



**KENOSHA COUNTY DEPARTMENT OF HUMAN SERVICES**  
**Division of Workforce Development**  
 Request For Assistance (RFA)  
Child Support Access And Visitation - Fatherhood Program

***Introduction***

The available Fatherhood Program funding for 2023 is \$38,000. The source of these funds is Kenosha County Department of Human Services via CFDA #93.597 Child Support Access and Visitation funding received from the State of Wisconsin. The purpose of the funds is to provide training to non-custodial parents (NCPs) in Kenosha County, providing information, guidance, and support to local dads, for cultivating healthy family relationships and enriching fathering skills.

***Requirements***

As part of participation in Kenosha County Child Support Service's ELEVATE and Children First programs, non-custodial parent (NCP) fathers will be required to participate in Fatherhood programming. The contractor will enroll and engage fathers using in person appointments, social media, texting, phone calls, and emails. Appointments and classes will be held both in person and virtually. Fathers will receive both individual and group appointments. The contractor will communicate participation and non-compliance via email to Child Support Services monthly. Once a father has successfully completed programming, Child Support Services will be notified to update relevant data bases and to review for potential State arrears reduction as required by the Wisconsin Department of Children and Families.

The Fatherhood Program contractor shall provide an evidenced based fatherhood curriculum and use the Adult Adolescent Parenting Inventory (APPI) tool to measure parenting time both pre and post intervention.

***Specifications***

As required by the state/federal Access and Visitation Grant, the contractor shall provide the following to the Wisconsin Department of Children and Families and Kenosha County Child Support Services:

- Establish a referral process and procedure with Child Support Services to facilitate the enrollment and engagement of non-custodial fathers.
- Contact each customer referred within 3 days to start the engagement and enrollment process.
- The contractor and the customer will complete an Intake form to collect the following additional data elements required by the Access and Visitation Grant:
  - Age of child(ren)
  - Names of the child(ren)'s mother(s)
  - Fathers' education level
  - Father's race/ethnicity
  - Marital/relationship status
  - The amount of parenting time the father has with his child(ren)
  - The father's assessment of the amount and quality of communication with the mother(s)
  - Father's income and employment status
  - Father's history of justice involvement and if currently on probation or parole
  - The father's immediate resource needs regarding food, housing, transportation, childcare, legal advocacy, mental health, and substance use disorders

Once enrolled, the contractor will work with the participant to complete the Adult Adolescent Parenting Inventory (APPI) tool at Program start and Program end to assess risk, behavior, and attitudes known to be attributable to child abuse, neglect, and domestic violence.

The contractor will provide a monthly report of participation by customers to Child Support Services.

The contractor will attend monthly local and state meetings and individual case staffing's.

The contractor will promote and provide reciprocal referrals to Child Support Services employment & training programs for any participant who is un/underemployed with a current and/or past due child support orders.

The contractor will hold father child events quarterly.

The contractor will identify fathers to co-facilitate fatherhood meetings and parent child events.

### ***Outcomes***

Once Fatherhood programming is completed, fathers will complete a post survey facilitated by the contractor to measure Program impacts to determine their individual perspectives, has the father become more active and involved in parenting, has communication between the father and the mother(s) of his child(ren) improved, and any significant changes that may have occurred because of the intervention.

With an effective Fatherhood component built into services offered by Kenosha County Child Support Services and the Fatherhood Franchise Program it is expected to see positive outcomes in the forms of:

- Active participation in his child(ren)'s life
- Improved communication between the father and mother
- Effective co-parenting skills being utilized
- Reduced propensity or changed behavior and attitude toward punishment and domestic violence
- Improved court order compliance
- Improved knowledge of community resources, employment supports, and mentors that support fathers

### ***Application Submission***

An application will be accepted and considered received on time if it delivered no later than 3:00pm Friday, December 16<sup>th</sup>, 2022. Late applications will be ineligible for funding. This application requires the completion of the Program Information Cover Sheet and a Narrative. The narrative should be no longer than four pages (1-sided). Type size should be a minimum of 10-point font with 1" margins. Applications should be sent to: Shannon Stricker, Kenosha County Human Services, Job Center, 8600 Sheridan Road, Kenosha, WI 53143. E-mail: shannon.stricker@kenoshacounty.org.

### ***Narrative Guidelines***

The guidelines for the narrative are as follows:

- 40 points** 1. Describe your organizations experience in providing the service for which you are requesting funding. Please include:
- History of providing the service: how and when
  - Coordination of similar services with other contractors
  - Community linkages that help you deliver service
  - Use of volunteers
  - Volume of service provided in the previous year
  - Method of documenting services delivered
- 40 points** 2. Describe your organization's evidenced based fatherhood curriculum. Please include how you will provide information, guidance, and support to local dads, for cultivating healthy family relationships and enriching fathering skills.
- 20 points** 3. Describe how you will use the funds. Please include:
- Service(s) provided
  - Cost of service per unit
  - Other funding sources for services



**Child Support Access And Visitation - Fatherhood Program**  
**Program Information Cover Sheet**

*This Cover Sheet and any supporting documents must be attached to your Narrative*

**1. Agency/Individual –**

Official Agency Name: \_\_\_\_\_

Official Agency Address, to include City and State: \_\_\_\_\_

FEIN Tax ID Number: \_\_\_\_\_

Unique Entity Identifier (UEI), **required** to receive Federal funds: \_\_\_\_\_

Mailing Address (if different from official agency address): \_\_\_\_\_

Agency Website: \_\_\_\_\_

**2. Agency's Administrator (must be authorized to sign Contracts) –**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3. Day To Day Contact For Service (if different from Administrator) –**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**4. Agency Type (\*please specify\* Corporation, Individual, LLC, etc.) – \_\_\_\_\_**

**5. Agency Profitability (\*please specify\* for profit or nonprofit) – \_\_\_\_\_**

**6. Agency Ownership (\*please specify\* minority/women/veteran owned or N/A) – \_\_\_\_\_**

**7. Return the following items; or provide explanation, if omitted.**

a. Certification of commercial general liability insurance

b. Copy of current license and/or certification for each service/program (if applicable) you wish to include in the Contract

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_