RFA 202004079

MCKINNEY-VENTO GRANT

FY 2020 Application

# Application Details and Instructions

Through this application, the Department intends to provide funding to SAUs to develop, implement, continue, and/or expand programs that facilitate the school success of homeless children and youth. This funding is provided under the McKinney-Vento Education for Homeless Children and Youth (EHCY) program. This program is authorized under [Title IX-A of the federal Every Student Succeeds Act (ESSA) of 2015, the McKinney-Vento Education for Homeless Children and Youths program](https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter119/subchapter6/partB&edition=prelim), specifically Section 723, “Local Educational Agency Sub-grants”.

All communication regarding this Request for Applications must be made via email to the grant coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants).

SAUs must use Maine McKinney-Vento sub-grant funds for the purpose of improving the school success of homeless children and youths. Programs may address the needs of homeless students across the SAU’s full grade span, pre-K through 12, or may focus resources on specific sub-populations (e.g., early childhood and literacy, students with disabilities, unaccompanied youth, high school graduation and post-secondary entry, New Mainers). Projects funded through this program must address demonstrated needs that the applicant documents through a data-based needs assessment process.

Services under these sub-grants may be delivered through programs on school grounds or at other facilities. Services should, to the greatest extent possible, be provided through programs and mechanisms that integrate homeless and non-homeless children and youth. They should expand upon or improve, but not replace, services that are provided as part of a school’s regular academic program and they should leverage resources available through other sources.

Applicant SAUs are encouraged to collaborate with other agencies and school systems and may subcontract with other agencies; however, the applying SAU retains ultimate responsibility for setting program goals, ensuring compliance with state and federal law, meeting stated program goals as evidenced through monitoring and reporting, and maintaining fiscal controls and records. The lead SAU will serve in the capacity of the fiscal agent.

Projects should be designed to:

1. Improve access to and/or ensure full, successful participation in programs available to all SAU students;
2. Supplement, enhance, modify, or improve access to SAU programs and resources for homeless students and their families; and/or
3. Address identified disparities that likely result from housing instability or related challenges.
4. **Commissioner’s Priority**

The Department of Education Commissioner would like to name a priority for applications focusing first on addressing students’ social and emotional needs, basic safety and wellbeing, and mental health. Academic support will be secondary after these pieces are prioritized.

1. **Allowed Activities**

The following list of allowed activities may be supported with sub-grant funds:

* 1. Providing supplemental instruction and educational enrichment services that help homeless students achieve challenging State academic standards.
  2. Providing specialized instructional support services (including violence prevention and counseling), referrals for such services, and activities to address the particular needs of homeless children and youths that may arise from domestic violence and parental mental health or substance abuse.
  3. Providing specialized guidance services to prepare homeless children and youth for post-secondary education.
  4. Providing developmentally appropriate early childhood education programs for preschool-aged homeless children.
  5. Attracting, engaging, and retaining homeless children and youths who are not enrolled in schools and programs provided to non-homeless youth.
  6. Coordinating school services for homeless youth with those of other agencies.
  7. Expediting the evaluation of the strengths and needs of homeless children and youth and their eligibility for specific programs and services.
  8. Professional development for school personnel to heighten their understanding of the needs and rights of homeless and runaway youth.
  9. Referral services to homeless children and youths for medical, dental, mental, and other health resources.
  10. Paying fees and other costs associated with obtaining essential school records for homeless youth and children.
  11. Educating parents and guardians of homeless children about their rights and available resources, and other activities designed to meaningfully increase parent and guardian involvement in the education of homeless youth and children
  12. Adapting space and purchasing supplies for any non-school facilities made available for the provision of services under the sub-grant.
  13. Defraying the excess cost of transportation for students under McKinney-Vento, beyond the costs otherwise covered through Federal, State, or local funding.
  14. Providing school supplies, including those to be distributed at shelters or temporary housing facilities, or other appropriate locations.
  15. Providing other extraordinary or emergency assistance needed to enable homeless children and youths to attend school and participate fully in school activities.

***Applicants should review the*** [***2015 reauthorization of the McKinney-Vento Act***](https://nche.ed.gov/legis/mv.php) ***when completing their response to this RFA.***

## **Eligibility to Submit Bids**

All Maine School Administrative Units (SAUs) as defined by [20-A M.R.S. §1(26)](http://legislature.maine.gov/statutes/20-A/title20-Asec1.html) are eligible to submit bids in response to this Request for Proposals. Multiple SAUs may join together to submit a collaborative proposal, but such proposals must be submitted by a lead SAU that agrees to act as the fiscal agent for the project.

