

# **Proponent Response Package**

## **Family Resource Network Expression of Interest 2019**



**Alberta Children's Services  
Family and Community Resiliency Division**

## Proposal Submission Cover Page

(Date , 2020)

<b>Name of EOI:</b>	<b>Family Resource Network EOI (2019)</b>
<b>Proponent's Legal Name:</b>	Click or tap here to enter text.
<b>Mailing Address:</b>	Click or tap here to enter text.
<b>Name of Chief Executive Officer/Executive Director:</b>	Click or tap here to enter text.
<b>Contact Person and Position for current EOI:</b>	Click or tap here to enter text.
<b>Telephone:</b>	Click or tap here to enter text.
<b>E-mail Address:</b>	Click or tap here to enter text.
<b>Are you a sole proprietor?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Are you a legally incorporated organization?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>If so, what year was your organization incorporated?</b>	Click or tap here to enter text.
<b>How many years have you or your organization provided services in Alberta?</b>	Click or tap here to enter text.
<b>Is your organization not-for-profit or for-profit?</b>	<input type="checkbox"/> <b>not-for-profit</b> <input type="checkbox"/> <b>for-profit</b>
<b>Name and Position of Authorized Signing Officer:</b>	Click or tap here to enter text.

I am authorized to sign on behalf of the proponent to bind the proponent to statements made in response to this EOI.

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*Name of Authorized Signing Officer*

*Signature*

## APPENDIX E - Proponent Commitment Statement

Declaration	
1. The grant recipient commits to FRN service delivery starting without delay on April 1, 2020.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The grant recipient commits to EOI development and embedding of FRN Standards of Practice.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The grant recipient commits to EOI development and embedding of output and outcome monitoring and reporting processes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. The Grant Recipient will maintain the following insurance requirements for the full term of the grant:  'general liability insurance, in accordance with Alberta's <i>Insurance Act</i> , in an amount not less than \$2,000,000.00 inclusive per occurrence, insuring against bodily injury, personal injury and property damage, including loss of use thereof.'	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Certification

I hereby certify that the responses I have made to all of the 'Proponent Commitment Statement' on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, if any of the information I provide is inaccurate, or if I have indicated 'No' to any of the above statements I will not have met all of the mandatory requirements for this EOI and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I hereby acknowledge that I have the authority to make this certification on behalf of the organization referenced below.

Click or tap to enter a date.

Signature

Date

Click or tap here to enter text.

Print Name

## Proponent Response Form

### PART A. SCOPE INFORMATION

**Instructions:** All proponents are required to complete Part A of the Proponent Response Form.

#### Section 1: Location Identification

**Instructions:** Part A Section 1 must be completed by all Proponents. Please identify the Children's Services (CS) Region for your proposed service delivery.

CS Region	Identify 1 CS Region
Calgary Region	<input type="checkbox"/>
Central Region	<input type="checkbox"/>
Edmonton Region	<input type="checkbox"/>
North Central Region	<input type="checkbox"/>
Northeast Region	<input type="checkbox"/>
Northwest Region	<input type="checkbox"/>
South Region	<input type="checkbox"/>
Metis Settlements	<input type="checkbox"/>

#### Section 2: Service Identification

**Instructions:** Part A Section 2 must be completed by all Proponents. Please clarify your proposed service delivery (select one option):

Proposed Service	Option
My organization is proposing to deliver a combination of FRN 'Hub-and-Spoke' services.	<input type="checkbox"/>
My organization is proposing to deliver FRN 'Hub' services only.	<input type="checkbox"/>
My organization is proposing to deliver FRN 'Spoke' services only.	<input type="checkbox"/>

#### Section 3: Organizational Profile

**Instructions:** Part A Section 3 must be completed by all Proponents.

Please describe your understanding of the scope, objectives, and priorities of this EOI. Provide a brief organization profile that elucidates your strengths, organizational capacity, innovative practices, experience in delivering similar services, specializations etc.

Click or tap here to enter text.

#### **Section 4: Community Needs Assessment**

**Instructions:** Part A Section 4 must be completed by all Proponents. Please respond to the following Community Needs Assessment questions. Clarify and provide details relating to:

**A. Describe the targeted/benefitting community, neighborhood, area (community being defined both as a geographic area and also as a social unit with shared norms, religion, values, customs, and/or identity). Include any relevant statistics, demographic information, identified vulnerabilities.**

Click or tap here to enter text.

