**Form F: FRC Program Narrative**

PROGRAM NARRATIVE INSTRUCTIONS

Instructions: Please provide the following information in narrative format. Your response will be read and assessed by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and assess, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. All narrative sections must use Times New Roman 12pt font and 1.5 spacing (Word), with the exception of the Budget/Leveraged Resources Narrative section.

The below table indicates the maximum number of pages permitted and the maximum score which reviewers may award.

|  |  |  |
| --- | --- | --- |
| Application Section | Maximum Number of Pages for the Entire Section | Maximum Score  |
| A. Neighborhood or Population Characteristics | 2 pages | 5 |
| B. Agency Experience, Qualifications and Achievements | 6 pages | 10 |
| C. Proposed Services and Programs – Non Age-Specific | 14 pages | 15 |
| D. Proposed Services and Programs –Early Childhood | 7 pages | 15 |
| E. Proposed Services and Programs –School Age | 7 pages | 15 |
| F. Racial Equity | 1 page | 15 |
| G. Outreach and Engagement | 3 pages | 10 |
| H. Evaluation Capacity | 1 page | 5 |
| I. Budget and Leveraged Resources Narrative | 2 pages | 10 |
| Total: | 43 pages | 100 points maximum |

**Narrative Begins Here:**

1. **Neighborhood or Population Characteristics:**
2. questions; maximum 2 pages

A1. Neighborhood/Population to be Served (Select only 1; you may delete the remaining categories)

* Bay View
* Chinatown
* Excelsior
* Mission
* OMI
* Portola
* Potrero
* Richmond
* SOMA, including Mission Bay
* Sunset, including Outer Parkside
* Tenderloin, including Treasure Island
* Visitacion Valley
* Western Addition
* Young parents age 24 and younger
* Unhoused families
* Families with children age 0-6 exposed to violence
* Families with LGBTQ parents or children
* Immigrant: *Enter name of immigrant population*

A2. Briefly describe key socio-cultural, health, economic and other such characteristics of the neighborhood or city-wide population and its families that you intend to serve in question A1. Highlight the experiences of Black, Latino, Pacific Islander and/or mono-lingual families of children birth to 10 years of age in your neighborhood/target population.

A3. Focusing on families expecting a baby through parenting a child up to age 10, describe service assets, partnerships, and family/child serving agencies for your neighborhood or city-wide population, including key places families gather or are served, e.g., preschools, family child care sites, public housing, and clinics. Refer to the depth of your relationship with these providers in your area and strategies for ensuring ongoing and continuing partnership on behalf of families.

1. **Agency Experience, Qualifications and Achievements**

6 questions; Maximum of 6 pages

B1. Describe your agency’s and staff qualifications, specialized knowledge and experience implementing the Core Services of this initiative or similar programming for families. Note particular experience and expertise related to families experiencing pregnancy through parenting a child to 4 years old and for families of children older than age 4.

B2. Describe frameworks, curriculums, evidence/practice-based approaches relevant to serving families and used to inform service implementation. Describe how alignment or fidelity to the guidance informed in these is achieved and maintained.

B3. Briefly describe your agency’s facility space available to house the FRC and provide services. Include the number and types of rooms in your facilities used for participant facing services as well as co-location strategies and other characteristics, such as how the facility will support families of children birth-4 years of age and families with children over age 4.

B4. Describe your hours and modes of operation inside and outside of business hours such as evenings and weekends. Mention if your family targeting services are in-person or remotely provided, and if remotely provided describe how you ensure access and technical capability for remote connectivity.

B5. Describe the families and children currently engaged in your agency’s programming of the Core Services (or similar) programming and the number of program participants and patterns of service utilization; highlight the participation of Black, Latino, Pacific Islander and/or mono-lingual families.

B6. Describe specific child and family level or other impacts/outcomes your agency has achieved in serving families. In your response, please highlight, if available, particular successes and notable outcome differences for families experiencing pregnancy through parenting a child to 4 years old, families of children older than age 4, and Black, Latino, Pacific Islander and/or mono-lingual families.

