



2008-2009  
General  
Mini-Grant  
Application Packet



676 Loughborough Drive
Merced, CA 95348
Phone: 209-385-7337
Fax: 209-725-3778
www.First5MercedCounty.Org

APPLICATION COVER SHEET
FORM A

Applicant/Agency Name: \_\_\_\_\_

Name of Project: \_\_\_\_\_

PLEASE TELL US WHO WE SHOULD CONTACT ABOUT THE APPLICATION:

Contact Person:
Address: City Zip Code
Phone Number: Cell Number: Fax Number:
Email:

Type of Applicant Agency (Check one):

- ( ) 501 (c) (3) organization (include copy of tax exempt status documentation)
( ) Governmental Unit
( ) Business License holder (include copy of Business License)
( ) Permit/License holder (include copy of Permit/License)

Federal ID No. \_\_\_\_\_

Focus Area of Proposed Project:

- ( ) Improved Family Functioning: Strong Families
( ) Improved Child Development: Children Learning and Ready for School
( ) Improved Child Health: Healthy Children
( ) Improved Service Delivery for Families: Healthy Community Systems

Has your agency previously received funding from First 5 Merced County?

- [ ] No
[ ] Yes, Please list date(s) funded, project(s) name and amount awarded

Total Annual Budget for the Organization/Program: \_\_\_\_\_

Total Request for Mini-Grant Funding: \$ \_\_\_\_\_ (Minimum \$250 - \$2,000.00 Maximum)

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 is empowered to enforce compliance with all contract conditions.

Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

Name and Title: \_\_\_\_\_ Date \_\_\_\_\_

## **PROJECT NARRATIVE FORM B**

**On a separate sheet of paper, please provide responses to the following items relative to your proposed project. Use no more than two single spaced pages for your project narrative, with the sections sequentially numbered and titled as indicated below.**

**1. Merit of proposed activity/event/service**

Please describe the project or event your group is requesting funds for. Please include the following in your response:

- What are the specific needs you are aiming to meet?
- Who is your specific and/or primary target audience intended to be?

**2. Identification of Outcomes**

What do you hope to accomplish and how will you know if the project has been a success? Please identify at least one or two results you hope to see.

**3. Organization Capacity**

Briefly describe the purpose and primary activities of your organization, and your history in providing similar services to those you intend to implement with this funding.

**4. Benefiting Children 0-5**

Explain how your project or event relates to one of the Commission's focus areas:

- Improved Family Functioning: Strong Families
- Improved Child Health: Healthy Children,
- Improved Child Development: Children Learning and Ready for School and
- Improved Service Delivery for Families: Healthy Community Systems.

**5. Funding Plan**

Describe the total cost of the project/event as well as other sources of funding to be used in meeting the budget needs. This section should correspond to Form C "Project Budget".

**6. Timeline**

Please provide a timeline detailing when this project/event will be taking place.

**Form C**  
**PROPOSED PROJECT BUDGET**

<b>Line Item Budget</b> (supplies/equipment/other)	<b>Purpose</b>	<b>Funds Requested from the Commission</b> <small>*see note below</small>	<b>Additional Funds from other sources</b> <small>** samples on next page</small>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Total Grant Requested From Commission</b>		<b>\$</b>	
		<b>Total Additional Funds</b>	<b>\$</b>
<b>Total Project Cost</b>		<b>\$</b>	

## SAMPLE BUDGET FORM

Line Item Budget (supplies/equipment/other)	Purpose	Funds Requested from the Commission <small>*see note below</small>	Additional Funds from other sources <small>** samples below</small>
1. Food	For all day event	\$ 150.00	\$50.00
2. Child care	for 10 children	\$170.00	
3. Set-up and clean up			Kiwanis Club students
4. Printing	For 150 flyers	\$100.00	
5. Outreach Staff			Community members
6. Facility	For event	\$100.00	\$100.00 donation from other parents
7. Incentives for participants	Pencils, growth charts..	\$150.00	
8. Workshop instructor	Trainer is fully trained in ASQ	\$200.00	
9. Binders/markers/post-its/pencils for parents	For event	\$400.00	
10.			
<b>Total Grant Requested From Commission</b>		<b>\$1,200.00</b>	
<b>Total Additional Funds</b>			<b>\$150.00</b>
<b>Total Project Cost</b>		<b>\$1,350.00</b>	

