



First 5 Use Only		
Date Received	Accepted	Declined

**COMMUNITY GRANT APPLICATION FOR FY 2020-21**

Organization Name	Name of Project:
Type of Organization	Amount Requested: \$ _____
Contact Person and Title	Email
Mailing Street Address, City, State, Zip	Primary Contact Phone
Person with Signing Authority and Title	

<b>Goal Area</b>
Select one protective factor drop down
<input type="checkbox"/> Parental Resilience
<input type="checkbox"/> Social Connections
<input type="checkbox"/> Knowledge of parenting and child development
<input type="checkbox"/> Concrete support in times of need
<input type="checkbox"/> Social and emotional competence of children

Intended Audience	Projected Number to be Served
Children age 0 - 3	
Children age 3 - 5	
Parents (includes expecting, guardians, and primary caregivers)	
Provider (specify type)	
Other (please describe)	
<b>TOTAL</b>	

**Applicant's Background** – Briefly describe the background of the agency that will administer the grant. Provide specific examples on existing activities supported by your agency that clearly advance the community's support and understanding of the needs of children prenatal to age five in Inyo County.

**Proposal** – Briefly describe the community need that supports this grant. Provide specifics of your goal and how this grant will be used to fill the service gap addressed. Include how many children will directly benefit, what part of the County will this take place, and partner agencies you will engage in this project.

**Additional information** – Is there any additional information you would like First 5 Inyo County to know about this project?

<b>Scope of Work</b>		
<b>Activities</b>	<b>Timeline</b>	<b>Deliverables</b>
<i>What specific activities and/or supplies will funding for this project cover?</i>	<i>When will these activities occur?</i>	<i>How will project results be tracked and measured for success, e.g., what data/information to you plan to collect to demonstrate activities have been successfully completed?</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

<b>Budget</b>		
<i>Name of Expense</i>	<i>Total Amount</i>	<i>Budget Narrative – explain how the dollar amount is the right amount for the Scope of Work, per item.</i>
I. Personnel Expenses		<i>e.g. title, role, FTE/hours, position salary, benefits</i>
a.		
b.		
c.		
d.		
<b>Total Personnel Expenses</b>	\$	
II. Operating Expenses		<i>e.g. type of supply, purpose, estimated unit cost</i>
a.		
b.		
c.		
d.		
e.		
f.		
<b>Total Operating Expenses</b>	\$	
III. Indirect Costs (10%)	\$	
<b>Total Budget</b>	\$	

I certify that that information contained in this proposal is true and correct to the best of my knowledge and belief. I have reviewed the requirements including the contract template and insurance requirements. I understand and can meet the necessary contract requirements.

\_\_\_\_\_

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

\_\_\_\_\_

Name of Person \_\_\_\_\_ Position \_\_\_\_\_