



Section 3 - SMALL GRANT APPLICATION FORMS

Small Grant Application 2020

Resilient Families: \$1,000-\$5,000
Health and Development: \$1,000-\$7,500

RELEASE DATE: November 2, 2020

Applications Accepted By:
December 31, 2020
And if funds are still available
March 1, 2021

The Commission cannot give grants for items that have already been purchased or for services that have already been provided.

Please read Sections 1 & 2: Instructions & Guidelines, and Attachments before you fill out these forms.

All the forms that follow are available as Word files. They can be downloaded from the Commission website at www.first5tuolumne.org or requested as an email attachment from Sarah Garcia at sgarcia@tcsos.us

Please add your organization's name as a header for the following section.
Please submit with Cover Page as Page 1.

Applicant's Name: _____

**Small Grant Proposal Cover Sheet
2020/2021**

| | |
|--|----------------------------|
| Name of Applicant: | |
| Address: | |
| Contact Person: | Phone: |
| e-mail: | Fax: |
| Descriptive Title of Project: | |
| Total Amount of Request: | Total Project Cash Budget: |
| Project Start Date: <i>Must be at least one month after the date that the Commission acts on funding proposals.</i> | Project Completion Date: |

| | |
|---|--|
| Please list below all additional community agencies and organizations who will attest, if contacted, that they are <u>contributing resources</u> and/or that they are a <u>critical part of the service strategy</u> that you are requesting funds for: | |
| | |
| | |

I authorize submission of this application:

| | |
|---------------------------------------|-----------------------------|
| Name of authorized agency official | Name of agency/organization |
|---------------------------------------|-----------------------------|

| | | |
|--|----------------------|------|
| Title of authorized agency official | Authorized Signature | Date |
|--|----------------------|------|

PROJECT NARRATIVE

(Please limit to 12 pages. Applicants are encouraged to be brief.)

Please do not delete the questions.

Note: in all of the questions below, “First 5 families” includes the following: pregnant women, children from birth to their 6th birthday, and their primary caregivers. “Service Providers” includes all service providers that serve First 5 families.

1. Project Activities:

Questions: If this is a direct service project, what are your planned activities for First 5 families? If this is a request that will strengthen the ability of your service providers to better serve young children and their families, what are your planned activities in this regard? Provide a brief description of what you plan to do. What is the timeline of your project? When will it start, when will major activities be completed, and when will it end?

If you provide services to families (and it is directly applicable to this grant request), describe what a child or family would experience at a typical service event or day.

Answer: (type in answer here)

2. Number of Targeted Individuals:

Questions: As a result of either direct service, or of activities to strengthen organizations, how many unduplicated young children from birth up to their 6th birthday, caregivers, and/or pregnant women will benefit during the grant period? If applicable, how many service providers will benefit? Indicate whether the benefit will be direct or indirect. If this is not applicable, or difficult to estimate, please write a brief statement explaining why. (“Direct” means that the grant funds will be used to provide children and parents directly with a service. “Indirect” means that, as a result of resources for training or materials, children and parents will be served more effectively during the grant period.)

Answer:

| Direct | Indirect | |
|--------|----------|--|
| | | Children 0-5 |
| | | Parents/Caregivers of children birth -6 th birthday |
| | | Pregnant Women |
| | | Service Providers |
| | | Total |

3. Need for Project:

Questions: For direct service projects, why are these activities needed for First 5 families in Tuolumne County? For projects that strengthen organizations, what is the need of the targeted organization(s) in Tuolumne County? If you propose to provide services at other sites that already provide services to young children, please explain why they are not already providing these activities. Please be specific as to the need in our county, and support with data, needs assessments, or other information, if available.

Answer: (type in answer here)

4. Link to Strategic Plan Outcomes:

In the tables following, please check below **NO MORE THAN 3** Strategic Plan outcomes that you propose to collect service and outcome data on. These outcomes may be used for an evaluation plan, if funded.

FIRST 5 STRATEGIC PLAN OUTCOMES

1. **Primary caregivers will have the supports and resources they need to break the cycle of generational poverty, substance abuse, trauma and dysfunction.**

Caregivers work toward financial stability

Caregivers expand their supportive social connections.

Caregivers are effectively linked to concrete supports and resources, including food, shelter, domestic violence prevention services, medical services, and addiction treatment and recovery support.

Parents are offered support services as early as possible following a child abuse report.

Caregivers receive screening for depression Adverse Childhood Experiences, substance abuse impact and other issues that can impact parenting behavior.

2. **Primary caregivers will have the supports and resources they need to be their child's first and best teacher.**

Caregivers receive education and skill building opportunities on positive parenting techniques.

Caregivers learn about the importance of early brain development and early learning/literacy and learn activities to do at home.

Caregivers engage in Ages and Stages Questionnaire (ASQ) screening and learn about developmental milestones.

3. **Children will have the supports and resources they need to develop in a healthy fashion and to enter kindergarten ready to learn.**

Children receive appropriate and timely medical screenings, immunizations and medical treatment.

Children receive developmental screenings.

5. Fit with Priority Areas for funding: If your project addresses one or more priority areas, check **NO MORE THAN TWO**.

6. Evaluation Plan Requirements:

Please check the boxes below, to indicate your understanding of the evaluation requirements under this funding process:

| | |
|--|--|
| | I understand that the contract will include an evaluation plan. |
| | I understand that the evaluation plan will include requirements for collection and reporting of service level indicators, such as number of participants, ethnicity, level and type of service, and other service data as required. |
| | I understand that the evaluation plan will include requirements for collection and reporting of outcome indicators, including measures of relevant change for children, families or service systems, to be finally negotiated at contract time, and revisited as necessary to ensure that quality data is being collected. |

7. Project Coordination:

Questions: What individual will take the lead in organizing the project and making sure that your service benchmarks and evaluation activities are completed in a timely fashion? What are the qualifications of this person (or persons) for this role?

