



**REQUEST FOR PROPOSAL:  
Development and Testing of a Family-School Partnerships  
for Child Health and Well-Being Assessment Tool**

**From Action for Healthy Kids (AFHK)**

RFP Released: May 11, 2022

Intent to Apply Email (requested but not required): June 1, 2022

Proposals Due: June 13, 2022

Project Start Date: June 20, 2022

Project Phase 1 (tool ready for testing) End Date: December 15, 2022

Project Phase 2 (revisions based on testing and final tool) End Date: July 31, 2023

Background

Founded in 2002 by Dr. David Satcher, 16th Surgeon General of the United States, Action for Healthy Kids (AFHK) is a national nonprofit organization committed to the belief that healthy kids create a better world. As kids today face more challenges than ever to their physical and emotional health and well-being, we mobilize family-school partnerships that prepare them to be healthy in body and mind. Based on the Whole School, Whole Community, Whole Child (WSCC) model, we collaborate with educators and families in underserved communities to support three key areas of child health: food access and nutrition education; physical activity and active play; and social-emotional learning and risk behavior prevention. Our vision is "Healthy kids. Better world." To learn more, visit us at [actionforhealthykids.org](http://actionforhealthykids.org).

To date, AFHK programs and resources have benefited more than 20 million children in over 50,000 schools. Through best practice content, learning sessions, technical assistance, a network of trained parent leaders, and district/school grants, we help to ensure children and adolescents have the support they need to be healthy in body and mind. Our grassroots network of more than 150,000 educators, families, and other champions work together to improve the health and well-being of students nationwide.

Need

Today's youth face an unprecedented set of challenges to their physical, social, and emotional health and well-being, manifesting together into a child health crisis. Through our Family-School Partnership program model (see Figure 2), AFHK provides equitable, culturally responsive interventions to help schools and families ensure that children and adolescents in underserved communities are supported with three foundations of lifelong health: optimal nutrition and physical activity; safe, supportive environments; and stable and nurturing relationships with adults. We address needs in three core areas of our work, as follows:

- Food Access and Nutrition Education (*NourishEd*): Schools are not equipped to optimize federal school meal programs, address food insecurity, and provide kids and their families the necessary awareness, knowledge, and skills they need to make healthy food choices.



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- Physical Activity and Active Play (*EnergizEd*): Physical inactivity in kids is at an all-time high and linked to obesity, depression, anxiety, and academic underperformance, all of which contribute to negative long-term educational and health consequences.
- Social-Emotional Health and Risk Behavior Prevention (*ConnectEd*): Stress, anxiety, and the emotional impacts of trauma contribute to acute and chronic educational, health, social and emotional problems for kids.

Increasing family connections with the school, which includes feelings of shared responsibility and collective competence, can lead to increased family engagement. Research has found positive social, emotional, behavioral, and physical health outcomes experienced by students when strong partnerships are established between families and schools. Research shows that positive child health outcomes increase and negative child health outcomes decrease when families are engaged.

AFHK's key program differentiator is mobilizing family-school partnerships (FSPs) in underserved and under-resourced communities to support equitable distribution of power and resources to support child health and well-being. Our mission and program model focus on the intersection of FSPs and child health and well-being based on the theory that stronger collaboration between families and district/school staff will have a more positive impact on children. While the impact of FSPs on academic achievement has been well-researched, and there are some limited survey tools and questions that assess family-school partnerships in general, research on FSPs within the context of child health and well-being is minimal. There are no known comprehensive survey instruments specifically designed to assess FSPs in support of child health and well-being.

As a temporary solution, AFHK adapted an existing assessment tool that is imperfect for adequately addressing child health and well-being. The tool has not been tested in communities we serve, and was designed to measure educational outcomes, as opposed to indicators of child health and well-being. The existing assessment tool has been used with AFHK partner schools to identify broad areas of strength and areas for improvement and has also informed what we need in a tool that that will support our internal program model and objectives. Those findings, along with existing literature and research, will be used to develop a stronger tool that more precisely meets our programmatic needs and is specific to FSPs in support of whole child health.

AFHK seeks to develop an assessment tool, Family-School Partnerships Assessment for Child Health and Well-Being (FSPA), designed specifically to measure FSPs as they relate to child health and well-being in underserved communities. The tool must recognize and prioritize the capacity, resources, and experiences of that target audience, particularly communities of color and marginalized groups. It is essential that the development process includes community voice and stakeholder input.

The FSPA will serve as a tool for evaluating AFHK's program model and function as a publicly available program support tool. It will be accessible through the myAFHK Portal using Salesforce Experience Cloud. In addition, the tool will be built in Formstack and displayed using custom Lightning Web Components, consistent with other AFHK assessment tools.



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# ACTION FOR HEALTHY KIDS

Figure 1. Action for Healthy Kids Theory of Change

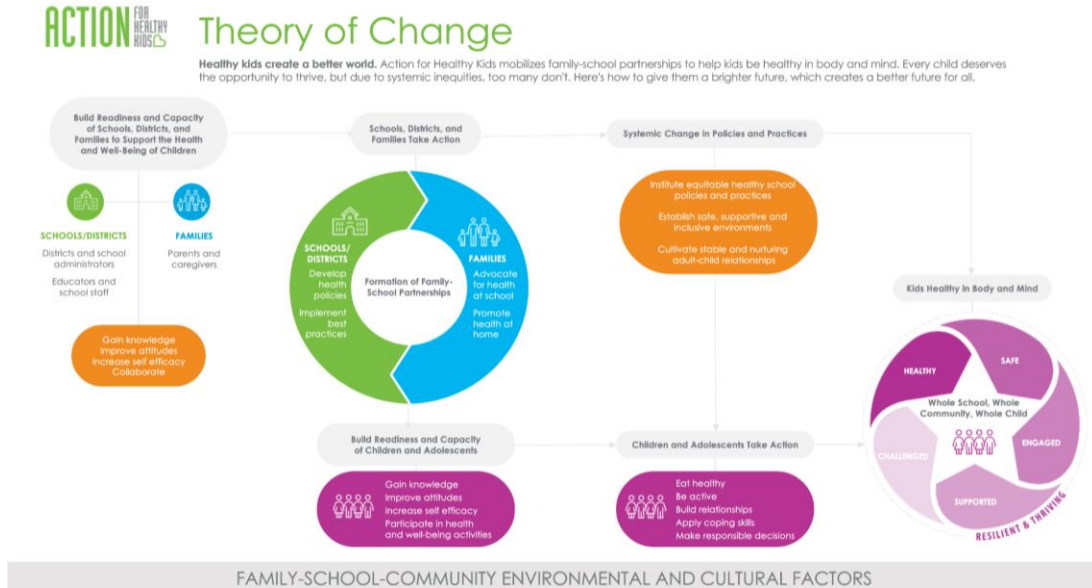
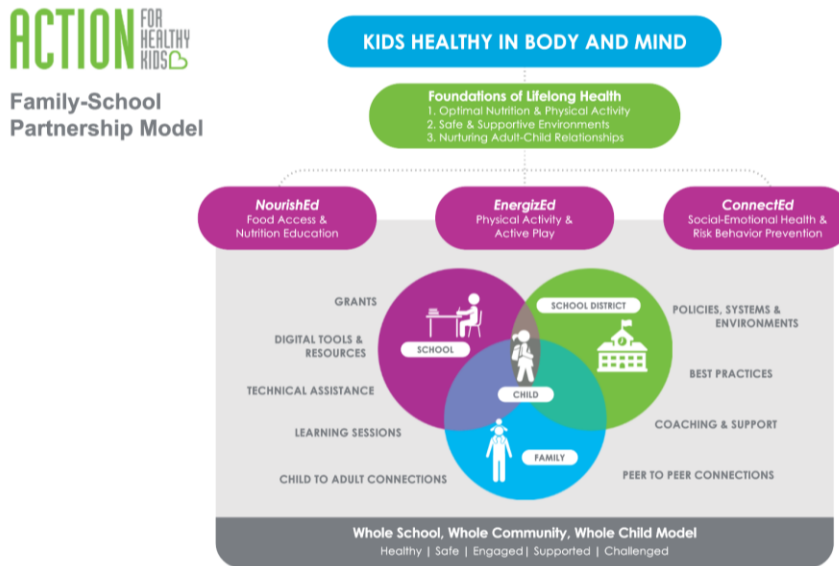


Figure 2. Action for Healthy Kids Family-School Partnership Model



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### Project Scope

AFHK seeks a psychometrics expert with family engagement and/or family-school partnerships knowledge to develop its Family-School Partnerships for Child Health and Well-Being Assessment (FSPA) tool.

The contractor will closely collaborate with the AFHK project team including the Family Engagement Manager, Data and Technology Manager, and Director of Research and Evaluation, the latter of whom will be the AFHK project manager. The FSPA and its associated materials will be available digitally through AFHK's program portal/learning management system. AFHK staff will be responsible for managing the technology aspects of the project.

