MINI GRANT APPLICATION

Fiscal Year 2026-2027

Please review the *Request for Proposals* and the grant criteria before completing this application.

Applicant Information

Name of Agency/Organization: _____

Primary Contact

Name: _____

Title: _____

Phone Number: _____

Email: _____

Alternate Contact

Name: _____

Title: _____

Phone Number: _____

Email: _____

Agency Address & Fiscal Information

Agency Mailing Address: _____

City, State, ZIP: _____

Fiscal Agent: _____

Type of Agency (select one):

☐ County or State Educational Institution	☐ County Government Agency
☐ Non-Profit/Community-Based Organization	☐ School District
☐ Other Government Agency	☐ Private Entity/Institution
☐ Other (please describe): _____	

Current First 5 Lake County funding disclosure. List any program or project within your organization that currently receives First 5 Lake County funding. Write "None" if not applicable. (Required for the eligibility review described in the RFP.)

Program Narrative

Name of Proposed Program/Service: _____

Project Start Date: _____

Project End Date: _____

Total Amount Requested ($500 - $5,000): _____

Summary: Provide a 2-3 sentence summary of your project and its purpose. Identify at least one result you expect to achieve.

Targeted Outcome

Identify the **one** Strategic Plan objective your project is designed to advance (you may add an optional second objective). Using the priority tables in the RFP, write in the priority area, objective, result area, strategy, and F5L outcome that best fit your project. **Please note that selecting more objectives does not strengthen your application; reviewers score on clarity and fit, not breadth.**

Priority Area	Objective	Result Area	Strategy	F5L Outcome
Primary (required)				
Second (optional)				

Describe your funding request in detail. Describe the strategies or practices that will be used to fulfill the objective(s) and advance the First 5 Lake Strategic Plan outcome you selected above.

Describe how your proposed strategy or project is evidence-based, evidence-informed, a promising practice, or a new innovation.

Describe specifically who your project will serve (focus population).

Individuals estimated to be served:

Children 0-2	
Children 3-5	
Parents/Guardians of children 0-5	
Providers	

Describe your organization's capacity to implement the proposed project. Identify how you will bring the project to fruition in the event of staff changes.

Describe how your request will benefit pregnant people, children ages 0-5, their families, or providers working with children 0-5.

Describe existing partnerships that would directly or indirectly strengthen the proposed effort.

Describe what you will accomplish and how you will know if you have been successful. Discuss the monitoring and control function(s) used to ensure model fidelity and program integrity in day-to-day activities, and identify the staff assigned to these responsibilities.

Project Logic Model

Complete the logic model below for your project. This connects your Targeted Outcome to what you will do and how you will measure it.

Sample Logic Model:

Sample Project Goal: *"Storytime Roots" – a six-week bilingual early-literacy series for caregivers and children ages 0 to 5.*

Priority Area III: Family Support

F5L Objective	F5L Strategy	Grantee Strategy	Performance Indicators	Measurables / Data Source	F5L Outcome
Families read to their children on a regular basis.	Early literacy reading and education efforts.	Host six weekly bilingual storytime sessions and distribute take-home book bags to enrolled families.	Number of families enrolled Number of sessions held Number of book bags distributed	# / % of caregivers reporting increased weekly reading (pre/post survey) Source: attendance logs; pre/post survey	Increased reading practices of families with children ages zero through five.

Project Goal: One to two sentences describing your projects overarching goal.

F5L Objective	F5L Strategy	Grantee Strategy	Performance Indicators	Measurables / Data Source	F5L Outcome
What F5L Objective are you aiming to address?	*What F5L Strategy are you aiming to use?*	*What specific strategy will your project use?*	*What are you going to measure to know that your project was successful?*	*How will you collect the data?*	*What F5L Outcome are you aiming to achieve?*

Budget Narrative

Provide a thorough narrative explanation of your proposed budget. Include a breakdown of what is included in each line item and how each amount supports the proposed Scope of Work. (Complete the separate Budget spreadsheet as well.)

Describe the fiscal management experience of the fiscal agency and the fiscal controls that will be used for this project.

Provide a brief description of the fiscal agency's accounting system.

If a collaborative proposal, describe how all partners' expenditures will be monitored and verified.

Describe your agency's experience in sustaining grant-funded programs for children and families.

Required Attachments & Certification

Submit the following with your application:

- Completed Budget spreadsheet (*form provided*).
- Letters of commitment from key partners, if applicable.
- Signed Tobacco, Alcohol, and Drug Policy.
- Signed Healthy Beverages Policy.
- Signed Non-Supplantation Policy.

Do not include materials or attachments other than those listed above; additional materials will not be provided to reviewers.

Certification.

I certify that the information in this application is accurate and that I am authorized to submit it on behalf of the applicant organization.

Name of Authorized Signer: _____

Title: _____

Signature: _____

Date: