

AMENDMENT

Date: 01/30/2026
Amendment Number: 1
Grant RFP: Family First Prevention Grants
Closing Date: 03/20/2026
Pre-Award Manager: James Heckard
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Agency: Kansas Department for Children and Families

Conditions: Please see response to questions below

A signed copy of this Addendum must be submitted with your bid. If your bid response has been returned, submit this Addendum by the closing date indicated above.

I (We) have read and understand this addendum and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: _____

SIGNED BY: _____

TITLE: _____ DATE: _____

It shall be the vendor's responsibility to monitor this website on a regular basis for any changes/addenda.

<http://www.dcf.ks.gov/Agency/Operations/Pages/OGC/Grant-RFP.aspx>

Families First Prevention Grants RFP Q&A

Q1: The RFP indicates that indirect costs may not exceed ten percent (10%) unless the applicant has a federally approved indirect cost rate or uses the de minimis rate. Please confirm whether the RFP allows use of the 15% de minimis rate without a Federally Approved Indirect Cost Rate Agreement.

A1: The RFP would allow the 15% de minimis rate without a federally approved indirect cost rate agreement. DCF caps indirect costs at 10% unless an organization either has a federally approved indirect cost rate that we can support, or they will be using the de minimis rate.

Q2: Will payment for services be cost reimbursement, hourly, or per diem?

A2: All proposed costs need to be included in the budget template submitted. Grant awards are reimbursement based for actual costs.

Q3: Is there a limit on overhead or administrative costs?

A3: There is not an explicit limit on administrative costs, separate from the indirect cost limitations, however administrative costs will be considered in the overall evaluation of the budget and whether or not all costs are reasonable, covered, and justified and are the best use of resources.

Q4: Will a federally negotiated or the current federal de minimis rate of 15% for overhead be allowed?

A4: Per section 10 of the NOGA template, "Indirect Costs shall not exceed 10 percent of the total Grant Budget, unless Grantee has a federally approved indirect cost rate that is higher or using the de minimis rate for allocating indirect cost across organization. A copy of the Grantee's federally approved indirect cost rate agreement must be included should a different rate be requested. If the de minimis rate is used, a worksheet must be provided identifying the allowable Modified Total Direct Costs used and calculation for amount used in proposal."

Q5: The RFP states that "a separate RFP response is required for each evidenced based or emerging program", if the applicant would like to assess participants for one of two EBPs within the same catchment area, can more than one EBP be included in the same proposal as long as client would only participate in one service at a time?

A5: DCF would ask that each program be submitted as its own proposal. However, if two or more programs are intended to be linked or work in tandem in some manner, that should be included and detailed in the Project Design of each proposal with references to the corresponding proposal(s).

Q6: The RFP Guidelines state that applicants may select evidenced based programs and services that are rated by the Title IV-E Prevention Services Clearinghouse in any of the 4 categories (well-supported; supported; promising; or does not meet criteria), but that "at least 50 percent of state expenditures must be spent on those practices meeting the well-supported category." Further, the RFP Guidelines indicate as a "Priority Consideration" "the rating of evidenced-based program or services by the Title IV-E Prevention Services Clearinghouse, or for emerging programs - known research results indicating the impact to preventing a child's removal into foster care." Accordingly, does choosing a "supported" or "promising" approach, rather than a "well-supported" approach (according to the current Title IV-E Prevention Services Clearinghouse rating) significantly diminish a proposal's chances of success?

A6: There is not a definitive way to determine the impact of a "supported" or "promising" approach, rather than a "well-supported" approach, as it depends on the mix of proposals received. DCF must consider the ratings indicated in order to determine the overall array of programs selected. The higher the rating on the clearinghouse does not necessarily mean a better chance of selection, as lower-rated/unrated programs on the clearinghouse may address community needs more effectively. Applicants should not be deterred from submitting lower or unrated programs on the Clearinghouse, however, DCF may have less funds available for support. It is advantageous to our communities to select programs that are highly rated on the clearinghouse, effective and meet community gaps in services.

Q7: If a Title IV-E Prevention Services Clearinghouse approach is "well-supported," but findings show "no effect" as the main documented outcomes for the intended population and program (such as child substance use), should a different approach be chosen with demonstrated favorable findings for the intended population/program?

A7: We generally pay more attention to the overall rating, and overall community needs rather than looking specifically at the summary of findings for each outcome. It is advantageous to our communities to select programs that are highly rated on the clearinghouse, effective and meet community gaps in services.

Q8: The RFP states that “services to families should be provided in-person, preferably in the home, for the minimum standard of contacts applicable to the program approach or model.” If our organization provides services at our offices and not in the home, will this substantially weaken our proposal’s chance of success?

A8: Family First services are intended to provide the family services needed to prevent child removal from the home into foster care. It is highly recommended that the service be provided in home to address both child safety concerns and accessibility to services by avoiding transportation and parent scheduling issues.

Q9: The RFP indicates (in “Allowable Use of Funds”) that funds may be used for “training on how to provide the service,” but the RFP also indicates (in “Services to Be Provided”) that grantees must ensure (presumably while the grant period is underway) that “all direct service or program staff have training and meet qualifications required consistent with the evidence-based program.” Do we understand correctly that the grant proposal may include an allocation to train staff to become certified providers in a Title IV-E Prevention Services Clearinghouse approach, or must the program staff already be certified at the time of application to offer the evidence-based approach described in the proposal?

A9: The grant proposal may include an allocation to train staff to become certified providers in a Title IV-E Prevention Services Clearinghouse approach. If the proposal is for a new program, the Applicants should include an implementation timeline of when staff will complete training in the model, and when referrals will be accepted by the provider from DCF. The grant does allow grantees to claim costs for training, both initially and for ongoing skill refinement.

Q10: To what extent should the Kansas Family First Program Outcomes and process measures detailed in chart form in the RFP be referenced as part of the applicant’s Program Outcomes (in the Implementation Plan section of the proposal) and project impact and participant outcomes (in the Goals and Objectives Evaluation Plan section of the proposal)?

A10: Program models typically address data specific to the program, which can be documented in the application to highlight program outcomes, especially when considering applicability to community needs. Family First outcomes and measures listed are required by DCF and are collected and measured by a third-party evaluator through internal systems. It would be beneficial to indicate when and how the program model intersects with the DCF outcomes and measures.