



Alabama Department of Children's Affairs
Home Instruction for Parents of Preschool Youngsters (HIPPY) Program
Continuation of Funds Request
2014-2015

Section I: Purpose and Overview of Program

- I. Purpose:** The Home Instruction for Parents of Preschool Youngsters (HIPPY) Program is a home-based, parent involvement, school readiness program that helps parents prepare their children for success in school and life. The program is designed specifically for those parents who would like to be more confident in their own abilities to teach their children. HIPPY is a two- or three-year program for parents with children ages three, four and five. This home visitation model uses a nationally based, literacy-rich curriculum designed to strengthen childrens' school readiness skills.

Home visitors conduct weekly home visits during which they present parents with a series of activity plans that prepare them to work with their children. Group meetings are held monthly. During monthly group meetings, home visitors and parents participate in activities that include role-play of the weekly curriculum and enrichment, such as, parenting, family life, and leadership skills.

- II. Funds Available:** \$1,585,000 was allocated for FY 2014-2015 in the State of Alabama Education Trust Fund budget.
- III. Eligible Applicants:** Existing HIPPY programs funded through the HIPPY ETF funds are eligible to apply for continuation grant funding. *As funds are available, other Boards of Education are eligible to apply for HIPPY program funding.*
- IV. Project Period:** October 1, 2014 – September 30, 2015
- V. Review and Allocation Process:** Each continuation application will be reviewed to determine whether reasonable progress was made toward meeting the program goals based on end of year reports submitted for 2013-14. The Alabama Department of Children's Affairs (DCA) may refuse to award continuation subgrant funds if the Department finds that sufficient progress was not made toward meeting such objectives. Continuation subgrants will be funded effective October 1, 2014.

The allocation process will be based on a formula for the 2014-2015 year. Each successful applicant will be awarded a base amount of \$35,000 and an additional \$280 per child/family served. For children/families to be counted as having been served, Pre- and Post-test PPVT scores must be submitted. If the PPVT was not administered, documentation that a minimum of fifteen of the thirty packets were completed during the year will be accepted for this year's application as a one-time exclusion.

Applicants who were not funded during the 2013-14 year should estimate the number of children/families to be served and provide a rationale for that estimate.

Request for Application (RFA) – The Alabama HIPPY Request for Application (RFA) will be available on the home page of the Alabama Department of Children's Affairs web site at <http://www.children.alabama.gov>.

Technical Assistance – Technical assistance for applications will be provided by the Alabama Department of Children's Affairs personnel as requested. Requests may be made to Susan McKim via email at susan.mckim@dca.alabama.gov or Amy Floyd at amy.floyd@dca.alabama.gov, or by phone, 334-353-2700.

Instructions for Continuation Application

Provide an original and one (1) copy of the application. The original should remain unbound. Provide original signatures in blue ink on the cover page.

Applications should be typed. Compile the application in the following sequence:

- Signed cover page
- Personnel Information Form
- Site Demographics Form
- Signed assurances
- Budget Forms
- Documentation of education for Coordinators, Asst. Coordinators, and Home Visitors
- Pre- and Post-test scores for the PPVT
- Documentation of numbers served who completed a minimum of 15 of the 30 packets, if PPVT scores are not available

Deadline for Application – Applications are due to the Alabama Department of Children's Affairs on or before September 2, 2014. Applications must be received, not postmarked, on the deadline date by 5:00 p.m. An application may be submitted by regular mail, express courier delivery, or hand delivery. Applications may **not** be faxed. No late applications will be accepted.

Mail applications to:

Susan McKim
Alabama Department of Children's Affairs
P.O. Box 302755
Montgomery, AL 36130-2755

ALABAMA HIPPY INITIATIVE
OCTOBER 1, 2014-SEPTEMBER 30, 2015
FY 2015 Application Cover Page

Applicant Name (LEA) _____

Applicant's Address _____

Requested Funding Level _____

CERTIFICATION:

I have reviewed the attached application/budget. The proposed expenditures appear to be coded properly and will be incorporated into the LEA systemwide budget.

Chief Financial Officer

Date Signed

I certify that I am authorized by the governing board of the above-named agency to submit this application or amendment for the Alabama HIPPY Initiative; that all attached statements will be observed; that the program will be implemented as described in the approved application; and that the governing board is responsible for complying with all state and federal requirements, including the resolution of any audit exception.

Signature of LEA Superintendent

Date Signed

Alabama's Home Visiting Program

FOR DCA USE ONLY

APPROVED BY: _____

DATE: _____

Alabama Department of Children's Affairs

Assurances

A checkmark in the space to the left indicates the applicant agrees to comply with the statement.

