



**Corner Counties Empowerment Area  
Request for Proposal Application  
State Fiscal Year 2011**

**Funding for July 1, 2010 to June 30, 2011**

**Due  
March 31, 2010  
10:00 AM**

**Mail To:  
Corner Counties Empowerment Area  
Pam Herzberg  
Empowerment Director  
C/O The Clarinda Foundation  
P.O. Box 273  
Clarinda, IA 51632**

**Corner Counties Empowerment Board Vision Statement**  
*“Every Child beginning at birth will be healthy and successful”*

**APPLICATIONS GUIDELINES**

- **Format and guidelines of this process/grant application must be followed to be considered for funding.**
- Applications may be requested by letter, phone, or E-Mail. Contact Pam Herzberg, Empowerment Director, 712-542-3123, [ccea@iowatelecom.net](mailto:ccea@iowatelecom.net).
- Applications are **due** in the Empowerment Director’s office by **Wednesday, March 31, 2010, 10:00 AM**. **You must submit an electronic copy of your proposal to [ccea@iowatelecom.net](mailto:ccea@iowatelecom.net) in addition to one original proposal with a cover sheet and supporting documents, plus 10 copies must be submitted for the review process.**
- The Corner Counties Empowerment Board gives each application thorough consideration. The Corner Counties Empowerment Board is the entity who makes final funding decisions.
- Applicants may be required to respond to questions concerning their proposal during the grant review process concerning clarification of their proposal, but may in no way change their original bid.
- All applicants will receive notification of the Corner Counties Empowerment Board’s decision. It is the intent of the Board to provide notification by June 1, 2010. However, you will not receive notification of a confirmed amount of funding until after the Corner Counties Empowerment Board receives notification from the Office of Management of the area’s funding allocation for SFY’11.
- After the local empowerment area receives approval of their Early Childhood and School Ready budgets from the Iowa Department of Human Services and the Iowa Department of Education contractors will be required to read and sign a contract.
- All applicants wishing to submit a proposal will be required to attend a Bidders Conference on March 18, 2010 at 5:30 PM in Shenandoah at the Page County West Building. The Corner Counties Empowerment Area Board requests that applicants have no more than two (2) individuals representing their agency attend this meeting.
- All applicants awarded funds will be required to attend a Contractors Meeting that will be scheduled at a later date.

**APPLICATION REQUIREMENTS**

Grant applications must include the following:

- A Grant Application Cover Sheet. (Attachment A)
- A narrative (not to exceed three pages) that follows the outline provided on the following pages. (Attachment B)
- Project budget and funding sources. (Attachment C)
- Project matrix/business plan. (Attachment D)
- Assurances (Attachment E)

- Applications must be typed in 12-point font and must have a one-inch margin, and page numbers. No hand written applications will be reviewed.
- One **original proposal** with cover sheet and supporting documents, **plus 10 copies** must be submitted for the review process. Only one original signed assurances document is required. **An electronic mail application must also be submitted Wednesday, March 31, 2010, 10:00 AM to [ccea@iowatelecom.net](mailto:ccea@iowatelecom.net).**
- Tools used for outcomes measures may be attached, and will not be included in the two page limit.
- Applications must use the RFP outline and headings to be considered for funding. You may request an electronic version by contacting the Corner Counties Empowerment Director at [ccea@iowatelecom.net](mailto:ccea@iowatelecom.net).

