



ACEs Collaborative Partnership Agreement Request FY 2019-2020

Organization Name:

Contact Name:

Address:

Phone:

Email:

Project Title:

Start Date: (no earlier than July 1, 2019)

End Date: (no later than June 30, 2020)

Please email your application, in Microsoft Word format, to Samantha Anderson at SAnderson@co.humboldt.ca.us. Paper versions may be sent to the following address:

Humboldt County Department of Health and Human Services – Mental Health
Attention: Samantha Anderson
720 Wood Street
Eureka, California 95501

A complete application includes:

- Completed Partnership Agreement Request Form
- Project Description (four pages or fewer)

Project Description Narrative:

Project descriptions must be typed in 12 point font with 1 inch margins on standard 8 ½ x 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, and whether the proposed project will focus on a particular group or geographic area. (Maximum of one page)
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 realized. (Maximum of one page)
3. Please describe how the proposed activities and/or events will fit into or relate to other programs in your organization and community. (Maximum of one page)
4. Please describe your organization's capacity to succeed with the proposed project and your plans, if any, for continuing the work after the proposed project is complete. (Maximum of one page)



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Request 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 or more** of the following goals, and estimate the number of people who will participate in the proposed activities. **Choose only those goals that apply to your project.**

- 1) **Description of project(s) that will help build resilience, independence, diversity, growth, education and success of Humboldt County children, zero (0) to eight (8) years of age, and their families:**

Number of people who will participate

- 2) **Description of services and supports that address trauma and help break the intergenerational impacts of ACEs:**

Number of people who will participate

- 3) **3) Description of activities and supports that promote education, information and resources regarding ACEs:**

Number of people who will participate

- 4) **Description of activities that 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:**

Number of people who will participate

- 5) **Description of projects or activities that promote one of three protective factors (social connections; knowledge of parenting and childhood development; and, social and emotional competence of children)**

Number of people who will participate



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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.

<i>Descriptions</i>	<i>Amounts</i>
A. Personnel Costs	
Title: Salary Calculation: Duties Description:	
Title: Salary Calculation: Duties Description:	
Total Personnel Costs:	
B. Equipment	
Title: Description:	
Title: Description:	
Total Equipment Costs:	
C. Supplies	
Title: Description:	
Title: Description:	
Title: Description:	
Title: Description:	
Total Supplies:	
D. Transportation/Travel	
Title: Description:	
Title: Description:	
Total Transportation/Travel:	
E. Other Expenses	
Title: Description:	
Title: Description:	
Title: Description:	



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Title:	
Description:	
Total Other Expenses:	
Direct Costs (Subtotal A through E)	
Overhead and Administrative Costs (May not exceed 2% of direct costs)	
Total Budget:	

DEFINITIONS:

Personnel: includes all employee costs, but not independent contractors or consultants. List each employee type separately. Examples of calculations are:

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

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 anything not already covered in the budget categories above. Include independent contractors and/or consultants here. List each expense separately.



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Release for North Coast Grantmaking Partnership

If your application for an ACEs Collaborative Partnership Agreement is not fully funded, would you like your application to be forwarded to North Coast Grantmaking Partnership?

☐ NO

☐ YES. By checking this box I understand that my application, including contact information, project narrative, goals and budget will be sent to North Coast Grantmaking Partnership in order to determine if the project is potentially eligible for funding.