



Trinity County Children and Families First Commission
Grant Guidelines and Instructions

The Trinity County Children and Families First Commission provides funds for projects that enhance the development of children zero to five years of age, and their families. Grantees seeking funding for this target population should fill out this application.

Trinity County Children and Families First does not discriminate as to race, religion, gender, income, or individuals with disabilities. Anyone that provides a service, program, or activity that benefits children zero to five, and their families is eligible, providing they follow the Grant Guidelines and Instructions.

The grantee will not hold Trinity County Children and Families First Commission, or the County of Trinity liable for any loss, accident, or legal dispute resulting from the grant process. The grantee will be solely responsible for his or her actions, and not hold Trinity County Children and Families First Commission, or the County of Trinity responsible for the actions of others, or for legal matters ensuing from all aspects of the grant process.

Instructions: Keep in mind that some items pertain only to organizations or agencies. Also, the "Work Plan and Timelines" may not be as detailed on a small activity grant, as opposed to a large grant that develops a program. Use number 12 font.

1. The Commission strongly encourages all grantees to contact the First 5 Program Director Debra Chapman prior to writing your proposal.
2. Complete the "**Grant Application**" and use the next page as the cover page of the proposal.
- 3.. **Executive Summary** should include the following:
 - Identify a specific goal or component of the Strategic Plan that will be addressed in the project or activity.
 - Describe the opportunity, problem, issue, need, geographic area, and the estimated number of zero to five population that will be involved in the project or activity.
 - Describe the outcomes you expect to achieve with this project or activity, and how you expect to measure the data.
 - The specific intended target group, and how your project or activity will make a positive impact on the target group.
 - Provide evidence of collaboration (if applicable). If not, state why collaboration is not utilized.
4. **Publicity/Advertisement:** Attach your plan and method for promoting the project.
5. **Work Plan and Timelines** should provide dates that correspond to activities.
6. **Evaluation** must be a component of your proposal and identify how outcomes will be measured. All grantees must participate in the State Commission evaluation.
7. **Budget** (line item).
8. **Budget Justification** examples are attached to the grant application.



**Trinity County Children and Families First
Commission
Grant Application FY 2009/2010**

Name of Project:

Name of Organization, Agency, or Individual Applying

Contact Person:

Telephone: _____ Fax: _____ E-mail: _____

Address:

Mission Statement

THE APPLICANT CERTIFIED THAT: To the best of my knowledge and belief, data provided in this application are true and accurate. The governing board of the applying agency (if applicable) has duly authorized this application. I understand that any materials produced for the public must contain the statement ***"Supported by Funds received by Trinity County Children and Families First Commission"***. I understand that this is a public document and open to public inspection. I agree to fully participate in the described project and take responsibility for its completion.

Signature: _____ Date: _____

Name and Title: _____

**Trinity County Children and Families First
Commission**

Selection Process

The Trinity County Children and Families First Commission will review all applications. Applications received by Trinity County Children and Families First Commission will consider the following areas when rating the application:

- Does the proposal meet the Strategic Plan criteria
- Appropriate use of funds
- Work Plan and Timelines
- Evidence of Collaboration (if applicable)
- Evaluation Measures

Applicants are required to give a presentation and answer questions regarding their project or activity during a regularly scheduled meeting of the Trinity County Children and Families First Commission. The funding status of the applicant will be determined after their presentation and question and answer period. The Trinity County Children and Families First Commission may reject all applications, suggest budget adjustments, or award all or portions of requested funds.

Applicants must comply with the State Commission evaluation, in order to remain in good standing. The Prop. 10 Administrator will contact all applicants regarding their evaluation.