AFHK envisions a development process that addresses the following items:

- AFHK Theory of Change and Family-School Partnership Model (see Figures 1 and 2 on the previous page)
- The Dual Capacity-Building Framework for Family-School Partnerships, Version 2: [www.dualcapacity.org](http://www.dualcapacity.org)
- Review of family-school partnership and family engagement assessment literature and existing tools
- Issue/problem/need exploration including review of results from an existing family-school partnership assessment tool used by AFHK in school year 2021-22
- Characteristics and needs of underserved school communities
- Principles of assessment: validity, reliability, flexibility, and fairness
- Psychometric best practices
- Input, review, and feedback processes with external subject matter experts and stakeholders
- Pilot-testing starting by January 9, 2023
- Revision and finalization by July 30, 2023

AFHK envisions a FSPA tool that includes all or most of the following items:

- Assessment tool
- Explanation of the purpose and instructions for use
- Guidance for analysis and interpretation of assessment results including analyses by subgroups (e.g., school staff v. parents/caregivers, parents/caregivers representing various racial/ethnic backgrounds)
- Guidance for development of an action plan based on assessment results
- Template training(s) on use of the tool
- Article published in a peer reviewed journal

### Proposal Requirements and Evaluation

- An intent to apply email should be sent to [llessard@actionforhealthykids.org](mailto:llessard@actionforhealthykids.org) by June 1, 2022. This is not required but would be appreciated.
- Proposal should be sent via email to [llessard@actionforhealthykids.org](mailto:llessard@actionforhealthykids.org). Proposals will be accepted until June 13, 2022, 11:59pm ET but not after that date and time.



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- Proposal must be signed by an official agent or representative of the organization submitting the proposal.
- Proposal should not exceed 5 pages. That page limit does not include budget or appendices. Appendices should be limited to documents that are directly related, and add value, to the proposal narrative.
  - Based on the Project Scope section of this RFP and your professional expertise and experience, describe your approach to development of this assessment tool with a final draft ready for pilot testing by January 1, 2023, and a pilot tested final product delivered by July 31, 2023.
  - Proposal must include the following information:
    - Project plan, deliverables, and schedule, including any ideas or recommendations for revising or enhancing the Project Scope outlined in this RFP to achieve maximum results.
    - Applicant’s qualifications and experience for this project.
    - Applicant’s budget as described in Budget section directly below.

## Budget

- Budget for the development and testing contractor is up to \$30,000. However, if the applicant does not believe that is adequate to conduct the project, s/he is invited to make the case for a slightly higher budget.
  - This amount does not include any costs associated with the purchase of necessary subject matter materials/resources to inform the project, stipends for external reviewers, contractor travel, Spanish translation, graphic design, technology aspects of making the assessment a digital tool, or other identified needs. Any associated costs must be pre-approved by AFHK.
  - If any contractor travel is needed and approved by AFHK, the travel-related costs will be covered separately by AFHK. Any decisions about travel will be agreed upon by AFHK and the contractor and will follow all government COVID-related travel protocols.
  - The applicant should review AFHK’s Indirect Cost Rate Policy for Research Projects on this last page of this RFP (Appendix A). AFHK allows up to a 26% indirect rate for contracted research. To maximize the funding available for this project, the applicant could consider using a fiscal agent that requires little or no indirect expenses.
- Budget must be detailed and aligned with the proposal narrative. All costs must be itemized to include an explanation of all fees.
- If the applicant intends to outsource or contract any work, this must be clearly stated in the proposal and included in the budget. It must include a name and description of the organization(s) being contracted.
- As a tax-exempt non-profit organization, AFHK puts a very high priority on fiduciary responsibility.

Contract terms and conditions will be negotiated with the selected applicant. All contractual terms and conditions will be subject to review by AFHK’s legal department and include project plan, deliverables, budget, schedule, and other necessary items pertaining to the project.

All questions about this RFP should be directed to [llessard@actionforhealthykids.org](mailto:llessard@actionforhealthykids.org).



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## APPENDIX A

### Action for Healthy Kids Indirect Cost Rate Policy – Research Projects

#### Definition of Indirect Cost Rate

Action for Healthy Kids defines indirect costs as the following:

- Overhead expenses or ongoing operational costs incurred by the research institution on behalf of the institution's activities and projects, but that are not easily identified with any specific project.
- Administrative or other expenses which are not directly allocable to a particular activity or project.
- Expenses related to general operations of research institution that are shared among projects and/or functions.
- Basic examples include executive oversight, existing facilities costs, accounting, grants management, legal expenses, utilities, and technology costs.

#### Policy

Action for Healthy Kids is a 501c3 organization and is not obligated to match the indirect rates of the U.S. government or other entities. This policy helps ensure the furtherance of our charitable mission to ensure that all kids are healthy in body and mind.

#### Maximum Indirect Cost Rate

Action for Healthy Kids allows up to a 26% indirect rate for contracted research. The rate of reimbursement is calculated on the total direct expenses related to the contracted research. The total direct expenses for the contracted research can include the following types of expenses:

- Direct labor, which is defined as the hourly pay rate for the staff working on the project that is supported by a time record keeping system. The direct labor rate can also include a fringe benefit rate that covers the payroll taxes and fringe benefits for the staff working on the project.
- Subcontractors, which are limited to the same maximum indirect cost rate percentage as the primary contracted research institution.
- Direct out of pocket expenses for items such as direct research materials and travel.

The 26% is the maximum allowed under the Action for Healthy Kids policy. A research institution with an actual indirect cost rate lower than the maximum rate provided in this policy should not increase the proposal to the maximum allowed.



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