Bidder's Application Packet

Smart Start RFP Allocation Cycle
FY 2027-28 through FY 2029-30

September 15, 2026
10:00 am to 12:00 pm

AGENDA
Smart Start RFP Allocation Cycle
FY 2027-28 through FY 2029-30
September 15, 2026

Facilitator: Pamela Federline, Vice President, Planning & Evaluation

I.	Introduction	Pamela Federline
II.	Welcome & Strategic Pillars	Mary Sonnenberg
III.	PFC & Smart Start Eligibility Requirements	Pamela Federline

IV. Timeline for Grant Submission, Review, and Approval

V. Application

a. Grant Application – *Training and Use*

b. Smart Start Application

c. Budget

d. Budget Narrative

e. Resources to Support Activities

VI. Technical Assistance (TA) for RFP Development: Available Dates to Request Support

The PowerPoint for today's session will be provided, as it has useful information to assist you with developing your proposal.

Eligibility Requirements

Organization Type:

- Organizations must be classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code and as public charities under Section 509(a).
- Schools, municipalities, and government programs are eligible.
- Individuals, child care facilities, and for-profit organizations are not generally funded, except in some instances where there is no suitable tax-exempt organization to carry out a program or project.
- Organizations that do not meet the above criteria (1, 2 or 3) may not use conduit organizations to apply for funding.

Target Audience:

- Serve the Cumberland County area **or** a regional project that serves families with children between prenatal and kindergarten entry **and/or** service providers of children between prenatal and kindergarten entry.

Capacity:

- Organizations should have at least a **three-year history** of Evidence-based, Evidence-informed program services.

State Allocation Process:

The NC Partnership for Program conducts an annual allocation process to review and approve funding for programs that meet the criteria of Smart Start's objectives based on both the availability of annual funding and the requirements of the state legislature.

Program activities are reviewed and approved by the Smart Start Board of Directors on an annual basis.

Partnership for Children's Allocation Process:

1. PFC follows a three-year strategic planning cycle, and the three-year Smart Start bidding process aligns with the Board's planning cycle and strategic directives.
   a. Next Cycle Fiscal Years*: FY 2027-2028, FY 2028-2029, & FY 2029-2030*
   b. Contracts for each subsequent fiscal year in the multi-year bidding period will be executed ONLY after satisfactory evaluation of performance, and availability of funds is confirmed each year.

2. Smart Start funds must be allocated to programs that meet Evidence-Based or Evidence-Informed (EB/EI) criteria and evidence, as a legislative mandate.

3. Smart Start funding is required to be allocated the following portions:
   a. 41-45% to Child Care Subsidy;
   b. 25-29% (*totaling 70%)* for Child Care-related activities;
   c. Remaining 30% to Family Support, Health, and System Support.

4. All Smart Start grantees must work collaboratively with PFC's Planning and Evaluation team to provide reports either through an existing software that can provide extracted reports, or via the PFC Salesforce Portal. If other data systems are used by Smart Start Grantee, the grantee must provide client-level demographic data, program participation data or related required outputs, and outcome data.

5. A 19% match is required for all Smart Start Local Partnerships; however, PFC requests documentation of a *minimum of 5%* for Smart Start grantees.

6. Fidelity Bonding Requirements

All grantees are required to have and maintain fidelity bond insurance, naming the Local Partnership as an additional insured or joint loss payee. Grantees who receive than $100,000 in grant funds per fiscal year are also required to list the Local Partnership as a Certificate Holder, insure that amount of coverage is at least 50% of the total funds allocated, and that the policy remains in effect for at least one year after the end of the fiscal year in which funds are received.

Governmental entities are exempt from this requirement.

Smart Start Review Process:

Decision Levels: Funding decisions are approved at three levels - a local committee, the local PFC Board, and the NC Partnership for Children.

1. **Role of the Review Panel:** A review panel of representatives from the community, including staff from community organizations, and experts involved in children's issues and grantmaking, will review proposals and make funding recommendations to the PFC Board. PFC Staff provides only a supporting role.
2. **Role of Board:** The PFC Board approves final local funding decisions.
3. **Role of NC Partnership for Children:** NC Partnership for Children approves Smart Start Investments for Cumberland County.

