



## MINI-GRANT APPLICATION COVER SHEET

**Amount Requested:** \_\_\_\_\_  
(This amount must be \$5,000 or less – See Section F in Instructions)

Project Name or Brief Description: \_\_\_\_\_

Tentative Project Start Date: \_\_\_\_\_  
(Please allow five months or more after the application deadline.)

Applicant Agency or Individual: \_\_\_\_\_

Applicant Street Address: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax ID Number of applicant or fiscal agent: \_\_\_\_\_  
[Social Security #, Federal Employee Identification Number, or non-profit status, e.g. 501(c)3]

Please note: Mini-grant awards to individuals may constitute taxable income — please consult your tax preparer for further information.

### CERTIFICATION OF APPLICATION

The Applicant Certifies:

To the best of my knowledge and belief, information in this application is true and correct. The application has been authorized by the governing board of the applying agency (if applicable). I understand that any materials created under this grant are public domain and may be used and/or reproduced by the State of California, the County of Sonoma Department of Health Services and First 5 Sonoma County. I understand that this is a public document and open to public inspection.

Name \_\_\_\_\_

Signature: \_\_\_\_\_  
(Person authorized to bind this agreement)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## MINI-GRANT APPLICATION FORM

*Answer the following questions on additional sheets of paper. Number your responses to match the question number and label each page with your name and the project name.*

Childcare applicants complete questions 1-7. Non-child care applicants complete questions 1-6, 8, and 9.

1. Have you previously received mini-grant funds from First 5 Sonoma County?  
If yes, indicate each mini-grant application month and year and the amount received.
2. Give a history of your organization. (1/2 page limit)
3. Was your program impacted by the North Bay Wildfires?  
If yes, describe the impact on the program and how funds would be used to address the impact.
4. Clearly state the purpose of your project and why it is needed.
5. Thoroughly describe your project. (1 page limit)
  - A) State WHAT you intend to do
  - B) State WHO will do the work
  - C) State WHERE it will take place
  - D) State HOW it will be accomplished
  - E) State WHEN it will be done
6. How will you measure the success of your project? Think about the positive effects of the changes you are making and how they might be measured. (1/2 page limit)
7. **Child Care Applicants only:**
  - a. How many children in each age group do you currently care for on an average day? (Do not include your own children)
    - Less than 1 year
    - 1 year through 2 years 11 months
    - 3-5 years
  - b. You are licensed for (pick one): 1-8 children, 9-14 children or other (provide number)
  - c. How long have you been providing child care?
  - d. How long have you been at your current location?
  - e. Do you own or rent the facility where you provide care?
    - If you rent, when does your lease expire, or is it on a month-to-month basis
  - f. Please indicate if your child care program provides care:
    - In a language other than English
    - To children with special needs (Children whose behavior or development affects the family's ability to find and keep child care. Special needs may include developmental delays, serious emotional disturbances, speech impairments, deafness, blindness, etc.)

8. **Non-Child Care Applicants only:**

Who will benefit from your project? How many individuals do you expect to reach? (Describe specifically who will benefit, i.e. age, gender, ethnicity, children with special needs, etc.) (1/2 page limit)

9. **Non-Child Care Applicants only:** Which First 5 objective(s) does your project address and how does your project address this (or these) objective(s)? (1 page limit)

**Goal 1: Ensure the Health and Healthy Development of Children**

**Objective 1A:** Increase the availability of high quality, accessible health care for children

**Objective 1B:** Increase early detection of, and intervention for, developmental concerns

**Goal 2: Ensure Families Are Supported and Nurturing**

**Objective 2A:** Increase support for parents to strengthen their parenting capacity

**Objective 2B:** Increase support for parents to strengthen their family's literacy skills

**Goal 3: Ensure That Early Care and Education (ECE) Is High Quality**

**Objective 3A:** Increase the availability of high quality early care and education

**Objective 3B:** Increase the capacity of early care and education providers to link their client families to appropriate health, mental health, substance abuse, and developmental services

**Goal 4: Increase Integration of Systems and Effect Policy Change to Fill Gaps and Better Serve Children and Families**

Health Systems:

**Objective 4A:** Collaborate to identify successful strategies to reduce iron deficiency anemia

**Objective 4B:** Collaborate to increase the community's capacity to address children's oral health needs

Family Support Systems:

**Objective 4C:** Collaborate to identify, improve, and sustain high quality intervention and support for families with substance abuse, mental health, and domestic violence issues in order to reduce child abuse and neglect

**Objective 4D:** Collaborate to increase family economic self-sufficiency and reduce the impacts of poverty on children 0-5

Early Care and Education Systems

**Objective 4E:** Collaborate with the early care and education and K-3 systems to increase parents' engagement as partners in education and increase families' connection to related resources; increase alignment and articulation between early care and education and K-3; and/or identify and increase institutionalization of successful school readiness strategies and programs

**Objective 4F:** Collaborate to increase alignment of systems of academic advancement for early care and education providers in Sonoma County

Advocacy

**Objective 4G:** Advocate for programs and policies that support children and families

**Goal 5: Engage Entire Community to Support Achievement of First 5 Sonoma County Goals**

**Objective 5A:** Increase the awareness of parents and the community about the needs of children 0-5 and their parents and caregivers; activities to support the optimal development of children 0-5; and/or First 5 and the nature and value of services/programs provided by its grantees and community partners

**Objective 5B:** Conduct social marketing to increase behaviors that support optimal child development

**Objective 5C:** Provide financial incentives for the community to implement projects that support First 5 goals

**Objective 5D:** Inform and engage the private sector to understand and value the high return on investments in early childhood



**MINI-GRANT APPLICATION BUDGET FORM**

Please use this format to fully itemize your project’s budget. Use a separate sheet of paper if necessary (using the same format). Attach detailed information for each item you are asking for in the grant. For example, provide a page copied from a catalog or website that describes the item and lists its price. Do not include indirect costs.

| CATEGORY   | UNIT COST | TOTAL AMOUNT |
|--|-----------|--------------|
| <b>Project Supplies and Materials*</b><br>Please attach bids, descriptions, and photos from a catalog or website to clearly identify the items you are requesting. |           |              |
| 1.   |           |              |
| 2.   |           |              |
| 3.   |           |              |
| 4.   |           |              |
| 5.   |           |              |
| 6.   |           |              |
| 7.   |           |              |
| 8.   |           |              |
| 9.   |           |              |
| 10.  |           |              |
| 11.  |           |              |
| 12.  |           |              |
| <b>Other - please specify (Do not include indirect costs)</b>  |           |              |
| 1.   |           |              |
| 2.   |           |              |
| 3.   |           |              |
| 4.   |           |              |
| 5.   |           |              |
| 6.   |           |              |
| 7.   |           |              |
| 8.   |           |              |
| 9.   |           |              |
| <b>TOTAL</b>   |           |              |

Applicant Name \_\_\_\_\_ Signature: \_\_\_\_\_

\*If your project involves labor or installation (for example, assembling and installing new playground equipment), please describe who will do the work and whether it is paid or volunteer labor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_