

Sponsorship Grant 2017-2018



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 4: High-Quality Child Care and Early Education <input type="checkbox"/> Support early care and education to maintain standards of high quality (emphasis on family engagement and on social, cognitive, and emotional growth of children) <input type="checkbox"/> Strengthen the capacity of informal child care providers (emphasis on building provider skills and community supports) <input type="checkbox"/> Create links among early education and services to better mobilize help for individual children
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	GOAL 5: Continuity In Early Childhood Experiences <input type="checkbox"/> Support alignment of curricula, expectations, standards and assessments Pre-K to 3rd Grade (emphasis on Pre-K to K)
GOAL 3: Supported and Supportive Families <input type="checkbox"/> Enhance activities that strengthen parenting capacity (emphasis on attachment and building parenting skills) <input type="checkbox"/> Expand activities that help parents cultivate their children's interest in learning (emphasis on literacy) <input type="checkbox"/> Strengthen provider capacity to mobilize services for families (emphasis on substance abuse, mental health, and domestic violence)	

I certify that the information contained in this proposal is true and correct to the best of my knowledge and belief. The funds being requested in this application do not supplant any existing revenue sources. I further certify that this grant 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)

Print Name

Position

Date