## AGREEMENTS AND CERTIFICATIONS FORM D

Applicant/Agency Name: \_\_\_\_\_

Project/Program Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

- A. I have reviewed the Expectations for Successful Applicants presented in Section IV of the Request for Applications, including contract requirements for insurance and other applicable rules. I understand that selection of an applicant for funding does not constitute a contract, and the contract to be developed will not be binding on either the Commission or the applicant until executed by each.
- B. I understand that in developing contract terms and negotiating a County Contract Agreement, certain evaluation trainings and/or informational meetings will be mandatory for successful applicants.
- C. Contract negotiation may include, but is not limited to, agreement to collect and report additional information and data that will be necessary for the evaluation of, and ongoing reporting on, the proposed project.
- D. I certify that all Proposition 10 funds will be used only to supplement existing levels of service and not to fund existing levels of service. No moneys shall be used to supplant state or local general fund money for any purpose, pursuant to Revenue and Taxation Code section 30131.4.

*Revenue and Taxation Code section 30131.4 identifies the specific manner in which moneys raised by the Children and Families Act of 1998 shall be appropriated and expended. Section 30131.4 not only requires that expenditures must be for the purposes expressed in the Act, but such moneys "shall be used only to supplement existing levels of services and not to fund existing levels of services. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose." All moneys raised pursuant to the Act shall be appropriated and expended only to supplement (add to or augment) existing levels of services. In contrast, the Act specifically prohibits appropriation and expenditures of such moneys to supplant (replace) state or local General fund money. Further, moneys are prohibited to be used to fund any existing levels of service.*

\_\_\_\_\_  
Typed Name and Title of Individual  
Authorized to sign Contracts

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**MERCED COUNTY  
CHILDREN AND FAMILIES COMMISSION  
POLICY ON TOBACCO FREE ENVIRONMENT**

**1. Development of a Comprehensive Smoke-Free Environment Policy**

All contractors receiving funding and/or services from the Merced County Children and Families Commission must provide a written copy of an established comprehensive tobacco-free policy prior to the disbursement of granted funds.

This policy shall prohibit the use of tobacco products at any time inside agency vehicles and buildings, or outside within 15 feet of facilities or 25 feet of children's play areas and shall prohibit smoking as required by law.

Note: Family day care homes and licensed day care centers. California law prohibits smoking of tobacco in a private residence during the hours of operation as a licensed family day care home and in those areas of the licensed family day care home where children are present. The law also prohibits smoking of tobacco on the premises of a licensed day care center. Health and Safety Code section 1596.795.

The policy shall have clear procedures for implementation, protocols for monitoring compliance, reporting of violations and instituting sanctions.

The following activities should be included in the implementation of the policy:

- a. Information about the policy and enforcement procedures shall be communicated by administration clearly to staff, parents, and/or clients within the larger community.
- b. Signs stating "NO SMOKING" shall be prominently displayed at all entrances of building property. Additional "NO SMOKING" signs shall be posted in restrooms and other areas as appropriate, such as windows through which secondhand smoke can enter and playground areas.
- c. Information about smoking cessation and support programs shall be made available and promoted for staff, parents, and/or clients at intake and on a continuing basis when appropriate.
- d. Information about secondhand smoke and children shall be made available and promoted for staff, parents, and/or clients.
- e. Families with small children will be encouraged, and in some cases will be required, not to allow smoking in their homes, and whenever and wherever children are present, including outdoors.

Motion by: Fox  
Second by: Melville  
Ayes: Brown, Fox, Goodger, Melville, Mochel, Nevatt, Pagan and Quigley  
Adopted: September 26, 2002  
Amended: December 2, 2002

ATTEST: \_\_\_\_\_  
Supervisor Jerald O'Banion  
First 5 Merced County Chair