

COVER PAGE

Agency Name: _____

Project Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Fiscal Agency: _____ Federal Tax ID Number: _____

Project Contact Name: _____ Title: _____

Name of Agency's Authorized Representative: _____

Please provide a brief summary of the proposed project:

<p style="text-align: center;"><i>Please Check One</i></p> <p><input type="checkbox"/> Non-Profit Community Based Organization</p> <p><input type="checkbox"/> Public Agency</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><i>Please Check One</i></p> <p><input type="checkbox"/> Improved Child Health</p> <p><input type="checkbox"/> Improved Child Development</p> <p><input type="checkbox"/> Improved Family Functioning</p>
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Project/Activity Service Area *(Check All that apply)*

<input type="checkbox"/> County-wide	<input type="checkbox"/> Calipatria	<input type="checkbox"/> Holtville	<input type="checkbox"/> Ocotillo	<input type="checkbox"/> Westmorland
<input type="checkbox"/> Brawley	<input type="checkbox"/> El Centro	<input type="checkbox"/> Imperial	<input type="checkbox"/> Salton City	<input type="checkbox"/> Winterhaven
<input type="checkbox"/> Calexico	<input type="checkbox"/> Heber	<input type="checkbox"/> Niland	<input type="checkbox"/> Seeley	

Amount Requested <small>(See Budget Form)</small>	Agency Current Operating Budget	Operating Budget for Prior Year <small>(if agency has been in operation for less than one year, write <i>not applicable</i>)</small>
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Target Population *(Check all that apply)*

<input type="checkbox"/> Children ages 0-5	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Families with children 0-5
<input type="checkbox"/> Childcare	<input type="checkbox"/> Children 0-5 with special needs	<input type="checkbox"/> Other _____
<input type="checkbox"/> Expectant Parents		

Number of children 0-5 to be served: _____	Number of parents to be served: _____	Number of providers/caregivers to be served: _____
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APPLICATION CHECKLIST

This document should serve as a guide for the submittal of the required documents.*
Check off those items that are being enclosed with the application.

<input type="checkbox"/> Cover Page
<input type="checkbox"/> Application Checklist (complete this checklist)
<input type="checkbox"/> Disclosure Statement, <i>signed in blue ink</i>
<input type="checkbox"/> Project Narrative (7-page maximum, typewritten format, size 12 font, 1 inch spaced on all sides)
<input type="checkbox"/> Budget Request Form
<p>FINANCIAL STATEMENTS (as listed below):</p> <p style="margin-left: 40px;"><input type="checkbox"/> Financial Statements (Independent Financial Audit) reviewed by a Certified Public Accountant (CPA) most recent copy.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">.. OR ..</p> <p style="text-align: center;">If your agency does not have a Financial Audit performed by a Certified Public Accountant, you must submit</p> <p style="text-align: center; font-weight: bold; text-decoration: underline;">Prior Year Financial Statements</p> <p>Non-Profit Agencies:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Statement of Activities (a self-generated list of your past year's revenue and expenses)</p> <p><u>And</u></p> <p style="margin-left: 40px;"><input type="checkbox"/> IRS Form 990</p>
<p>LEGAL DOCUMENT (as listed below)</p> <p><input type="checkbox"/> Non-Profit Organization: Copy of 501(c)(3) IRS Determination Letter, or other documentation that supports your non-profit status.</p>
<input type="checkbox"/> One (1) audit copy only.

* Any additional documents not identified on this checklist may not be considered and/or may be discarded.

DISCLOSURE STATEMENT

On behalf of the (agency) _____

I, (name of authorized representative) _____

hereby state that the funds that are being requested will be used in accordance with the scope-of-work identified in this application, and that funding obtained through this grant will not be used to replace existing revenue sources.

