

2017 Great Beginnings Early Learning Grant Application



Name of Organization: _____

Contact Person & Title: _____

Street /Mailing Address: _____

City, State, Zip Code: _____ Telephone Number: _____

Contact Person's Email Address: _____

Executive Director (if different from contact person): _____

Board Chair: _____

Name of Project: _____

Amount requested: _____

Time Frame in which funds will be used (1 year): From: _____ To: _____

Great Beginnings Early Learning Focus Areas (reference Section 3 & check all that apply):

- Parenting Education & Outreach
- Educating the Community
- Intervention for At-Risk Children
- Systematic Approach to School Readiness

Communities Served (check all that apply)

- All Clallam County
- Joyce
- Port Angeles
- Clallam Bay/Sequi
- LaPush
- Sequim
- Crescent
- Neah Bay
- Other (please list):
- Forks

Estimated # of People who will Benefit from the Program:

Children: _____ Parents: _____

Child Care Providers: _____ Teachers: _____ Other (please explain): _____

Please include the following documentation with your submission:

- Organizational background - including organization's mission statement and purpose, and year established
- IRS Determination Letter of nonprofit status (if applicable)
- Board of Directors Roster - include contact information and organizational affiliation
- Agency is listed and up-dated with 2-1-1 (www.win211.org), or call 2-1-1 directly to update)

I. PROJECT NARRATIVE (may not exceed 4 pages, Times New Roman, 12 pt. font)

1. **Need:** Please identify the need your proposed service addresses as it relates to the focus area(s) you selected above. Include any local trend information and/or other data that supports this identified need. (15 points)
2. **Service Description:** Provide a narrative describing the proposed services for which you are requesting funds. Describe how your proposed services are designed to meet the focus areas you selected above. Describe any research that supports this approach. (25 points)
3. **Outcomes:** What are the intended outcomes/results of the proposal? How will you evaluate/monitor the project and how will you measure success or effectiveness? Outcomes discussed here should be the same as those presented in the Logic Model (Section III). (25 points)
4. **Organizational Capacity:** Provide details about the organization's experience, training, capacity to deliver this service, and capacity for outcomes measurement in the area of this early learning project. Discuss who will provide project management, background and experience of the project staff, and who will deliver services to parents and other primary childcare providers. Describe plans to collaborate with other organizations/services, and/or what efforts will be made to work cooperatively with similar projects or agencies. (15 points)

II. PROJECT BUDGET (20 points)

Describe how funds will be used. Complete the budget form below. Project budget must link to the project narrative as described for funding.

Project Revenue: Provide a list of all revenue for this project. Indicate the source of revenue and whether or not the revenue has been committed or is pending

Revenue Source	Amount	Committed or Pending
TOTAL		

Project Budget: Provide a **detailed** line item budget for this project. List the items for which you are requesting Great Beginnings funding, and the items for which you will be using other funds. Total GB Funds Requested must match the **amount listed on the cover page**.

Budget Item	GB Funds Requested	Other Funds	Total
<i>EX: Space Rental for Parenting Class \$100 x 6 classes = \$600</i>	<i>\$300</i>	<i>\$300</i>	<i>\$600</i>
Total			

What is the minimum amount you would need to implement this project? _____

Will you still be able to complete your project if awarded a reduced amount? Please explain:
