



# **July 2016 - June 2017 Mini-Grant Guidelines and Application**

**OPENS: July 18, 2016**

***Funding Available For Activities, Events, and Materials Promoting  
the Health, Safety, Development, and Well-Being of Calaveras County Children.***

First 5 Calaveras Mini Grants (Birth-5 years)

Prevent Child Abuse Council Calaveras Mini-Grants  
(Birth to 18 years)

Calaveras County Library Mini-Grants (Birth- 5 years)

**Funding is available to Calaveras County government organizations  
and non-profit organizations with 501(c) 3 status within Calaveras;  
PCAC funding also includes local School Districts**

**APPLICATION DEADLINE MONDAY OCTOBER 30, 2016**

**Reviews will be made upon receipt of complete application- on a first come, first serve basis.**

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**FOR MORE INFO/ APPLICATION CONTACT:**

First 5 Calaveras Mini-Grant-  
Joyce Peek (209) 754-6916 [jpeek@co.calaveras.ca.us](mailto:jpeek@co.calaveras.ca.us)  
Prevent Child Abuse Council Calaveras Mini-Grant-  
Robin Davis, (209) 754-6917 [rdavis@co.calaveras.ca.us](mailto:rdavis@co.calaveras.ca.us)

## ***First 5 Calaveras***

***Vision:*** All Calaveras County Children will enter school safe, healthy and ready to learn.

***Mission:*** Facilitate partnerships and fund strategies that strengthen families and support them in raising healthy children ages 0-5.



## ***Prevent Child Abuse Council Calaveras***

is committed to preventing all forms of child abuse in Calaveras County through community partnerships, education, and family-centered events that value children, strengthen families, and engage communities.

### **GENERAL INFORMATION**

First 5 Calaveras and the Prevent Child Abuse Council Calaveras (PCAC) are offering Mini-Grant opportunities to sponsor public events or activities consistent with their Strategic Plan goals and objectives. Organizations may request funds for operating expenses associated with putting on special events or programs that will benefit Calaveras children and parents.

Although there are 3 funding categories, interested parties must apply under this one combined application.

Whether or not a request is funded, and how much money is awarded will be at the sole discretion of the First 5 Calaveras or PCAC.

### **STEP 1: ARE YOU ELIGIBLE?**

***Applicants must be a Calaveras County government organization or have non-profit, 501(c) 3 status within Calaveras.***

#### **Calaveras County Libraries:**

The funding request must focus on early literacy and/or family literacy for children birth to five years.

**Requests must not exceed \$250** and applicants are limited to one grant each fiscal year. Applications will be accepted from Angels Camp, Arnold, Copperopolis, Mokelumne Hill, Murphys, San Andreas, Valley Springs, and West Point libraries.

#### **First 5 Calaveras has a funding amount of \$3,000 for Calaveras County Children ages Birth – 5 years:**

The funding request must support one of the following First 5 Calaveras priority areas:

- Strong families
- Children are learning and ready for school
- Healthy children
- Systems integration and collaboration

## **Prevent Child Abuse Council has a funding amount of \$1,000 for Calaveras County Children ages Birth – 18 years:**

The funding request must support one or more of the following *Strengthening Families Protective Factors*, which guide the Council's Strategic Plan.

- Parental Resilience (or Youth Resilience)
- Social Connections
- Knowledge of Parenting, Child/Adolescent Development
- Concrete Support in Times of Need
- Social-Emotional Competence of Children and Youth

## **STEP 2: COMPLETE THE ONE PAGE APPLICATION**

**Mini-Grant Applications will be accepted by First 5 Calaveras and PCAC until Monday October 31, 2016.** Interested parties may contact First 5 Calaveras or PCAC after November 30, 2016 to inquire if there are any remaining funds and may apply accordingly.

Key determinations in deciding which applications will be funded are:

1. Does the activity support the goals and funding priorities detailed above and meet the criteria for age groups?
2. What are the quality elements? (For example, incorporating recognized best professional practices, bringing in collaborative partners, providing quality services.)
3. Is the outreach design strong? Will families attend the event/ activity?
4. Does the cost of the event have a reasonable alignment with the proposed activities and outcomes?

Complete the **Mini-Grant Application 2016-17 (Exhibit A)** and the **Proposed Budget Request (Exhibit B)**.

One original signed application is required, in hard copy. Please retain an electronic copy, as it may be requested if your application is approved.

**Please see Page 5 for mailing or drop-off instructions.**

## **STEP 3: AWARD NOTIFICATION**

Applications meeting funding criteria will be forwarded to First 5 Calaveras or PCAC for final approval. Applicants will be notified in writing whether their request will be funded or not funded.

