



Project Title: _____

Mini-Grant Application

For children 0-5 in Yuba County

Organization Information (please type or print clearly):

Name of Requesting Organization or Individual Primary Contact

Address City State Zip Code

Telephone Facsimile E-mail Website

Executive Director (if applicable) Fiscal Sponsor (if applicable)

Type of Business/Agency: (Check at least one and include a copy of non-profit status AND/OR Articles of Incorporation AND/OR Child Care License.)

- Individual (sole proprietor)
- Partnership (please name partners)
- Corporation
- Licensed Center
- Licensed Family Child Care
- Private Non-profit
- Private For-profit
- Public Agency
- Other (describe): _____

Project Description

Descriptive Title of Project (5 words or less): _____

Summary of Proposed Project: _____

Project Budget

\$ _____ \$ _____ to _____
Amount Requested Total Project Budget Project Timeline

Organization Operating Budget \$ _____ \$ _____
Current Year Prior Year

Signature of Proposer or Authorized Agent Date

Signature of Board President (non-profits only) Date

Si necesita asistencia en español, por favor comuníquese 530-749-4877.

Grantee Questionnaire: (✓ check or complete appropriate lines)

I am a licensed private family child care or center-based provider:

_____ Length of time as child care provider _____ Length of time in field _____

_____ I or we expect to provider child care services to the community for how many years?

_____ Accredited child care provider. Please attach a copy of your accreditation certificate.

_____ Maximum number of infants/toddlers currently served (0 up to 3 years of age).

_____ Maximum number of preschool children currently served (3 up to 6 years of age).

_____ Staff/program participates in CARES or AB 212 programs, (circle).

I am a licensed public center-based child care provider:

_____ Length of time as center-based child care provider

_____ Accredited child care provider. Please attach a copy of your accreditation certificate.

_____ Maximum number of infants/toddlers currently served (0 up to 3 years of age).

_____ Maximum number of preschool children currently served (3 up to 6 years of age).

_____ Staff/program participates in CARES or AB 212 programs, (circle).

I am a private community agency supporting services for children 0-5 years of age:

_____ Maximum number of infants/toddlers currently served (0 up to 3 years of age).

_____ Maximum number of preschool children currently served (3 up to 6 years of age).

I am a public community agency supporting services for children 0-5 years of age:

_____ Maximum number of infants/toddlers currently served (0 up to 3 years of age).

_____ Maximum number of preschool children currently served (3 up to 6 years of age).

ALL PROPOSALS:

Describe your or your staff's experience related to this proposal: _____

_____ Do you serve military families? On average, how many? _____

_____ Is your facility located on or services provided to Beale Air Force Base?

_____ Have you applied for or received previously a First 5 Yuba grant?

For Community Programs Applicants: (pick one)

_____ If your project proposes to serve 1-10 children 0-5 years of age, you may apply for up to **\$1,000**.

_____ If your project proposes to serve 11-25 children 0-5 years of age, you may apply for up to **\$1,500**.

_____ If your project proposes to serve more than 26 children 0-5 years of age, you may apply for up to **\$2,500**.

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Narrative:

In plain words, 1) describe what you will do with the mini-grant, 2) identify how your project furthers the result areas and strategies of the FFY Strategic Plan, 3) how you will measure success or failure, and 4) include any collaboration and/or sustainability possibilities. Please do not use more than one page, print legibly OR submit a one-page double spaced typed narrative.

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Proposal Budget Information:

Submit a budget explaining how you plan to spend the grant. The expense categories listed are suggestions. Change these according to your needs. Do not attempt to fit your budget into categories that don't describe your project.

Provide the total of all costs for your project and then break out the portions for which you are requesting FFY funds. Grantees are obligated to spend grant funds in accord with the proposal budget, unless an agreement to modify the budget is negotiated. The Commission has the right to require a refund if FFY funds are not expended as agreed in the contract. The Commission reserves the right to fund less than what the applicant has requested.

Attach research related to your budget; specifically provide a prioritized itemized list showing what items you plan to purchase and the anticipated cost of each.

The Commission will approve advancement of funds on a case by case basis. Please provide the dollar amount of your advancement request as well as the reason for the advancement.

<u>COST OF THIS PROPOSAL</u>		
SUGGESTED EXPENSE CATEGORIES (applicant may change categories)	TOTAL OF ALL PROJECT COSTS	TOTAL COSTS TO BE FUNDED BY THIS REQUEST to FFY
Salary*		
Operating Supplies		
Equipment Purchase		
Educational Computer Software for children		
Occupancy (Rent, Utilities, etc.)		
Travel and Training		
Liability or Vehicle Insurance		
Evaluation		
Other (specify)		
TOTALS	\$	\$
I request an advancement of \$ _____. Reason for advancement: _____		

*The Commission does not typically support salary/benefits requests in mini-grant proposals.

Insurance Statement:

The Grantee shall maintain a commercial general liability insurance policy in the amount of at least three hundred thousand dollars (\$300,000.00). The Commission may request higher levels of coverage, at its discretion. Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non-owned and hired automobile liability in the amount of \$300,000.00. Said policies shall remain in force through the life of this Contract and shall be payable on a "per occurrence" basis unless the Commission specifically consents to a "claims made" basis. If the Commission does not consent to "claims made" coverage, the Contractor shall purchase tail" coverage in the event that the Contractor changes insurance carriers during the term of this Contract or for one year thereafter. Proof of such "tail" coverage shall be required at any time during the term of this Contract that the Contractor changes to a new carrier prior to receipt of any payments due. The Commission shall be named as an additional insured on the commercial general liability policy. The insurer shall supply certificates of insurance and endorsements signed by the insurer evidencing such insurance to the Commission prior to commencement of work, and said certificates and endorsements shall provide for a minimum ten (10) day advance notice by the Commission of any termination or reduction in coverage. A certificate of Worker's Compensation Insurance coverage is also required, if applicable to the Grantee's project.

Nothing herein shall be construed as a limitation of Grantee's liability and the Grantee shall indemnify and hold the Commission harmless and defend the Commission against any and all claims, damages, losses and expense that may arise by reason of the Grantee's negligent actions or omissions. Commission agrees to timely notify Grantee of any negligent claim.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, the Commission may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

Non-Discrimination Statement

_____ (herein referred to as "prospective contractor") hereby
(individual or organization name)

certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, in matters relating to the development, implementation, and maintenance of a nondiscrimination program. Prospective contractor agrees not to unlawfully discriminate against any employee or applications for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sexual orientation, sex, or age (over forty).

I, _____ (name of official) hereby swear that I am duly authorized to legally bind the prospective contractor to the above-described certifications. I am fully aware that this certification executed on _____ (date) in the county of _____ is made under the penalty of perjury under the laws of the State of California.

Signature of Proposer or Authorized Agent

Date