**B. Describe the community assets (factors within the community that improve the quality of community life for families, children, and youth) that currently exist within your proposed service delivery network area. What is already being done to address the needs?**

Click or tap here to enter text.

**C. What support needs, risk factors, challenges have you identified relating to the families, infants, children, and youth within the proposed community?**

Click or tap here to enter text.

#### **Section 5: Collaborative Partnerships**

**Instructions:** Part A Section 5 must be completed by all Proponents.

**Describe your formal and informal collaborations and partnerships and how they would contribute and support successful service delivery. Describe any complementary efforts, including other multisector collaborations in your community or region that could potentially enhance or align with the proposed work.**

Click or tap here to enter text.

## PART B. 'HUB' SERVICES

**Instructions: Only proponents interested in delivering 'Hub' services are required to complete Part B of the Proponent Response Form. If a proponent is proposing to deliver multiple 'Hub' locations, Part B must be completed for each individual 'Hub' and submitted as a separate and distinct submission package.**

### Section 1: FRN 'Hub' Services

**Please specify address of proposed FRN 'Hub'. If currently unknown, please identify community.**

Click or tap here to enter text.

### Section 2: FRN 'Hub' Responsibilities

**Section 3.2 'Hub-and-Spoke Service Delivery Components' of this EOI outlines 10 FRN 'Hub' responsibilities. Please describe how your proposed service delivery of 'Hub' services will accomplish, fulfill, and exceed these outlined responsibilities.**

Click or tap here to enter text.

### Section 3: FRN 'Hub' Approach

**Please describe how your proposed FRN 'Hub' will implement, embed, and accomplish:**

- **Appropriate program distribution relating to age cohorts (Section 3.3)**
- **Core Service Delivery Domains (Section 3.4)**
- **Appropriate distribution of Prevention and Early Intervention Continuum (section 3.5)**
- **Family Resource Network Principle-based Practices (Section 3.6)**

Click or tap here to enter text.

### Section 4: FRN 'Hub' Performance/Outcome Measurement

**Relating to FRN 'Hub' Services, please describe your outcome and performance measurement approach and how it is aligned to the Well-being and Resiliency Framework.**

Click or tap here to enter text.

### Section 5: FRN 'Hub' Budget

**For 'Hub' services (not including 'Spoke'-related programs and supports) please complete the below budget outline. Please note: if the Proponent is proposing both 'Hub' and**

**'Spoke' services, 'Spoke' programming budgets will be identified in a separate section.**

*Please note: the exact amount to be released is to be determined at the sole discretion of the Minister.*

EXPENDITURE CATEGORY	ANNUALIZED EXPENDITURE
<b>Service/program (please specify program): 'Hub' Services</b>	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	
Client Development Staffing Salaries (include benefits and relief)	\$Click or tap here to enter text.
<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel etc.	\$Click or tap here to enter text.
<b>C. PROGRAM COSTS</b>	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	\$Click or tap here to enter text.
<b>E. ADMINISTRATION STAFFING COSTS</b>	
Administrative Staffing Salaries (include benefits)	\$Click or tap here to enter text.
<b>F. 'OTHER' ADMINISTRATIVE COSTS</b>	
Including office expenditures (supplies, telecommunications, IT support), legal fees, advertising, staff recruitment, accounting/ audit fees, bank charges, consultant fees, organizational memberships, shared support service costs, 'other'	\$Click or tap here to enter text.
<b>G. 'OTHER' COSTS NOT IDENTIFIED (please specify)</b>	
	\$Click or tap here to enter text.
	\$Click or tap here to enter text.
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	\$Click or tap here to enter text.
	\$Click or tap here to enter text.
<b>TOTAL ANNUALIZED 'HUB' BUDGET</b>	\$Click or tap here to enter text.

**Section 6: FRN 'Hub' Additional Information**

**Please provide any additional information you deem relevant to the delivery of FRN 'Hub' Services.**

Click or tap here to enter text.