**C. Proposed Services and Programs- Non-Age Specific**

9 Questions; maximum of 14 pages

Instructions:

Each of the below questions asks you to provide a description of the program you are proposing to implement with funds from this RFGA for non-age-specific services. The description will provide detailed information about the proposed Core Essential services (provided in tables D through G in the RFGA Summary) as well as other optional or discretionary activities you are proposing in each category. Applicants should reference the Activities Guide in Appendix 3 to ensure they are including in their descriptions here the required components of each proposed activity.

Please complete all cells of each table for which you are proposing to provide services with RFGA funds. Tables and/or cells submitted blank by the applicant will indicate that the service(s) and/or service component(s) will not be provided with RFGA funds. You may also wish to place “not applicable” in any blank table/cell as applicable.

**C1A. Family Engagement and Cross Sector Partnerships**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Intake and Retention** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Direct and Indirect Outreach** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

Use this table to describe discretionary or other proposed services for parents of children of all ages in this category. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children in the early childhood and school age specific categories will be in Questions D and E.

|  |  |
| --- | --- |
| **c. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C1B. Parent Leadership and Community Connections**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Parent Advisory Committee** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Community Events** *(include at least 1 activity for Week of the Young Child)* | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

Use this table to describe discretionary or other proposed services for parents of children of all ages in this category. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children in the early childhood and school age specific categories will be in Questions D and E.

|  |  |
| --- | --- |
| **c. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C1C. Parent Caregiver Capacity and School Readiness and Success Activities**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Curriculum Based Parent Education for Parents of Children Age 2-12** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Parent Classes in School Readiness and Success** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Support Groups and/or Workshops** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

Use this table to describe discretionary or other proposed services for parents of children of all ages in this category. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children in the early childhood and school age specific categories will be in Questions D and E.

|  |  |
| --- | --- |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **e. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C1D. Formal Supports for Individuals and Those at Risk for System Involvement**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Basic Needs** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Information and Referral *(Proposer should propose one or more of these services: Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Family Advocacy *(Proposer should propose one or more of these services: Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **d. Case Management *(Proposer should propose one or more of these services: Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **e. Differential Response** (only for those applying to API immigrant, Bay View, Chinatown, Homeless Families, Mission, OMI, Potrero Hill, Visitacion Valley and Western Addition) | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Enhanced Visitation** (only for those applying to API immigrant, Bay View, Chinatown, Homeless Families, Mission, OMI, Potrero Hill, Visitacion Valley and Western Addition) | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Mental Health Services:** (only for those applying to API immigrant, Bay View, Chinatown, Homeless Families, Mission, OMI, Potrero Hill, Visitacion Valley and Western Addition) | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

C2. Use this table to describe discretionary or other proposed services for parents of children of all ages in this category. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children in the early childhood and school age specific categories will be in Questions D and E.

|  |  |
| --- | --- |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **e. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

C3. Describe the changes or impacts you hope to achieve through the above proposed services and what evaluation evidence/data will be collected, if any, in conjunction with the services to assess whether these changes and/or impacts occurred.

C4. Provide any additional information you feel will help explain your agency’s approach or planned service(s) including the basis of your selected curriculums, evidenced based tools or practice based approaches.

C5. If proposing to perform Differential Response or Enhanced Visitation, describe a) the space and/or locations of each of the services including any dedicated spaces and/or home visiting or teaming meetings involved and, b) Process for triage and management of referrals and coordination with child welfare workers, other service providers, and families. (1 additional page permitted for this question)

C6. Indicate willingness, if funding available, to provide services under the Families First Prevention Services Act.

C7. If applying as a population based FRC, describe the systems level supports, professional development, and/or capacity building services you will offer, including who will participate in these services, frequency of the services, and total number of anticipated participants. (1 additional page permitted for this question)

C8. If applying as a collaborative FRC model with a lead agency and subcontractors, describe the collaborative structure, management and oversight of the FRC collaborative, and what services each subcontractor will provide and how services will be coordinated to ensure a seamless experience for participants. (1 additional page permitted for this question)

C9. If applicable, describe any planning activities for the above proposed services that will be needed during the first 9 months of the grant implementation including planned engagement of partners, community and parents to ensure a quality, responsive program design.