Signature of Authorized Representative

Date

{Must sign in blue ink}

PROJECT NARRATIVE OUTLINE

Project Narrative (3 to maximum 7 pages)

Use the following outline for the development of the narrative that will be used in the application to describe the project that will be realized through the Community Development Mini-Grant Application. Please note that under each section (sections A, B and C) there are general guidelines that must be followed. The type of information necessary is requested under each section, with a suggestion of the length (page number) of narrative you may wish to devote to explaining the elements related to the project. Furthermore, it is suggested that the *Needs Statement/Project Description* be the most important element within this narrative, and therefore a majority of the narrative should be concentrated on this section (section B).

A. Agency Overview: (recommend 1 page)

- Describe the mission of your agency, history, experience serving children 0-5 years of age, their families (including expectant parents) and/or caregivers.
- Describe the setting where services will be provided.
- Describe the target population that your agency will be focusing on through this project.
- Describe any projects that have been realized through your agency that serve or have served the target population.
- Or explain if this is the first time that your agency will serve children 0-5 years of age, their families (including expectant parents) and/or caregivers.

B. Needs Statement/Project Description (recommend 1 to 3 pages)

(Please note that the project narrative will determine your scope of work unless the Commission and the agency agree to redefine the activities listed in the Needs Statement/Project Description).

- Describe the needs affecting the children 0-5 years of age your agency will be addressing.
- How were these needs identified?
- Provide a description of the project you are proposing.
- Describe who will oversee the management of the activities, the funds, etc.
- Outline the goals and objectives that your agency will set for the purpose of adequately answering these needs.
- Describe the activities that will be realized to achieve these goals and objectives. Include timelines, planning efforts, and how success will be measured for the project.

C. Results/Benefits (recommend 1 to 2 pages)

- Describe how the activities realized through this project will benefit the Imperial County.
- Describe how these activities will benefit the following groups: a) children 0-5 years of age; b) parents; c) caregiver. Projects may want to explain how these benefits will work to enhance one (or more) of the result areas identified in the Strategic Plan.
- Explain what the short-term or long-term benefits may be.

D. Narrative Addressing COVID-19 (1 page)

- Describe how the project will be able to address any changes necessary, in order to be able to provide the proposed services with fidelity, as a result of the circumstances required to address issues relevant to the COVID-19 pandemic.
- Explain what new strategies will be taken into consideration, if necessary, and how will these support the success of the project.
- Illustrate any additional resources or materials that will be needed in order to ensure these strategies are effective. Include how the project will work to leverage resources to address this matter.

BUDGET REQUEST FORM INSTRUCTIONS

Project Line Item Budget - Budget Request Form Enclosed

Please use the budget form enclosed to list all of the items that will be proposed through the Community Development Mini-Grant application. Note that it is important to provide a brief explanation with respect to determined costs. The Budget Request Form enclosed can be used, or you may replicate the form for the purpose of formatting for additional narrative.

Instructions for Budget Request Form

- Under each ***Line-Item Category*** column applicable to your project, identify the exact expense that is requested for. For example, if you will purchase 200 children's books, please note this description under the ***Operating Supplies*** category.
- Under the ***Budget Justification Narrative*** column provide a brief explanation of the purpose for this expense. For example, the children's books will be used as giveaways to parents involved in 20 storytime activities or family literacy events.
- Under the ***Total*** column indicate the amount that you are requesting for each category. For example, 200 books at \$3.50 per book will be equal to \$700; therefore, you would write \$700.00 under the ***Total*** column.
- Under the ***In-kind*** column list additional resources used to realize this project. Examples of in-kind support may include staff time, materials donated, cash-match used to realize activities, facilities/space donated for the activity, etc.
- Write only in the categories that apply to the Community Development Mini-Grant Application you are submitting.
- Materials/Supplies to address COVID-19 **only if** they cannot be leveraged through other sources.

BUDGET REQUEST FORM

Agency Name: _____

Amount Requested: _____

Project Title: _____

Line-Item Category (Proposed Expense)	Budget Justification Narrative	Total (Estimated Cost)	In-kind
Salary and Fringe			
Operating Supplies			
Equipment Purchases			
Training			
Travel			
Capital Improvements			
Other Expenses			
TOTAL			