## PART C. 'SPOKE' SERVICES

**Instructions: Only proponents interested in delivering 'Spoke' services are required to complete Part C of the Proponent Response Form. If a proponent is proposing to deliver multiple 'Spoke' services, please identify all separately in the chart below.**

### Section 1: FRN 'Spoke' Services

Please provide a description and details relating to your proposed FRN 'Spoke' services and programming:

Identify Key Activity/Program	Core Service Delivery Domain <i>(Identify primary domain)</i>	Universal/Targeted/Intensive	Specify Age Cohort <i>(please specify)</i>
Click or tap here to enter text.	<input type="checkbox"/> Child Development and well-being <input type="checkbox"/> Caregiver capacity building support <input type="checkbox"/> Social connections and supports	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> I	<input type="checkbox"/> 0-6 years <input type="checkbox"/> 7-13 years <input type="checkbox"/> 14 + years <input type="checkbox"/> Other <i>(explain below)</i> Click or tap here to enter text.
<b>Please provide description of activity/program</b> <i>(include information relating to evidence-informed/supported and best practice approaches):</i> Click or tap here to enter text.			
Click or tap here to enter text.	<input type="checkbox"/> Child Development and well-being <input type="checkbox"/> Caregiver capacity building support <input type="checkbox"/> Social connections and supports	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> I	<input type="checkbox"/> 0-6 years <input type="checkbox"/> 7-13 years <input type="checkbox"/> 14 + years <input type="checkbox"/> Other <i>(explain below)</i> Click or tap here to enter text.
<b>Please provide description of activity/program</b> <i>(include information relating to evidence-informed/supported and best practice approaches):</i> Click or tap here to enter text.			
Click or tap here to enter text.	<input type="checkbox"/> Child Development and well-being <input type="checkbox"/> Caregiver capacity building support <input type="checkbox"/> Social connections and supports	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> I	<input type="checkbox"/> 0-6 years <input type="checkbox"/> 7-13 years <input type="checkbox"/> 14 + years <input type="checkbox"/> Other <i>(explain below)</i> Click or tap here to enter text.

**Please provide description of activity/program** (include information relating to evidence informed/supported and best practice approaches):

Click or tap here to enter text.

Click or tap here to enter text.

- Child Development and well-being
- Caregiver capacity building support
- Social connections and supports

- U
- T
- I

- 0-6 years
  - 7-13 years
  - 14 + years
  - Other (*explain below*)
- Click or tap here to enter text.

**Please provide description of activity/program** (include information relating to evidence-informed/supported and best practice approaches):

Click or tap here to enter text.

Click or tap here to enter text.

- Child Development and well-being
- Caregiver capacity building support
- Social connections and supports

- U
- T
- I

- 0-6 years
  - 7-13 years
  - 14 + years
  - Other (*explain below*)
- Click or tap here to enter text.

**Please provide description of activity/program** (include information relating to evidence-informed/supported and best practice approaches):

Click or tap here to enter text.

Click or tap here to enter text.

- Child Development and well-being
- Caregiver capacity building support
- Social connections and supports

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- 0-6 years
  - 7-13 years
  - 14 + years
  - Other (*explain below*)
- Click or tap here to enter text.

**Please provide description of activity/program** (include information relating to evidence-informed/supported and best practice approaches):

Click or tap here to enter text.

Click or tap here to enter text.

- Child Development and well-being
- Caregiver capacity building support
- Social connections and supports

- U
- T
- I

- 0-6 years
  - 7-13 years
  - 14 + years
  - Other (*explain below*)
- Click or tap here to enter text.

**Please provide description of activity/program** (include information relating to evidence-informed/supported and best practice approaches):

Click or tap here to enter text.

## Section 2: FRN 'Spoke' Services Implementation

Please describe how your proposed FRN 'Spoke' service/s will implement, embed, and contribute to the following:

- Appropriate program distribution relating to age cohorts (Section 3.3)
- Core Service Delivery Domains (Section 3.4)
- Appropriate distribution of Prevention and Early Intervention Continuum (Section 3.5)
- Family Resource Network Principle-based Practices (Section 3.6)

Click or tap here to enter text.

## Section 3: FRN 'Spoke' Performance/Outcome Measurement

Relating to FRN 'Spoke' Services, please describe your outcome and performance measurement approach and how it is aligned to outcome areas identified in Section 3.8 'Outcome & Performance Measurement' and the Well-being and Resiliency Framework.

Click or tap here to enter text.