### **APPLICATION ELIGIBILITY**

- Funding is made to serve families and children ages 0-5 in Fremont and Page Counties.
- Programming is to adhere to the principle that no discrimination will be practiced as to race, religion, sex or national origin.
- Proposals developed jointly by more than one agency or organization must identify a single lead organization as the official applicant. Participating agencies and organizations can be included as co-participants, sub-grantees, or subcontractors.
- Applicants shall be able to demonstrate the ability to implement programs/services that support the purpose and program goals.
- The Iowa Empowerment Board strongly encourages Community Empowerment Boards to fund programs implementing evidence-based family support and parent education practices in order to make the best investment possible with public funds. Community Empowerment Boards are strongly encouraged to support programs that meet, or are diligently working toward meeting:
  - A national credentialing process that aligns with the Iowa Family Support Standards.
  - A state credentialing process that aligns with the Iowa Family Support Standards.
  - The Iowa Family Support Credentialing process that utilizes the Iowa Family Support Standards.
- The Iowa Empowerment Board strongly recommends Community Empowerment Areas support the implementation of evidence-based, quality practices and services with proven positive outcomes for children. Community Empowerment Boards are also strongly encouraged to use these funds to help families access quality preschool services and to support preschool programs achieve high quality program standards. These include programs that:
  - Are accredited by the *National Association for the Education of Young Children (NAEYC)*.
  - Meet the *Head Start Program Performance Standards*.
  - Are accredited by the *National Association for Family Child Care (NAFCC)*.
  - Are verified or have submitted paperwork for Self-Verification status to the Iowa Department of Education for *Iowa's Quality Preschool Program Standards (QPPS)*.

*Additional measures of program quality are evidenced by having:*

  - Achieved an average score of 5 (with no subscale scores under 2) on the *Early Childhood Environmental Rating Scale – Revised (ECERS-R)* or *Family Child Care Rating Scale (FCCRS)* completed by an outside evaluator with an established 85% inter-rater reliability within six months of the observation.

- Achieved a Level 3, 4 or 5 on *Iowa’s Quality Rating System (QRS)*.
- Only agencies and organizations, not individuals, are eligible to apply under this RFP.
- Only not for profit entities, or those as a 501(c)(3), or those that have a not for profit administer the funding are eligible to submit a proposal.

**State Tools**

Refer to [www.empowerment.state.ia.us](http://www.empowerment.state.ia.us) for state tools to assist in the application process. State tools are subject to change and award winners will be required to follow these changes. Also note the required outcome performance measures for empowerment funding. The local empowerment Board reserves the right to request additional outcome data other than what is required within the state tools. The following tools have been identified to assist in the application process and applicants are highly encouraged to review the tools before submitting a RFP application.

- \*Preschool services tool CC, CC(A) and CC(B)
- \*Family support and parent education tools FF, FF(A)
- \*Quality improvement tool II,

**EMPOWERMENT FUNDING**

**School Ready Funding Information**

The Corner Counties Empowerment Board anticipates there will be approximately **\$274,915.50** in School Ready funding for SFY’ 11. These figures are based on a possible 25% reduction of the original School Ready allocation for SFY’ 10. The funding will be made to contractors in monthly disbursements; it is a draw down process only. School Ready Funding is to provide comprehensive services for children and families ages birth through five years of age, including: preschool and child care, parent support, family home visitation, parent education, preschool support, quality improvement, and professional development.

**Estimated Corner Counties Empowerment School Ready Funding for SFY’10**

| <b>Total Funding</b> | <b>Allowable Admin 3%</b> | <b>Preschool Support</b> | <b>Family Support 0-5</b> | <b>Other Programming</b> | <b>Quality Improvement</b> |
|----------------------|---------------------------|--------------------------|---------------------------|--------------------------|----------------------------|
| \$274,915.50         | \$8,247.47                | \$74,227.19              | \$126,461.13              | \$38,488.16              | \$27,491.55                |

*\*Refer to carve out funding definitions in the application.*

**Early Childhood Funding**

The Corner Counties Empowerment Board anticipates there will be approximately **\$45,226.50** Early Childhood funding. Figures are based on the previous funding year. However, this funding is based on total number of Family Investment Program (FIP) case loads in Fremont and Page Counties and FIP caseloads can vary from year to year. During SFY’ 10 the Department of Human Services reduced this funding to local empowerment areas by 7%. It is anticipated at this time that these funds could be reduced further for SFY’ 11. The funding will be made to contractors in monthly disbursements; it is a draw down process only. Early Childhood Funding is to enhance the quality and capacity of child care, including: regular child care which includes recruitment of providers, child care for mildly ill children, second or third shift child care, provider training, and support for registration and licensure.

