



# MINI-GRANT APPLICATION COVER SHEET

## General Information:

1. Amount Requested (This amount must be \$5,000 or less):
2. Project Name or Brief Description:
3. Applicant Agency or Individual:
4. Applicant Street Address:
5. Applicant Mailing Address (if different from street address):
6. Contact Person/Title:
7. Phone:
8. E-mail:
9. Tax ID Number of applicant or fiscal agent [Social Security Number, Federal Employee Identification Number, or non-profit status, e.g. 501(c)3]:

## Please check each box as completed:

- I have read the Mini-Grant Instructions.
- I have attached a signed Application Cover Sheet with an original signature.
- I have attached answers to all application questions.
- I have attached a completed budget form and the supporting documents relating to budgeted items.
- I have attached a copy of my current child care license (child care providers only).
- I have included one original and six copies of the complete application.
- I acknowledge that if my application is missing any requirements, it will NOT be considered.

Please note: Awards to individuals may constitute taxable income - 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.

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

Print Name and Title:

Date:



# MINI-GRANT APPLICATION FORM

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.

3. Are you a previous recipient who is applying to replace items that were damaged in the 2017 Wildfires?

4. Clearly state the purpose of your project and why it is needed.

5. Thoroughly describe your project. (WHAT you intend to do, WHO will do the work, WHERE it will take place, HOW it will be accomplished, WHEN it will be done)

A large, empty rectangular box with a thin black border, intended for the applicant to provide a detailed description of their project. The box occupies most of the page's vertical space below the question.

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.

**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

Other (provide number)

- c. Does your child care program provides care to children with special needs? If yes, please describe.

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.)

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)?



**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>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
<b>Other - please specify (Do not include indirect costs)</b>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
<b>TOTAL</b>		

\*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: