

**THREE YEAR GRANT APPLICATION**

**DEADLINE DATE: March 20, 2019**

**GENERAL INSTRUCTIONS**

**Welcome to CTF’s online application. If you have met our eligibility requirements, which can be found in the 2020 grants RFP, the next step is to register your organization to access applications.**

**PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY.** Applications must be completed online. Review the applications in advance by printing a version of the application questions. You may prepare answers offline, then copy and paste into the online application. Please save your application as you complete each step.

**Other notes:**

* VCTF funds new programs or expansions and enhancements of existing programs.
* Application limit: If your organization is currently receiving VCTF grant funds for a program, you may not apply for another grant for that program until the end of the existing grant (even if you plan to expand or enhance that program). You may, however, apply for a different program.
* For Three Year Grant applications only: If funded for a Three Year grant, VCTF will require an MOU from three of the partners listed by September, 2019. A sample MOU is included with these instructions.
* Applicants must be in good standing with respect to, or in full compliance with, all taxes due the State of Vermont.
* All regulated child care programs must be in good regulatory standing with the Child Development Division in order to receive funding.
* VCTF does not fund construction projects.

Applications will be **DISQUALIFIED** if:

* The application format is NOT followed or is incomplete.
* The purpose of your grant request does not match guidelines for CTF grants.
* You have reports overdue to VCTF for any previous grants.

**REGISTRATION:**

* Provide basic information about your organization.
* Fiscal Agent: If your fiscal agent is different than your organization, you are required to give us the fiscal agent’s Tax ID information, mailing address and the timing of their fiscal year.
* Licensed through CDD/DCF: Tell us if you are licensed by the CDD, Department for Children and Families. If you are funded, and provide child care but not are yet licensed, you will need to complete the licensing process during your first year of funding for CTF.

Upon completing registration your organization information is saved and you will receive a confirmation email from VCTF. Please review the ABOUT YOUR ORGANIZATION information for accuracy and make any necessary corrections.

Once registered you may begin your application. Please save your work often as you progress through the 8 steps. You may pause and save your application at any point and return to your saved application by logging into your application dashboard. Once you finalize your application and hit submit, you will not be able to edit or add to your application.

**NO attachments will be accepted after the application has been submitted.**

If you have any problems accessing your online application dashboard, please email [theo@vtchildrenstrust.org](mailto:info@vtchildrenstrust.org) and add this email address to your safe senders list.

**STEP 1 of 8**

**Basic Program Description:** Please provide a brief synopsis of the program or project you are proposing, how you plan to use the grant funds and who you are serving. This brief description will be used on our website if you are funded**. Think in marketing terms and be succinct.** You may provide more detail in other sections of the application.

**Total amount requested**: State the amount of money you are requesting for year one of the grant. The maximum amount for year one is $20,000.

**STEP 2 of 8 - Summary Plan**

**Introduction:** Provide details about your organization overall; not the program.

**Cultural and Linguistic Competence** - Build your answer around the following: All successful proposals will include reference to the organization’s policies and practices relevant to providing services that are culturally and linguistically competent. Discuss how the organization promotes equity and access of services to all individuals, including those with disabilities and across socioeconomic status, racial and ethnic identity, gender identity, and sexual orientation.   
  
In communities that have members with limited English proficiency (LEP), programs should budget and plan to assure that any community member can have meaningful access to the program.

All One and Three year grant recipients are required to attend a cultural competency training. This training will be free of charge to grantees and they will be held regionally throughout the State.

**Strengthening Family Protective Factors and Youth Thrive Protective and Promotive Factors:** Please check ALL protective factors that apply to the program for which you are submitting a CTF application. We have combined both sets of factors on our application drop down menu.  
  
