



ACEs Collaborative Partnership Agreement Request FY 2021-2022

Organization Name:

Contact Name:

Address:

Phone:

Email:

Project Title:

Start Date: (no earlier than September 1, 2021)

End Date: (no later than June 30, 2022)

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 – Behavioral Health
Attention: Samantha Anderson
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 such children 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. **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:**
2. **Description of services and supports that address trauma and help break the intergenerational impacts of ACEs:**
3. **Description of activities and supports that promote education, information and resources regarding ACEs:**
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:**
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)**



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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.

<i>Descriptions</i>	<i>Amounts</i>
A. Personnel Costs (include time for required ACEs partnership meeting attendance)	
Title:	
Salary Calculation:	
Duties Description:	
Title:	
Salary Calculation:	
Duties Description:	
Total Personnel Costs:	
B. Equipment (only items over \$5,000 with useful life over 1 year)	
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 (including independent contractors)	
Title: Additional insurance costs, if applicable	
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 10% 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.

*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 would be needed.



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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 satisfaction survey

☐ Training evaluation survey

☐ Photos of project events or activities

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
- If a training will be offered, is it a research-based curriculum with a training survey? ☐ Yes ☐ No



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- If a training will be offered, will the training curriculum be developed by your program?__ Yes __ No

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.