**APPEALS PROCESS** – First 5 Calaveras and the PCAC reserve the right to reject any and all Mini- Grant Applications. They may elect to request clarification or revision of any Mini-Grant Application. They are the sole and final authority regarding the funding amount, approval or disapproval of applications, and the conditions under which applications are funded. First 5 Calaveras and PCAC **will not hear appeals** for Mini-Grant Requests.

## **STEP 4: ONCE AWARDS HAVE BEEN ANNOUNCED, RECIPIENTS MUST COMPLETE AND SUBMIT THE FOLLOWING PAPERWORK:**

1. IRS W-9 Form
2. Proof of Non-Profit Status, if applicable
3. Evidence of General Liability Insurance, naming First 5 Calaveras or PCAC

The general practice is to provide the funding to successful applicants prior to the event, once all the required paperwork is completed.

## **STEP 5: ADVERTISE AND HOLD THE EVENT**

### **Collect Information on Participation, Successes, Partnerships, and Outcomes**

Prior to holding the event, review the required reporting forms and make sure there is a process in place and people assigned to collect the required information, both financial and programmatic.

**PUBLIC ACKNOWLEDGEMENT** - It is very important to let the public know how First 5 funds and Child Abuse Prevention Funds are benefiting children and families in Calaveras County. **Recipients are required to use the funder's logo (First 5 Calaveras or PCAC) on all printed materials, including, but not limited to press releases, event programs, flyers and other documents for materials printed for public benefit.** (Exhibit E) Please contact Joyce Peek at [jpeek@co.calaveras.ca.us](mailto:jpeek@co.calaveras.ca.us) or 209-754-6916 for more information.

**A copy of the event/activity announcement must be sent to First 5 Calaveras/ PCAC by email 3 weeks before the event is held.**

## **STEP 6: COMPLETE THE REQUIRED REPORTS**

1. A final written report of activity outcomes must be submitted by **June 1, 2017**.
2. Receipts for funded activity are required to be submitted by **June 1, 2017**. Only expenses on the approved budget may be funded. Expenses that were not approved on the Proposed Budget will be unallowable expenses and must be repaid immediately on demand to First 5 Calaveras or the PCAC.

### **Funding Requirements:**

In submitting an application, you will be agreeing to comply with the following additional requirements, if funded:

1. Funds shall not be used for personnel/staff costs, indirect, administration, or capital expense costs.
2. Funds shall not be used to supplant existing funding.
3. Applicant must demonstrate fiscal accountability.
4. Applicant must be a government agency, school, or have evidence of non-profit, 501(c) 3 status. Individual applicants are encouraged to apply through non-profit entities such as community-based organizations that have the necessary insurance and non-profit status.
5. Proposed activity must be non-discriminatory, language and culturally appropriate, and provide reasonable access and accommodation for individuals with disabilities.
6. Grantees agree to comply with the *Nutrition Guidelines (Exhibit D)* included with this application packet.
7. Funds may not be used for activities designed to elect candidates to public office nor make reference to political campaigns or issues.
8. Activities must be provided in a non-smoking setting. Tobacco industry participation, gifts, or incentives must not be allowed. Anti-tobacco and anti-smoking education materials for families of children 0-5 will be provided by First 5 Calaveras to be made available at the event.

**Required Forms Checklist**

**(Do not submit; this is for your own use.)**

***Submitting an Application:***

- Mini-Grant Application with original signature (Exhibit A)
- Mini-Grant Proposed Budget (Exhibit B)

***If you are notified that you have been approved for funding, please submit:***

- IRS W-9 Form (2016)
- Proof of Non-Profit Status or INDICATE OPERATING AS CALAVERAS COUNTY ENTITY
- Evidence of General Liability Insurance – Certificate of Insurance naming First 5 Calaveras or INDICATE OPERATING UNDER CALAVERAS COUNTY INSURANCE

**Due within 30 days of funded activity, or no later than JUNE 1, 2017 – whichever comes first:**

- 2016-17 Mini-Grant Final Report (Exhibit C)
- Receipts for expenses
- Check for unspent funds

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**Mail or Deliver completed Application & Reports to:**

First 5 Calaveras / PCAC

Delivery: 373 St Charles Street,  
San Andreas

Mail: 891 Mtn. Ranch Road  
San Andreas, CA 95249

**Please direct First 5 Calaveras, library grants, or general questions to:**

Joyce Peek, Program Coordinator  
Phone: 209-754-6916  
Fax: 209-754-1425  
Email: [jpeek@co.calaveras.ca.us](mailto:jpeek@co.calaveras.ca.us)

**Please direct PCAC questions to:**

Robin Davis, Program Coordinator  
Phone: 209-754-6917  
Email: [rdavis@co.calaveras.ca.us](mailto:rdavis@co.calaveras.ca.us)

EXHIBIT A

## Mini-Grant Application 2016-17

<b>Date of Request</b>		<b>Amount Requested</b>	\$	<b>Date Needed</b>
<b>Name of Agency/Group</b>	<i>Check will be made payable to:</i>			
<b>Contact Person</b>		<b>Project</b>		
<b>Mailing Address</b>				
<b>Contact Phone</b>		<b>Fax</b>		<b>Email</b>
<b>Business/ Agency (check one)</b>	<input type="checkbox"/> Non-Profit 501(c)3 (proof will be required)		<input type="checkbox"/> Calaveras County Entity	
<b>A. Primary Funding Category</b>	<input type="checkbox"/> <i>Calaveras Co. Libraries</i> ___ <i>Angels Camp</i> ___ <i>Arnold</i> ___ <i>Copperopolis</i> ___ <i>Mokelumne Hill</i> ___ <i>Murphys</i> ___ <i>San Andreas</i> ___ <i>Valley Springs</i> ___ <i>West Point</i>		<input type="checkbox"/> First 5 Calaveras, services for ages birth-5 years only  <input type="checkbox"/> Prevent Child Abuse Council, services for ages birth-18 years  <input type="checkbox"/> Not sure which category	
	<input type="checkbox"/> <b>Libraries (focus on birth – age 5 years):</b> Early Literacy ___ Family Literacy ___ Both ___  <b>Children ages birth – age 5 years:</b> <input type="checkbox"/> Strong families <input type="checkbox"/> Children are learning and ready for school <input type="checkbox"/> Healthy children <input type="checkbox"/> Systems integration and collaboration  <b>Children ages birth – age 18 years:</b> <input type="checkbox"/> Promote strategies for prevention of child abuse and neglect <input type="checkbox"/> Parental Resilience / Youth Resilience <input type="checkbox"/> Social Connections <input type="checkbox"/> Knowledge of Parenting and Child/Adolescent Development <input type="checkbox"/> Concrete Support in Times of Need <input type="checkbox"/> Social-Emotional Competence of Children and Youth  <input type="checkbox"/> Develop outreach activities or events to engage families and the community in prevention and early intervention strategies.			
<b>B. Indicate the top 1 or 2 funding priorities and targeted age group.</b>				

<p><b>C. Description of Project Activity, Location of Event, and Collaborative Partners. Describe what elements will make this a high quality event/ activity.</b></p>	
<p><b>D. Describe Public Relations and Outreach Plan in regards to advertising for maximum attendance.</b></p>	
<p><b>F. Anti-Tobacco Certification</b></p>	<p>All facilities used for this event maintain a tobacco-free environment, including outside entry/play areas: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>The individual or program requesting funding refrains from acceptance of tobacco industry funds, sponsorships or in-kind support: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Anti tobacco materials supplied by First 5 Calaveras will be made available at the event. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>G. Supplantation Certification</b></p>	<p>The organization guarantees that the funds requested do not supplant or replace any existing revenue source: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>H. Agreement to comply with funding requirements.</b></p>	<p>1. Authorized signature below indicates agreement to provide proof to First 5 Calaveras no later than <b>JUNE 1, 2017</b> through expense receipts, that the funds were used as requested; agree that funds used for non-approved purposes, or unspent funds will be returned to First 5 Calaveras before <b>JUNE 16, 2017</b>. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>2. Applicant understands that additional information will be required if application is approved, including IRS W-9, proof of non-profit status (if applicable), evidence of general liability insurance naming First 5 Calaveras or Prevent Child Abuse Calaveras Council , as appropriate. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**Attached:**  Proposed Budget (See attachment)

Authorized signature below indicates agreement to provide proof to First 5 Calaveras no later than JUNE 1, 2017 through expense receipts, that the funds were used as requested; agree that funds used for non-approved purposes, or unspent funds will be returned to First 5 Calaveras before JUNE 16, 2017, and assurance that the request and agreements are accurate to the best of my knowledge, do not supplant existing revenue sources, and meet best practices. Signature below also indicates agreement with the First 5 Calaveras Final Report, Nutrition Guidelines and Attributes Requirements.