Parental Resilience

* Youth Resilience
* Social Connections
* Knowledge of Parenting and Child Development
* Knowledge of Adolescent Development
* Concrete Support in Times of Need
* Cognitive, Social and Emotional Competence of Children

For definitions of these factors visit these websites: [*Strengthening Family Protective Factors*](http://dcf.vermont.gov/prevention/protective-factors) or [*Youth Thrive Protective and Promotive Factors*](https://www.cssp.org/reform/child-welfare/youththrive/body/youth-thrive-protective-promotive-factors.pdf)

**STEP 3 of 8 - Individuals served**

Please indicate the number of children/individuals directly served by this grant for each of the following categories. This number should reflect only those individuals participating in this program.

**STEP 4 of 8 - Program description**

Please describe the specific project/program for which funds are being requested. By answering the questions: identify the problem you intend to address; illustrate how you plan to achieve the outcome you identified above; and explain how this program provides a new service within your community.

**STEP 5 of 8 - Proposed program activities**

Provide details as defined in the question.

**STEP 6 of 8 – Collaboration**

List any formal collaboration partners and describe their contribution to the program. If funded for a Three Year grant, VCTF will require an MOU from three of the partners listed by September, 2019.

List informal collaboration partners and describe their contribution to the program. MOUs ARE NOT required for informal partners

**SAMPLE Memo of Understanding (MOU):**

**MEMO OF UNDERSTANDING BETWEEN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND**

**ORGANIZATION**

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

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to work in partnership with ORGANIZATION to provide support to the PROGRAM if funded through the Children’s Trust Fund. This support will involve the following:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This support will continue throughout the duration of the program, even after funding from the Children’s Trust Fund has expired.

Signed by:

Organization Partner Organization

Name and Title of Authorized Personnel Name and Title of Authorized Personnel

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

**STEP 7 of 8 – Contacts & Budgets**

**Who will be administering this grant?**

|  |  |
| --- | --- |
| Grant Administrator Name: |  |
| Grant Administrator Email: |  |
| Financial Contact Name: |  |
| Financial Contact Email: |  |

**Organizational Budget**: Please upload a PDF of your organization’s complete annual budget. Make sure the year and your organization name are on the budget and in the document name. **Example: 2020 ORG NAME Org budget**

**Program Budget:** Please upload a PDF of your annual program budget for year one only, using the template provided. Make sure the year and your organization name are on the budget and in the document name. **Example: 2020 ORG NAME Prog budget**

**STEP 8 of 8 – submit your application**

**CHECKLIST BEFORE SUBMITTING YOUR APPLICATION**

*Review your application to ensure:*

* All pertinent questions have been answered completely. You did not cut off any answers due to auto-word limits.
* You have completed and uploaded your annual organizational and program budgets.
* You have filled out the Grant Administrator and Contact Names in Step 7.

Please read the final paragraph. By submitting this application you are certifying that the information contained in this application is accurate.

Once you submit your application, you will not be able to edit or change.

**If you have questions regarding a CTF grant application, please contact**

**Theo Clark at** [**theo@vtchildrenstrust.org.**](mailto:hilda@vtctf.net)

**Registration for New account**

**If you already have an account, skip this section and go directly to the account login** [**here**](https://vtchildrenstrust.org/user/login)**.**

**Required fields are signified by**

**LOGIN INFO**

**E-mail**

A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.

**Password**

**Confirm password**

Provide a password for the new account in both fields.

**ABOUT YOUR ORGANIZATION**

**Organization Name**

Each organization should have only one account.

**Your Name**

**Daytime Phone Number**

**Fax Number**

**County**

**VT Tax ID #**

**Federal Tax ID # (or Social Security # if you do not have a Federal Tax ID)**

**Starting Month of Fiscal Year**

**Organization Type**

**Private not-for-profit, 501c3**

**School**

**Other public organization**

**Your organization must be one of these to be eligible to apply for all CTF and Landon grants.**

**Currently licensed through DCF/CDD to provide child care?**

* **Yes**
* **No**

**Note:** If you provide child care and you are not licensed, you may apply for a grant, but you will need to complete the licensing process within the first year of funding.

