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| --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | Team: | |  |
| Contact Person: |  | Date: |  | |

**Expansion:** Expansion is defined as any addition to the original team configuration and/or geographic area.

Please provide a brief response to the questions below. **When complete, please email this document with attachments as part of your Request for Proposal application to**: [IncentiveFund@nursefamilypartnership.org](mailto:IncentiveFund@nursefamilypartnership.org).

**Section A- To be completed for all expansions**

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| Expansion Identified | | | | | | | | | |
| Current number of nurse home visitors: | | |  | | Current NHV FTE: | | |  | |
| Number of additional nurse home visitors: | | |  | | Additional NHV FTE: | | |  | |
| Current number of supervisors: | | |  | | Current Supervisor FTE: | | |  | |
| Number of additional supervisors: | | |  | | Additional Supervisor FTE: | | |  | |
| **OR** percent increase in current supervisor   time apportioned to NFP | | |  | | | | | | |
| Increased geographic area? | Yes | No | If Yes, please also complete Section B. | | | | | | |
| Expansion includes subcontracting with another entity? | | | | Yes | | No | | | |
| If **YES**, has subcontract between current NFP agency and new entity been developed? | | | | | | | Yes | | No |
| If **YES**, has subcontract been approved by NSO Legal Manager? | | | | | | | Yes | | No |
| Please provide information on the subcontractor and the relationship, including the name of the subcontractor, role and responsibilities. Also describe how you will ensure fidelity to the NFP model is met on an ongoing basis by the subcontractor. | | | | | | | | | |
| Caseload | | | | | | | | | |
| Number of clients currently funded: | | |  | | | | | | |
| Number of current active clients: | | |  | | | | | | |
| Number of clients to be funded with expansion: | | |  | | | | | | |
| Average NHV caseload: | | |  | | | | | | |
| If average NHV caseload is not at 25, please include description of challenges to attaining caseload, and how expansion will support it’s acheivement. | | | | | | | | | |

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| Fidelity *(please refer to our Model Elements)* |
| Clients: Elements 1 through 4  Describe how you are implementing your program with fidelity.    How will you continue to ensure program fidelity with this expansion? |
| Nurses: Elements 8 and 9  Describe how you are implementing your program with fidelity.    How will you continue to ensure program fidelity with this expansion? |
| Nursing Practice: Elements 5 through 7, and 10 through 12  Describe how you are implementing your program with fidelity.    How will you continue to ensure program fidelity with this expansion? |
| Supervision: Elements 13 through 15  Describe how you are implementing your program with fidelity.    How will you continue to ensure program fidelity with this expansion? |
| Community and Adequate Support: Elements 16 through 18  Describe how you are implementing your program with fidelity.    How will you continue to ensure program fidelity with this expansion? |
| Outcomes *(please refer to data from most recent dashboard)* |
| Provide an assessment of your current outcomes data. |
| How will you continue to ensure quality outcomes through your expansion? |
| Establishing the Need |
| Number of Medicaid- or WIC-eligible births annually in your community \_\_\_\_\_ |

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| Referral System |
| Briefly explain plans for adequate referral system to fill expansion identified or current waiting list for NFP services. What tools or resources would be most helpful to you in engaging referral sources?  Please include letter of commitment from any **new** referral sources. |
| Nurse Hiring and Support |
| How will agency find BSN prepared nurses to fill the identified expansion positions in the area? |
| What steps would your agency take in the event of funding cuts or hiring freezes to continue filling NFP positions? |
| Has retaining nurse home visitors and supervisors been a concern? Yes No  Please provide NHV hiring and retention record.  If yes, what is the plan to address the identified concerns in order to retain qualified staff? |
| Appropriate staffing that does not exceed acceptable ratio (supervisor hours will need to be increased if supervisor hours will not equal 5 hrs./NHV/week).  Yes No Comment: |
| Office Space |
| Where will the new staff be located? How will additional furnishings, file space, etc. be budgeted and when will they be in place? |
| How will you ensure confidential meeting space? |
| If you are using “office hoteling,” where staff does not have permanent reserved office space, how will your agency support nurses? |
| **Champions and Advocacy** |
| In the future, if your Nurse-Family Partnership program faces a significant cut in funding or if agency leadership changes, who are the influential and community leaders who will actively advocate to sustain the program?  Please include letter of support from any new champions. |
| Community Advisory Board (CAB) |
| How has your CAB been involved with planning for this expansion? If you are expanding into a new service area, will there be representation from that area on your CAB? |

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| Funding Mechanism | | | | | | | | |
| Funding is secured OR available and realistic to support the identified expansion for a minimum of 3 years.  Please provide proof of match funds, as **Attachment 1**.  Yes No Comment: | | | | | | | | |
| Funding Source Name | |  | | Source of Funding | | |  | |
| Amount | $ | | Anticipated Start Date |  | | Anticipated End Date | |  |
| Are there additional requirements of the funder (e.g. data collection, reporting, participation in research, etc.)? | | | | | | | | |
| What is your strategy for obtaining long-term financial support? Who are the individuals who will be pursuing sustainable funding for Nurse-Family Partnership? | | | | | | | | |
| **Please submit a 3-year budget for your expansion, as Attachment 2.** | | | | | | | | |
| Opportunities for Improvement | | | | | | | | |
| Identify any current opportunities for improvement to implementing NFP and describe attainable strategies for improvement. | | | | | | | | |
| **Timeline** | | | | | | | | |
| Post positions and recruit staff | | | | | Month/Year: | | | |
| Interview and hire staff | | | | | Month/Year: | | | |
| Attend NFP Education in Denver, CO | | | | | Month/Year: | | | |
| Begin enrolling clients | | | | | Month/Year: | | | |
| Reach full caseloads | | | | | Month/Year: | | | |

**Section B- To be completed for expansions into new service areas**

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| Service Area |
| Identify the new service area where NFP will be implemented (e.g. targeted counties, health service region, additional zip codes, etc.) |
| **Please submit a map of your service area, as Attachment 3.** |
| Other Home Visiting Programs |
| Are there other home visiting programs serving pregnant women and/or low resource families in the new service area?  Yes  No |
| If yes, please explain your plan for successful integration and coordination with the other home visiting programs in the area (e.g., handling potential overlap in recruiting and referring eligible families, addressing concerns about competition between programs, etc.). |

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| **Service Linkages** |
| Given your understanding of the characteristics of the families you expect to serve, what are the other agencies or services you anticipate needing referral linkages to provide needed services and resources to NFP clients? Such services might include education, workforce preparation, substance abuse treatment, mental health care, general health care, childcare, support for victims of interpersonal violence, food banks, affordable housing, prenatal and pediatric care, dental care, *etc.* |
| Please describe your plan for increasing knowledge of NFP with agencies you identified above that have little to no knowledge of the program. |

**Attachments:**

1. **Proof of Match Funds**
2. **Budget (in Excel format, not PDF)**
3. **Service Area Map (if expanding service area)**