The Trinity County Children and Families First Commission mailing address is:

Trinity County Children and Families First Commission
Howard R. Freeman, Chairman
Attn: Debra Chapman, BSW
P.O. Box 1362
111 Mountain View Rd.
Weaverville, CA 96093

For more information contact:

Debra Chapman, BSW
Executive Director
P.O. Box 1362
111 Mountain View Rd.
Weaverville, CA 96093

Telephone: 530-739-3159
Fax: 530-623-6343
E-mail: First5@tcoeK12.org

Budget Outline

Applicant Name: Date of Commission meeting:			
Specific Line Item	Requested Funds	In-Kind Contribution	Funding Source
SALARIES AND BENEFITS:			
OPERATING EXPENSES:			
OTHER:			
Total Amount Requested			

Please attach a separate page explaining your budget justification for each line item.

BUDGET JUSTIFICATION

Write a justification for each line item listed in your proposed budget. Below are some *sample* justifications to use as a model.

Aaron Fleming, Project Leader (100% time): will receive a consultant fee of \$6000 that will cover the fee for professional services that includes consultation, handouts, educational materials, session preparation time, and benefits. His responsibilities will include project management: organization of training, implementation of training program, evaluation of participation and description of project outcomes.

Greg Garwood, Coordinator (100% time): will manage the child development laboratory activities on a day-to-day basis, including designing and implementation of curriculum, instructing assistants in appropriate laboratory procedures, gathering performance data at identified intervals and draft summaries of outcomes. Calculated salary costs include taxes and benefits.

Student Assistant (20 hrs/week): will assist in the child development laboratory by conducting play sessions, organizing play areas, collecting data on child performance, entering data into spreadsheets and in maintaining the play environment. Calculated salary costs include taxes.

Equipment: The purchase of a personal computer and AGE software is required for implementing the reading strategy SOS (speak or sense) and evaluating its effectiveness with individual children. A PC with the following specifications is required for use of the software: ___K memory, etc.

Supplies: The consumables for this project include: paper, copier cartridges, disposable glassware, and a developmental notebook that each child will receive.

Telephone: Completion of the project will require long distance calls to project leaders in 10 towns in Trinity County and to resource specialists in Redding, Chico and Sacramento.

Travel: Use of a personal vehicle, reimbursed at \$.35/mile for 800 miles, is requested for the coordinator to meet with each children's family twice during the child development laboratory participation period.



TRINITY COUNTY CHILDREN AND FAMILIES FIRST COMMISSION

SIX MONTH PROGRESS REPORT FORM

Name of Project:

Today's Date:

Program Officer:

Grant Amount:

Community Served:

Date Awarded:

Please attach type written answers to the following questions/statements:

1. Describe your objectives and the activities used to implement.
2. What positive changes were accomplished with the children and families you worked with during this time period?
3. How many children or families were served, and what target population did you focus on during this reporting period?
4. What barriers or unexpected accomplishments have been encountered during the implementation of this project?
5. What are the timelines and activities left to accomplish?
6. What are your current plans for evaluating this program/activity?
7. Provide a financial report giving a breakdown of expenditures for all grant funds to date.

Please return your 6-month progress report to:

Debra Chapman, BSW
P.O. Box 1362
111 Mountain View Road
Weaverville, CA 96093



TRINITY COUNTY CHILDREN AND FAMILIES FIRST COMMISSION

COMPLETION REPORT FORM

GRANTS OF SHORT DURATION

Name of Project:

Today's Date:

Program Officer:

Grant Amount:

Community Served:

Date Awarded:

Please attach type written answers to the following questions/statements:

1. Describe your objectives and the activities used for implementation.
2. What positive changes were accomplished with the children and families you served?
3. How many children or families participated, and what target population did you focus on?
4. What barriers or unexpected accomplishments have been encountered during the implementation of this project?
5. Provide a financial report giving a breakdown of expenditure of all grant funds to date.

Note: This report is due within 45 days of completion of the grant activities.