Timeline for Annual Review and Approval:

September 15, 2026: Grant Application Form Available by close of business on the RFP Allocation website page at https://ccpfc.org/about-pfc/smart-start-allocation-center/

September 16 to November 13, 2026	Technical support from PFC Staff to grantees available.
November 17, 2026	Proposals due electronically by 11:59 p.m. on the due date.
November 18 to January 5, 2027	Review and prepare applications for External Reviewers.
January to March 2027	Partnership Review Process – HYRBRID & IN PERSON
January 12, 2027	Smart Start Allocation: Reviewer Orientation
February 2, 2027	Smart Start Allocation: Grantee Presentations
March 2, 2027	Smart Start Allocation: Funding Recommendations
March 18, 2027	Executive Committee update on process and recommendations
April 29, 2027	The Partnership Board will review plan recommendations for activities/funding for approval
April-May 2027	Annual Submission of Activities (ASA) due to the North Carolina Partnership for Children*
End-May 2027	Partnership initial notification to applicants regarding proposal approval and initial approved budget.

Requirements:

The following are ***required*** for submission of your FY 2027-2030 Smart Start Application:

1. Use of the Online Application Form – applications submitted via email or paper submissions will not be accepted.
2. Upload of several files:
    a) Activities
    b) Personnel
    c) Budget

Required file documents will be available at https://ccpfc.org/about-pfc/smart-start-allocation-center/

Suggested Resources:

Planning and Evaluation has put together some useful resources to assist you with an application for a Smart Start activity. Suggested resources include, but are not limited to:

- PFC Strategic Plan 2026-2029
- Strategic Pillars
- RFP Allocation Grant Application Working file
- Smart Start RFP Full Form Sample
- Cost Principles
- Required document files
- Links for needs assessment data sources

Suggested resources will be available at Required file documents will be available at https://ccpfc.org/about-pfc/smart-start-allocation-center/

Application Assessment:

We will review and score applications based on several key factors. Examples include:

- How well your activity is linked to **Smart Start EB/EI** programming or has sufficient research underpinning the program to be approved by NCPC.
- Relationship to the **Partnership's Strategic Pillars**.
- The strength of potential **impact** of required measures of outputs and outcomes.
- The **level of impact in the community** for children from birth to kindergarten, their families, and the early childhood community of professionals.
- An organization's **ability to leverage funding** to support the activity and its overall fiscal capacity.

THIS APPLICATION COVER PAGE IS A SAMPLE ONLY AND NOT FOR USE FOR USE WITH ACTUAL SUBMISSION

The Partnership for Children is using an electronic form developed for CCPFC for use with uploading applications for this allocation cycle and management of the review process. Therefore, the following is *illustrative* of the requested type of information, but it will appear in a different form in the software. We recommend you use Word to complete your application (a file to assist you will be provided), then transfer your information to the online form at this link: https://ccpfc.tfaforms.net/5170646

Smart Start Request for Proposal FY 2027-2030
Page 1:

APPLICANT INFORMATION

Agency/Organization: [Official name of your organization]

Applicant First Name: Applicant Last Name:
[*Primary Contact submitting the application*]

Type of Organization: [*Drop down menu*]

Agency Status: [*Drop down menu*] **As a Smart Start Direct Service Provider*

Organizational Mailing Address:

City: State: Zip Code:

Is your Mailing Address the same as your physical address? Yes No

ORGANIZATION MAIN CONTACT INFORMATION

Website Address: Main Phone:

Fax (Optional):

PROGAM CONTACT

Program Contact First Name: Program Contact Last Name:

Title:

Phone: Email Address:

FISCAL CONTACT

Fiscal Contact First Name: Fiscal Contact Last Name:

Title:

Phone: Email Address:

CEO/AUTHORIZED SIGNATURE

Authorized Signature First Name: Authorized Signature Last Name:

Title:

Phone: Email Address:

PAGE 2: PROJECT INFORMATION

PROJECT/ACTIVITY NAME: TEXT FIELD

SMART START FOCUS AREA: Checkbox; select one

☐ EARLY CHILDHOOD EDUCATION
☐ FAMILY SUPPORT
☐ HEALTH

What PFC Strategic pillars will your activity address? Checkbox; Best answer

Sustainable & AdaptiveOrganization: Strengthen organizational resilience through diversified funding, leadership succession, modernized systems, and staff retention

Equitable Access & Early Intervention: Ensure early, equitable access to high-qualityearly learning, intervention, and navigation support.

Strong Workforce, Strong Outcomes: Invest in workforce compensation, development, and stability to improve child and family outcomes.

Authentic Community Voice& Engagement: Create accessible, meaningfulopportunities for familiesand communitiestoshape systems and decisions.

