



## RFP: Families at the HEART Who Can Apply (Eligibility)

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**To be eligible for this initiative, applicants must meet all of the following criteria.**

### Leadership Engagement

- Leaders have interest in, readiness for, and capacity to engage in the **step change\*** process across all the initiative's three focus areas: model development and impact; financial strategy and **adaptability\***; and leadership development.
- Leaders show a clear vision and commitment to grow and expand their model, whether by reaching more families in existing communities, adding new sites, or integrating the model into other early childhood systems and networks.
- The organizational structure shares leadership and power via meaningful participation of families in program design, strategy, and decision-making.

### Model Characteristics

- The model is **therapeutic\*** and/or **somatic\*** in nature, which may include clinical support or healing practices rooted in cultural values and traditions.
- The model centers diverse experiences of families in the prenatal-to-age-3 period, including those living in rural areas, immigrant families, families with disabilities or children with complex medical needs, veterans, and families across varied cultures, languages, and insurance types.
- There is demonstrated demand for the model from Black, Indigenous, and Families of Color and cultural groups who have historically been underserved by systems of care.
- The model has been in operation for at least two years.

### Data & Funding

- The model has at least two cycles of data, with a preference for three, and has used this data to inform the **intervention\*** or **implementation\*** strategy.
- The model has been supported by at least two funding sources for at least two years.

## Organizational

- The organization must be a 501(c)3 nonprofit, a tribal entity, a public agency, or be fiscally sponsored by a nonprofit.
- Universities or academic institutions are not eligible to apply as lead applicants, though they may participate as subcontractors.

Models that have previously received Perigee funding for model implementation or expansion are not eligible. Though this initiative is intended to engage new partners, organizations that have previously received funding for model implementation may submit an Expression of Interest for a model that has not been previously funded by Perigee,

We encourage applications from across all U.S. geographies, including rural, urban, and tribal communities, to ensure diverse regional representation.

## Eligibility Survey

- Does the organization have the leadership support, vision, and internal capacity--including the ability to engage multiple team members--to fully participate in a three-year capacity-building and learning process focused on model development, financial strategy, leadership growth, and expansion?
- Does the organization share leadership and power with families, including meaningful participation in program design, strategy, and decision-making?
- Is the model you are intending to expand therapeutic and/or somatic in nature?
- Does the model center diverse experiences of families? (Such as those living in rural areas, immigrant families, families with disabilities or children with complex medical needs, veterans, and families across varied cultures, languages, and insurance types.)
- Is there clear evidence of demand for the model from Black, Indigenous, and Families of Color and/or cultural groups who have historically been underserved by systems of care?
- Has the model been in operation for at least two years?
- Has the model collected at least two cycles of data and used that data to inform the growth and development of the model?
- Has the model been supported by at least two different funding sources for a minimum of two years?
- Is the model housed within or operated by a 501(c)(3) nonprofit, tribal entity, a public agency, or fiscally sponsored by a nonprofit?
- Is the model housed within a university or academic institution?
- Has the organization previously received Perigee funding for model implementation or expansion of a model?
- After reviewing the full Request for Proposal, does this model meet the eligibility criteria and demonstrate sufficient readiness to proceed with submission of an Expression of Interest?

## Organizational Information

- Organization Name
- Tax ID/EIN
- Mailing address
- Organization type (Nonprofit, Government Agency, Fiscally Sponsored Organization)
- Fiscal Sponsor [if applicable]
  - Fiscal Sponsorship MOU [if applicable]
- Organizational Website [if applicable]
- Forms: 501c3 Determination Letter, W-9, Form 990

## Organizational Model and Overview

### *Organizational Overview*

1. **What is the organization's mission or vision?** Please briefly describe the organization's overall mission or vision.

### *Model Overview*

2. **What is the name of the intervention model?** Please provide the full name of the intervention model you're applying for in this grant.
3. **Who does the model serve?** Please describe the main groups or communities the organization works with. (Please aim for 1-2 paragraphs)

Please select from the following checklist (Optional):

- a. People of Color
  - b. Immigrant and Refugees
  - c. People with limited English proficiency or other language barriers
  - d. People with low educational attainment or other literacy barriers
  - e. Low-wage and part-time workers who meet eligibility
  - f. Fathers and non-birthing primary caregivers
  - g. People who distrust government or could be targets of law enforcement
  - h. Families living in rural areas
  - i. Families with disabilities or children with complex medical needs
  - j. Military and veteran families
  - k. Families across varied cultures and languages
  - l. Families across insurance types
4. **What inspired the creation of this model?** (Please aim for 1-2 paragraphs) Tell the story of how and why this model was developed. What family or community needs or gaps did it respond to? Please select from the following checklist (Optional):
    - a. People of Color
    - b. Immigrant and Refugees
    - c. People with limited English proficiency or other language barriers

- d. People with low educational attainment or other literacy barriers
  - e. Low-wage and part-time workers who meet eligibility
  - f. Fathers and non-birthing primary caregivers
  - g. People who distrust government or could be targets of law enforcement
  - h. Families living in rural areas
  - i. Families with disabilities or children with complex medical needs
  - j. Military and veteran families
  - k. Families across varied cultures and languages
  - l. Families across insurance types
- 5. We want to better understand the model. Can you explain the key services of the program or model, and how does it support healing for families?** (Please aim for 1-2 paragraphs) Please use the following prompts to help guide the answer to the question:
- a. What are the core components, activities or services provided?
  - b. What is the frequency of services?
  - c. Where is the model delivered?
  - d. Who delivers the services and what are the qualifications of the providers and what is their connection to community? How are they trained?
  - e. How is the model rooted in the cultural practices and guided by the community being served?
  - f. Please describe any healing practices—such as therapeutic, somatic, cultural, or community-based approaches—that are integrated into the model.
  - g. What are the intended outcomes of the model for the families or communities it serves?
- 6. Describe how the model is supported by data collected from at least two cycles. (Please aim for 1-2 paragraphs)** Is the data quantitative or qualitative? What is the community feedback process? What key insights were gained, and how do they support refinement and expansion?
- 7. If there is additional information you feel would be helpful for us to understand the model please share it here (e.g., website for the intervention model, link to recorded content), or upload below (e.g., training manual, slide deck). (Optional)**  
Please draw from existing materials and do not create anything new.

## Readiness for Step-Change Growth

- 8. What funding has this model had for the last two years?** Provide a list of other sources of funding for the model's development and/or implementation. Each item should include the name of the funder or revenue source and the amount of funding.
- 9. If you were awarded the funding from Perigee, how would the additional funding support the vision to grow and expand the model?** (Please aim for 1-2 paragraphs)

- 10. If awarded funding from Perigee, who from the organization would engage in the capacity building work and grantee learning community? Do you have leadership support to engage in this process?** (Please aim for 1-2 paragraphs)

## Additional Information

### 11. Contacts

- Organization Primary Contact
  - Name, Email, Title, Email, Phone, Address
- Lead Organization Authorized Signer
  - Name, Email, Title, Email, Phone, Address
- Project: Primary Contact
  - Name, Email, Title, Email, Phone, Address
- Project Additional Contact(s) [optional]
  - Name, Email, Title, Email, Phone, Address

- 12. Perigee Fund aims to amplify organizations that align with our mission.** Do you consent to Perigee sharing the organization's name and contact information with funders in our networks?

\*Perigee's working definitions of these terms can be found in the Key Definitions section of the RFP.