Please return your completion report to:

Debra Chapman, BSW
Executive Director
c/o Human Response Network
111 Mountain View Road
Weaverville, CA 96093



First 5 Trinity Final Report Guidelines

1. Please provide a brief description of program activities for this past grant year (July 1, 2009-June 30, 2010).
2. Describe any challenges you have faced and how you have resolved these challenges, or how you plan to resolve them.
3. Describe any successes of which you are particularly proud. What contributed the most to them?
4. How did you evaluate your project? Describe your evaluation activities. In addition:
 - Complete and submit, with this report, the **First 5 Trinity Target Population Served** form.
 - Provide copies of any evaluation instruments you used. For example, if you surveyed parents or providers, submit a copy of the survey, tell us how many surveys you gave out, and how many surveys you got back.
5. What were your evaluation results? Please provide both qualitative (for example, focus group results) and quantitative (numbers) data if available. Did your program achieve the results you had anticipated? Please explain.
6. What positive impacts has your program had on young children and their families?
7. Stories of how programs affect specific children and families can be powerful tools for showing the importance of funding such activities. Please use the questions below to guide your description about a child and/or family who has benefited from your FIRST 5 funded program. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format.
 - a. Is this a child, a family member child, or a family? Please give the ages of the children involved. What are the demographics of the participant(s) (e.g., gender, ethnicity, age, primary language, disabilities and other special needs)?
 - b. Describe what led to the child or family becoming involved with the program. What needs were addressed?
 - c. Which services did the participant(s) receive and through what activities?
 - d. What positive outcomes resulted from participation in the program? How do you know? (Include quotes from participants or staff, if available.)

First 5 Trinity Target Population Served

Program Name/Agency _____

For the period July 1, 2009 through June, 30 2010, indicate the total number of individuals you served in your First 5 Trinity program. Complete EACH of the 3 tables below.

Population Served

	Total #
Children less than 3	
Children 3 to 6 th birthday	
Children Ages Unknown (birth to 6 th birthday)	
Parents/Guardians/Primary Caregivers	
Other family members	
Providers	
TOTAL population served	

Ethnic Breakdown of Population Served

	# Children	# Parents/ Guardians/ Primary Caregivers	# Providers (for programs that focus on serving providers)
Alaska Native/American Indian			
Asian			
Black/African-American			
Hispanic/Latino			
Pacific Islander			
White			
Multiracial			
Other (specify _____)			
Unknown			

Language spoken most often in the home

	# Children	# Parents/Guardians/ Primary Caregivers
English		
Spanish		
Hmong		
Other (specify _____)		
Other (specify _____)		
Unknown		



APPLICATION REVIEW AND REPORTING TIMELINES

First 5 Trinity County provides funding one time per year. Applications and Strategic Plans are available either by calling the Administrator Debra Chapman, or by emailing her at First5@tcoek12.org for an electronic version of the application.

All applications must be submitted to Debra Chapman no later than **April 9, 2009**. The applications will be reviewed at the April 29, 2009 Commission meeting. All grantees must provide an overview of the grant application and answer questions regarding their grant, at the **May 27, 2009** Commission meeting.

All awarded grantees are responsible for a six-month progress report, or a completion report for grants of short durations. A grant of short duration is defined as a project or activity that last 45 days or less. Consult with the First 5 Director for further clarification. Any new grantee should contact Debra Chapman before filling out an application to discuss their project.

A mandatory workshop will be scheduled for the end of the year final report. The First 5 Administrator will contact grantees regarding the details of the workshop.

Grant Application Deadline: April 9, 2009

Grant Review Meeting: April 28, 2009 2:30-5 pm at Human Response Network Conference Room
Need not be present.

Grant Awards May 27, 2009 1- 5 Weaverville Library Grantee's must be present.

TRINITY COUNTY CHILDREN AND FAMILIES FIRST COMMISSION

APPLICATION CHECK LIST

- I. Completeness of application.
- II. Did the application site a goal and objective of the strategic plan?
- III. Are the goals and objectives realistic?
- IV. Did the grantee show evidence of collaboration, or explain why it's not necessary?
- V. Are there measurable outcomes?
- VI. Does the agreement include a budget justification?
- VII. Did the grantee follow the instructions and guidelines accurately?
- VIII. Is the budget appropriate for the activities (i.e. to much, or not enough)?
- IX. Are the timelines realistic?
- X. Are major changes required in the grant agreement?
- XI. Is there an identified need?
- XII. Does the evaluation have measurable objectives?

Comments: