



Mini-Grant
Application Packet
ONE-TIME FUNDS
RFP No. 011-032
2011-2012

First 5 Madera County
525 E. Yosemite Avenue
Madera, CA 93638
(559) 661-5155
Fax (559) 675-4950



Fiscal Year 2011 - 2012

General Information

On November 12, 1998, California voters passed Proposition 10, the California Children and Families First Act of 1998. The Act provides for a 50 cent per pack tax on all tobacco products. The monies collected are used to fund anti-smoking and early childhood education programs that promote early childhood development from prenatal through age five. Each County's governing board established a County Commission. The Madera County Children and Families Commission, now known as First 5 Madera County, formulated and adopted a strategic plan, identifying focus areas, prior to the allocation of any funding.

The First 5 Madera County Commission reserved funds for community-driven awards that support First 5 Madera County's strategic plan, goals, and objectives. The plan includes four focus areas. It is highly recommended that each applicant demonstrate how the proposed project will align with at least one of the following focus areas:

1. Child Health – Children are Born Healthy
2. Family Involvement – Families are Strong
3. Child Development – Children are Learning and Ready for School
4. Systems Integration – Coordination and Integration of Services

Applications will be accepted and evaluated throughout the year, on a quarterly basis. One-Time Funds are designed to support one time interventions that will support early childhood development in Madera County. Organizations and individual community members are eligible under this category. Examples include: professional development trainings, workshops, community events, etc. Previous awards have included:

1. A parent-run lending library;
2. Backpack Literacy projects;
3. Community health faire; and
4. Registration and travel/lodging for trainings/workshops.

First 5 Madera County funding is open to all applicants: non-profit organizations, public agencies, faith-based organizations, private for-profit firms, agencies, schools, members of the community, and others.

Eligibility Requirements and Project Criteria

- Mini-Grants are intended for one-time only support.
- The proposed project must promote the development and support of children prenatal through age 5 and their families in Madera County.
- **Grant requests cannot exceed \$5,000.00.**
- All grantees must participate in a Proposition 10 orientation prior to implementation.
- Applicants may only be awarded one grant per fiscal year, and only one grant award may be open with any recipient at any given time.
- **All center-based childcare and preschool providers will participate in a mandatory Early Childhood Environmental Rating Scale-Revised (ECERS-R) evaluation and training. Items to be purchased will be based on the ECERS-R findings.** (See page 7.)

- If the applicant is functioning under a governing body, a copy of the letter indicating approval of the governing body should be attached to the application (i.e. School Board, Board of Supervisors, etc.).
- Proposals submitted must conclude within one year of the grant contract date.
- All expenditures must occur **after** the grant contract date.
- **All funded programs will ensure that the project will clearly identify First 5 Madera County sponsorship by using the First 5 logo or our name (First 5 Madera County).**
- A Project Closeout Interview is due at the conclusion of the project, and a mid-term progress report may be required. The Project Closeout Interview includes review of expenditures. All projects must provide receipts, invoices, etc. to support reported expenditures. Any receipts reflecting a purchase date before the contract award date will not be approved. Any grantee who does not demonstrate accurate spending documentation will reimburse First 5 Madera County the balance of unexpended funds or expenditures that are not accompanied by adequate evidence.

Ineligible Uses of Mini-Grant Funds

First 5 Madera County Mini-Grant funds **may not** be used for the following purposes:

- | | |
|--|---|
| • On-going programs and activities | • Fund Raising |
| • Supplanting existing programs Scopes of Work | • Bonuses/ Commissions |
| • Capital improvement (any one item in the excess of \$1,000.00 and immobile; the Commission reserves the right to approve or deny a request on an individual basis) | • Visiting out-of-county locations / field trips |
| | • Purchase of real property (i.e. sod, fencing, playground equipment, landscaping materials etc.) |

Application Process

To apply for a Mini-Grant, **review all attached forms**. Because it is essential to demonstrate that your project understands the goals of First 5 Madera County, take time to review Attachment A, “First 5 Madera County’s Focus Areas, Goals, and Objectives” and use it as a guide to develop your project. The application may be typed or neatly handwritten in either English or Spanish. An electronic version of the application can be accessed on our website: www.first5madera.net or a copy can be mailed to you.