Connected Systems & Strategic Partnerships: Reduce silos and maximize impact through intentional, cross-sector partnerships.

FUNDING REQUEST FOR FY 2027-2028 [Numeric field]

ADMINISTRATIVE SUPPORT: $_____ (Only applicable to Subsidy Programs)

PROGRAM SERVICES GRANT REQUEST: $_____

REQUIRED ACTIVITY DESCRIPTION

After reading this proposal, reviewers should understand the activity's intent and why it exists, as well as how it will operate. Assume the reader has little familiarity with the entity or activity.

Smart Solutions: Activities funded with Smart Start dollars must be *Evidence-Based or Evidence-Informed*. Most activities funded will be part of the NC Partnership for Children's Smart Solutions. Please select which description best fits the proposed activity. If approved, supporting documentation will be required.

___Current NCPC Smart Solution

___Activity not currently approved by NCPC (selecting this option will require the applicant to provide research substantiating the activity's efficacy).

a) Please identify the specific Smart Solution activity you plan to implement.
TEXT FIELD

b) Please describe evidence supporting your organization's successful implementation of your proposed activity. If your organization is not a current Direct Service Provider, please describe your organization's success in implementing the Smart Solution or activity you are applying for, or experience generally operating similar programs.

TEXT FIELD

c) If you propose varying from the model program identified in any way, please describe those changes and the rationale for the change(s). Use **N/A** if there are no anticipated changes.

TEXT FIELD

d) Please describe how your program or activity specifically supports the ***Strategic Pillars of Partnership for Children***.

TEXT FIELD

Contract Activity Description (CAD): Each activity will have a Contract Activity Description (CAD) that becomes part of the contract between the Partnership for Children of Cumberland County and the funded organization. NCPC standardized (e.g., required) CADs for an activity **must be used**, even if you plan to add additional information to describe your activity. If an activity is approved for funding that uses a non-standardized CAD, North Carolina Partnership for Children (NCPC) must approve it. If unsure whether an activity has a standardized CAD, please refer to the RFP Allocation website for assistance. *Importantly, every word in your description has meaning and will be used to assess and monitor your activity's progress if funded.*

TEXT FIELD: WORD COUNT LIMIT [500]

PAGE 3: ACTIVITY NARRATIVE

Needs Statement

1. **What issues are you addressing?**
2. **Describe the NEED for your program (please include relevant local and/or state statistics).**
3. **WHAT data or trends show a need for this activity?**
4. **Does it fill a gap in services?**
5. **If applicable, please explain how the activity is unique in the community or how this service will enhance, expand or work with similar services currently offered in Cumberland County.**

TEXT FIELD – WORD COUNT LIMIT [750]

Target Population

1. **Please describe WHO the activity will serve.**
2. **Describe the target population(s), including eligibility criteria for participation.**
3. **Describe how this activity will fit into the continuum of services available to your selected target population.**

[*Example: The activity will target preschoolers and their caregivers who are not in a formal preschool program*]

TEXT FIELD – WORD COUNT LIMIT [250]

Program or Activity Elements

1. **Describe the strategies and/or activity components.**
2. **When describing programs with defined models, please provide an outline of the scope of services, and the anticipated duration and frequency of the activity each time offered.**
3. **Also describe WHEN and WHERE the service/activity will operate.**

Each strategy/activity will translate to ouput(s) and outcome(s) in the *Activity Evaluation and Data Collection Plan*. Some outputs and outcomes will be required by the NC Partnership for Children.

TEXT FIELD – WORD COUNT LIMIT [500]

Please upload: *Activity Evaluation and Data Collection Plan*

Collaborations:

1. **Describe how the activity will collaborate with other resources in the community to ensure the activity's success. For example, list the types of support and resources from organizations and agencies other than Smart Start.**
2. **Include organizations and agencies that collaborate in developing or delivering the activity. Consider collaborative opportunities that your agency may not currently participate in but could benefit or support your target population's services.**

TEXT FIELD – WORD COUNT LIMIT [500]

Family Engagement: If applicable, how will you promote the program to and engage families in the activity and related family outreach opportunities with PFC?

