



Mini-Grant

Packet

**ONE-TIME FUNDS**

RFP No. 014-039

2014-2015

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



## Fiscal Year 2014 - 2015

### 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, predictive factors and indicators of success. The plan includes three 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. Children are Healthy
2. Families are Strong
3. Children are Learning

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. Examples include: professional development trainings, workshops, community events, etc. Previous awards have included:

1. A parent-run lending library;
2. Community health faire; and
3. 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. 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) on all printed materials or media.**
- 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
- Supplanting existing programs' Scopes of Work
- 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)
- Fund Raising
- Consumable items such as school or office supplies
- Bonuses/Commissions
- Salaries/Indirect/Admin Costs
- 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](http://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 seven (7) 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, 2014**

**1<sup>st</sup> Cycle Submission Deadline August 1, 2014**

*Award Date October 6-10, 2014*

**2<sup>nd</sup> Cycle Submission Deadline November 7, 2014**

*Award Date January 5-9, 2015*

**3<sup>rd</sup> Cycle Submission Deadline February 6, 2015**

*Award Date March 9-13, 2015*

**4<sup>th</sup> Cycle Submission Deadline April 3, 2015**

*Award Date May 11-15, 2015*

## 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**.

**2014-2015 Mini-Grant 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) \_\_\_\_\_

Select from the following Focus Area(s):

- \_\_\_\_\_ A: CHILDREN ARE HEALTHY  
\_\_\_\_\_ B: FAMILIES ARE STRONG  
\_\_\_\_\_ C: CHILDREN ARE LEARNING

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's Strategic Plan. (*See Attachment A – Predictive Factors*)
- 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. Include a brief justification for the items listed. 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.

**The following are ineligible use of funds (refer to page 3 for further details):**

**Personnel Costs or Bonuses****Out of County Field Trips****Indirect/administrative Costs****Capital Improvements****Purchase of Real Property****Consumable items such as office or school supplies (pencils, paint, construction paper, office copy paper, etc.)****SAMPLE BUDGET****1. Project Supplies/Materials**

- a. Example: Printing – \$500.00

*Printing costs associated with flyers and informational cards.*

- 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: \$4,770.00****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 100 miles each.

**TOTAL: \$102.00****4. TOTAL AMOUNT REQUESTED****\$4,972.00**

**NOTE:** If you are a center-based childcare or preschool provider, you will not fill out this budget form. Your budget will be based upon your ECERS-R scores. 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. No consumable items will be allowed i.e. scissors, paint, ink pads, paper, etc.

*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.**

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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.**

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**Collaborative or Funding Partner(s):**

1.	Name	Title	Organization/Address
	_____	_____	_____

\_\_\_\_\_  
Signature of Authorized Representative

2.	Name	Title	Organization/Address
	_____	_____	_____

\_\_\_\_\_  
Signature of Authorized Representative

3.	Name	Title	Organization/Address
	_____	_____	_____

\_\_\_\_\_  
Signature of Authorized Representative

4.	Name	Title	Organization/Address
	_____	_____	_____

\_\_\_\_\_  
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:**

\_\_\_\_\_  
\_\_\_\_\_

*Project Closeout Interview Continued*

**Financial Management**

Yes      No

    

Were all the funds expended?

**Note: If at any time there are cost savings or items listed on the original budget are no longer available for purchase, you must FIRST contact the program officer before purchasing replacement items.**

Item Description	Award Amount	Award Adjustment	Award Expended	Proof of Expenditure	Balance

<b>TOTALS</b>					
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**TOTAL REIMBURSEMENT TO FIRST 5 MADERA COUNTY** \_\_\_\_\_ \*

\*As stipulated in the Mini Grant Contract, all projects must provide evidence that all approved granted funds were spent, OR grantee must reimburse First 5 Madera County the balance of unexpended funds, due 30 days following close-out.

First 5 Program Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STRATEGIC PLAN

## 3<sup>RD</sup> GRADE READING SUCCESS



INDICATORS OF SUCCESS		
Children have health insurance	Parents engage in early learning activities with their children	Children are participating in quality preschool programs
Children are screened, referred and treated for developmental delays and behavioral needs	Parents read daily to their children	Children are participating in 'preschool-like' experiences
Women are screened and referred for prenatal and postpartum depression	Parents understand children's developmental milestones	Preschool teachers are earning a BA or AA degree or making progress on the CD Matrix
Pregnant women receive prenatal care	Parents are knowledgeable about, and able to access, community resources to support their families	
Newborn parents are connected to supportive networks and services	Children are in safe homes	Licensed in-home child care providers are participating in professional development opportunities
Mothers are breastfeeding		
Reduce the number of children 3-5 with untreated dental decay in primary teeth		
General health literacy		



FUNDING STRATEGIES		
<u>Direct Services</u>	<u>In-Direct Services/Capacity Building</u>	<u>Other</u>
Services provided directly to the child, parent or guardian	Training or structured services to an agency or providers	<ol style="list-style-type: none"> <li>1. System Improvement Efforts</li> <li>2. Partnerships &amp; Collaborations</li> <li>3. Public Ed/Awareness</li> <li>4. Policy &amp; Advocacy</li> </ol>



PREDICTIVE FACTORS		
Access to Healthcare	Consistent Parenting and Appropriate Discipline	High Quality Preschool Programs
Adequate Prenatal Care	Resource Rich Communities	Preschool-like Experiences
Optimal Language Development	Secure and Healthy Homes	Skilled ECE Professionals (Degree/CD Matrix)
Prematurity		
Overall Oral Health		
Achieving Typical Developmental Milestones		High Quality Licensed In-home Child Care Programs
Good Nutrition and Overall Physical Health		
Optimal Social-Emotional and Mental Health (Child)		

**CHILDREN ARE HEALTHY**

**FAMILIES ARE STRONG**

**CHILDREN ARE LEARNING**