



## ACEs Collaborative Partnership Agreement Request Form

**Organization Name:**

**Contact Name:**

**Address:**

**Phone:**

**Email:**

**Project Title:**

**Start Date:** (no earlier than April 1, 2023)

**End Date:** (no later than June 30, 2024)

Please email your application, in Microsoft Word format, to Windy Scott at [wscott@co.humboldt.ca.us](mailto:wscott@co.humboldt.ca.us). Paper versions may be sent to the following address:

Humboldt County Department of Health and Human Services – Behavioral Health  
Attention: Windy Scott  
720 Wood Street  
Eureka, California 95501

A complete application includes:

- Project Description Narrative (four pages or fewer)
- Completed ACEs Collaborative Partnership Agreement Request Form (Goals, Budget, Evaluation)

### **Project Description Narrative:**

Project descriptions must be typed in twelve (12) point font with one (1) inch margins on standard eight and one-half (8.5) by eleven (11) inch white paper. Each page must be clearly and consecutively numbered.

1. Please describe the activities and/or events that will be completed with ACEs Partnership Agreement funding. Include the total number of people you will serve or reach in each of the following categories, and whether the proposed project will focus on a particular group or geographic area:
  - Children zero (0) to eight (8) years of age;
  - Parents and/or caregivers of children zero (0) to eight (8) years of age;
  - Other family members of children zero (0) to eight (8) years of age; and
  - Service Providers. (Maximum of one (1) page)

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2. Please describe the differences that the proposed activities and/or events will make for the population or community you are serving, including, without limitation all expected outcomes and how such outcomes will be measured. (Maximum of one (1) page)
3. Please describe how the proposed activities and/or events will fit into or relate to other programs in your organization and community, and how they will impact children zero (0) to eight (8) years of age and their families. If the project includes children older than eight (8) years of age, please explain how children zero (0) to eight (8) and their families will be impacted by the proposed activities and/or events. (Maximum of one (1) page)
4. Please describe your organization's capacity to succeed with the proposed project and your plans for continuing the work after the proposed project is complete. (Maximum of one (1) page)
5. Please describe any previous experience that your organization has with implementing an ACEs Collaborative Partnership project, if applicable. (Maximum of one-half (.5) page)

### Request Form – Goals

Collaborative Partnership Agreement funding will be awarded to community-based organizations that are working to address ACEs and increase their capacity to build resilience in Humboldt County. Assuring safe, stable and nurturing relationships and environments for all children and focusing on prevention, early intervention and protective factors will help stem the tide of ACEs and break the intergenerational impacts of violence, drug abuse and neglect. In the space below, include a short description of how your project will work towards **one (1) or more** of the following goals. In the Evaluation section of the Request Form, please provide an estimate of the number of people who will participate in the proposed activities. **Choose only those goals that apply to your project.**

1. **Build resilience, independence, diversity, growth, education and success of Humboldt County children, zero (0) to eight (8) years of age, and their families:**
2. **Address trauma and help break the intergenerational impacts of ACEs:**
3. **Promote education, information and resources regarding ACEs:**
4. **Support children, zero (0) to eight (8) years of age, and their families in all areas of their health and well-being, including, without limitation, mentally, emotionally, physically, spiritually, culturally and socially:**
5. **Promote one of three protective factors (social connections; knowledge of parenting and childhood development; and, social and emotional competence of children)**



## ACEs Collaborative Partnership Agreement Request Form

### Request Form – Budget

Use this form to submit a proposed project budget. For major expenses, be specific. For personnel costs, include a description of salary calculation and a brief description of the duties and/or tasks covered by this budget. Definitions of each budget category are provided below.

|   |  |
|---|--|
| <b>A. Personnel Costs (include time for required ACEs partnership meeting attendance)</b> |  |
| Title:  |  |
| Salary Calculation:   |  |
| Benefits Calculation:   |  |
| Duties Description:   |  |
| Title:  |  |
| Salary Calculation:   |  |
| Benefits Calculation:   |  |
| Duties Description:   |  |
| <b>Total Personnel Costs:</b>   |  |
| <b>B. Equipment (only items over \$5,000 with useful life over 1 year)</b>                |  |
| Title:  |  |
| Description:  |  |
| Title:  |  |
| Description:  |  |
| <b>Total Equipment Costs:</b>   |  |
| <b>C. Supplies</b>  |  |
| Title:  |  |
| Description:  |  |
| Title:  |  |
| Description:  |  |
| <b>Total Supplies:</b>  |  |
| <b>D. Transportation/Travel</b>   |  |
| Title:  |  |
| Description:  |  |
| Title:  |  |
| Description:  |  |
| <b>Total Transportation/Travel:</b>   |  |
| <b>E. Other Expenses (including independent contractors)</b>                              |  |
| Title:  |  |
| Description:  |  |
| Title:  |  |
| Description:  |  |
| <b>Total Other Expenses:</b>  |  |
| <b>Direct Costs</b> (Subtotal A through E)  |  |
| <b>Overhead and Administrative Costs</b> (May not exceed 10% of direct costs)             |  |
| <b>Total Budget:</b>  |  |



## **ACEs Collaborative Partnership Agreement Request Form**

### **DEFINITIONS:**

**Personnel:** Includes all employee costs, but not independent contractors or consultants. List each employee type separately. List benefits for all positions totaled on one separate line. Examples of calculations are:

- 15% of \$2,000/mo. X 6 months
- 20 hrs X \$15/hr X 20 weeks

\*The proposal should detail if the hours being requested are an expansion of the position, a new position, or hours that would otherwise not currently be funded.

**Equipment:** Includes all equipment necessary for the project. Equipment includes any item purchased for more than \$5,000 with a useful life of more than one (1) year.

**Supplies:** Includes items that will be used by participants or staff - meeting supplies, postage, paper, any item purchased for less than \$5,000.

**Transportation/Travel:** Includes employee per-mile reimbursements and other travel-related expenses.

**Other Expenses:** Includes other expenses for execution of the project and would include independent contractors, etc. If an expense is an ongoing business expense being requested, a brief description of how the recurring expense would increase based on the proposed project is required.



## ACEs Collaborative Partnership Agreement Request Form

### Request Form – Evaluation

Please complete the following project evaluation related questions:

1. Estimated number of participants your project will directly serve:
  - Number of children zero (0) to eight (8) years of age:
  - Number of parents/caregivers of children zero (0) to eight (8) years of age:
  - Number of other family members of children zero (0) to eight (8) years of age:
  - Number of service providers:
  - Total estimated number of project participants:
  
2. In addition to required participant counts and project reports, which of the following evaluation activities might be appropriate for measuring the progress and/or outcomes of your project? (Select any that apply. Assistance might be available to help with these activities.)
  - Interviews with project participants
  - Interviews with project staff
  - Interviews with community partners
  - Focus group with project participants
  - Focus group with project staff
  - Focus group with community partners
  - Project participant survey
  - Training evaluation survey
  - Photos of project events or activities
  - Pre/Post Survey or retrospective survey
  
3. Please complete the following questions if trainings will be a part of your project.
  - Will you be training service providers?  Yes  No
  - Will you be training parents?  Yes  No



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- If a training will be offered, is it a research-based curriculum with a training survey? \_\_Yes \_\_ No
- If a training will be offered, will the training curriculum be developed by your program? \_\_Yes \_\_No