In the interest of assuring that these funds reach as many of Maine’s homeless students as possible, the Department will give priority consideration to applicants (single SAUs or collaboratives) that have identified an average of 50 or more homeless students in the past two school years (2017-18, 2018-19).

## **Awards**

The Department anticipates making multiple awards as a result of this Request for Applications process, including partial awards. An entity may submit applications for more than one project, provided the projects are clearly distinct. Department reserves the right to eliminate the lowest scoring proposal (s) and/or make awards at amounts less than that requested, whichever is in the best interest of the State.

Any person aggrieved by the award decision that results from this Request for Applications may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120 (found here: [Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120)).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of contract award.

1. **Chapter 33**

Departmental Rule Chapter 33 allows, to the extent provided by statute, applicants to request certain information be deemed confidential at the Commissioner’s discretion (whether provided prior to application submittal, included in the application, or provided to fulfill reporting requirements).

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# KEY PROCESS EVENTS

## **Submitting Questions about the Request for Applications**

Any questions must be submitted by e-mail to the Grant Coordinator identified on the [Grant RFPs and RFAs webpage](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants) by June 12th, 2020 at 11:59 p.m. local time. Submitted Questions must include the subject line: “RFA# 202004079 Questions”. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

Question & Answer Summary: Responses to all questions will be compiled in writing and posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## **Amendments to the Request for Applications**

All amendments (if any) released in regard to this Request for Applications will be posted on the following website: [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## **Submitting your Application**

Applications are to be submitted to the State of Maine Division of Procurement Services, via email, to [Proposals@maine.gov](mailto:Proposals@maine.gov). Applications must be received by July 1, 2020 at 11:59 p.m. local time. Applications received after the 11:59 p.m. deadline will be ineligible for award consideration for that annual application enrollment period.

Only applications received by email will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.

Applicants are to insert the following into the subject line of their email submission: “RFA# 202004079 Application Submission – [Applicant’s Name]”

Applications are to be submitted as a single, typed, PDF or WORD file and must include pages 6-13 of this RFA document.

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# APPLICATION EVALUATION AND SELECTION

## **Scoring Weights and Process**

1. Scoring Weights: The score will be based on a 100-point scale and will measure the degree to which each application meets the following criteria.

|  |  |
| --- | --- |
| **Scoring Criteria** | **Maximum Points Available** |
| Overview of Homeless Program | 5 points |
| Homeless Student Data and Needs Assessment\* | 25 points |
| Project Goals and Objectives, Deliverables | 45 points |
| Budget | 25 points |
| **Total Points** | * + 1. **points** |

**\*** Applicants with fewer than 50 identified homeless students, as enumerated in the needs assessment will have 5 points deducted from the needs assessment total. This is the process for prioritizing the distribution of sub-grant funds to maximize their availability to the largest possible number of Maine’s homeless students.

1. Scoring Process: The Grant Review Team will use a consensus approach to evaluate and score all sections listed above. Members of the review team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections.

Regarding the proposed funds requested and the proposed work, the Grant Review Team will consider the degree to which the project represents a good return for the investment (money, time) as well as whether the project work and cost estimates (tasks & budget) are reasonable for the expected outcomes, along with the amount and quality of proposed matching funds or services.

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APPLICATION COVER PAGE

**Handwritten Applications Will Not Be Accepted**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s Organization Name:** | | Click or tap here to enter text. | | | | |
| **Name of Application:** | | Click or tap here to enter text. | | | | |
| **Superintendent’s Name** | | Click or tap here to enter text. | | | | |
| **Tel:** | Click or tap here to enter text. | | | | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | | Click or tap here to enter text. | | | | |
| **Headquarters’ City/State/Zip** | | Click or tap here to enter text. | | | | |
| ***Provide information requested below if different from above*** | | | | | | |
| **Point of Contact for Application- Name and Title** | | | Click or tap here to enter text. | | | |
| **Tel:** | Click or tap here to enter text. | | | | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | | Click or tap here to enter text. | | | | |
| **Headquarters’ City/State/Zip** | | Click or tap here to enter text. | | | | |
| **Dollar Amount of Application:** | | | | Click or tap here to enter text. | | |

* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s application.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.

|  |  |
| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this application:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
   3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
   4. *Have not within a three (3) year period preceding this application had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Applicant’s application, at the discretion of the Department.**

|  |  |
| --- | --- |
| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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APPLICATION

The Applicant is asked to be brief and concise in providing written information required in the application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title**  Provide a descriptive project title in 15 words or less | | | |
| Click or tap here to enter text. | | | |
| **Duration of Project** | | | |
| Start Date: Start Date | | End Date: End Date | |
| **Overview of the Applicant’s Homeless Education Program (two pages maximum)** | | | |
| *In order to ensure that the Applicant has a sound core homeless education program in place that meets the requirements of the McKinney-Vento act, please provide a brief summary of**current policies and procedures that are already in place or that will be implemented to ensure that:*   * *Homeless students at all grade levels, pre-K through 12, are identified;* * *Homeless students and their families are informed of their rights;* * *Activities carried out by the SAU(s) do not isolate or stigmatize homeless children and youths;* * *Homeless students, including those with disabilities, are immediately enrolled and provided transportation as needed;* * *All homeless students are provided free school meals;* * *Homeless students have access to Title IA supports, regardless of whether their school is a recipient of Title IA funds;* * *The SAU has a written dispute resolution policy and/or procedure for disagreements over homeless program eligibility and best interest placement decisions.* | | | |
| Click or tap here to enter text. | |  | |
| **Identification of Need** | | | |
| 1. **Number of identified homeless students in applicant SAU**   *(If this application is for more than one SAU, please make copies of this section and provide the information for each of the other participating SAUs separately*.)  **Total # of homeless students:**  Click or tap here to enter text.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **PreK** | **K-Gr 2** | **Gr 3-5** | **Gr 6-8** | **Gr 9-12** | | **2017-18** | 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. | | **2018-19** | 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. | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Unaccompa­nied** | **Shelter/**  **Transitional**  **Housing** | **Hotel/motel** | **Doubled-up** | **Unsheltered/**  **Inadequately**  **sheltered** | | **2017-18** | 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. | | **2018-19** | 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. | | | | |
| 1. **Needs assessment summary**   Using data collected and reviewed in your Comprehensive Needs Assessment and/or other data review processes, please complete the table below to provide a summary of the applicant’s areas of concern related to the service of homeless children and youth. These may include, but are not limited to:   * student attendance, * levels program participation (e.g., CTE, GT, preschool, extracurricular), * academic success (e.g. content area proficiency, graduation rate, credit accrual) * Health, well-being and family engagement * Critical resources, partnerships and resources   Provide concrete data demonstrating the need you have discovered and the source of your data.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Focus Area** (e.g., attendance, participation, academic success,resources, health, etc) | **Need/**  **Concern/**  **Disparity** | **Grade**  **span of concern** | **Data indicating need/disparity/concern** | **Data source(s)** | **Desired change** | | 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. | 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. | 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. |  1. **Continuing or Expanding a Project** (if this application is for a new project, this section does not need to be completed.)   If the Applicant is seeking funds to continue or expand a project that is currently funded by a McKinney-Vento sub-grant (or has been funded by a sub-grant within the past year), please include the following:   * Data comparing the number and demographics (age/grade span, other factors) of students served in the project’s most recent full year of operation and the students that are the project’s projected target population in the upcoming year.   Click or tap here to enter text.   * Data indicating that the project effectively addressed the needs/concerns for which it was originally designed.   Click or tap here to enter text.   * Information supporting the Applicant’s expectation that the need for the project is likely to persist or grow.   Click or tap here to enter text. | | | |
| **Project Description**  Please provide a summary of the project you are proposing in order to address these needs. | | | |
| The summary must include the following:   * + - * + A statement of the specific needs/concerns/disparities the project is designed to address. These should clearly reference items noted in your needs assessment.         + The actual services and or resources to be provided, including information on the staff, volunteers, and/or subcontractors charged with providing these services and/or resources         + A rationale for the provision of the selected services and/or resources as a strategy for addressing the selected needs/concerns/disparities         + Grade levels, other targeted subgroups, and the anticipated number of students to be served in the first year of the project. | | | |
| Click or tap here to enter text. | | | |
| **Activities**  What allowed activities will you be conducting as part of this project? Please check all that apply. | | | |
| Tutoring, supplemental instruction, enriched educational services  Expedited evaluations  Activities to heighten staff understanding of needs and rights of homeless children  Referring homeless children for medical, dental, mental, and other health services  Defraying the excess cost of school transportation for homeless students  Providing early childhood education programs for preschool-aged homeless children  Engaging/retaining unenrolled homeless youth in public school programs and services  Instructional, teacher-led before/after school, mentoring, and summer programs  Paying fees and other costs associated with enrolling homeless children in school  Educating and involving parents/guardians of homeless children and youths  Specialized supports and referrals (including violence prevention counseling)  Homeless student needs related to domestic violence, parent mental health/substance use  Improving coordination between schools and agencies providing homeless services  Adapting space and purchasing supplies for non-school facilities used to provide services  Providing school supplies, including those for shelters or other appropriate locations  Extraordinary/emergency assistance enabling full school participation | | | |
| ***Are there services and or resources you intend to provide with these funds other than those listed above? If so, please describe them below. (Please put N/A if none)*** | | | |
| Click or tap here to enter text. | | | |
| **Outcomes, Activities, and Indicators (two page maximum)** | | | |
| Complete the table to outline the specific outcomes you hope to achieve with your project, the core activities that will be carried out to achieve those objectives and the means by which you will measure progress toward those goals.  Outcomes should be SMART Specific, Measurable, Achievable, Relevant, and Time-Bound and should address the initial one (1) year grant period only. In general, two (2) to three (3) well-crafted focused outcomes that can be effectively measured are preferable to multiple outcomes that require the collection of complex or unreliable data. | | | |
| **SMART Outcome I** | | | |
| **Description:** | | | |
| Click or tap here to enter text.  **Indicator(s) What measure or measures will allow you to assess your progress toward this outcome? What specific data will you collect and when?** | | | |
| Click or tap here to enter text. | | | |
| **Activity(ies) to achieve this outcome** | **Time Frame** | | **Estimated Number of Students Impacted** |
| 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. |
| **SMART Outcome II** | | | |
| **Description:** | | | |
| Click or tap here to enter text. | | | |
| **Indicator(s) What measure or measures will allow you to assess your progress toward this outcome? What specific data will you collect and when?** | | | |
| Click or tap here to enter text. | | | |
| **Activity(ies) to achieve this outcome** | **Time Frame** | | **Estimated Number of Students Impacted** |
| 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. |
| **SMART Outcome III** | | | |
| **Description:** |  | |  |
| Click or tap here to enter text. | | | |
| **Indicator(s) What measure or measures will allow you to assess your progress toward this outcome? What specific data will you collect and when?** | | | |
| Click or tap here to enter text. | | | |
| **Activity(ies) to achieve this outcome** | **Time Frame** | | **Estimated Number of Students Impacted** |
| 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. |
|  | | | |
| **Project Budget** | | | |