Authorized Signature

Print Name/Title

Date



**EXHIBIT B  
MINI-GRANT PROPOSED BUDGET**

<b>Name of Agency/Group:</b>		<b>Date:</b>	
<b>Contact Person:</b>		<b>Email:</b>	
<b>Contact Phone:</b>		<b>Fax:</b>	

**PROPOSED BUDGET: 2016-17**

<b>Budget Categories</b>	<b>First 5 Funds/ PCAC Funds</b>	<b>In-Kind Funds</b>	<b>Total Activity Cost</b>
	<b>Requested</b>		
<b>I. Operating Expenses</b>			
A. Supplies/ Materials (please describe)			-
B. Office Expenses			-
C. Postage			-
D. Forms / Printing			-
E. Copies			-
F. Subcontractors (Attach subcontractor budget)			-
G. Other Costs: (please describe)			-
H. Other Costs: (please describe)			-
			-
<b>TOTAL</b>			

**Please note any comments/ clarifications regarding this budget:**

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**FOR OFFICE USE ONLY**

Teri Lane, Executive Director	Signature	Review Date	Recommendation/ Action
Joyce Peek, Program Coordinator	Signature	Review Date	Recommendations/ Action
Robin Davis, Program Coordinator	Signature	Review Date	Recommendations/ Action





EXHIBIT C



2016-17 First 5 Calaveras Mini-Grant  
FINAL REPORT

Date of Report		Funding Amount:	\$	Project Title	
Name of Funded Agency and Event/Activity Title					
Contact Person				Title	
Contact Mailing Address					
Contact Phone		Fax		Email	
Describe the event as proposed.					
How well did the event work? What was accomplished?					
How did Calaveras children and their families benefit from the activity?	Estimated Number of Calaveras Children Ages 0 to 3				
	Estimated Number of Calaveras Children Ages 3 through 5				
	Estimated Number of Calaveras Parents of Calaveras Children ages 0-5				
	<b>PCAC Grant:</b> Estimated number of Calaveras Children Ages 0 to 18				
	<b>PCAC Grant:</b> Estimated number of Parents of Calaveras Children Ages 0 to 18				
	Estimated Number of Calaveras Children w/Special Needs			0-2 years	3-5 years
	Estimated Number of Calaveras Children who are English Language Learners			Spanish	Other
Describe the success of this event.					
Would you do anything different for this event in the future?					
Are there any comments or feedback for the Commission?					
<input type="checkbox"/> Public event – Photos attached		<input type="checkbox"/> Quotes or testimonials attached			
<input type="checkbox"/> Receipts attached supporting approved expenditures as required by signed application.					
<input type="checkbox"/> Check for unspent funds attached.					
<b>Signature:</b>			<b>Date:</b>		
<b>Reports are due within 30 days of funded activity, or JUNE 1, 2017, whichever comes first.</b>					
<b>Please return to: First 5 Calaveras, 891 Mtn. Ranch Road , San Andreas, CA 95249</b>				<b>Questions: 209-754-6916</b>	



## NUTRITION GUIDE

## EXHIBIT D

First 5 Calaveras strives to support healthy conditions for children and families. Our strongest message is often the behavior we and our partners model to the agencies and individuals we serve. Current public concerns such as childhood obesity, diabetes, cardiovascular disease, and oral health are directly affected by nutrition and physical activity practices. Together First 5 Calaveras and partners have an opportunity to create healthier environments and convey healthy messages by introducing appropriate nutritional options at First 5 Calaveras sponsored or funded events for which food and/or beverages are provided. Requests for Mini-Grants by First 5 Calaveras must reflect the following guidelines.

### GUIDELINES:

1. General Principles
  - Foods and beverages purchased with First 5 Calaveras funds should represent current nutrition standards and be served in appropriate portion sizes for young children.
  - First 5 Calaveras funds **will not be used to purchase candy, potato chips, gum, soda, or other sugary drinks and desserts.**
  - **No alcoholic beverages** will be purchased using First 5 Calaveras funds. Alcohol may not be served during a First 5 Calaveras event / activity.
2. Suggestions for Foods and Beverages
  - Bottle spring or sparkling water – regular or flavored with no sugar
  - Fresh fruit slices or chunks served with low-fat Greek yogurt dip
  - Raw vegetables with fat-free or low-fat dressing or salsa dip
  - Whole grain breads or crackers
  - Greek Yogurt – low-fat or fat-free
  - Low-sugar fruit breads or muffins
  - Granola bars – low-fat (5 g fat or less/bar)

*Our thanks to First 5 San Joaquin for sharing their Nutrition Policy for reference.*

**Public Acknowledgement**

It is very important to let the public know how Proposition 10 and Prevent Child Abuse funds are benefiting children and families in Calaveras County. **If you receive funding from First 5 Calaveras or Prevent Child Abuse Council Calaveras for your program or project, then you are required to recognize our contribution on all printed materials, including but not limited to press releases, event programs, flyers, and other documents or materials printed for public benefit.** Please include one the following attribution in a type size appropriate for your materials:

Made possible by funding from:



Made possible by funding from:



Made possible by funding from:



Made possible by funding from:



**Program Name**

We prefer that you use the First 5 Calaveras and PCAC logo whenever possible. If it is not appropriate, (e.g., for a press release), then please use our correct name: **First 5 Calaveras** or **Prevent Child Abuse Council Calaveras**

**THANK-YOU**