- The applicant agrees to keep such records and provide such information to the Alabama Department of Children's Affairs (DCA) as reasonable and as may be required for fiscal audit and program evaluation.
- The HIPPY program will be operated in a safe and easily accessible facility.
- All reports and assessments, including Pre- and Post-test PPVT results, will be completed and submitted in a timely manner in accordance with directives from the DCA.
- The applicant gives permission for HIPPY USA to share SAVI, Stellar Identification Forms, and any other annual program reports with the DCA.
- The applicant, if funded, will utilize fiscal accounting, disbursement, and auditing procedures consistent with local policies and DCA requirements.
- The proposed program will be developed, and will be carried out, in active collaboration with community partners.
- Employees paid by state HIPPY funds will not be used for any purpose other than to carry out the specific programs set forth in the proposal based on the full or proportionate salary and time worked.
- The community will be given notice of intent to submit an application for HIPPY funds and that the application and any waiver requests will be available for public review after submission of the application.
- The applicant has authority under Alabama state law to perform the function of the HIPPY program; to submit the application; and to receive, hold, and disburse state funds made available under the application.
- Funds will be expended according to the purpose and intent for which they were designated by the LEA application for funds.
- This application will serve as the basis for local operation and administration of the program.
- The applicant communicates and enforces rules and regulations of student and employee conduct related illicit drug use, including anabolic steroids, and unlawful possession and distribution of these drugs. The applicant further clearly communicates sanctions for both students and employees and provides information about available resources for those in need of such information.
- Procedures are developed for storing and administering approved and/or required medications and/or first aid to students.
- All records to support accountability for capital equipment items acquired under this program will be maintained and equipment inventories will be furnished as required.
- Applicant will comply with the applicable Office of Management and Budget Circulars regarding cost
- Applicant will comply with Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and all regulations issued by the Department of Education, pursuant to the chapter, to the end that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the applicant received federal financial assistance.

Signature of Chief Financial Officer

Date

Signature of Superintendent

Date

Alabama HIPPY Program
Standardized Budget Form – FY2014-15

Number of children to be served _____ x \$280 = \$ _____
+ \$ 35,000

Maximum award amount = \$ _____

HIPPY Site Budget Worksheet			
Name of Program:			
Date:		County	
Category	Proposed Amount from Grant	Other Funds for this HIPPY Program	
Personnel			
Coordinator – include name			
Assistant Coordinator – include name			
Home Visitor(s) (list each individually – add lines as needed)			
Background checks			
Accounting			
Payroll Taxes			
Other – please specify			
Fringe Benefits			
Insurance			
Retirement			
Educational Equipment and Supplies			
Instructional materials from HIPPY USA			
Other – please specify			
Other – please specify			
Professional Development			
Registration fees (provide specific information for any Professional Development)			
Travel for Professional Development (mileage)			
Lodging and food			
Other Equipment and Supplies			
Fees to HIPPY USA			
Computer support			
Parent programs /involvement/Group Meetings			
Administrative supplies (\$500 maximum)			
Advertising for recruitment (\$500 maximum)			
Other – please specify			

Travel		
In-State Field Trips (including travel costs)		
Home visits		
TOTAL AMOUNT	\$	\$
Please list ALL ADDITIONAL sources of funds for HIPPY program for which you are requesting funding	Amount of funding in ADDITION to the requested grant	
Source	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	



Alabama HIPPY Program Site Demographic Information Form

Name of Program:	
County:	
Physical Address:	
Fiscal Address: (mail check to)	
Name of Contact Person 1: Title of Contact Person: Phone Number: Email: Fax:	
Name of Contact 2: Title of Contact 2: Phone Number: Email: Fax:	
Years in Operation: (as a HIPPY program)	
Date HIPPY program began:	
The proposed program will: The current program:	<input type="checkbox"/> Serve 3, 4, and 5 year-olds <input type="checkbox"/> Serve 4 and 5 year-olds <input type="checkbox"/> Serves 3, 4, and 5 year-olds <input type="checkbox"/> Serves 4 and 5 year-olds
# Children currently enrolled and continuing	_____ 3-year-olds _____ 4-year-olds
# Children to be enrolled FY14-15	_____ 3-year-olds _____ 4-year-olds _____ 5-year-olds
Coordinator: Credentials: (attach documents)	
Assistant Coordinator: Credentials: (attach documents)	
Current number of home visitors:	
Proposed number of home visitors:	
Beginning Date for the Year:	
Ending Date for the Year:	

Alabama HIPPY Program
HIPPY Personnel Information Form

Name of Program: _____ County: _____

Contact Person: _____ Telephone Number: _____

e-mail address: _____

Coordinator: _____

Email: _____

Name of Degree (attach documentation) _____

Date of Employment with HIPPY Program _____

#Years teaching/home visiting in professional career _____

Date of termination from HIPPY Program _____

Reason for termination _____

Assistant Coordinator: _____

Email: _____

Name of Degree (attach documentation) _____

Date of Employment with HIPPY Program _____

#Years teaching/home visiting in professional career _____

Date of termination from HIPPY Program _____

Reason for termination _____

Home Visitor: _____

Email: _____

Highest level of education (attach documentation) _____

Date of Employment with HIPPY Program _____

#Years teaching/home visiting in professional career _____

Date of termination from HIPPY Program _____

Reason for termination _____

Home Visitor: _____

Email: _____
Highest level of education (attach documentation) _____
Date of Employment with HIPPPY Program _____
#Years teaching/home visiting in professional career _____
Date of termination from HIPPPY Program _____
Reason for termination _____

Home Visitor: _____

Email: _____
Highest level of education (attach documentation) _____
Date of Employment with HIPPPY Program _____
#Years teaching/home visiting in professional career _____
Date of termination from HIPPPY Program _____
Reason for termination _____

Home Visitor: _____

Email: _____
Highest level of education (attach documentation) _____
Date of Employment with HIPPPY Program _____
#Years teaching/home visiting in professional career _____
Date of termination from HIPPPY Program _____
Reason for termination _____

Home Visitor: _____

Email: _____
Highest level of education (attach documentation) _____
Date of Employment with HIPPPY Program _____
#Years teaching/home visiting in professional career _____
Date of termination from HIPPPY Program _____
Reason for termination _____