**Mini-Grant**

**Request For Funding**

# General Overview

Through this Mini-Grant funding, First 5 Trinity is offering a total of $30,000 for projects, activities, equipment, and materials that support health, education and safety for young children and their families. Support will be awarded for a maximum of $5,000.

Examples of eligible materials and activities may include educational materials and activities around water safety and sun safety, as well as materials and activities to directly support food and nutrition, physical activity, injury prevention, and reading programs.

# Grant Guidelines and Policies

Mini grant applications will be accepted by First 5 Trinity from April 29-May 21, 2018. The deadline for mini grant applications is May 21, 2018 at noon. Late or incomplete applications will not be processed or reviewed.

Please make note of the following criteria and restrictions for Mini-Grant funds:

1. Proposed activities/projects must benefit all, or a subset of, the following Trinity County population:

a. Children ages 0-to-5

b. Parents or Caregivers

2. Proposed activities/projects must be completed by June 30, 2019.

3. First 5 Trinity funds cannot be used to supplant funding or existing services, including staff time. First 5 funds must be used to develop, expand or enhance services.

4. Eligible applicants include: parent groups, church groups, community groups, neighborhood associations, service clubs, schools, non-profit organizations, community-based organizations and public entities.

5. A specific group cannot apply for, or receive, more than one mini-grant per fiscal year.

6. Funds may not be used for fundraising events.

7. Proposed activities/projects must be non-discriminatory and tobacco/alcohol free.

# Application Process

To apply for this Mini-Grant, complete the application, print it, have an Authorized Agent sign it in blue ink, make a copy for your records, and either mail or hand-deliver the original to the address below. Applications must include a completed W-9 and be received by First 5 Trinity on or before 12:00 pm on Monday, May 21, 2018, regardless of the postmark date. Electronic transmission either by fax or email will not be accepted.

First 5 Trinity

P.O. Box 1362

Weaverville, CA 96093

# Funding Process

First 5 Trinity staff will exercise discretion in responding to grant requests. Requests will be reviewed on the following criteria:

* Applicant’s current level of service to young children
* Compliance with the Mini-Grant focus
* Community needs are being addresses, community resources used, and target population is being served

First 5 Trinity will notify applicants in writing whether their request was funded or not funded. All funded applicants will be required to sign a liability release. Successful applicants will receive the funds approximately 4 to 5 weeks after the liability release is signed. At the conclusion of a Mini-Grant, applicants will be expected to submit:

* Proof of expenditures with receipt copies; unexpended funds must be returned to First 5
* A brief summary report that includes:
* Counts of the numbers of persons served, by age and demographic, with mini-grant funds
* Summary of the project’s outcomes

# Mini-Grant Application

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| **Applicant Information** | | | | | |
| **Applicant Legal Name:**  **(Must match W-9)** | | | | | |
| **Fiscal Agent, if Applicable: (Must match W-9)** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | | **Zip:** |
| **Phone:** | | **Tax ID:** | | | |
| **Contact Person** | | | | | |
| **First Name:** | | **Last Name:** | | | |
| **Title:** | | **Phone:** | | | |
| **Email:** | | | | | |
| **Signature Authority** | | | | | |
| **First Name:** | | **Last Name:** | | | |
| **Title:** | | **Phone:** | | | |
| **Email:** | | | | | |
| **Type of Applicant: (check one)** | | | | | |
| County or State Educational Institution | County Government Agency | | | Non- profit/ Community Based Organization | |
| School District | Other Government Agency | | | Private Entity/ Institution | |
| Other ( please describe): | | | | | |
| **Is your organization a North State QRIS Participating Provider? Yes**  **No** | | | | | |
| **Application Overview** | | | | | |
| **Project Title:** | | | | | |
| **Amount Requested:** | | | **Project Completion Date:** | | |
| **Please provide a 2-3 sentence summary of your project and its purpose. Identify at least one result that you expect to achieve.** | | | | | |

1. Describe your funding request in detail.
2. Describe specifically who your project will serve (i.e.-the target population) and fill in table. Parents also includes expectant parents, guardians and primary caregivers.

|  |  |
| --- | --- |
| **Individuals Served** | **Estimated # Served** |
| Children 0 – 2 |  |
| Children 3 – 5 |  |
| \*Parents of Children 0- to- 5 |  |
| Providers |  |

3. Describe how your request will address safety, health, education, or physical activity and benefit children ages 0-to-5 and/or their parents and other caregivers.

1. Describe what you will accomplish and how you will know if you have been successful. How will you measure this (sign-in sheets, attendance log, materials distribution log, etc.)?
2. Exactly how will grant funds be used? Include details surrounding materials/supplies to be purchased, costs of such materials/supplies and how they will be used.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief. The funds and materials being requested in this application will not be used to raise funds or be sold. The funds being requested in this application do not supplant any existing revenue sources. I

further certify that this application is submitted with the full knowledge and endorsement of the individual or board of this organization, which is empowered to enforce compliance with all contract conditions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (must sign in blue ink) Date**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Title**