



Mini Grant Application Guidelines and Requirements, 2009-10

1. Each application must be filled out completely and be legible. Typing is preferred.
2. Each application must be signed by contact.
3. Programs that are not coordinated or partnered with other agencies/organizations must demonstrate community support. At least 2 letters of support should be attached.
4. Funds are to be used in **Huron County only** for our families and children.
5. **The program must meet the Council's goal of preventing child abuse and neglect.** The focus of the funding available is for primary prevention services to the general population or secondary prevention services targeted to at-risk individuals or families. *Requests that do not meet these requirements will not be considered.* (definitions below)
6. Funding will not be provided for equipment (ex: tables, chairs, computers, supplies, advertising, etc).
7. The CA/N Council is to be recognized in all publications and promotions funded by this grant.
8. A knowledgeable representative will attend the CA/N Council Annual Meeting and provide a report to the Board of Directors.
9. Statistical and financial reports are required quarterly. Monies not used for whatever reason shall be returned to the CA/N Council.

Children's Trust Fund Definitions

1. **Primary Prevention:** Interventions provided for the total population to reduce the incidence of an identified problem or disorder but not focused on specific risk factors. The major components of primary prevention efforts are:
 - It is available to all members of a general population
 - Seek to promote wellness
2. **Secondary Prevention:** Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While substantiated child abuse or neglect has not taken place, the probability for abuse or neglect is greater than in the general population. The major components of secondary prevention are:
 - It is offered to a pre-defined group of families or individuals
 - It is voluntary
 - Participants do not have an active Department of Human Services case
 - It may be more problem-focused than primary prevention

2009-2012 Goals of the CA/N Council

Local Youth will understand personal safety practices and be educated about appropriate physical contact.

The Huron County community will be educated on the role of Mandated Reporters and the reporting requirements to ensure the safety of our community's children.

Collaboration will occur with Huron County's primary and secondary prevention programs and they will be supported to increase their capacity for reaching the populations that they serve through additional resources and education.

Mini Grant Application 2009-10

Agency/Organization Name _____

Contact Person Name _____

Address _____

City _____ Zip _____ Phone _____

Name of Program _____

Brief Description of Program

Is this program a primary or secondary prevention program? _____

How does this program work to prevent child abuse and /or neglect?

Describe the need for this program in Huron County? (surveys, data, requests by professionals, etc)

Who is the target population? _____

Are their eligibility criteria for individuals to participate in the program? _____

What other agencies or organizations will partner with this program? If none, then please include at least two letters of support.

What are the measurable goals and objectives of the program?

How do your program goals support the mission and goals of the CA/N Council? _____

How will your results be measured? (What type of evaluation tool, i.e. pre/post survey, satisfaction survey, etc., will be used to measure results? Please include a copy of your evaluation.)

How many individuals will benefit from this program? (please estimate)

_____ Number of children

_____ Number of adults

What are the project's estimated starting and ending dates? Start _____ End _____

Funding amount requested \$ _____ Total project cost \$ _____

Explain how the funds will be spent _____

To whom is the check to be written? _____

Please attach a detailed budget showing income and expenses and specify how the CA/N funds will be used.

By signing, you agree that the program approved will be implemented in accordance with this application, submit reports as requested by the CA/N Council and fulfill other grant obligations to CA/N Council.

Contact Person _____

Signature of Contact Person _____ Date: _____

November 2009

Approved by the Board: December 2009