1/24 – 10/1/24* |
| 1. Salaries | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Fringe Benefits (52000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Professional and Technical Services (53000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Property Services (Facility Rental/Maintenance) (54000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. Other Purchased Services (55000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Supplies and Materials (56000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Property and Equipment (57000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Indirect Costs (60000) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |
| **Subtotal** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *Indirect Cost \** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Transfer of funds between categories requires prior written approval by RIDE. In no event shall the total amount of reimbursement claimed by the vendor under this agreement exceed the total approved contract amount.

*\* Attach a copy of the approved indirect cost documentation*

*\*\*All funds must be expended by October 1, 2024, and invoiced by October 20, 2024*

*BUDGET DETAIL SHEET*

*Fiscal Year 2024*

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME**  |  **POSITION**  |  **FTE**  | **EMPLOYEE COMPENSATION (51000)**  | **EMPLOYEE BENEFITS (52000)**  |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
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|   |   |   |   |   |
| **TOTAL**    | Click or tap here to enter text.  |  Click or tap here to enter text. |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
|  Click or tap here to enter text. | Click or tap here to enter text.  |  Click or tap here to enter text. |
|  Click or tap here to enter text. | Click or tap here to enter text.  |  Click or tap here to enter text. |
| **TOTAL**   |   | **$** Click or tap here to enter text. |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY**  | **DESCRIPTION**  | **TOTAL**  |
| Building Rent/Lease/Mortgage  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Building Maintenance  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Telephone/Internet Services  |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   |  Click or tap here to enter text. |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
| Travel   |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Property Insurance  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

**SUPPLIES AND MATERIALS (56000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
| Educational Materials  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Program Supplies   |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Subscriptions and Dues  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Utilities (Gas, Oil, Electricity)  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   | **$**Click or tap here to enter text.  |

**PROPERTY AND EQUIPMENT (57000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
| Furniture and Fixtures  |  Click or tap here to enter text. | Click or tap here to enter text.  |
| Equipment   |  Click or tap here to enter text. | Click or tap here to enter text.  |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
|  Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.  |
|   |   |   |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

Total $ Click or tap here to enter text.

\* Please include a detail budget sheet for this reduced state fiscal year (July 1st – December 30th)

\*\* Please round hourly rates to the nearest whole dollar and ensure there are no rounding differences with the extended totals.

\*\*\* Reimbursement for travel within the continental United States is limited to the per diem rates established by the General Services Administration (GSA).  Per Diem rates are posted at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).

*BUDGET DETAIL SHEET*

*Fiscal Year 2025*

**EMPLOYEE COMPENSATION AND EMPLOYEE BENEFITS (51000 and 52000)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME**  |  **POSITION**  |  **FTE**  | **EMPLOYEE COMPENSATION (51000)**  | **EMPLOYEE BENEFITS (52000)**  |
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|   |   |   |   |   |
| **TOTAL**    | Click or tap here to enter text.  |  Click or tap here to enter text. |

**PROFESSIONAL AND TECHNICAL SERVICES (53000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
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|  Click or tap here to enter text. | Click or tap here to enter text.  |  Click or tap here to enter text. |
| **TOTAL**   |   | **$** Click or tap here to enter text. |

**PROPERTY SERVICES (54000)**

|  |  |  |
| --- | --- | --- |
| **EXPENSE CATEGORY**  | **DESCRIPTION**  | **TOTAL**  |
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| Building Maintenance  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Telephone/Internet Services  |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   |  Click or tap here to enter text. |

**OTHER PURCHASED SERVICES (55000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
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| Property Insurance  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

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| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
| Educational Materials  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Program Supplies   |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Subscriptions and Dues  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Utilities (Gas, Oil, Electricity)  |  Click or tap here to enter text. |  Click or tap here to enter text. |
| **TOTAL**  |   | **$**Click or tap here to enter text.  |

**PROPERTY AND EQUIPMENT (57000)**

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| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
| Furniture and Fixtures  |  Click or tap here to enter text. | Click or tap here to enter text.  |
| Equipment   |  Click or tap here to enter text. | Click or tap here to enter text.  |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

**INDIRECT COSTS (60000)**

|  |  |  |
| --- | --- | --- |
| **CATEGORY**  | **ITEM DESCRIPTION**  | **TOTAL $**  |
|  Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.  |
|   |   |   |
| **TOTAL**  |   | **$** Click or tap here to enter text. |

Total $ Click or tap here to enter text.

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