The application must include the following:

1. Application Cover Page (Form A);
2. Project Narrative (Form B);
3. Project Budget (Form C);
4. Disclosure Statement (Form D);
5. List of Key Personnel (Form E);
6. Collaborative Disclosure, if appropriate (Form F);
7. Proof of governing body approval if your program runs under a governing agency.

Applications may be mailed or hand-delivered to First 5 Madera County, however **applications must be received on or before the due date no later than 4:00 pm**. Applications will not be received via email. **Please submit one (1) original and nine (9) complete copies of the application to:**

Xochitl M. Villaseñor, Program Officer-Contracts
First 5 Madera County
525 E. Yosemite Avenue
Madera, CA 93638

Important Dates

RELEASE DATE: JULY 1, 2011

1st Cycle Submission Deadline August 5, 2011

Award Date October 10-14, 2011

2nd Cycle Submission Deadline November 4, 2011

Award Date January 9-13, 2012

3rd Cycle Submission Deadline February 3, 2012

Award Date April 9-13, 2012

4th Cycle Submission Deadline April 6, 2012

Award Date June 11-15, 2012

Evaluation Criteria

All submitted proposals will be evaluated and rated by First 5 Madera County staff then forwarded to the First 5 Madera County Commission for final consideration. A total of 50 points may be awarded, according to the following criteria:

1. **PROJECT CONCEPTION** - Proposal is clear and comprehensible with a realistic timeline; project activities are well defined and technically feasible, and/or within the funding categories described in the application. **(15 pts.)**
2. **OUTCOMES** - Objectives are clearly stated, specific, realistic, *measurable (includes a valid evaluation tool)*, and are consistent with First 5 Objectives as listed in *Attachment A* of the application. **(15 pts.)**
3. **ORGANIZATIONAL CAPACITY** - Management and staff are qualified to implement project and achieve stated objectives. **(5 pts.)**
4. **FINANCIAL VIABILITY** - Applicant demonstrates sound fiscal management; project budget is transparent, realistic and cost effective. **(5 pts.)**
5. **IMPACT** - The extent of contribution to promoting the development and support of young children and their families in Madera County this project holds and a clear statement of the number of children 0-5 benefitting from this project. **(10 pts.)**

Appeals Process

Mini-Grant applications will be accepted until all of the funding for the current fiscal year has been disbursed and/or up to the final submission deadline date. Proposals will be reviewed and evaluated quarterly by First 5 Madera County staff and Programs and Grant Awards Committee members. During the review process, First 5 staff may contact the applicant for additional information or to clarify proposal content, and may elect to interview applicants or do a site visit prior to making a funding recommendation. However, an expression of interest by staff should not be construed as an indication of forthcoming grant approval.

Staff recommendations will be presented to the First 5 Madera County Commission for consideration. The Commission reserves the right, at its sole discretion, to waive minor irregularities in submittal requirements, to request modifications of the proposal, to accept or reject any or all proposals received, to grant full or partial funding of any request, and/or to cancel all or part of this grant solicitation at any time prior to awards. Each applicant understands that there is **no appeals process**.

2011-2012 Mini-Grant Application Cover Page

Organization Name: _____

Name of Project: _____

Contact Person: _____ Title: _____

Address: _____

City, Zip Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Year Established: _____ Federal ID Number: _____

Type of Organization (check one):

- Corporation Proprietor Partnership Non-profit Government
 Parent Group Service Club Other (please describe) _____

Check of the following Focus Area(s):

- ___ A: CHILD HEALTH – Children are Healthy
 ___ B: FAMILY INVOLVEMENT – Families have resources & support to be successful caregivers
 ___ C: CHILD DEVELOPMENT – Children have access to high quality early care & education
 ___ D: SYSTEMS INTEGRATION – Systems are integrated and coordinated

Has your agency previously received Mini-Grant funding from First 5 Madera County?

- No
 Yes – please list the date(s) funded, project name, and amount of award:

I certify that the information contained in this proposal is true and accurate to the best of my knowledge and belief. I further certify that this grant application is submitted with the full knowledge and endorsement of the governing board of this organization, which will act as fiscal agent and is empowered to enforce compliance with all contract conditions.