*This budget should include your overall projected expenses for your homeless education program. The first (shaded) column is for expenses for your proposed project that will be covered by sub-grant funds. The second column includes expenses for all aspects of your homeless education program that will be covered by other funds. This may include funds dedicated to the project that will not be covered by the sub-grant but should also include expenses for any homeless education services the Applicant intends to provide that are unrelated to this particular project. The third column is the sum of the first two and therefore includes all expenses in the budget category. Applicants are free to amend the budget categories in this table to meet their requirements.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Category**  **(amend as needed)** | **Amount Requested** | **Homeless Education Program Expenses from other Sources** | **Total Homeless Education Program Expenses** | **Source(s) of non-grant funds** |
| Personnel (salary, fringe, and benefits) | 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. |
| Subcontracts | 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. |
| Student Transportation | 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. |
| Staff Travel | 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. |
| Instructional materials and supplies | 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. |
| Non-instructional materials and supplies | 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. |
| Professional Development/  Training | 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. |
| Technology access | 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. |
| Other (specify) | 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. |
| Other (specify) | 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 REQUEST** | Click or tap here to enter text. |  |  |  |

|  |  |
| --- | --- |
| Estimated number of homeless students to be served: | Click or tap here to enter text. |
| Cost per student (total request / # of students): | Click or tap here to enter text. |

|  |
| --- |
| **Budget Narrative (one page maximum)**  In the space below, please provide a detailed explanation of your anticipated grant-supported expenses in each of the above budget categories. |
| Click or tap here to enter text. |