## Estimated Corner Counties Empowerment Early Childhood Funding for 2008

| Total Funding | Allowable 5% Admin | Early Childhood Programming |
|---------------|--------------------|-----------------------------|
| \$45,226.50   | \$2,261.33         | \$42,965.17                 |

### CONFLICT OF INTEREST

To avoid any conflict of interest in the above funding determination process, any member of the Corner Counties Empowerment Board, who has a direct interest or substantial related interest in a particular funding proposal, will not participate in the evaluation of that proposal. An example of a direct interest in a proposal would be an employee or board member of an agency submitting a proposal. An example of a related interest in a proposal would be a relative of an employee or board member of an agency submitting a proposal.

### APPEAL PROCESS

Applicants have the right to appeal the funding decisions based upon a showing that the policies and procedures governing the grant selection process have not been properly applied. The appeal process begins on the postmarked date of the written notification to the applicant of the grant committee's decision. Appeals should be in writing and filed with the Chairperson of the Board within five working days of the date of written notification of funding decisions to the applicant. It is the responsibility of the applicant to assure that appeals are received by 4:30 PM on or before the fifth working day of the appeals process. Appeals received after 4:30 PM on the fifth day will not be reviewed. All appeals shall be delivered to the Chairperson of the Board.

- All appeals shall clearly state how the selection failed in following the rules of the grant process as governed by the policies and procedures outlined in the application material provided to all applicants. The request must also describe the remedy sought.
- The Corner Counties Empowerment Board will review the appeal and gather information regarding any infractions of the process.
- At the next regularly scheduled meeting the Corner Counties Empowerment Board will determine if there has been a violation of process and will rule on the appeal.

### TIMELINE AND SUBMISSION OF PROPOSALS

|                           |  |
|---------------------------|--|
| RFP Release Date          | Monday, March 15, 2010   |
| Bidders Conference        | Thursday, March 18, 2010 5:30 PM – Page Co. West Bldg.   |
| Letter of Intent Date     | Monday, March 22, 2010   |
| E-mail Copy Due           | Wednesday, March 31, 2010 by 10:00 AM  |
| Hard Copies Due           | Wednesday, March 31, 2010 by 10:00 AM  |
| Copies to Board Members   | Monday, April 5, 2010 by 4:30 PM   |
| Evaluation Meeting        | <b><u>APRIL DATE TO BE DETERMINED AND PUBLIC TO BE NOTIFIED.</u></b>   |
| Board Meeting             | Monday, May 11, 2010 – determination of awards   |
| Notice of Intent to Award | Thursday, May 27, 2010 – No monetary award amount will be determined until the Corner Counties Empowerment Area Board receives official notification from the Office of Management in regard to SFY'11 budget allocations. |

**Directions for submitting proposal:**

Submit a signed original proposal (cover page, narrative, matrix/business plan, budget, and assurances), plus **10** copies of the full proposal by **March 31, 2010, 10:00 AM**. Only one original signed assurances document is required, no copies. You may hand deliver your application. *No email copies or fax copies will be considered as a complete proposal.*

**You may hand deliver or mail applications to:**

Empowerment Director  
Corner Counties Empowerment Area  
C/O The Clarinda Foundation  
P.O. Box 273  
Clarinda, IA 51632

If you mail the application, it must arrive by **March 31, 2010**. Late applications will not be reviewed.

**EVALUATION OF PROPOSALS**

An evaluation matrix will be used by the Corner Counties Empowerment Board to evaluate each complete proposal. Each Board member will evaluate a percentage of the received requests and will provide the entire Board with an oral explanation, rating, and recommendation. The Board will then vote as to the recipients of award at the May 2010 Board meeting. Proposals will be rated as high, medium, or low in relationship to the content of the proposal and the Empowerment Board’s priorities for SFY’ 11 and how the proposal relates to the States results. Refer to the attachment in this RFP.\*

**AWARDING OF FUNDING**

Funding will be awarded on a scale as determined by the Corner Counties Empowerment Board based on the overall evaluation of each proposal. As the Board will not know what their Early Childhood and School Ready allocations will be for SFY’ 11 until possibly the end of May, there will be no commitment made by the Board to fund any program or project awarded funds at 100% of the request. Below is only an example of how the awarding of funds may work.

| <b>Proposal Rating</b> | <b>Award Amount</b> |
|------------------------|---------------------|
| High                   | 85-100%             |
| Medium                 | 50-84%              |
| Low                    | 10-49%              |

**IDENTIFIED INDICATORS**

The following needs have been identified by the Corner Counties Empowerment Board as priorities and indicators for families with children ages 0-5 in Fremont and Page Counties. (*An indicator is data that describes the condition(s) of a whole population*).

| <b>State Results</b>                | <b>Corner Counties Priorities</b>  | <b>Indicator Measures</b>   |
|-------------------------------------|--|---|
| Healthy children                    | Health status of children  | # of children age 9-35 months receiving lead screenings   |
| Children ready to succeed in school | High quality preschool environments with capacity to serve all preschool age children within the local Empowerment area. | # of preschool slots<br># of children entering kindergarten with preschool experience<br># of preschools with a Level 3, 4, or 5 QRS rating |

|   |   |  |
|---|---|--|
| Safe and supportive communities             | High quality family support and parent education opportunities. | # of confirmed child abuses cases  |
| Secure and nurturing childcare environments | High quality child care environments with adequate capacity.    | # of childcare providers (centers and homes) with a Level 3, 4, or 5 QRS |
| Secure and nurturing families               | High quality family support opportunities.                      | # of credentialed family support/parent education programs               |

## **REQUEST FOR PROPOSAL CHECKLIST**

All requests for proposals shall be assembled in the order below.

- \_\_\_\_\_ Attachment A – Cover Page (completed and signed in blue ink)
- \_\_\_\_\_ Narrative B (*No more than 3 pages*)
- \_\_\_\_\_ Attachment C - Budget and Justification
- \_\_\_\_\_ Attachment D - Results Matrix
- \_\_\_\_\_ Attachment E –Assurances (signed in blue ink) (*only 1 original required*)

Grant Form – Attachment A

**Corner Counties Empowerment Area  
APPLICATION COVER PAGE**

**1. Bidder (legal name, mailing address, telephone, email address, and fax number)**

**2. Contact Person: Name, Phone Number and Email Address**

**3. Federal Tax ID Number**

**4. Amount of funding requested from the Corner Counties Empowerment Area Board:**

**Please fill in the following purpose statement for the project funds are being requested for. Be sure the information fits in the required area of this form. *This information may be used for news releases or educational trainings. For an example of how to provide the requested information, please refer to the information section of the application.\****

The purpose of the (project/program name)

is to provide (what type of service(s))

for (what population/serving who)

in order to (what difference will this make)

Certificate: I hereby affirm that:

- a. The information in this application is accurate to the best of my knowledge.
- b. The organization has the resources to meet the goals and objectives included in this application of the amount of applied funds.
- c. If awarded, based on my authority, the organization is committed to fulfilling the standard contract Conditions.

\_\_\_\_\_  
**Signature, Executive Program Director**

\_\_\_\_\_  
**Date Signed**

## **NARRATIVE INFORMATION - ATTACHMENT B**

The total narrative section is not to exceed 3 pages.

### **1. ORGANIZATION BACKGROUND**

Briefly describe your organization's history, mission, and purpose.

Briefly describe the clients served.

Briefly describe your current program/project and key achievements.

### **2. PROVEN EFFECTIVENESS**

Does the proposed project utilize a research based and/or evidence based or a promising practice model or approach? If yes, please describe site the source of research, evidence, or promising practices information in which you gathered (i.e. website, research article, other). If no, please explain.

What type of curriculum has been implemented and is being used and is it research based?

### **3. QUALITY PRACTICES, RATINGS, AND/OR ACCREDITATION**

List the type of quality practices you have in place and what you plan to put into place (i.e., Quality Rating System (QRS), Quality Preschool Program Standards (QPPS), Healthy Families American Accredited, Iowa Family Support Standards Accredited, ECERS). Where are you currently at within this process?

### **4. LEVERAGE OR POTENTIAL IMPACT**

Does the proposed project, have the power to have an impact on positively changing the conditions, skills, attitudes or behaviors for the children and families served?

### **5. FEASIBILITY**

Is the proposed project cost effective, affordable, and sustainable?

