



# PROFESSIONAL DEVELOPMENT CONTRIBUTION AND SUPPORT (APPLICATION)

## BACKGROUND

The Imperial County Children and Families First Commission has allocated funding to support professional development and capacity building opportunities for agencies and individuals serving children 0-5 years of age in Imperial County. This determination was made as a result of the shared responsibility that the Commission feels it has to support the advancement of organizations and/or professionals that work directly with young children in Imperial County and are meaningfully working toward maximizing capacity building opportunities. It is recognized that in all professions it is important to gain skills and adopt evidence-based methods to increase efficacy and address social changes. The Commission has made the case to value this type of investment, and support professionals in child health, human services, and early care and education.

## ELIGIBILITY FOR AWARD

Interested applicants may be eligible for a *Professional Development Contribution and Support* award for up to \$5,000.00. Eligibility for one of these coveted awards is contingent to: a) the application is submitted by a public agency, non-profit agency or a community group/individual sponsored through a public agency or non-profit agency, which can include fiscal sponsorship; b) submitting a complete *Professional Development Contribution and Support* application in a timely manner; c) how the need for the activity is articulated in the application and how the activity will be used to specifically impact children 0-5 years of age; and d) the availability of funding for the activity.

## BUDGET & EXAMPLES OF ACTIVITIES THAT MAY BE FUNDED AND RESTRICTIONS

Funding requested through this Professional Development Contribution and Support application must include budget detail on costs that are consistent with the activity and should be accurate. In the case where any costs may be estimated these amounts should fall within accepted industry standards. Budget detail must be provided on page 4 of the application, and any supplemental information on costs may be included as a separate attachment if this would support the request. The Commission may request additional information related to activities and/or costs to realize the stated activities before a final determination on award for these funds is issued.

Types of activities that may be funded through this application may include (though are not limited to): a) trainings for individuals, such as curriculum training, or evidence-based practices, or specific assessment/evaluation instruments that may be used to enhance service; b) capacity building that

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## Professional Development Contribution and Support

### **BUDGET & EXAMPLES OF ACTIVITIES THAT MAY BE FUNDED AND RESTRICTIONS** (continued)

would support the strengthening of a program or practice, such as a train-the-trainer model, or implementing new strategies, or management/administrative development; c) courses that support continuing education or specialized certification; to purchase specialized training materials; and e) other capacity building opportunities where there is a demonstrable need though a lack of resources to support the activity.

The Commission will not award any funds for professional development for which funding has already been allocated for the requested activities, and therefore the applicant is guaranteeing non-supplantation for all funding requested upon submitting the application.

Please note that the organization or individual requesting consideration for an award through the *Professional Development Contribution and Support* application process must clearly articulate how the item(s) requested will specifically be implemented and work to support the development of children 0-5 years of age.

### **FUNDING TIMELINE & SUBMITTAL**

Applications will be accepted throughout the Fiscal Year or until funding is depleted and funds are no longer available. Organizations may submit applications requesting a maximum of \$5,000.00. Applications require a minimum of 45 day grace period for Commission review and approval; therefore, any expenses made prior to approval will not be considered.

A W-9 Form may be requested from applicants. Electronic submissions will not be accepted.

Submit completed applications to:

Imperial County Children and Families First Commission  
1240 State Street  
El Centro, CA 92243

If further assistance is required, please contact:

Julio C. Rodriguez, Executive Director  
(760) 482-2997  
email: [jcr@co.imperial.ca.us](mailto:jcr@co.imperial.ca.us)



## Professional Development Contribution and Support

### Application Form

(Form must be typewritten)

Maximum Support \$5,000.00

(All applications require a minimum 45 day grace period for Commission review and approval, therefore any expenses made prior to approval will not be considered)