**MAILING ADDRESS**

**Country**

**Address 1**

**Address 2**

**City**

**State**

**ZIP code**

**FISCAL AGENT (IF DIFFERENT THAN ORGANIZATION LISTED ABOVE)**

**Fiscal Agent Name**

**Fiscal Agent's VT Tax ID #**

**Fiscal Agent's Federal Tax ID #**

**Starting Month of Fiscal Agent's Fiscal Year**

**Fiscal Agent's Mailing Address**

**Step *1* of *8* Cover Sheet**

**Program Name**

You must enter at least a program name before you can save your progress.

**Program Location**

**Outcome Area**

* Vermont’s families are safe, nurturing, stable and supported.
* Vermont’s children and young people achieve their potential.

***Note:***

* *VCTF only funds new programs or expansions of existing programs.*
* *VCTF does not fund construction projects.*
* *If you are currently receiving VCTF funds, you may not apply for another grant for the program being funded until the end of the existing grant (even if you intend to expand or enhance the program).*

**Brief Program Description**

Please provide a brief synopsis of the program or project you are proposing, how you plan to use the grant funds and who you are serving. This brief description will be used on our website if you are funded. **Think in marketing terms and be succinct.** You may provide more detail in other sections of the application. **(750 characters)**

**Amount Requested**

$

**Step *2* of *8* Summary Plan**

**Introduction**

Describe your organization, its mission, its structure, and its history of successful project management. This establishes your organization’s capability of delivering the outcomes cited in the project plan, and identifies responsibility for the use of and accounting for the awarded money. **(1250 characters)**

**Cultural and Linguistic Competence**

Describe how your organization promotes equity and access of services to all individuals, including those with disabilities and across socioeconomic status, racial and ethnic identity, gender identity, and sexual orientation. **(500 characters)**

**Strengthening Family Protective Factors/Youth Thrive Protective and Promotive Factors**

Which Strengthening Family Protective Factors and/or Youth Thrive Protective and Promotive Factors will this program support? Applicants should incorporate one or more of the following factors. Check ALL that apply.

* Parental Resilience
* Youth Resilience
* Social Connections
* Knowledge of Parenting and Child Development
* Knowledge of Adolescent Development
* Concrete Support in Times of Need
* Cognitive, Social and Emotional Competence of Children

**Step *3* of *8* Children/Individuals Served**

Enter the number of children/individuals directly served by this grant for each of the following categories. This number should reflect only those individuals participating in this program.

**Infants & Toddlers (Ages 0-3)**

**Preschoolers (Ages 3-5)**

**Kindergarten (Ages 5-6)**

**Grades 1-5 (Ages 7-11)**

**Grades 6-8 (Ages 12-14)**

**Grades 9-12 (Ages 15-18)**

**Parents/Guardians**

**Volunteers**

**Step *4* of *8* Program Description**

In this section, please describe the specific project/program for which funds are being requested. By answering the following questions, illustrate how you plan to achieve the outcome you identified above.

**Describe the problem you intend to address with this grant. Explain why this is a problem in your community by citing relevant data. (750 characters)**

**Describe how you will improve outcomes related to this problem, including how you plan to use research or evidence identified as best practice to do so. If your organization received a 1 year grant to pilot this program, explain how your pilot year experience informs your 3 year plan. (1000 characters)**

**Explain how your program will provide a new service within your community, or complement existing services. (750 characters)**

**Step *5* of *8* Proposed Program/Activities**

**Provide a brief narrative describing specific activities you will provide that are directly related to this grant request. Show how these activities are supported by best practices and/or research related to your type of program. (1500 characters)**

**MAIN ACTIVITIES**

List up to five main activities your program will utilize or work your organization will accomplish with this program. **(100 characters each)**