Could it be funded from multiple sources?

Is it timely in that it can be acted upon and funded in one or two years?

### **6. VALUES**

Is the proposed project child and family focused, comprehensive, collaborative, and easily accessible?

### **7. MEASURABLE**

Is the proposed project one for which data can be collected and analyzed to know if it is working the way it should?

### **8. COLLABORATION**

In what manner in the past and present have you collaborated with the Corner Counties Empowerment Board (i.e., are you an active participant with the Early Childhood Committee or Preschool Exchange Group)?

How do you collaborate with other agencies and organizations within the Corner Counties area?

### **9. MEETING PRIORITIES**

List the priorities of the Corner Counties Empowerment Area that this project will address and explain in what manner?

**BUDGET & JUSTIFICATION FORM**

| Category  | Expense Description<br>(Justification-Narrative*) | Dollar Amount | Other Funding Sources and/or In-kind |
|---|---|---------------|--------------------------------------|
| Salaries  |   |               |                                      |
| Benefits  |   |               |                                      |
| Administrative Cost   |   |               |                                      |
| Mileage   |   |               |                                      |
| Office Supplies   |   |               |                                      |
| Contracted Services   |   |               |                                      |
| Conference registration fees and other associated costs (i.e., lodging and meals) |   |               |                                      |
| Training costs  |   |               |                                      |
| Miscellaneous Costs   |   |               |                                      |
| Rent and Utilities  |   |               |                                      |
| <b>TOTAL</b>  |   |               |                                      |

Provide a detailed budget justification to include in-kind and administrative costs as applicable. Provide a budget narrative of all expenses. *It is not required to have other funding or in-kind, however it is highly encouraged.* Include a narrative of all sources of revenue including Corner Counties Empowerment funding requested, in-kind contributions, and all other sources of revenue. \*If further Budget Justification is needed, please provide it after this budget page.

**Grant Form - Attachment D-Corner Counties Empowerment Results Matrix/Business Plan**

**Name of Project** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

| <p align="center"><b>Goals<br/>&amp;<br/>Objectives</b></p> | <p align="center"><b>Program(s)/ Service(s)<br/>Components</b></p> | <p align="center"><b>Action Steps and<br/>Time Frames</b></p> | <p align="center"><b>Program Service/Outcomes<br/>Measures</b><br/><i>(What is the expected measurable<br/>result? What difference are you<br/>making? How will it be measured<br/>throughout the project period)</i></p> |
|---|--|---|---|
|   |  |   |   |

