



First 5 Trinity Children and Families Commission (herein referred to as “Commission”) is releasing this request for application to support small community grants that are responsive to the emerging needs of families, as well as the service providers and systems that serve them.

### Amount

The amount of funding that is being made available across the fiscal years of 2021-22 and 2022-23 totals $40,000. If an applicant submits an application for an amount that exceeds $10,000 it will be required to work with the Commission evaluation consultant to develop and implement evaluation activities. The Commission may opt to provide one or more contracts for services but reserves the right to refuse any or all applications if they fail to meet the targeted goals for early childhood education of the 0-3 age group.

### Eligible Applicants

Eligible applicants include educational organizations, nonprofit organizations, and other groups providing programs or projects that support early childhood care, development and education to children ages 0 to 3 and their families in Trinity County. Although First 5 funding typically serves the 0-5 population, First 5 Trinity is releasing targeted funding in support of programs that provide prevention, education and early intervention services, especially developmental screenings and support to parents and caregivers during the first few months of a child’s life and programs that foster healthy development for infants and toddlers up to age 3. Current grantees of First 5 Trinity may not submit applications to expand existing funded projects, however, new projects will be considered. Applicants providing direct service programming must have the capacity to collect demographic information, as well as service counts for participating children and families.

### Deadline

Applications will be reviewed by the Commission at a closed session meeting on April 11th. For information about Commission meetings, including the date, time, location, and agenda please visit: [First 5 Trinity County – Children & Families Commission](https://first5trinity.org/) or contact Suzi Kochems, Executive Director at (530) 228-7811.

### To Apply

To apply for funding, applicants must complete and submit the Responsive Community Grants Application Form and submit the full application to [F5 Trinity Community Responsive Grant Application](file:///C:\Users\waver\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0UU8E8CR\skochems@trinitycounty.org). This form requests contact information, a brief description of the project, a scope of work, and a project budget with narrative detailing how the funds will be spent.

### Questions

If you have questions about the application, please contact Lisa Watson at [lwatson@socialent.com](mailto:lwatson@socialent.com)

**Community Responsive Grant Application**

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| --- | --- | --- | --- | --- | --- |
| Grant Application Face Sheet | | | | | |
| Administrative Agency: | |  | | | |
| Project Name: | |  | | | |
| Grant Amount Request: | | **$** | | | |
| Project Contact Information | | | | | |
| Financial Officer: | |  | | **Project Director:** |  |
| Email Address: | |  | | **Email Address:** |  |
| Phone Number: | |  | | **Phone Number:** |  |
| Grantee Type  (choose only one) | County Health & Human Services  Family Child Care  Higher Education  Resource & Referral  Community-Based Organization | | | County Office of Education / School District  Child Care Centers  Hospital / Health Plan  Research / Consulting Firm  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I hereby certify that: (1) I am vested with authority to submit this grant application for consideration of funding, (2) all funds received pursuant to the successful submission of this application will be spent exclusively on the purposes specified, and (3) all statements in the proposal are true. Furthermore, by signing below accept all terms and conditions of the packet associated with this application and understand that by submission to the First 5 Trinity Children and Families First Commission, expose the proposal to disclosure if requested by a member of the public following the final award decision. | | | | | |
| Signature | | |  | | |
| Name: | | |  | | |
| Title: | | |  | | |
| Address: | | |  | | |
| Telephone: | | |  | | |
| Email: | | |  | | |
| Today’s Date: | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Plan | | | | | | | |
| Project Name: | | |  | | | | |
| Only choose between one of the two options | **Program Model** (choose only one) | **Improved Family Functioning**  2-1-1  HIPPY  Benefits Enrollment  Abriendo Puertas  Triple P 2-3  Family Resource Center  Five Protective Factors  Avance  Triple P 4-5  Incredible Years  Nurturing Parenting Prog.  Parents as Teachers  Safe Care | | **Improved Child Development**  Summer Programs  Playgroups  Funded Preschool Slots  Business Supports  CLASS  CSEFEL  ERS  Facility Grants  PITC | | | **Improved Child Health**  Nutrition  Health Access  Safe Sleep  Car Safety  Tobacco/Drug  Nurse Family Partnership  Healthy Families America  Avance |
| Other: | | Other: | | Other: | |
| **Systems Change Efforts**  (choose only one) | **Programs and Systems Improvement Efforts**  Quality Improvement Efforts  Infrastructure Supports  Trainings/Conference Supports  Coordination Efforts | | | **Policy and Public Advocacy**  Community Awareness Efforts  Public Outreach and Education  Town Hall Meetings  Policy Change Efforts | | |
| Project Description | | | | | | | |
| Please provide a brief description of the project that you are seeking funding for, the services to be rendered, and how it will impact children aged 0-3 and their families. | | | | | | | |
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| **Scope of Work** | | | | | | | | |
| **Project Name:** |  | | | | **Contract Term** | |  | |
| **1** | **2** | | **3** | | **4** | | **5** | |
| **Program Specific Activities** | **Children (0-3) to be served** | | **Primary Caregivers to be served** | | **Other Family Members to be served** | | **Providers to be served** | |
| Number to be served | Number of services to be provided | Number to be served | Number of services to be provided | Number to be served | Number of services to be provided | Number to be served | Number of services to be provided |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |
| Provide <INSERT SERVICE> to <INSERT SERVICE POPULATION>. |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Line-Item Project Budget | | | | |
| Project Name: |  | | **Contract Term:** |  |
| Budget Category and  Line-Item Detail | | **First 5 Funds Requested** | **Other Matching Funds** | **Total Costs** |
| 1. Personnel Costs | | | | |
| Job Title (% FTE)  Costs (per hour/month x grant term)  Brief Description of duties | |  |  |  |
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| Job Title (% FTE)  Costs (per hour/month x grant term)  Brief Description of duties | |  |  |  |
| TOTAL Personnel Costs | |  |  |  |
| 1. Program and Operations Costs | | | | |
| Rent & Utilities  (Cost per month x grant term) | |  |  |  |
| Office Supplies & Materials  (Cost per month x grant term) | |  |  |  |
| Telephone & Internet  (Cost per month x grant term) | |  |  |  |
| Printing/Copying  (Cost per month x grant term) | |  |  |  |
| Equipment Lease  (Cost per month x grant term) | |  |  |  |
| Materials & Supplies  (Cost per month x grant term) | |  |  |  |
| Travel  (mileage estimates x mileage reimbursement rate x grant term) | |  |  |  |
| Other (list all)  Justify all costs | |  |  |  |
| TOTAL Program & Ops Costs | |  |  |  |
| 1. Indirect Costs | | | | |
| Indirect Costs  List justification of indirect cost rate | |  |  |  |
|  | | | | |
| TOTAL PROJECT COSTS | |  |  |  |