

Project Title: _____

Mini-Grant Application



Organized June 12, 1889

For projects \$2,500 to \$5,000 benefiting the health of residents living in Placer and/ or Nevada Counties

Please mail to: P.O. Box 2478, Marysville, CA 95901

Fax: (530) 751-7700

Email: pncms_exec@syix.com

Organization Information (please type or print clearly):

Name of Requesting Organization or Individual		Primary Contact	
Address	City	State	Zip Code
Telephone	Facsimile	E-mail	Website
Executive Director (if applicable)		Fiscal Sponsor (if applicable)	

Business Tax ID# or Individual's Social Security Number: _____

Project Description

Descriptive Title of Project (5 words or less): _____

Summary of Proposed Project: _____

Number of Placer/Nevada County residents you expect to serve:	Number of families you expect to serve:	Number of providers you expect to serve:
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Please indicate the geographic area your project will serve: _____

Project Budget	
\$ _____ Amount Requested	\$ _____ Total Project Budget

Project Timeline	
_____ to _____ Start Date	_____ to _____ End Date
Or <input type="checkbox"/> One Time Project	

Signature of proposer or authorized agent

Date

Signature of board president (non-profits only)

Date

Project Title: _____

Link to Placer Nevada County Medical Society Mission/Vision:

Please refer to the PNCwaterMS Website?

- Healthcare access
- Improved Community Health
- Youth Health Awareness

Please keep your answers to the following questions to one paragraph each and limit this section to no more than 2 pages. Please use 10-point or larger font; you may single space.

1. What problem or need will be addressed by this project?

Example: Parents of preschoolers in Lincoln have no access to free and low-cost, short-term parenting classes. The available parenting classes are fee-based and/or require at least a 12-week commitment, which is too long for some stressed parents. Parents who participate in quality parenting education classes typically show improvements in their understanding of their children's behavior, their confidence in their ability to parent, and in their self-reported parenting behavior, all of which is related to improved parenting and reduced family stress.

2. What actions are you proposing to address this problem or need? (What is the project?)

Example: ABC will offer six cycles of 3-session parenting classes, two cycles each in evening, lunch hour, and weekend time slots. A research-based, evaluated curriculum will be used; this will be "1-2-3-4 Parents!" from Active Parenting Publishers. The curriculum uses video, written material, games, discussion and interaction to help participants learn about positive discipline, child development, growing the parent-child bond, and the importance of self-care for parents.

3. What change do you expect as a result of this project?

Example: We expect that at least 30 parents will participate in these classes. We also expect that parents will show improvement in their confidence in their ability to parent.

4. How will you measure this change? Please list the tools you would use and how you would use them, including specifics on what degree of change you expect to be captured by the measures.

Example: 1) Sign-in sheets will be used to document number of parents participating. 2) The "efficacy" subscale of the Parenting Sense of Competence Scale will be given prior to and at the end of each 3-session class; we expect parents to show an average gain of 3 points on this subscale, showing that they have more confidence in their ability to parent after participating in the class.

5. Please tell us about you or your agency. What capacities, skills, abilities, qualifications, experience, and/or credentials do you have to carry out this project?

Example: ABC is local, non-profit agency that has been serving parents of children of all ages since 1973. Our Parent Educator, who will be teaching these classes, holds a bachelors degree in child development and has been teaching the school-age version of this class for three years; she received training in facilitating Active Parenting classes three years ago. Our parenting classes for parents of school-age children usually have waiting lists.

Proposal Budget Information

Cost of This Proposal		
EXPENSE CATEGORIES	TOTAL OF ALL PROJECT COSTS	TOTAL COSTS TO BE FUNDED BY THIS REQUEST to PNCMS
Salary and Fringe		
Operating Supplies		
Equipment Purchase (If purchasing items for child care, please attach a detailed list)		
Computer Software		
Occupancy (Rent, Ins., Utilities, etc.)		
Travel and Training		
Real Property Acquisition		
Liability/Other Insurance		
Evaluation		
Other (specify)		
TOTALS		

Budget Narrative *(Please use 10-point or larger font and keep your answer to less than one page; you may single space)*

Please briefly explain the proposed budget presented above, including other funding sources, in-kind costs, and any collaborations. Please clearly state exactly what First 5 Placer dollars would be paying for.

Insurance

The Grantee shall maintain a **commercial general liability insurance policy in the amount of one million dollars (\$1,000,000.00)**. Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide **comprehensive business or commercial automobile liability coverage including non-owned and hired automobile liability in the amount of \$300,000.00**. Said policies shall remain in force through the life of this Contract and shall be payable on a "per occurrence" basis unless PNCMS specifically consents to a "claims made" basis. If PNCMS does not consent to "claims made" coverage, the Contractor shall purchase tail" coverage in the event that the Contractor changes insurance carriers during the term of this Contract or for one year thereafter. Proof of such "tail" coverage shall be required at any time during the term of this Contract that the Contractor changes to a new carrier prior to receipt of any payments due. PNCMS shall be named as an additional insured on the commercial general liability policy. The insurer shall supply certificates of insurance and endorsements signed by the insurer evidencing such insurance to PNCMS prior to commencement of work, and said certificates and endorsements shall provide for a minimum ten (10) day advance notice by PNCMS of any termination or reduction in coverage.

_____ **Initial here if this contract does not involve the use of any vehicle.**

_____ **Initial here if this contract DOES involve the use of a vehicle.**

Nothing herein shall be construed as a limitation of Grantee's liability and the Grantee shall indemnify and hold the Commission harmless and defend the Commission against any and all claims, damages, losses and expense that may arise by reason of the Grantee's negligent actions or omissions. Commission agrees to timely notify Grantee of any negligent claim.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, the Commission may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

Nondiscrimination Statement of Compliance

_____ (herein referred to as "prospective contractor") hereby
(individual or organization name)

certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5, in matters relating to the development, implementation, and maintenance of a nondiscrimination program. Prospective contractor agrees not to unlawfully discriminate against any employee or applications for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sexual orientation, sex, or age (over forty).

I, _____ (name of official) hereby swear that I am duly authorized to legally bind
the

prospective contractor to the above-described certification. I am fully aware that this certification executed on

_____ (date) in the county of _____ is made under the penalty of perjury under the
_____ laws

of the state of California.

Signature of proposer or authorized agent

Date