



First 5 of Mariposa County
P.O. Box 966, 5284 Hwy 49 N. Suite 2, Mariposa, CA 95338
Renewal Application due: Friday, April 15, 2011 by 5:00 P.M.

Grant Renewal Application
Application Cover Page

Mission

To provide for the optimal physical, emotional and intellectual growth of young children in Mariposa County, the Commission will facilitate, through funding priorities and disbursement of Proposition 10 funds, the creation, implementation or enhancement of integrated and collaborative preventive services and programs.

Vision

All children in Mariposa County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well-adjusted members of society.

Name of Organization or Agency Affiliation:

Contact Person:

Grant Writer:

Budget Analyst:

Address:

Phone:

Fax:

E-mail:

Please check the appropriate State First 5 Goal and the corresponding First 5 Mariposa County Strategic Plan Goal

State First 5 Goals

- Result Area 1:**
Improved Family Functioning (Family Support, Education and Services)
- Result Area 2:**
Improved Child Development (Child Development Services)
- Result Area 3:**
Improved Health (Health Education and Services)
- Result Area 4:**
Improved Systems of Care

First 5 Mariposa County Strategic Goals

- Create an integrated system of care that maximizes existing resources and minimizes duplication of services;
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- Improve transportation and other means for families to access support services; Improve families' access to high quality, affordable childcare and resources that enable children, 0-5, to develop optimally and begin kindergarten at readiness level;
- Improve the overall physical and mental health of young children; and
- Improve families' access and participation to education, information and services that help them

create safe, nurturing environments for children.

Questions for Renewal Application

1. Share the continued need for this project or service. Provide statistical data: 1) How many children have been served 2) How has this service or project made a difference in the lives of children and/or families and 3) State the projected numbers of children and families who will receive services this coming year. Please complete the attached History form as part of the statistical data and include any evaluation tools or data collected.
2. As part of the application process, please share information regarding the service or project and include any new services or activities (who, what, where, when and how are the activities accomplished/completed/delivered).
3. How much is the total cost of this project or service? Provide us with a proposed budget using your organization's format or the First 5's budget reporting attached form. Indicate any matching funds (cash or in-kind funding, listing any additional funding source and the exact amount of funding this project is receiving from that source). In addition, provide a **narrative (detailed) budget explaining how each budget line item will be used and for what purpose.**
 - Please share any budgetary and/or program changes you are expecting for this grant cycle (2011-2012), e.g., change of location, personnel, service or projects.
4. If First 5 were no longer funding this project or service, how would the project or service be sustained?
5. How will the benefit of this project for children 0 to 5 years-of-age be evaluated or measured?
 - What evaluations tools will be used and how often will data be collected?
6. Please provide at least one highlight or vignette that demonstrates the success of the program or service. Compiled survey information and letters from parents or community members are appreciated.
- 7 Identification of Staff and Grant Reporting Persons:
 - If there is a different person other than the contact person preparing the quarterly program and budget reports, please list name, address, phone number and e-mail address of project report coordinator.
 - Please list all names, addresses, phone numbers and e-mails of persons connected to the project or service (staff members, aides, etc.).

The undersigned hereby affirms that the statements made in the application are true and complete to the best of the applicant's knowledge. The applicant accepts as a condition of the grant the obligation to comply with all state and federal requirements, policies, standards and regulations. The undersigned understands that if this application is selected by the Commission for funding, they will provide proof of adequate insurance, proof of support by Board of Directors (for non-profits and corporations), and a current taxpayer ID#. Other entities may apply but only as indicated by the individual project description. In addition the agency agrees to comply with Government Code Section 8355 in matters relating to providing a drug-free and smoke-free workplace.

Name of Organization: _____

Name of Applicant: _____

Signature of Applicant: _____

Date: _____