**Instructions for Age-Specific Sections D and E.**

Each applicant should propose a scope of work that includes services for each age category based on the age focus preference stated below (e.g. if applying as an Early Childhood focus FRC, propose a greater percentage of services for this age group than for 4+; if applying for both or no preference, propose a similar level of service across all ages). The final determination of services will be determined during contract negotiations with successful applicants based on the scores in the application as well as neighborhood and population need.

*Indicate here if you have an age-focus preference*:

\_\_ We are applying to have an Early Childhood Age family focus – pregnant to 4 years old

\_\_We are applying to have a School Age family focus – 4 – 10 years old

\_\_We would prefer to do equal amounts of service for both age groups

\_\_No preference; assign us based on score and need

**D. Proposed Services and Programs- Early Childhood (pregnant through 4 years)**

5 Questions; maximum of 7 pages

Instructions:

Each of the below questions asks you to provide a description of the program you are proposing to implement with funds from this RFGA for age-specific services. The description will provide detailed information about the proposed Core Required activities (provided in the table for you) as well as other optional or discretionary activities you are proposing in each category. Applicants should reference the Activities Guide in Appendix 3 to ensure they are including in their descriptions here the required components of each proposed activity.

Please complete all cells of each table for which you are proposing to provide services with RFGA funds. Tables and/or cells submitted blank by the applicant will indicate that the service(s) and/or service component(s) will not be provided with RFGA funds. You may also wish to place “not applicable” in any blank table/cell as applicable.

**D1A. Family Engagement and Cross Sector Partnerships**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Early Childhood Focused Cross Sector Partnerships, Referral Paths, and Connections** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**D1B. Parent Leadership and Community Connections**

There are no age-specific required components for this service cluster.

**D1C. Parent Caregiver Capacity and School Readiness and Success Activities**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Parent-Child Interactive Groups for Children Age 0-4** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Perinatal Supports:** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**D1D. Formal Supports for Individuals and Those at Risk for System Involvement**

There are no age-specific required components for this service cluster.

D2. Use this table to describe discretionary or other proposed services for parents of children 0-4years of age. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children in school age specific categories will be in Question E. Services for children of all ages are in Question C.

|  |  |
| --- | --- |
| **c. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

D3. Describe the changes or impacts you hope to achieve through the above proposed services and what evaluation evidence/data will be collected, if any, in conjunction with the services to assess whether these changes and/or impacts occurred.

D4. Provide any additional information you feel will help explain your agency’s approach or planned service(s) including the basis of your selected curriculums, evidenced based tools or practice based approaches

D5. If applicable, describe any planning activities for the above proposed services that will be needed during the first 9 months of the grant implementation including planned engagement of partners, community and parents to ensure a quality, responsive program design.

**E. Proposed Services and Programs- School Age (4- 10+ years)**

5 Questions; maximum of 7 pages

Instructions:

Each of the below questions asks you to provide a description of the program you are proposing to implement with funds from this RFGA for age-specific services. The description will provide detailed information about the proposed Core Required activities (provided in the table for you) as well as other optional or discretionary activities you are proposing in each category. Applicants should reference the Activities Guide in Appendix 3 to ensure they are including in their descriptions here the required components of each proposed activity.

Please complete all cells of each table for which you are proposing to provide services with RFGA funds. Tables and/or cells submitted blank by the applicant will indicate that the service(s) and/or service component(s) will not be provided with RFGA funds. You may also wish to place “not applicable” in any blank table/cell as applicable.

**E1A. Family Engagement and Cross Sector Partnerships**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. School Age Focused Cross Sector Partnerships, Referral Paths, and Connections** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**E1B. Parent Leadership and Community Connections**

There are no age-specific required components for this service cluster.

**E1C. Parent Caregiver Capacity and School Readiness and Success Activities**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Parent-Child Interactive Groups for Children Age 4-10** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Curriculum Based Parent Education for Parents of children 13-17 years of age:** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Educational Supports** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**E1D. Formal Supports for Individuals and Those at Risk for System Involvement**

There are no age-specific required components for this service cluster.

E2. Use this table to describe discretionary or other proposed services for parents of children over 4 years of age. Copy and paste it as many times as needed in your narrative. One service per table. Services for parents/children school age specific categories will be in Question E. Services for children of all ages are in Question C.

|  |  |
| --- | --- |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **e. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months:  | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

E3. Describe the changes or impacts you hope to achieve through the above proposed services and what evaluation evidence/data will be collected, if any, in conjunction with the services to assess whether these changes and/or impacts occurred.

E4. Provide any additional information you feel will help explain your agency’s approach or planned service(s) including the basis of your selected curriculums, evidenced based tools or practice based approaches

E5. If applicable, describe any planning activities for the above proposed services that will be needed during the first 9 months of the grant implementation including planned engagement of partners, community and parents to ensure a quality, responsive program design.

**F. Racial Equity**

2 questions; maximum of 1 page

F1. Describe your agency’s demonstrated ability to provide linguistically, ethnically, and culturally concordant services and opportunities to San Francisco’s diverse families; highlight specific strategies employed to ensure inclusion and belonging for staff and families of multiple diverse backgrounds and identities.

F2. Describe your agency’s stance on racial equity, including concrete actions, strategies and activities to address and mitigate the effects of racism at multiple levels, such as individual, interpersonal, programmatic, agency, community, and system levels. Highlight any agency internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

**G. Outreach and Engagement**

4 questions, maximum of 3 pages

G1. Describe current and intended approaches to participant outreach and engagement that span your proposed array of Core/Essential Services. Describe how these approaches help to ensure participants’ unique needs are met and how they facilitate the achievement of RFP outcomes and family goals. Highlight your intake procedures, including use of formal triage tools, motivational interviewing, FFPSA prevention plans, or other formal intake methods.

G2. Describe the service specific approaches and strategies for ensuring participant engagement of parents of children birth to age 4 (both initial and ongoing) to a degree that supports your intended service outcomes. Highlight how you have engaged and/or will engage each of the following groups in the Core/Essential Services: Black, Latino, Pacific Islander and mono-lingual families.

G3. Describe the service specific approaches and strategies for ensuring participant engagement of parents of children 4-10 years of age (both initial and ongoing) to a degree that supports your intended service outcomes. Highlight how you have engaged and/or will engage each of the following groups in the Core/Essential Services: Black, Latino, Pacific Islander and mono-lingual families.

G4. Describe specific activities that your agency will perform to identify and enroll families to Medi-Cal and other health insurance and link families to Medi-cal eligible services, if you will seek to draw down Medi-Cal Administrative Activity matching funds.

**H. Evaluation Capacity**

3 Questions, Maximum 1 page

Please provide a brief overview of your agency’s approach to evaluation and continuous improvement, including:

H1. A description of your agency’s experience with and capacity to manage evaluation and measurement tasks such as: survey administration and other data collection efforts; database oversight and maintenance (Contract Management System, Efforts to outcomes, etc...); data analysis; and sharing of evaluation results with staff, families and other stakeholders. Describe evaluation strategies, including validated assessment tools, your agency has used successfully in the past and intends to replicate as a part of this Initiative. Include identification of staff responsible for these activities and structures available to support staff in their evaluation roles. If your experience is more limited, describe resources that may be available to assist your agency in this area.

H2. Describe how program evaluation and assessment data is currently used to inform program improvement, shape future program activities, and/or contribute to technical assistance plans. Specifically include how parents/caregivers and other stakeholders are included in the evaluation, reflection, and program improvement cycle.

H3. Affirm your agency’s commitment and readiness to participate in (1) required processes for measuring the quantity, quality and impact of services provided, including universal intake procedures (2) a program of technical assistance and self-assessment in collaboration with the Joint FRC Funders.

**I. Budget and Leverage:**

2 questions; maximum 2 pages

1. Complete the Form E: Budget & Budget Narrative form according to the directions.

2. List the Essential Services that will be co-funded/leveraged with other funders. Describe the funding source, a brief description of the grant scope of work, the length of funding commitment and the portion of the Essential Service that will be supported by each funding source supporting the implementation of the Essential Service.

**J. Confirmation of Completed Submission**

Name of Person Submitting Application:

Email:

Direct Phone Number:

Date of Submission: