



NURSE-FAMILY PARTNERSHIP INCENTIVE FUND

**Request for Proposals
2019**

Applications accepted on a rolling basis starting March 1, 2019

SUMMARY OF FUNDING OPPORTUNITY

The purpose of this Request for Proposals (RFP) is to select applicants interested in expanding or launching the Nurse-Family Partnership® (NFP) evidence-based home visiting model through the Incentive Fund.

- The Incentive Fund offers start-up dollars to existing or new organizations wanting to expand or launch NFP.
- The Incentive Fund will partner with those seeking to improve access and quality of care for the most vulnerable families and expand the impact of public and private dollars to optimize this effort.
- NFP will offer up to 1/3 of program funding over a three-year period, with 2/3 match secured by the agency. Proof of match funds will be required.
- Interested applicants must send an email expressing intent to apply prior to submitting an application to: IncentiveFund@nursefamilypartnership.org.
- Proposals to be accepted and awards announced on a rolling basis beginning March 1, 2019 until all funds have been awarded. Conversations with your NFP point of contact are advised.

NFP OVERVIEW

Nurse-Family Partnership is an evidence-based nurse home-visiting program focused on the health, well-being and self-sufficiency of low-income, first-time mothers and their children. Four decades of randomized controlled trial research have shown NFP's favorable impact on pregnancy outcomes, child health and development, as well as mother's life course development. Through ongoing home visits from registered nurses, NFP clients receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors (NHVs) form a much-needed, trusting relationship with first-time moms, instilling confidence and empowering them to achieve a better life for their children – and themselves.

NFP currently serves over 35,000 families in 41 states, the U.S. Virgin Islands and five Tribal organizations in 594 counties nationwide. Despite this point-in-time enrollment, NFP is reaching only a small percentage of eligible families. Too many low-income, first-time pregnant mothers and their children continue to suffer from chronic poverty, poor health and other social conditions that carry a high price tag in terms of their human toll and monetary costs. NFP is committed to finding new and promising ways of expanding our reach to serve more vulnerable families. As part of this commitment, NFP is launching the Incentive Fund.

PROPOSAL INFORMATION

ELIGIBILITY

Applicants may apply to:

- Establish a new NFP program (NFP NEW APPLICANTS)
OR
- Expand an existing NFP program (NFP EXPANSION APPLICANTS)

NFP is seeking proposals from a variety of interested applicants for this funding opportunity. Preference will be given to proposals from, but not limited to: Federally Qualified Health Centers, Managed Care Organizations, hospitals, health systems and other healthcare agencies, substance abuse and mental health treatment facilities, homeless shelters, and Tribes/Tribal organizations.

EVALUATION CRITERIA

Applicants are expected to describe their plans to effectively launch, implement and sustain the NFP model. A designated NFP Incentive Fund Review Committee will oversee the RFP selection process.

Successful proposals will need to demonstrate:

- Proof of existing assets for match or demonstrated ability to access matching funds.
- Viable expansion plan or proposed implementation plan, and projected client enrollment.
- Ability to implement with fidelity to the NFP model.
- After three-year grant period, demonstrated ability to get sustainable funding.
- Strong referral network. (NFP Expansion Applicants)
- Strong NHV hiring and retention track record. (NFP Expansion Applicants)
- Average NHV caseload of 85% or above. (NFP Expansion Applicants)
- Strong client enrollment track record. (NFP Expansion Applicants)
- Feasible plan for developing and maintaining a strong referral network. (NFP New Applicants)

EMAIL EXPRESSING INTENT TO APPLY

Applicants must send a non-binding email expressing intent to apply for funding under this RFP.

Emails should include:

- 1) Name and address of lead agency
- 2) Name, title, phone, and email of agency's point of contact
- 3) Proposed expansion size/size of new agency and service area
- 4) Proposed source and description of matching funds

Send email to IncentiveFund@nursefamilypartnership.org with "Incentive Fund Intent to Apply" included in the subject line.

PROPOSAL INFORMATION CONTINUED

MATCHING FUNDS

Matching funds are required for this grant. NFP can offer up to 1/3 of program funding over a three-year period, with 2/3 match to be secured by the agency. NFP can provide even funding across all three years or provide more funding in year one with less in years two and three at agency option. Proof of private or public match funds will be required, including letter(s) from the public or private funders.

The maximum amount of money to be awarded under this Incentive Fund RFP is \$4 million. The number of awards will depend on quality and viability of proposals and the amount of funds requested by individual applicants.

MAINTENANCE OF EFFORT

NFP Expansion Applicants may not use funds from this grant to supplant existing resources currently being used to support NFP program operations. Awardees are expected to sustain current funding levels for their NFP programs and use Incentive Fund dollars to expand service capacity. Efficiencies that can be achieved with expansion are encouraged.

USE OF GRANT FUNDS

Incentive Fund grant money must be used for costs associated with NFP service delivery. Allowable costs are subject to approval by the Incentive Fund.

PROPOSAL INSTRUCTIONS

Proposals for grant funding (including attachments) should be sent in a single PDF. Font size should be no smaller than Times New Roman 10. Proposals will be accepted on a rolling basis starting March 1, 2019.

SECTION 1: PROPOSAL COVER PAGE

All applicants must submit the Cover Page included on Page 7 of this RFP with their respective proposal.

SECTION 2: PROPOSAL SUMMARY PAGE (2 PAGE MAXIMUM)

All applicants should provide a short overview of their plan to expand or establish the NFP program. Please include a brief description of the project with the following:

- 1) Target population and geography to serve
- 2) Why is NFP needed?
- 3) Existing and proposed partnerships that will help achieve a strong implementation, including referral sources, prenatal and pediatric providers, and other community services
- 4) Proposed match funding

SECTION 3: PROPOSAL ADDENDUMS

Existing and New Agencies to NFP have different proposal addendums they must fill out. Please be sure to complete the correct form for RFP submission.

NFP EXPANSION APPLICANTS

Must complete the Expansion Addendum and include all required attachments.

NFP NEW APPLICANTS

Must complete the New Agency Addendum and include all required attachments.

KEY DATES

Schedule	Date	Instructions
Posting of Request for Proposals	February 26, 2019	Available on NFP Website: https://www.nursefamilypartnership.org/public-policy/incentive-fund/
Email with Intent to Apply	Starting on February 26, 2019	Email: IncentiveFund@nursefamilypartnership.org
Question & Answer Period for RFP	Starting on February 26, 2019	Email: IncentiveFund@nursefamilypartnership.org with a question or to set-up a call.
Proposal Due Date	Rolling basis starting March 1, 2019	Email: IncentiveFund@nursefamilypartnership.org
Award Announcements	Rolling basis starting April 1, 2019	Via Email to Recipients

CONTACT INFORMATION

For any questions on the Incentive Fund or the application process, please email:
IncentiveFund@nursefamilypartnership.org

For more information on NFP, please visit our website:
<https://www.nursefamilypartnership.org/>



COVER PAGE

NURSE-FAMILY PARTNERSHIP INCENTIVE FUND 2019 REQUEST FOR PROPOSALS (RFP)

Entity's Legal Name: _____

Entity's Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): (Including area code) _____

Email Address: _____

Website Address: _____

Federal Employer Identification Number (FEID): _____

Amount Requested: _____

Entity's Fiscal Year End Date: _____

Contact Person for Application: _____

Authorized Signature: _____

Printed Name of Authorized Signature: _____

Title: _____

Date: _____