



**CHILDREN & FAMILIES COMMISSION**

Mini Grant Application  
Fiscal Year 2016-17

**Applicant Information:**

Name of Fiscal Agent (if applicable)		Phone Number of Fiscal Agent:	
Name of Contact:			
Name of Organization or Group:		Contact's Title:	
Street Address:		City:	Zip:
E-mail Address:		Website:	
Phone Number		Fax:	

**Project Name:**

Brief Project Description:			Number of Children 0-5 and/or families directly benefiting from project:
Project Start Date:		Project Completion Date:	
Region in which people benefiting from project live (check all that apply):	Crescent City <input type="checkbox"/>	Klamath <input type="checkbox"/>	Fort Dick <input type="checkbox"/>
	Smith River <input type="checkbox"/>	Gasquet/Hiouchi <input type="checkbox"/>	All County <input type="checkbox"/>

**Budget Information:**

**Description**

Other Sources of Revenue \$ or in-kind, if applicable: Include Matching Funds Pledged	
Project's Operating Expenses (food, materials)	
Personnel Costs (stipends) \$	
Other Expenses: \$ (rent, outreach, printing)	
<b>Total Amount Requested: \$</b>	



Describe the proposed project and why it is important to your organization/community/group.

Is there a clear link to First 5 strategic plan goals (attached)? Please explain briefly.

Do you have partners (community groups, organizations, churches, preschools) that will help plan, fund or implement this project? If you will leverage matching funds or volunteer time from these partners, please explain.

Tell us why the project is important for the children/families it will benefit.

How you will know that the project has been a success for young children and/or their families?

Describe your organization/group, including lead person(s) who will oversee the project. Will you need technical assistance or other help to accomplish your goals?

**I hereby state that the funds requested in this application do not supplant any existing revenue sources. I certify that all that has been stated in this application is true and correct.**

**Name of Organization's Authorized Representative:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Please return the completed form to First 5 Del Norte, 494 Pacific Avenue, Crescent City 95531**

## **First 5 Del Norte Strategic Plan Core Goals (20014-2019)**

### **Improved Child Health and Wellness: Children are Healthy**

- *Children will have improved oral health;*
- *Children will have improved access to and utilization of dental and health care services.*

### **Improved Child Development: Children Learning and Ready for School**

- *Child and family literacy will be improved;*
- *Children will have increased readiness to succeed in school upon entry to kindergarten.*
- *Children are meeting their age-appropriate developmental milestones*

### **Improved Family Functioning: Strong Families**

- *Substantiated cases of child abuse and neglect will be reduced;*
- *Parent and caregiver knowledge, skills, and confidence will be increased.*

### **Improved Systems: Integrated Services for Children and Families**

- *Families and caregivers of children will have improved access to available community services, resources, and support systems.*

**First 5 adopted a Healthy Beverage Policy in 2012.**

**First 5 funds cannot be used to purchase sugar sweetened drinks.**

**All programs or events funded by a First 5 mini-grant should provide water.**