General Eligibility
And
Funding Guidelines

Revised March 2017
INTRODUCTION

The Ounce of Prevention Fund of Florida is a private, not-for-profit corporation founded in 1989 as a research and demonstration laboratory for health and human service programs for Florida’s at-risk children and their families. The organization identifies, funds, supports and tests innovative programs to improve the life outcomes of children, preserve and strengthen families and promote healthy behavior and functioning in society, recognizing that the wisest money is spent on prevention. Programs focus on improving educational achievement, facilitating economic independence, building strong families and making communities drug-free.

Research and evaluation is the cornerstone of the Ounce of Prevention Fund’s programs. Funding recipients are required to participate in ongoing long- and short term evaluation efforts. The maximum funding cycle is up to five years. Proposals must include community acceptance and demonstrate the ability to secure continuation funding by the conclusion of funding by the Ounce of Prevention Fund. A cash and/or in kind match is required.

PROGRAM REQUIREMENTS

The Ounce of Prevention Fund will fund innovative, comprehensive, community-based, family-focused and culturally relevant programs that assure the physical, emotional, social, cognitive, cultural and spiritual development of children through strengthening and supporting the family. One or more of the following broad outcomes must be achieved by the program:

- Reduce and prevent unintended pregnancies
- Reduce substance abuse (alcohol, tobacco and other drugs) among pregnant and parenting women and teenagers
- Improve maternal, child and adolescent health
- Improve health outcomes through nutrition education and increased physical activity
- Improve parenting
- Promote positive birth outcomes
- Reduce infant mortality
- Bullying prevention
To be considered an innovative program, one of the following criteria must be met:

- The program design is research based
- The program has demonstrated effectiveness yet is new to Florida
- The program has been tried in Florida or elsewhere, but is now being proposed for a different setting or population

**ELIGIBILITY CRITERIA**

Eligible Applicants:

- Private, not-for-profit agencies, organizations or community groups in Florida that are incorporated and have 501(c)(3) status as designated by the IRS
- Private, not-for-profit agencies, organizations or community groups in Florida that have as a partner and fiscal agent an agency or organization that is incorporated and has 501(c)(3) status as designated by the IRS
- Public agencies or organizations, including units of local government and a combination of general local governments

**SUBMISSION OF CONCEPT PAPERS**

Concept papers are to be no more than 20, letter size, 1.5-spaced, typewritten pages, including budget and budget narrative. Please do not use report covers, binders or notebooks. Do not send any unsolicited attachments or send any information by fax. Please use the cover page sample at the end of this document for your cover letter. The cover page must be from the applicant agency or organization and must be signed by the person who has the legal authority to apply for funding.

Concept papers will be accepted pursuant to the following schedule:

- April 1 through June 30 to be considered for July 1 funding
- Notification of award will be made to recipients at least 30 days prior to funding commencement. It is expected that programs will be fully operational within 30 days of receipt of initial funds.

RETURN TWO COPIES OF THE CONCEPT PAPER TO:

Winifred P. Heggins, Vice President
Ounce of Prevention Fund of Florida
111 North Gadsden Street, Suite 200
Tallahassee, FL 32301-1507
AREAS TO BE COVERED IN THE CONCEPT PAPER

Concisely and thoroughly address each of the following areas in the concept paper.

1. Agency Information:
   a. The name of the agency, organization or community group that will operate the proposed program -- indicate the name of the parent organization, if applicable
   b. The agency, organization or community group’s status (reference the eligibility criteria) -- if another agency will act as the applicant’s fiscal agent, please provide the agency’s name and its relationship with the applicant

2. Innovative Nature of the Program:
   a. An explanation of why the proposed program is innovative
   b. A description of the proposed program -- include the geographic area to be served and the location of the program
   c. An explanation of why the program is needed
   d. A description of who the program will serve
   e. A description of the specific strengths the operating agency brings to the proposed program

3. Organizational Capacity:
   A description the agency, organization or community group’s ability to develop, implement and operate the proposed program, including the following:
   a. The mission and history of the agency, organization or community group
   b. The agency, organization or community group’s expertise relevant to the children and families who will be served by the program
   c. A description of the agency, organization or community group’s current and/or anticipated collaborative efforts with other agencies for services and resources
   d. A description of the agency, organization or community group’s potential to generate matching funds and identify contributors and potential contributors of funds

4. Program Description:
   Provide a description of the intended program, including the target population, number of families or individuals to be served, geographic boundaries and clarification of specifically who (what agency) will be implementing the program. Discuss local collaborators involved and their contribution to the program.
5. Services:
   Describe the specific services that are to be provided and by whom. Clarify who will receive services as well as how many people will be served. Provide information on the planned frequency and duration of services to be provided. Identify curriculums to be used in conjunction with these services, if any. Detailed staffing information must be provided in the budget narrative and other budget documentation.

6. Evaluation:
   Provide a description of the preliminary program evaluation design including frequency of service, method of documentation and suggested measurement tools. The evaluation design is a statement of how you will demonstrate the programs performance in achieving the program’s goal(s). The evaluation will include the following sections:
   a. A logic model that interprets the program description in the form of program goal(s), process objectives, service objectives, short-term outcomes. (Example attached.)
   b. A list of relevant variables (i.e. demographics, program participation or service type) by which the program can be described and analysis can be conducted on the service objectives and outcomes
   c. Copies of the valid and reliable measurement tools and methods to be used in assessing outcomes

   Note: In the event that benchmarks or indicators are used, they should be relevant to the service objective or outcome.

7. Staffing:
   Outline of proposed program and administrative staffing composition.

8. Estimated Cost of Program:
   Estimated total cost of the program. A minimum 25% match (cash or in kind) is required. See the budget narrative guide attached and use the link to obtain the budget form.
   http://www.ounce.org/pdf/Budget_Form.xls
ATTACHMENT I

**Developing Your Logic Model**

The logic model is a tool used by the Ounce of Prevention Fund to assist sites with program management and to evaluate funded programs. The logic model is a way to translate your program into a set of objectives and outcomes by which you can measure your performance in terms of service objectives and outcomes. In setting targets for your objectives and outcomes, you should use evidenced-based targets. In the absence of such data, you may want to collect baseline data for a specified period and then set your targets. The following table provides instructions as to how to develop a logic model.

<table>
<thead>
<tr>
<th>Logic Model</th>
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<tbody>
<tr>
<td><strong>Program Goal(s)</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Objectives</th>
<th>Service Objectives</th>
<th>Short-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition: A <em>process objective describes the target population, the number of participants to be served, the targeted geographical service area and the individual program service components.</em></td>
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<tr>
<td>• Describe the target population and the number of participants contracted to serve within the targeted geographical service area.</td>
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<tr>
<td>• Identify each program component, including frequency and duration of services offered to the participants.</td>
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<tr>
<td>Definition: <em>A service objective establishes a quantifiable measurement of how often participants attend or receive services.</em></td>
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<tr>
<td>• Provide a quantifiable measurement for each program component in terms of participant involvement or receipt of services.</td>
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<tr>
<td>• Each service objective should also indicate how, where and by whom the data will be documented.</td>
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<tr>
<td>Definition: <em>A short-term outcome is a measurable consequence of the participant’s involvement in one or more program components during the program or upon program completion.</em></td>
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<td>• Identify one or more short-term outcomes.</td>
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<td>• State a target percentage of the participants that will achieve the outcome.</td>
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<td>• Include a valid instrument or indicator to measure the outcome results.</td>
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<tr>
<td>• Each short-term outcome should also indicate how, where and by whom the data will be documented.</td>
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</table>
### Formatting Your Logic Model

The table below is an example of a logic model with some call-outs that provide instructions as to how to organize the objectives and outcomes in way that makes referencing specific objectives and outcomes easy. In addition, the organizing structure places the process objectives, service objectives, and outcomes in a logical relationship to one another.

<table>
<thead>
<tr>
<th><strong>Goal 1:</strong>  To empower parents to provide safe and stable homes where children can experience positive life outcomes.</th>
<th><strong>Process Objectives</strong></th>
<th><strong>Service Objectives</strong></th>
<th><strong>Short-term Outcomes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Empowering Parents will serve 60 parents of children who live in zip codes 00001 and 00002 that have a high incidence of child abuse and neglect in Montgomery County, Florida.</td>
<td></td>
<td>1. 100% of 60 parents will enroll in the Empowering Parents program as documented by the program director on the participant enrollment form in participant files.</td>
<td>1. 75% of parents attending 5 of 10 parent skills sessions and 50% of the parent support groups for which they were eligible will show an improvement in parenting attitude as documented by the instructor and measured by the AAPI pre- and post-test kept in the participant file.</td>
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<tr>
<td>2. Empowering Parents will provide a 10 week parent education component, using Essential Skills for Parenting curriculum. The 10 sessions will occur once a week over 10 consecutive weeks. Each session will be 90 minutes in length. The program will offer the 10-week series four times during the contract period.</td>
<td>2. 70% of the parents will attend 5 of 10 parent education sessions within a single 10-week cycle as documented by the instructor on the attendance rosters.</td>
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<tr>
<td>3. Empowering Parents will provide parent support groups for parents who attend 50% of the parent skills sessions. The groups will self-select discussion topics. A licensed family therapist will facilitate the parent support group. The parent support group will meet monthly for 90 minutes each session. The parent support group will meet 10 times during the contract period.</td>
<td>3. 70% of those who attended 5 of 10 parent education sessions will attend 50% of the monthly support groups for which they are eligible as documented by the support group facilitator on the attendance rosters.</td>
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</tbody>
</table>

1 All specified demographic information will be recorded on the enrollment form.
ATTACHMENT II
BUDGET NARRATIVE GUIDE

Instructions

Please use this language as a guide to complete the budget narrative section of Attachment II. Show all calculations to justify budget request.