## Section 4: FRN 'Spoke' Budget

For 'Spoke' services (not including 'Hub'-related services and supports) please complete the below budget outline. Please note: if the Proponent is proposing multiple 'Spoke' services and programs (i.e. Home Visitation, Youth Mentorship, Literacy Program etc.) the budget chart must be completed for each unique program/service. Add additional charts as needed.

*Please note: the exact amount to be released is to be determined at the sole discretion of the Minister.*

EXPENDITURE CATEGORY	ANNUALIZED EXPENDITURE
<b>Service/program (please specify 'Spoke' program):</b> Click or tap here to enter text.	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	
Client Development Staffing Salaries (include benefits and relief)	\$Click or tap here to enter text.
<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	
Supplies and services associated directly with services, supports, and programming provided to clients	\$Click or tap here to enter text.

including supplies and materials, program staff training, program staff travel etc.	
<b>C. PROGRAM COSTS</b>	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	\$Click or tap here to enter text.
<b>E. ADMINISTRATION STAFFING COSTS</b>	
Administrative Staffing Salaries (include benefits)	\$Click or tap here to enter text.
<b>F. 'OTHER' ADMINISTRATIVE COSTS</b>	
Including office expenditures (supplies, telecommunications, IT support), legal fees, advertising, staff recruitment, accounting/ audit fees, bank charges, consultant fees, organizational memberships, shared support service costs, 'other'	\$Click or tap here to enter text.
<b>G. 'OTHER' COSTS NOT IDENTIFIED (please specify)</b>	
	\$Click or tap here to enter text.
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	\$Click or tap here to enter text.
<b>TOTAL ANNUALIZED 'HUB' BUDGET</b>	\$Click or tap here to enter text.

<b>EXPENDITURE CATEGORY</b>	<b>ANNUALIZED EXPENDITURE</b>
<b>Service/program (please specify 'Spoke' program):</b> Click or tap here to enter text.	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	
Client Development Staffing Salaries (include benefits and relief)	\$Click or tap here to enter text.
<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	

Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel etc.	\$Click or tap here to enter text.
<b>C. PROGRAM COSTS</b>	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	\$Click or tap here to enter text.
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<b>TOTAL ANNUALIZED 'HUB' BUDGET</b>	\$Click or tap here to enter text.

<b>EXPENDITURE CATEGORY</b>	<b><u>ANNUALIZED EXPENDITURE</u></b>
<b>Service/program (please specify 'Spoke' program):</b> Click or tap here to enter text.	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	
Client Development Staffing Salaries (include benefits and relief)	\$Click or tap here to enter text.

<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel etc.	\$Click or tap here to enter text.
<b>C. PROGRAM COSTS</b>	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	\$Click or tap here to enter text.
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<b>TOTAL ANNUALIZED 'HUB' BUDGET</b>	\$Click or tap here to enter text.

<b>EXPENDITURE CATEGORY</b>	<b><u>ANNUALIZED EXPENDITURE</u></b>
<b>Service/program (please specify 'Spoke' program):</b> Click or tap here to enter text.	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	
Client Development Staffing Salaries (include benefits)	\$Click or tap here to enter text.

and relief)	
<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	
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<b>C. PROGRAM COSTS</b>	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
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<b>EXPENDITURE CATEGORY</b>	<b><u>ANNUALIZED EXPENDITURE</u></b>
<b>Service/program (please specify 'Spoke' program):</b> Click or tap here to enter text.	
<b>A. SERVICE DELIVERY STAFFING COSTS</b>	

Client Development Staffing Salaries (include benefits and relief)	\$Click or tap here to enter text.
<b>B. 'OTHER' SERVICE DELIVERY COSTS</b>	
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel etc.	\$Click or tap here to enter text.
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Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property)	\$Click or tap here to enter text.
<b>D. FACILITY COSTS</b>	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	\$Click or tap here to enter text.
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Administrative Staffing Salaries (include benefits)	\$Click or tap here to enter text.
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<b>G. 'OTHER' COSTS NOT IDENTIFIED (please specify)</b>	
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	\$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.
<b>TOTAL ANNUALIZED 'HUB' BUDGET</b>	\$Click or tap here to enter text.

**Section 5: FRN 'Spoke' Additional Information**

Please provide any additional information you deem relevant to the delivery of FRN 'Spoke' Services.



Click or tap here to enter text.