**Activity 1**

**Activity 2**

**Activity 3**

**Activity 4**

**Activity 5**

**TIMELINE:** Indicate the time frame for year one implementation of activities listed.

**September-November**

**December-February**

**March-May**

**June-August**

**STAFF/MANAGEMENT INPUT:** Indicate up to four staff who are directly involved in the program. Do not send resumes.

**Staff #1 Title & Role (ie: CEO/Fundraising)**

**Staff #1 % of time devoted to the program (ie: 30% of full time position)**

**Staff #1 Experience/Credentials (ie: 20 years professional fundraiser – 125 characters)**

**Staff #2 Title & Role**

**Staff #2 % of time devoted to the program**

**Staff #2 Experience/Credentials (125 characters)**

**Staff #3 Title & Role**

**Staff #3 % of time devoted to the program**

**Staff #3 Experience/Credentials (125 characters)**

**Staff #4 Title & Role**

**Staff #4 % of time devoted to the program**

**Staff #4 Experience/Credentials (125 characters)**

**Step *6* of *8* Collaboration**

Please list the partners who are formally working with you on this project. Use the table below to list your partners and what they are **contributing** to your program, (for example: financial support, in-kind support, use of space, and/or equipment, referrals, etc.). If this grant is awarded you will need to submit a signed Memorandum of Understanding (MOU), from one of the partners listed within ten days of your award notification. [Download a sample MOU.](https://vtchildrenstrust.org/sites/default/files/imce/uploads/sample_mou.doc)

**Partner #1 Name**

**Partner #1 Type of Support (125 characters)**

**Partner #2 Name**

**Partner #2 Type of Support (125 characters)**

**Partner #3 Name**

**Partner #3 Type of Support (125 characters)**

**Informal Relationships**

If you have informal relationships with community partners other than those listed above, please describe. Include assistance with publicity, mention of your program in newsletters, etc. No MOU’s are needed for these informal relationships.

**Step 7 of 8 Contacts & Budgets**

**Who will be administering this grant?**

**Grant Administrator Name:**

**Grant Administrator Email:**

**Financial Contact Name:**

**Financial Contact Email:**

**ORGANIZATIONAL BUDGET**

Please upload a PDF of your organization's complete annual budget.

Files must be less than **5 MB**. Allowed file types: **pdf**.

**PROGRAM BUDGET**

Please upload a PDF of a complete budget for YEAR ONE of the program using the template provided here: [ProgramBudgetForm.xlsx](https://vtchildrenstrust.org/sites/default/files/imce/uploads/programbudgetform.xlsx). In addition, please list specifics for how CTF funds will be used in the space provided (e.g. $500 for salary of childcare professional).

Files must be less than **5 MB**. Allowed file types: **pdf**.

**PLEASE INCLUDE YOUR ORGANIZATION NAME IN THE NAME OF YOUR BUDGET SPREADSHEETS.**

**Step *8* of *8* Submit Your Application**

**By submitting your application, you agree to the following:**

*I certify that information contained in this application is accurate and this program will comply with applicable eligibility criteria for the Child Care and Development Fund and the Children and Family Council for Prevention Programs, which includes not discriminating or barring participation in this program on the basis of race, religion, sex, color, handicap or national origin. If this program closes, I will contact the Child Development Division regarding the possible redistribution of the materials purchased with this grant and to return any unspent funds.*

*If I’m funded, I will submit three Memos of Understanding with my signed grant award document before I will receive any grant funds.*

**When you choose "Submit Application Now" and save, your application will be submitted and you will no longer be able to edit it. Make sure you have completed all fields in each of the preceding seven steps.**

**Application Status**

* In Progress
* Submit Application Now

**CHECKLIST BEFORE SUBMITTING YOUR APPLICATION**

Check to see that you have included all of the following in your **completed** application.

* All pertinent questions have been answered completely. You did not cut off any answers due to auto-word limits.
* You have filled out the Grant Administrator and Contact Names in Step 7.
* You have completed and uploaded your organizational and program budgets.

Please read the final paragraph. By submitting this application you are certifying that the information contained in this application is accurate.

Once you submit your application, you will not be able to edit or change.

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