**Program marketing by contractors receiving Smart Start funds is a contractual requirement with PFC.*

[If your activity is not family engagement or outreach related, please write N/A]

TEXT FIELD – WORD COUNT LIMIT [500]

Addressing Barriers to Access & Equity:

1. **Identify barriers of access and equity your target population may encounter to participate in your proposed activity and provide a plan to address each anticipated or identified barrier.**
2. **Plans should include goals, strategies, persons responsible for strategy implementation, and a timeframe for achieving goals.**

TEXT FIELD: WORD COUNT LIMIT [500]

Personnel:

1. **BRIEFLY describe the roles/services each staff position provides to implement an activity, and the required credentials, as applicable.**
2. **Who will oversee the program's overall project management, supervision, and program model fidelity (even if not Smart Start-funded)?**
3. **If no personnel currently manage an activity, what is the recruitment plan?**

TEXT FIELD: WORD COUNT LIMIT [250]

Please Upload: *Attach the **FTE Personnel Worksheet** and description(s) with clearly defined qualifications, education, and responsibilities for each position listed. Job descriptions will be required if approved for Smart Start Funding. (**Sample Below**)*

Partnership FOR CHILDREN OF CUMBERLAND COUNTY

Smart Start Request for Proposal Personnel Worksheet FY 2024-FY 2027

Position Title	FTE	Specific services/tasks of the role	Required Credential
Example: Kaleidoscope Facilitator	*.25*	*Facilitate KPL sessions*	*Kaleidoscope Training Certificate: KPL 101*

**Add additional lines as needed.*

Please Note: *If awarded Smart Start funds, applicants must provide a complete job description with clearly defined qualifications, education, and responsibilities for each position listed.*

Sustainability:

Describe how your organization will sustain the activity and/or scale the activity after the three-year allocation cycle.

TEXT FIELD – WORD COUNT LIMIT [150]

PAGE 4. BUDGET INFORMATION

A. Grants and Materials:

1) Will this activity include *grants, stipends, incentives, or scholarships* of any kind? **[Yes] [No]**

2) IF Yes, please list ALL items intended to be given away free of charge to participants. For example, provide list of materials being provided to participants, a description of the intended purpose for the materials.

TEXT FIELD – WORD COUNT LIMIT [100]

B. BUDGET AND NARRATIVE JUSTIFICATION

Please complete the required Budget Template. The spreadsheet includes a section for a related line item budget narrative that includes appropriate justifications. If you are providing a per unit service, a methodology must be included for the rate used. Please include cash and/or in-kind contributions where applicable. All contributions must meet auditing requirements.

Please Upload*: *Please upload a detailed activity budget via the Excel form provided.

ADDITIONAL ATTACHMENTS:

While not prohibited, other attachments must ***directly*** support your application and will be limited to a single .pdf attachment of ***five*** pages or less. For example, you may include a sample of marketing materials, but please do not submit tables of data your reviewers would have to interpret or narrative that does not fit in a word count limited section. Importantly, If you have a question about an attachment you would like to submit, please contact Pamela Federline at pfederline@ccpfc.org.

***Please Upload*:** *Additional Attachment (Please upload only 1 additional attachment if needed)*

SECTION 6. Application Signature

Please sign and date below. The completed application must include the signed and dated statement below.

I understand that **[FILL IN NAME OF APPLLICANT AGENCY – TEXT FIELD – WORD COUNTY LIMIT [10]** will be held accountable for the above requirements outlined in the RFP, and others as contained in the contract that will be executed if the agency or entity receives PFCCC funding. I also certify that I will fully disclose, to the best of my knowledge, any conflict of interest between this entity or agency, its staff, officers or directors and the Partnership.

Individual Authorized to Sign Grant Submission Name: **TEXT FIELD – WORD COUNT LIMIT [5]**

ELECTRONIC SIGNATURE FIELD: _____

DATE: DATE FIELD [AUTO POPULATE] _____

For technical assistance, please contact those noted below for specific support:

Grant application, Evidence-Based or Evidence-Informed (EB/EI) Practices, Outcomes & Valid Assessment Tools, Logic Model:

Pamela Federline	pfederline@ccpfc.org	(Overall Grant TA, EB/EI Practices)
Heather Gallagher	hinman@ccpfc.org	(Outcomes and Assessment)
Steven Gipson	sgipson@ccpfc.org	(Grant Form Submission issues)

Budget/Contract:

Mary Lilly	mlilly@ccpfc.org	(Budget and Justification)
Karen Staab	kstaab@ccpfc.org	(Fiscal Monitoring Support)
Michelle Downey	mdowney@ccpfc.org	(Contract Support)

Thank you for your interest in Smart Start!

For more information, please contact
Pamela Federline
Vice President
Planning & Evaluation
pfederline@ccpfc.org