



2020/2021

DATE RECEIVED

MINI GRANT PROGRAM APPLICATION

EXHIBIT A

Organization/Individual Name:		Department (if applicable):	OFFICAL USE ONLY
Type of Organization: Select One:		Family Childcare Home	Fiscal Year:
Small Business		Non-Profit	
		Childcare Center	
		Large Organization	
Contact Person and Title:			Accepted:
Person with Signing Authority and Title:			Declined:
Mailing Street Address		City, State, Zip	Other:
Email (required):	Primary Contact # (required):		Secondary Contact #

Indicate Primary Strategic Plan Goal Area:	Total Amount Requested:	
	\$ _____	
Is the organization for which you are seeking funds currently receiving First 5 funding? If "YES" complete and attach the Application Addendum	Yes	No
Is the organization for which you are seeking funds previously funded by First 5 Yuba? If "YES" complete and attach the Application Addendum	Yes	No
Is the organization for which you are seeking funds in good standings with First 5 Yuba to receive funding? If "NO" complete and attach the Application Addendum	Yes	No
Number of children 0 through 5 years of age that will benefit:		
Number of families with children 0 through 5 that will benefit:		
Indicate Yuba County, area, city, community, or neighborhood(s) that will benefit:		

Section 1: Briefly, (2-4 sentences) summarize the need and general purpose for funding for children 0-5 and their families.

I hereby declare under penalty of perjury, that all statements made on or in connection with this application are true and complete. I understand that any omission or misrepresentation of material fact in this application may result in refusal of the application or repayment of funds. I understand and accept that all awards by the Commission are contingent upon successful completion of the application terms and final agreement.

I hereby release and forever discharge and hold harmless and assume the defense of Commission, its officers, employees, or elective and appointive boards, both individually and collectively, from any and all claims, losses, damages, including property damages, personal injury, death and liability of every kind, directly or indirectly, arising as a result of or in connection with any of grantee's alleged activities in connection with this agreement.

By signing below, I acknowledge that I have carefully read and understand this release, and agree to its provisions. This waiver and release will expire one year after the date signed. A photocopy of this Waiver and Release is to be considered as valid as an original.

Signature: _____

Date: _____

APPLICATION ADDENDUM

Is the organization for which you are seeking funds currently receiving First 5 funding?

If "YES", please identify the County Commission's name, the name of your project/program, the contract number if with First 5 Yuba, the amount your agency is receiving and how you plan on separating the activities to successfully report on the outcomes for each amount received.

Is the organization for which you are seeking funds previously funded by First 5 Yuba?

If "YES" please provide the name of your project/program, a short description, the year and the amount your agency received.

Is the organization for which you are seeking funds in good standings with First 5 Yuba to receive funding?

If "NO" please provide why not and an explanation to be considered.