Signature(s): _____ Date _____

Name and Title: _____ Date _____

Project Narrative

Project Name: _____

On a separate sheet of paper, please provide responses to the following items relative to your proposed project. Use no more than *two pages, single-spaced* for your proposal narrative, with the sections sequentially numbered and titled as indicated below.

1. Agency or Business Overview

Briefly describe the purpose and primary activities of your organization or business, your geographic area of operations and the primary sources of financial support for your organization and how this qualifies you to implement your proposed project.

2. Statement of Need

Offer how your group or organization came up with the idea for this project. Identify the needs you are addressing. State local resources and partnerships you are utilizing.

3. Project Description

- a) Describe the project's program design, relevant tasks and activities.
- b) Indicate program goals and outcome objectives as they relate to First 5 Madera County goals. (*See Attachment A – Goals & Objectives*)
- c) Present your project timeline clearly stating start and end dates. The project timeline must coincide with the Mini-Grant award date.
- d) List target population and anticipated numbers to be served. State the number of children 0-5 served by this project.

e) If a curriculum, model, or methodology is proposed, explain the research and rationale used in selecting the curriculum and how it will be utilized. Also, include how teachers and/or staff will be supported and trained to use the curriculum, methodology, etc.

f) Collaborative partners in the project must be demonstrated with signatures. Share what roles the partners will play in the implementation of the project. **Include Form F with application.**

4. Project Evaluation and Accountability

Explain how your agency will know if the proposed project has been successful. Describe the process used to measure the project's success. List indicator(s) this project will address, and quantify the expected impact. (*See Attachment A – Indicators of Success*)

5. Cost Effectiveness

Describe why the project is an efficient use of public funds and resources.

Project Budget**Project Name:** _____**INSTRUCTIONS**

Use the categories listed below to develop your budget request. Itemize each budget category to include the cost per unit, rounding to the nearest dollar. Include a brief justification for the items listed. Please round to the nearest dollar. **Funds cannot be used towards personnel, indirect/administrative costs, or to cover shipping charges.** Take the time to reflect on the items being purchased before listing them as these items will be reconciled against invoices/receipts during your close-out. Any diversion from the listed items may result in non-reimbursement of funds.

1. Project Supplies/Materials

- a. Example: Pens – 1 box of 20 @ \$6.95 x 3 boxes = \$21.00

Pens will be included in parent information packets.

- b. Example: Brochures – “Tobacco Cessation” 200 @ .35 = \$70.00

Brochures will be distributed during the health faire event.

- c. Example: Refreshments & Supplies – \$4,200.00

Light refreshments and snacks for tobacco education events: Paper plates, napkins, forks = \$200, 8 gatherings (50 people each event) x \$200 = \$1600.

Activities A- F (100 people each) x \$400 = \$2400

TOTAL: \$4,291.00

2. Equipment Purchase

- a. Example: Purchase of overhead projectors – 2 projectors @ \$50.00 each

Overhead projectors will be used towards the presentation given during the early education training.

TOTAL: \$100.00

3. Other costs

- a. Example: Mileage reimbursement for 2 staff at 51 cents/mile. Total miles traveled are estimated at 200 miles each.

TOTAL: \$220.00

4. **TOTAL AMOUNT REQUESTED**

\$4,802.00

NOTE: If you are a center-based childcare or preschool provider, you will not fill out this budget form. Upon concluding your ECERS-R assessment, you and your evaluator will determine a list of approved items to be purchased on page 2 of Form G. This is required along with your application. As these assessments can take up to 3.5 hours, it is to your best interest that you review our deadlines and contact the program officer to schedule an ECERS-R assessment.

Disclosure Statement

Project Name: _____

I, _____ of _____, hereby
Name Name of Agency

state that the funds requested in this application do not supplant any existing revenue sources.

Signature

Date

Print Name

Title

List of Key Personnel

Project Name: _____

List names of persons working on the proposed project. Give a brief description of each person's duties and qualifications.