I. Direct Expenses

A. Salaries and Wages

- Should include salaries and wages for all program staff such as the on-site program manager, supervisor/coordinator, assessment worker, data entry specialist, case manager, family support workers, home visitor, nurse, group facilitator, etc. This should include lead entity and subcontracted staff that is directly related to the program.

- state the position title and percent full-time employment (FTE)

- totals should include annual cost of living or merit increase the agency may choose to assign

- Note: We do not pay bonuses or comp time

Note: Administrative staff of lead entity should be included in the indirect cost

B. Payroll Taxes and Benefits

- provides for employee health and life insurance, FICA, worker's compensation, retirement and unemployment taxes

- state percentage for benefits package

C. Program Consultants and Contractuals

- should include the use of experts for such things as client assessments, and/or clinical or technical trainers for staff; presenters for program, etc.

D. Other Consultants and Contractuals

- provides for the payment of a pro-rated amount of any legal fees incurred by the agency due to program sponsorship
E. Participant Education Materials

- provides for books, videos, pamphlets, developmental toys or equipment, parent education curriculum, and health education curriculum.

F. Consumable Program Supplies

- provides for paper/pens, participant manuals, arts and crafts supplies, journals, training/teaching supplies, and appropriate supplies.

G. Assistance to Participants

- provides for participant approved admission fees, child care during program activities, testing fees or job training fees.

H. Office Expenses

- provides for monthly telephone service, monthly utility service, garbage collection, fax line, postage and shipping, and office supplies.

I. Operating Capital Outlay

- Capital expenditures are items costing $1,000.00 or more with a useful life of one year or more. These items should be individually listed with the estimated price per item. The agency must maintain insurance on the full insurable value of assets purchased with grant funds. At the termination of the agreement for services the Ounce reserves the right to recover any fixed assets purchased with grant funds.

Example: computers, office furniture, copiers, fax machine, and/or cellular phone,

J. Lease/Rent

- provides for the costs of renting office equipment (i.e. copier, computers)
- provides for the costs of renting office space (space allocation if building is owned)

Note: This should be a prorated amount of building for actual program staff
K. Maintenance

- provides for minor exterior and interior repairs such as plumbing, painting, air conditioning/heating, flooring and janitorial services.
  
  \textit{Note}: This should be a prorated amount of building for actual program staff

L. Insurance

- provides for the payment of insurance premiums to cover such things as director's and officers' liability, property, and liability.
  
  \textit{Note}: This should be a prorated amount of building for actual program staff

M. Staff Travel

This line item is divided into two types:

- In-area travel: This is defined as program related travel within the designated service geographical area. As of this printing, a maximum of 44.5 cents per mile will be reimbursed for travel.

- Meal Allowance: B-$6, L-$11 and D-$19

- Out of the area travel: This is defined as program related travel occurring outside of the designated service geographical area. This would include travel for training, conferences or Ounce meetings. The staff person would be reimbursed by the provider for airline fees, hotel, ground transportation, and per diem.
  
  \textit{Note}: Where itemized payment for travel expenses are permitted in this contract, bills submitted for any travel expenses must be in accordance with Section 112.061 F.S. or at such lower rates as may be provided in this contract.

N. Conferences and Staff Development

- Provides for registration fees for staff development and training

O. Membership Fees and Subscriptions

- Provides for expenses incurred for agency memberships in organizations which provide benefits to the program in the form of services, publications, materials, etc. Individual memberships are not reimbursable. The line item also allows for subscriptions to periodicals and publications and the purchase of related books.
P. Advertising

- provides for costs for community awareness advertising, publication of job vacancies and recruitment ads

Q. Outside Printing and Artwork

- provides for the costs of printing pamphlets, posters, newsletters, participant materials and program stationary

R. Other Allowable Costs

- Provides for costs discussed and approved with funder. Also one time only pre-approved minor construction costs (i.e. room dividers, storage cabinets, bookshelves, etc.) as approved by funder.

II. Indirect Expenses

A. Defined as the agency’s fixed operating costs, a portion of which can be appropriately allocated to the funded program. This amount generally represents an allocation of administrative cost from the provider agency. This cost cannot be duplicative of other items listed in the budget. The calculation for indirect cost must be presented. The agency must provide assurances that the indirect costs are allocated to all programs of the agency.
THE OUNCE OF PREVENTION FUND OF FLORIDA
CONCEPT PAPER COVER PAGE

Proposed Program’s Name:_____________________________________________________

Local Sponsoring Agency’s Name:______________________________________________

Address:_____________________________________________________________________

___________________________________________________________________________ Zip Code:_____________________

Telephone:_____________________________ Fax:______________________________

Email address:________________________________________________________________

Chief Officer/Authorized Official:
Name:______________________________________________________________

Title:_______________________________________________________________________

Lead Contact Person:________________________________________________________________

Telephone:____________________________

Email:___________________________________

Project Summary: (below)