



First 5 Use Only		
Date Received	Accepted	Declined

COMMUNITY GRANT APPLICATION FOR FY 2021-2022

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

Goal Area: select one protective factor
<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)	
TOTAL	

Applicant's Experience – Provide specific examples of history of providing services to children prenatal to age five and their families. Please describe any qualifications and staffing capacity helpful to this proposal, and how your agency has partnered with First 5 programs and activities. (30 points)

Proposal – Please describe the unmet need that this project will address, and the actions you are proposing to address this need. Describe the change you expect because of this project, and how you will measure this change. Describe how you will collaborate among agencies or partner with existing programs. (40 points)

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

Scope of Work (15 points)		
Activities	Timeline	Deliverables
<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.		
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10.		