**\*Corner Counties Empowerment RFP Rating Scale**

| <b>Empowerment Rating Scale</b>                            |  | <b>Applicant's Name:</b>  |   | <b>Overall Rating:</b> |
|--|--|---|---|------------------------|
| <b>Criteria</b>  | <b>1<br/>LOW</b>   | <b>3<br/>MEDIUM</b>   | <b>5<br/>HIGH</b>   |                        |
| <b>A. Cover page</b>                                       | Applicants purpose statement is minimal  | Applicants purpose statement is acceptable  | Applicants purpose statement is outstanding   |                        |
| <b>1B. Organizational Background</b>                       | Applicant shows <b>some</b> evidence of organizational capabilities  | Applicant shows <b>persuasive</b> evidence of organizational capabilities   | Applicant clearly demonstrates <b>overwhelming</b> evidence of meeting organizational capabilities  |                        |
| <b>2B. Proven Effectiveness</b>                            | Applicant shows <b>some</b> evidence of research-based, evidence-based, or promising practices approach  | Applicant shows <b>persuasive</b> evidence of research-based, evidence-based, or promising practices approach   | Applicant clearly demonstrates <b>overwhelming</b> evidence of research-based, evidence-based, or promising practices approach  |                        |
| <b>3B. Quality Practice, Ratings, and/or accreditation</b> | Applicant shows <b>some</b> evidence of having quality practices put in place.<br>Applicant has plans to become quality rated or accredited.           | Applicant shows <b>persuasive</b> evidence of having quality practices put into place.<br>Applicant has enrolled in and provided proof of working toward a quality rating or accreditation. | Applicant clearly demonstrates <b>overwhelming</b> evidence quality practices.<br>Applicant has received a quality rating or accreditation.                                   |                        |
| <b>4B. Leverage or potential impact</b>                    | Applicant shows <b>some</b> evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families | Applicant shows <b>persuasive</b> evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families                                | Applicant clearly demonstrates <b>overwhelming</b> evidence of having the power to positively change the conditions, skills, attitudes or behaviors for children and families |                        |
| <b>5B. Feasibility</b>                                     | Applicant shows <b>some</b> evidence of cost effectiveness and affordability   | Applicant shows <b>persuasive</b> evidence of cost effectiveness and affordability  | Applicant clearly demonstrates <b>overwhelming</b> evidence of cost effectiveness and affordability   |                        |
| <b>6B. Values</b>  | Applicant shows <b>some</b> evidence of a child and family focused, comprehensive, collaborative and easily accessible service/program                 | Applicant shows <b>persuasive</b> evidence of a child and family focused, comprehensive, collaborative and easily accessible service/program  | Applicant clearly demonstrates <b>overwhelming</b> evidence of a child and family focused, comprehensive, collaborative and easily accessible service/program                 |                        |
| <b>7B. Measurable</b>                                      | Applicant shows <b>some</b> evidence for which data can be collected and analyzed to know if it working the way it should.                             | Applicant shows <b>persuasive</b> evidence for which data can be collected and analyzed to know if it working the way it should.  | Applicant clearly demonstrates <b>overwhelming</b> evidence for which data can be collected and analyzed to know if it working the way it should.                             |                        |
| <b>8B. Collaboration</b>                                   | Applicant shows <b>some</b> evidence of collaboration with the empowerment board and other area agencies and organizations.                            | Applicant shows <b>persuasive</b> evidence of collaboration with the empowerment board and other area agencies and organizations.   | Applicant shows <b>overwhelming</b> evidence of collaboration with the empowerment board and other area agencies and organizations.   |                        |
| <b>9B. Meeting Priorities</b>                              | Applicant shows <b>no</b> evidence of being able to meet the board's priorities and relate to the states results.                                      | Applicant shows <b>persuasive</b> evidence of being able to meet one of the board's priorities and relate to the states results.  | Applicant shows <b>overwhelming</b> evidence of being able to meet one or more of the board's priorities and relate to the states results.                                    |                        |
| <b>C. Budget and Justification</b>                         | Applicant shows <b>some</b> evidence of a solid budget and justification   | Applicant shows <b>persuasive</b> evidence of a solid budget and justification  | Applicant clearly demonstrates <b>overwhelming</b> evidence of a solid budget and justification   |                        |

|                                    |  |  |   |
|------------------------------------|--|--|---|
| <b>D. Matrix/Business Plan</b>     | Applicant shows <b>some</b> evidence of a solid business plan  | Applicant shows <b>persuasive</b> evidence of a solid business plan  | Applicant clearly demonstrates <b>overwhelming</b> evidence of a solid business plan  |
| <b>Rational and Subjectiveness</b> | Applicant shows <b>some</b> evidence of meeting standards of building a comprehensive early childhood system within the Empowerment Area | Applicant shows <b>persuasive</b> evidence of meeting standards of building a comprehensive early childhood system within the Empowerment Area | Applicant demonstrates <b>overwhelming</b> evidence of meeting standards of building a comprehensive early childhood system within the Empowerment Area |

***Attachment E***  
**ASSURANCES**

**A. ASSURANCES OF COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964**

No person shall, on the grounds of race, creed, color, national origin, gender or sexual orientation be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination under agency grants awarded pursuant to P.L. 93-415 or any project or program supported by such grants. Sub grantees must comply with the provisions and requirements of Title VI of the Civil Rights Act of 1964 and regulations issued by the Department of Justice thereunder as a condition of award of federal funds and continued grant support.

**B. THE HATCH ACT**

Federal law prohibits certain partisan political activity by an officer or employee of the State or local agency if his/her principal employment is in connection with an activity that is financed in whole or part by loans or grants made by the United States or a Federal Agency. The law is enforced by the United States Civil Services Commission.