<p><b>Please Check One</b></p> <input type="checkbox"/> Non-Profit Community Based Organization <input type="checkbox"/> Community Group/Grassroots (with Fiscal Agent) <input type="checkbox"/> Other: _____ Not Available to For-Profit Agencies or Individuals*		<p><b>Please Check One</b></p> <input type="checkbox"/> Improved Child Health <input type="checkbox"/> Improved Family Functioning <input type="checkbox"/> Improved Child Development <input type="checkbox"/> Improved Systems																
<p><b>Check All That Apply</b></p>																		
<p><b>Service Area</b></p> <table border="0"> <tr> <td><input type="checkbox"/> County-wide</td> <td><input type="checkbox"/> El Centro</td> <td><input type="checkbox"/> Westmorland</td> <td><input type="checkbox"/> Winterhaven</td> <td><input type="checkbox"/> Brawley</td> </tr> <tr> <td><input type="checkbox"/> Holtville</td> <td><input type="checkbox"/> Heber</td> <td><input type="checkbox"/> Calexico</td> <td><input type="checkbox"/> Niland</td> <td><input type="checkbox"/> Seeley</td> </tr> <tr> <td><input type="checkbox"/> Imperial</td> <td><input type="checkbox"/> Ocotillo</td> <td><input type="checkbox"/> Calipatria</td> <td><input type="checkbox"/> Salton City</td> <td></td> </tr> </table>				<input type="checkbox"/> County-wide	<input type="checkbox"/> El Centro	<input type="checkbox"/> Westmorland	<input type="checkbox"/> Winterhaven	<input type="checkbox"/> Brawley	<input type="checkbox"/> Holtville	<input type="checkbox"/> Heber	<input type="checkbox"/> Calexico	<input type="checkbox"/> Niland	<input type="checkbox"/> Seeley	<input type="checkbox"/> Imperial	<input type="checkbox"/> Ocotillo	<input type="checkbox"/> Calipatria	<input type="checkbox"/> Salton City	
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\*For-Profit organizations or individuals interested in support should contact the Commission office for other options prior to submitting an application.

Agency Name: \_\_\_\_\_

Professional Development Activity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fiscal Agent: \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Target audience to be served by this professional development activity:**

# Healthcare providers: \_\_\_\_\_ # ECE providers: \_\_\_\_\_ # Other providers: \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Cost to Realize Activity:** \_\_\_\_\_

**Summary of Professional Development/Capacity Building Activity** (Please summarize in 50 words or less):

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Professional Development Contribution and Support

Agency Name: \_\_\_\_\_

### BUDGET REQUEST

Total amount being requested from Commission should not exceed maximum award of \$5,000.00.

<i>Line-Item Category (Proposed Expense)</i>	<i>Budget Justification Narrative</i>	<i>Amount being Requested from Commission</i>	<i>In-Kind/ Other</i>	<i>Total (Estimated Cost)</i>
Salary and Fringe				
Operating Supplies				
Equipment Purchases				
Training				
Travel				
Other Expenses				
<b>TOTAL</b>				

#### Budget Request Form Instructions

Write only in the categories that apply to your request.

- Under each ***Line-Item Category*** column applicable to your request, identify the exact expense that is requested. For example, if you will require mileage reimbursement to attend a conference out of the county, please note this description under the ***Travel*** category.
- Under the ***Budget Justification Narrative*** column, provide a brief explanation of the purpose for this expense. For example, the mileage reimbursement request may state "Out-of-County travel to attend family literacy training in San Diego, 240 miles at 55 cents per mile."
- Under the ***Amount being Requested from Commission*** column, indicate the amount that you are requesting to be funded through this Application. For example, at 55 cents per mile for 240 miles the amount would be: \$132.00.
- Under the ***In-kind/Other*** column, list additional resources used to realize this project. Examples of in-kind support may include staff time, materials donated, cash-match, facilities/space donated for the activity, etc.
- Under the ***Total (Estimated Cost)*** category, sum up the total expenditures applicable to your activity.
- The Commission may request the agency's project budget in order to assess the need for funds through this application.