# Mini-Grant FY 2024-2025 COVER PAGE

Agency Name:						
Project Title:						
Address:		City:		S	tate:	Zip:
Phone:	Fax:					
Fiscal Agency:				Federal	Tax ID Number:	
Project Contact Name:				Title:		
Name of Agency's Authorized Re	presentative:					
Please provide a brief summary	of the proposed	d project:				
Please Chec	k One		Please Check One			
☐ Non-Profit Community Based Organization			☐ Improved Child Health			
☐ Public Agency				Improved	l Child Developm	ent
Other:			☐ Improved Family Functioning			
Duniant / Activity Compies Area (Cl				<u> </u>	<u> </u>	
Project/Activity Service Area (Ch	ipatria	☐ Holtvil	ما	По	cotillo	☐ Westmorland
	Centro	☐ Imperi		_	alton City	☐ Winterhaven
☐ Calexico ☐ Hel		☐ Niland			eeley	
Amount Requested (See Budget Form)	Agency Current Operating Budget   Operating Budget for Prior Year			ar Voar		
Amount requested (see Budget Form)	Agency Curren	in Operating	Buuget	-		than one year, write not applicable)
Target Population (Check all that ap	oply)					
☐ Children ages 0-5	☐ Medica	l Staff			Families with ch	nildren 0-5
☐ Childcare	☐ Childre	n 0-5 with sp	pecial need	ds 🗆	Other	
☐ Expectant Parents						
Number of children 0-5 to be served: Number of parents t			nts to be s	served:	Number of p	providers/caregivers
					to	be served:

# **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.

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

<sup>\*</sup> 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 use	ed in accordance with the scope-of-
work identified in this application, and that funding obtained th	rough 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.

### **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, cashmatch 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.

# **BUDGET REQUEST FORM**

	Amount	
Agency Name:	Requested:	
Project Title:		

Budget Justification Narrative	Total (Estimated Cost)	In-kind
TAL		
		Budget Justification Narrative (Estimated Cost)