Name: _____

Duties: _____

Name: _____

Duties: _____

Name: _____

Duties: _____

Name: _____

Duties: _____

Name: _____

Duties: _____

Name: _____

Duties: _____

Collaborative Disclosure Statement***Project Name:*** _____**Collaboration is valued by First 5 Madera County. We encourage establishing partnerships before submitting your proposal. The signature of an authorized representative from each collaborative or funding partner is required.****Collaborative or Funding Partner(s):**

1.	Name	Title	Organization/Address
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	_____	_____	_____
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Signature of Authorized Representative

2.	Name	Title	Organization/Address
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	_____	_____	_____
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Signature of Authorized Representative

3.	Name	Title	Organization/Address
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	_____	_____	_____
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Signature of Authorized Representative

4.	Name	Title	Organization/Address
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	_____	_____	_____
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Signature of Authorized Representative



Mini-Grant
Project Closeout Interview

FORM G

Project Closeout Interview

Applicant Name: _____

Project Name: _____

Contract Number: _____

Project Date: _____

Total Project Budget: \$ _____

Project Implementation

Yes No

Was the project or program successfully implemented? Did the Agency do what they said they would do?

Comments:

Outcomes/Impact

Yes No

Did agency meet expected outcomes?

Comments:

Were they measurable?

Comments:

Did agency serve anticipated numbers?

Comments:

Did the agency/program contribute to promoting the development and support of young children and their families in Madera County?

Comments:



ATTACHMENT A

2010 Strategic Plan Hierarchy

As of 2-2010

Red: macro-level indicators and outcomes
 Blue: program-level indicators and outcomes

GOAL	OBJECTIVES	INDICATORS OF SUCCESS
GOAL 1: CHILDREN ARE HEALTHY	Objective A: Increase access to perinatal and children's health care	Increase the number of children enrolled and retained in health care program
	Objective B: Reduce the number of obese children by increasing access to proper nutrition and physical activity	Increase the number of participants in nutrition and fitness activities Increase the rate of redemption of Farmers Market WIC coupons, and increase community participation at Farmers Market
	Objective C: Increase education and outreach regarding the harmful effects of tobacco exposure	Implement and track the use of EBT machines at Farmers Markets Increase the number of women who breastfeed exclusively for 6 months Increase children's access to preventative oral health care Increase the number of participants in tobacco cessation programs

GOAL	OBJECTIVES	INDICATORS OF SUCCESS
GOAL 2: FAMILIES HAVE RESOURCES AND SUPPORTS TO BE SUCCESSFUL CAREGIVERS	Objective D: Ensure access to parenting education interventions	Increase the number of parents that participate in parenting education interventions
	Objective E: Increase access to services and supports that promote family self-sufficiency	Decrease the number and intensity of risk factors within families Decrease in the number of confirmed cases of child abuse and neglect
	Objective F: Ensure child safety	Decrease in percentage or recidivism in child abuse and neglect Increase in the number of successful referrals to services



ATTACHMENT A

2010 Strategic Plan Hierarchy

As of 2-2010
Continued...

Red: macro-level indicators and outcomes
Blue: program-level indicators and outcomes

GOAL	OBJECTIVES	INDICATORS OF SUCCESS
GOAL 3: CHILDREN HAVE ACCESS TO HIGH QUALITY EARLY CARE AND EDUCATION	Objective G: Increase capacity/slots to offer quality child care and preschool experiences	Increase in the number of children including special needs participating in preschool Increase in children's average score on DRDP-R Increase in average Environmental Rating Scale Scores Increase in the education level, services and supports for early care education providers Increase the number of children in need who access behavioral and speech services
	Objective H: Increase supports and education opportunities for early care and education providers	

GOAL	OBJECTIVES	INDICATORS OF SUCCESS
GOAL 4: SYSTEMS ARE INTEGRATED AND COORDINATED	Objective I: Partner with the community to identify and address circumstances that negatively impact children and families e.g. substance abuse, domestic violence, poverty.	Increase the amount of money leveraged through fiscal collaboration Increase the number of trainings and/or participants of professional development opportunities Increase the number of venues used for community education Increase the number of service experiences for children 0-5 and their families resulting from partnerships <i>Increase cross disciplinary training on use of the ASQ and ASQ-SE</i> <i>Increase the number of children screened using ASQ and/or ASQ-SE</i>
	Objective J: Promote community awareness and response to issues impacting children and their families	
	Objective K: Provide support to build administrative and programmatic capacity with service providers	