

## **MINI-GRANT PROPOSAL GUIDELINES - ONE-TIME REQUEST FOR FUNDS**

# **Family Strengthening Mini-Grant**

*We are excited to announce that funding is available for **Family Strengthening** mini-grant proposals for the 2021-22 fiscal year. Mini-grants will be awarded up to \$2,000. Funding is provided by the Amador Child Abuse Prevention Council (ACAPC).*

Grants are available for qualified organizations and agencies to provide Family Strengthening programs within the County of Amador.

**Family Strengthening** is the premise that children do well when families do well, and that families do well when they live in supportive communities. Enhancing connections within families, and between families, and the institutions that affect them, result in better outcomes for children and their families.

The Child Abuse Prevention Council – a collaboration of county organizations, agencies, and community members – has found that the unmet needs in the area of family strengthening include the following focus areas:

- Drug & Alcohol/Substance Abuse Treatment/Prevention
- Parent Education/Parent Support
- Promoting Mental Wellness /Trauma Informed Care
- Developmentally Appropriate Behavior/Developmental Milestones Education
- Neglect/Distracted Parenting and Child Safety

Mini-Grant applications may be submitted to ACAPC at any time throughout the 2019-20 fiscal year, however grant reviews and awards will occur bi-monthly, suggested application deadline dates are as follows:

**Tuesday, August 31, 2021 – 5:00pm**  
**Friday, October 29, 2021 – 5:00pm**  
**Friday, December 31, 2021 – 5:00pm**  
**Monday, February 28, 2022 – 5:00pm**  
**Friday, April 29, 2022 – 5:00pm**

Review: Grant applications will be reviewed and applicants notified within one month of the above submission dates. Funds will be awarded to successful applicants within two months of the above dates. Grants will be awarded until annual funds are no longer available. Projects eligible for funding include schools, parent groups, non-profit agencies, and community organizations. The council will review proposals and determine if the project will be funded based on funds available, need for the project, level of community support, and viability of the project's implementation with the requested funds. A maximum of two applications per organization per year will be considered.

Grant recipients will provide a final report due within thirty days after the contract ending date:

- Written program summary of key accomplishments
- Number of families/individuals served as appropriate
- Staff responsible for implementing the program
- Evaluation of program outcomes
- Itemized expense statement

## Proposal Narrative

When submitting a proposal, the preferred method would be Electronic Mail ([info@amadorcapc.org](mailto:info@amadorcapc.org)), along with a signed original in the postal mail including the following:

- Application Cover Sheet
- Proposal Narrative (guidelines follow) with Project Budget

### Proposal Narrative Guidelines

The narrative section should not exceed 2 pages (8-1/2" x 11"). Typing should be single-spaced, no less than 12-point font, with 1-inch page margins. Applicants must be brief, but answer each of the following questions (1 & 2), and acknowledge the requirements of the grant (3 & 4):

**Project Activities:** Provide a brief description of the planned activities. **Describe how these activities address Family Strengthening and specifically which focus area/unmet need area the project addresses.**

1. **Focus Area/Need for Project:** Please explain which focus area the grant will address and briefly state why these activities are needed in Amador County.
2. **Funding Request:** Explain specifically what portion of the project the grant funds will be used for. Include a list of staff, and their positions, and how they will be responsible for implementing the project. Explain what other resources will be used to support the project. Include a **budget** outlining the proposed expenses (this can be a separate page not included as part of the 2-page narrative section).
3. **Supplanting:** Funding projects need to be new services or an expansion of existing services. All costs must be incurred after the grant is awarded. Any services that were previously in operation in the community, but can no longer operate due to loss of, or reduction in, federal, state, county, or other funds, will be considered for funding, but must be able to demonstrate that the funds were clearly discontinued rather than redirected to another project, and that the services will no longer be available in the county without ACAPC funds. Please explain briefly how this project will be for new services or an expansion of existing services.
4. **Outreach Materials (if applicable):** All resources/outreach materials/printed or electronic media created as a result of this grant will need, 1) to include an acknowledgement to CAPC for the funding provided through this mini-grant; and 2) be cleared through CAPC staff to ensure accuracy and accountability before being published.

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### Mail signed original of the Mini-Grant Proposal to:

Amador Child Abuse Prevention Council  
Attention: Mini-Grant Request  
PO Box 815, Jackson, CA 95642  
209-223-5921 | [info@amadorcapc.org](mailto:info@amadorcapc.org)

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### Child Abuse Prevention Council *Prevention, Education & Training*

We believe that every child deserves to live a healthy and safe life free from violence. The goals of the Council are to help community members become knowledgeable about what is child abuse, how to recognize it, how to report it, and what resources are available in our county to support families and children. Child abuse and neglect are preventable when all community members - including parents, families, care providers, neighbors, school staff, and governmental agencies - work together.

***It's our job as adults to keep kids safe.***

## MINI-GRANT APPLICATION COVER SHEET

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description Title of Project: \_\_\_\_\_

Focus Area/Unmet Need Addressed *(please choose one, if more than one apply please address this in the project description):*

- Drug & Alcohol/Substance Abuse Treatment/Prevention
- Parent Education/Parent Support
- Promoting Mental Wellness /Trauma Informed Care
- Developmentally Appropriate Behavior/Developmental Milestones Education
- Neglect/Distracted Parenting and Child Safety

Amount Requesting: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Project Timeline: From: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Please list below any participating community agencies and organizations that are contributing resources or are actively participating in this project:

| Organizations<br><i>(Sample: ABC Agency)</i> | Resources Contributing<br><i>(Meeting Space)</i> |
|--|--|
| _____  | _____  |
| _____  | _____  |
| _____  | _____  |

I certify that this project is a new service, an expanded service, or that program funds have been cut. I understand that I am responsible for providing a written program summary of key accomplishments, number of families/individuals served as appropriate, staff responsible for implementing the program, and an itemized expense statement. This report is due within thirty days after contract ending date.

Person authorized to sign application:

\_\_\_\_\_  
Name and Title Date