Answer: (type in answer here)

8. Organizational Capacity:

What evidence can you provide that your organization is capable of bringing this project to successful completion? (List other successful grant-funded projects, or list examples of sound fiscal management and oversight of other projects).

Answer: (type in answer here)

BUDGET FORM

SMALL GRANT

(Add or subtract extra lines as needed)

Please reflect only the project activity you are requesting funds for, not an expanded representation of a larger project. For example, if you are requesting funds for equipment, just reflect the equipment costs, not the personnel costs for a project.

Email Sarah Garcia sgarcia@tcsos.us if you need guidance in this matter.

| | Amount Requested (funds may only be used to serve the First 5 target audience) | Value of Match Cash (funds may be considered match only if used to serve the First 5 target audience) | Total Cash Budget for serving the First 5 target audience <i>(add first two columns)</i> | Value of other resources (Inkind) |
|--|--|---|--|---|
| Personnel: | | | | |
| Title & FTE for the proposed project | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Benefits | | | | |
| Subtotal Personnel: | | | | |
| Fixed Assets: \$5,000 + | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal Fixed Assets: | | | | |
| Operating/Other Costs | | | | |
| | | | | |
| | | | | |
| Subtotal Operating/Other Costs: | | | | |
| Admin or Indirect Costs | | | | |
| Subtotal Administrative & Indirect Costs: | | | | |
| TOTAL COSTS FOR PROJECT: | | | | |

BUDGET NARRATIVE (Please limit to 5 pages)

9. Funding Request:

Questions: What do you intend to use these grant funds to pay for? Be specific, and brief. This section should support your budget line items. *(For example, list the main functions of the personnel, note what the general operating costs are for, and any other items that need explanation).* Please explain how the FIRST 5 funds will be used to target only First 5 families and/or service providers in Tuolumne County. For example, if you are requesting 25% of the cash cost of the total project, show how at least 25% of the individuals benefiting will be in the target population.

Answer: (type in answer here)

10. Other Funding Resources to Support the Project

- a) Do you have any other sources of funding for the services proposed in this application for the First 5 families and/or service providers for the grant cycle? If so, please list the source and the amount. If these funding sources can be used for clients that are not First 5 families or service providers, please do an estimated pro-ration of the amount available for First 5 services, based on your estimates of participants served. *(For example, if another funder gives you \$10,000 for all families, and your client base is 40% First 5 families, then you would list \$4,000 versus the entire \$10,000.)* The amounts should total to the amount listed as Match Cash in your budget.

| Funding Source (indicate if prorated) | Amount |
|---------------------------------------|--------|
| | |
| | |
| | |
| | |

- b) Are the First 5 funds you are requesting being used to leverage any of these other funding sources? That is, would any of these funding sources become unavailable without First 5 funds to be utilized as “match cash”? Please explain.

Answer: (type in answer here)

11. In-kind Resources/ Service Integration:

Questions: What other resources are available that will make the delivery of services possible? For example, are other organizations contributing resources such as space, access to families, direct services, administrative assistance, or other resources? Please provide an overview of these resources, including an explanation of any dollar amount you have listed in the budget forms under “Value of Other Resources - In-Kind.” We will not ask you to formally track inkind resources, if funded, but would like to have an idea of the other sorts of resources available, and their estimated worth to the project.

Answer: (type in answer here)

12. Accounting:

Questions: Describe how your organization will set up a financial accounting system for the First 5 funds. Will a separate account be set up? If funding streams are being blended, describe how the Commission's grant funds will fit into the accounting for the project.

Answer: (type in answer here)

FIRST 5 ONGOING FUNDING FORM

Have you ever received funding from **FIRST 5 Tuolumne County for this project** (or a closely related project)? **If so, you must fill out this form.**

Name of previously funded project:

Dates of Funding:

Amount of Commission Funding:

Total Cost of Project:

Please explain why you must return to the Commission to request ongoing funds.

Answer here (use space as necessary):

Please describe what plans you have to look for other sources of funding in the future.

Answer here (use space as necessary):

*Commission staff attach review of previous grant
(Benchmarks met, outcomes measured, grant management issues)*

HISTORY OF OTHER FUNDING SOURCES

Has your organization received any funding **other than** FIRST 5 funding in the last year to support the services that you describe in this application (or very similar services?) Will you be receiving any funding **other than** FIRST 5 funding during the grant period? If so, you must fill out this form. If not, skip this form. If you only received FIRST 5 funding, do not fill out this form.

State law prohibits Commission funds from funding existing levels of service or programs. To ensure compliance with this provision, please provide the following information:

1. Have you or any other entity provided the services or programs for which you are seeking funding in the county in the last year? Please explain.

Answer:

2. If you have provided the services or programs in the past year, please describe (1) the source of funding for those services or programs (other than First 5 funding), including the time period you received such funding, the amount of the funding, and the identity of the grantor, and (2) the start and end dates for those programs.

Answer:

3. Are you eligible to receive any funds during the grant period for any aspect of the services or programs for which you seek funding? If so, please describe those funds, including the amount of the funds, period of payment, and whether those funds are earmarked for specific purposes.

Answer:

4. If you are seeking funding for a program or level of service that you currently provide but that will no longer be funded during the grant period, please provide documentary evidence that such funds will no longer be available during the grant period.

Answer: List the documents you are attaching, here.