

Mini-Grant

Goal 1: Healthy, Well-Timed Births and

Goal 2: Health and Development on Track

General Overview

Through this Mini-Grant funding, First 5 Shasta (F5S) is offering a total of \$12,500 for projects, activities, equipment, and materials that are aligned with First 5 Shasta's Goal 1: Healthy, Well-Timed Births or Goal 2: Health and Development on Track. Support will be awarded for a minimum of \$250 and a maximum of \$5,000. Examples of eligible materials and activities include nutrition classes for pregnant women, smoking cessation support for expectant parents, equipment and materials to support developmental & health screening, materials and activities supporting motor skill development, or outreach and education activities around developmental milestones.

Each Mini-Grant request must address F5S's Pathway Goal 1 or Goal 2 and related Initiatives under the identified Goal. A strategic plan reflecting the "Pathway to Children Ready for School and Succeeding at Third Grade" framework, selected goals, and initiatives supporting each goal, is available at first5shasta.org. It is highly recommended that all applicants read the Strategic Plan and familiarize themselves with the Pathway framework prior to submitting funding requests.

Grant Guidelines and Policies

Mini-Grant applications will be accepted by F5S from January 17, 2017 to March 24, 2017. The deadline for applications is Friday, March 24, 2017 at noon. Please make note of the following criteria and restrictions for Mini-Grant funds:

1. Proposed activities must benefit all or a subset of the following Shasta County residents:
 - a. Pregnant Women
 - b. Parents or Other Caregivers
 - c. Children 0-to-5
 - d. Providers of Early Childhood Services
2. First 5 Shasta funds cannot be used to supplant or take the place of funding for existing services, including existing staff time. Funds must be used to create, enhance, or expand services. Current F5S grantees cannot use Mini-Grant funds to supplement or expand their existing F5S scope of work or budget.
3. Groups eligible to request funds include, but are not limited to: individuals, parent groups, church groups, community groups, neighborhood associations, service clubs, schools, non-profit organizations, community-based organizations and government agencies.
4. A specific group cannot receive more than one Goal 1 and Goal 2 Mini-Grant in a fiscal year.
5. Funds may not be used for capital improvement projects or for fundraising events such as walk-a-thons, tournaments, fashion shows, and/or on-going fundraising expenses in an organization.
6. In recognition of F5S's existing investment in Triple P (Positive Parenting Program), programs providing parenting education focused on child behavior modification must incorporate Triple P into their program design. No other child behavior programs or models will be funded.

7. Proposed activities must be non-discriminatory and tobacco and alcohol free.
8. North State QRIS Participants should review their request with their Mentor Coach to verify that the request is not eligible for QRIS funding.
9. Funds must be used within the fiscal year.

Application Process

To apply for this Mini-Grant, complete the electronic application, print it, have an Authorized Agent sign it in blue ink, make a copy for your records, and either mail or hand-deliver the original to the address below. Applications must include a completed W-9 and be received by F5S on or before 12:00 pm on March 24, 2017, regardless of the postmark date. Electronic transmission either by fax or email will not be accepted.

Goal 1 and Goal 2 Mini-Grant
First 5 Shasta
393 Park Marina Circle
Redding, CA 96001

Funding Process

F5S Staff will exercise discretion in responding to grant requests. Requests will be evaluated by F5S staff based on the following criteria including, but not limited to:

- Applicant's current level of service to young children
- Relevancy to the identified F5S Pathway Goal and Initiative,
- Community needs being addressed, community resources being used, and outreach to a target population.

F5S will notify applicants in writing whether their request was funded or not funded. All funded applicants will be required to sign a liability release. Successful applicants will receive their funds approximately 2 to 3 weeks after the liability release is signed. At the conclusion of a Mini-Grant, applicants will be expected to submit:

- Proof of expenditures with copies of receipts
- A brief report that includes:
 - Counts of the number of individuals served with Mini-Grant funds
 - Demographics of those served with Mini-Grant funds
 - Summary of your project's outcomes.

Application

This form must be filled out electronically. You will also find all First 5 Shasta funding forms to download in the section titled "Funding" at first5shasta.org.

Applicant Information		
Applicant Legal Name: (MUST MATCH W-9, UNLESS USING A FISCAL AGENT)		
Fiscal Agent, if Applicable: (MUST MATCH W-9)		
Mailing Address:		
City:	State:	Zip:
Phone:	Tax ID:	
Contact Person		
First Name:	Last Name:	
Title:	Phone:	
Email:		
Signature Authority		
First Name:	Last Name:	
Title:	Phone:	
Email:		
Type of Applicant: (check one)		
<input type="checkbox"/> County or State Educational Institution	<input type="checkbox"/> County Government Agency	<input type="checkbox"/> Non-profit/Community Based Organization
<input type="checkbox"/> School District	<input type="checkbox"/> Other Government Agency	<input type="checkbox"/> Private Entity/Institution
<input type="checkbox"/> Other (please describe):		
Is your organization a North State QRIS Participating Provider? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Application Overview	
Project Title:	
Amount Requested:	Project Completion Date:
Please provide a 2-3 sentence summary of your project and its purpose. Identify at least one result that you expect to achieve.	

Please indicate the First 5 Shasta Pathway Initiative that your grant will address: (choose one)
GOAL 1: Healthy, Well-Timed Births
<input type="checkbox"/> Encourage healthy habits and behavior during pregnancy <input type="checkbox"/> Connect prenatal care with other services that support healthy childbearing
GOAL 2: Health and Development on Track
<input type="checkbox"/> Increase access to health screenings and developmental assessments for children <input type="checkbox"/> Connect children to needed services and resources

1. Describe your funding request in detail.

2. Describe specifically who your project will serve (target population) and fill in table.

Individuals Served	Estimated # Served
Children 0 – 2	
Children 3 – 5	
*Parents of Children 0-to-5	
Providers	

** "Parents" also includes expectant parents, guardians and primary caregivers.*

6. Exactly how will grant funds be used? Include information about specific materials to be purchased, costs, and how they will be used (ex. 35 toothbrushes @\$1.00 each= \$35, to be distributed to participants; 2-hour training for ECE teaching staff @\$50/hour = \$100)

I certify that the information contained in this application is true and correct to the best of my knowledge and belief. The funds and materials being requested in this application will not be used to raise funds or be sold. The funds being requested in this application do not supplant any existing revenue sources. I further certify that this application is submitted with the full knowledge and endorsement of the individual or board of this organization, which is empowered to enforce compliance with all contract conditions.

Signature (must sign in blue ink)

Date

Name of Person

Position