**C. PROCUREMENT OF SPECIAL EQUIPMENT**

The Corner Counties Empowerment Board expects that the sub grantees will procure such special equipment being purchased in whole or in part with grants funds by that method, authorized by state law or local ordinance, which results in the lowest price of goods of the kinds or type required.

**D. NATIONAL HISTORIC PRESERVATION ACT OF 1966**

This project application either will not have an effect on a site listed on the National Register of Historic Places or the applicant has notified that such a site is or will be involved.

**E. APPLICABILITY OF STATE AND FEDERAL POLICIES**

All conditions, rules and regulations of federal and state governments, which relate to the administration of public funds and financial accounting, shall apply to sub grantees and contractors of the Empowerment area.

**F. NON-SUPPLANTING REQUIREMENT**

Federal and state funds made available through this program may not be used to supplant federal, state and local funds that would have been available in the absence of this program's aid. In complying with this requirement, the Corner Counties Empowerment Board will rely on written certification by State agencies and local government units to the effect that program funds have not been used in place of other federal, state and local funds.

## **G. REPORTS**

The sub-grantee shall submit quarterly financial and progress reports indicating activities undertaken, expenditures, and general progress of the project for which the sub-grant was awarded. The contractor will also be required to provide one oral report to the empowerment board as scheduled by the Director. In addition, a final report (using the same report forms) dealing with the evaluation of the entire project will be needed. This will include data needed to verify the success or failure of the project and a statement as to the effectiveness of the project.

## **H. BUILDING ACCESSIBILITY AND USE BY PEOPLE WITH DISABILITIES**

Any construction, design or alteration of a building or facility which will be used by the public or which may result in the employment or residence of people with disabilities must comply with the regulations issued by Federal Agencies, including the Department of Justice, under the Americans with Disabilities Act of 1990.

## **I. AMENDMENTS TO THE APPLICATION**

The Corner Counties Empowerment Board reserves the right to modify this application at any time. In the event the division amends, adds to, or deletes any portion of the application, an amendment will be provided to all applicants who received the original application.

## **J. COST OF PROPOSAL**

The Corner Counties Empowerment Board **is not** responsible for any costs incurred by an applicant which are related to the preparation or delivery of an application or any other activities carried out by an applicant related to this application.

## **K. COPYRIGHTS**

By submitting an application, the applicant agrees that the Corner Counties Empowerment Board may copy the application for purposes of facilitating the evaluation of the application or to respond to a request for public records. The applicant consents to such copying by submitting an application and warrants that such copying will not violate the rights of any third party.

## **L. PUBLIC RECORDS**

All information submitted by an applicant may be treated as a public record by the Corner Counties Empowerment Board unless the applicant properly requests that the information be treated as confidential information at the time the proposal is submitted. Public records will be copied as necessary to comply with Iowa's public record law. By submitting a proposal the applicant grants the Corner Counties Empowerment Board the right to make the required copies of the proposal. Any request for confidential treatment

of information must enumerate the specific grounds in Iowa chapter 22, which support treatment of the material as confidential.

**M. RESTRICTIONS ON GIFTS AND ACTIVITIES**

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and are responsible for complying with these requirements.

**N. RELEASE OF CLAIMS**

With the submission of a proposal, each applicant agrees that it will not bring any claim or have any cause of action against the Corner Counties Empowerment Board based on any misunderstanding concerning the information provided herein or based on the division's failure to provide the applicant with information.

**O. OTHER CONDITIONS**

The Applicant also understands and agrees: (1) that any funds received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the Corner Counties Empowerment Board; (2) that funds awarded are to be expended only for the purposes and activities covered by the Applicant's approved application and budget; (3) that the funds may be terminated in whole or in part at any time that the Corner Counties Empowerment Board finds a substantial failure to comply with contractual conditions or with regulations promulgated by the Corner Counties Empowerment Board; and (4) that appropriate records and accounts will be maintained and made available for audit as prescribed by the Corner Counties Empowerment Board.

**CERTIFICATION AND ASSURANCE**

I CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the applicant agrees to comply with and uphold the above assurances.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official