



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 Trinity's executive director prior to writing your proposal if you have questions.
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 2010-2011**

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: _____

**Application Deadline:
April 16, 2010 5:00 p.m.**

Budget Outline

Applicant Name:			
Date:			
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 \$.50/mile for 800 miles, is requested for the coordinator to meet with each children's family twice during the child development laboratory participation period.



Reporting Requirements

Funded programs are required to submit two reports annually using online Survey Monkey Program (link and instructions provided to funded programs)

1. 6 Month Progress Report: July 1-December 31 **DUE: December 31, 2010**
2. End of Year Report: January 1-June 30 **DUE: June 30, 2011**

Following the Survey Monkey template answer the following questions:

1. Please select ONE of the following Result Areas that best describes the types of services your program provided with First 5 funds last year: (Identified in the Strategic Plan)
 - a. Result Area 1: Improved Family Functioning
 - b. Result Area 2: Improved Child Development Outcomes
 - c. Result Area 3: Improved Child Health Outcomes
 - d. Result Area 4: Improved Systems of Care
2. How many children 0-5 did you serve? Use provided worksheets to track numbers. Give the unduplicated count (no child or parent counted more than once).
3. How many family members of the 0-5 population participated with their children in the program/event?
4. What are the demographic characteristics of the participants(s) (e.g., gender, ethnicity, age(s), primary language(s), disabilities and other special needs)?

*Please include whether outcomes are based on staff observations, evaluation measures, or participant comments.
5. Identify your accomplishments and barriers. Page 18 allows you to write a narrative. What positive outcomes resulted for children/families because of the services/activities your program provided? Please include quotes from participants or staff, if available.)
 - The demographic characteristics of the child/family (gender, ethnicity, age, language, special needs) described
 - The factors, if any, that contributed to the child/family's participation in your program
 - Which services they received
 - The outcomes that resulted because of these services
 - How representative is this narrative of the experiences of the other children/families served by your program?
6. What type of positive impacts did the program have on the children and families, and how were the impacts measured? If quantitative results are not available, please describe any anecdotal findings about the program.

First 5 Trinity Target Population Served Worksheet

Use provided worksheets to track numbers.

Program Name/Agency _____

For the period **July 1, 2010 through December 31, 2011**, indicate the total number of individuals you served in your First 5 Trinity program. Complete EACH of the 3 tables below. **Do Not Duplicate Counts: Children or parents should be counted once throughout the year.**

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 _____)		

First 5 Trinity Target Population Served Worksheet

Program Name/Agency _____

For the period January 1, 2011 through June 31, 2011, indicate the total number of individuals you served in your First 5 Trinity program. Complete EACH of the 3 tables below.

Do Not Duplicate Counts: Children or parents counted in first 6 months should not be recounted.

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

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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 _____)		



**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 attend the grant awards meeting and 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, ED
P.O. Box 1362
111 Mountain View Rd.
Weaverville, CA 96093

For more information contact:

Debra Chapman, ED

Telephone: 530 739-3159 or 530-623-2024

Fax: 530-623-6364

E-mail: First5@tcoeK12.org

First 5 Trinity
End of Year Report
Questions you will need to answer on your end of year report.

1. Please provide a brief description of program activities for this past grant year (July 1, 2010-June 30, 2011).
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 for your records, **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 lead 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.)