

**2013 Early Achievers Outreach Partnership Grants
 APPLICATION FORM
 Deadline extended until April 19, 2013**

Project name	
Amount requested	
Library or branch submitting this application	
Type of Library	
Person with contracting authority	Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Title	
Organization name	
Mailing address	
City	
Zip	
Telephone	
Fax	
E-mail	
Library or system director (if different)	Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Project manager	Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Title	
Organization name	
Mailing address	
City	
Zip	
Telephone	
Fax	
E-mail	
Alternate e-mail	

We affirm that the information included in this application is true. If this application is funded, we will sign a funding agreement and complete the activities in this application by December 31, 2013. We agree to participate in information gathering as a part of a state-administered evaluation of the project.

 Library/System Director Signature/Date

 Project Manager Signature/Date

 Contracting Authority (if different) Signature/Date

**Early Achievers Outreach Partnership
2013 Grant Application Form**

Statewide Vendor Number *	
DUNS number *	
Fiscal Agent name	Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Title	
Organization name	
Fiscal mailing address	
Fiscal city	
Fiscal zip	
Fiscal telephone	
Fiscal fax	
Fiscal e-mail	
Reimbursement Information	
Payee, if different from library	
Mailing address for reimbursements, if different from fiscal agent	
City	
Zip	

As the Fiscal Agent, I am authorized by the applicant organization’s governing body to obligate it to financial liabilities and I am accountable for the integrity of the official accounting system and the financial statements that system provides. I declare that the necessary fiscal policies and procedures exist to assure compliance with the Federal regulations in general and specifically with the Office of Management and Budget (OMB) Cost Principles applicable to the applicant organization, and conformance with generally accepted audit standards.

Fiscal Agent Signature/Date

* OFM requirement — Grantees must now register with the State of Washington as a “statewide vendor” and also provide a DUNS number. If you do not have these numbers, you will be provided with the necessary information and forms to obtain them if awarded a grant.

Early Achievers Outreach Partnership Grant

CRITERIA

Your library will qualify to apply if you answer yes to all of the following criteria.

This completed form must be returned with your application in order for the application to be accepted for review.

<u>CRITERIA</u>		<u>Yes</u>	<u>No</u>
1.	The application meets the intent of at least one of the purposes of the Early Achievers Outreach Partnership grant cycle (see Grant Guidelines, Section 1, An Overview of this Grant Cycle).	<input type="checkbox"/>	<input type="checkbox"/>
2.	Your library is a public library within the state of Washington organized under the provisions of RCW 27.12.010. (See list of public libraries in the state of Washington at libraries.wa.gov)	<input type="checkbox"/>	<input type="checkbox"/>
3.	The application clearly explains the process that will be used to gather input from families about the effectiveness of proposed programs being funded by mini-grants.	<input type="checkbox"/>	<input type="checkbox"/>
4.	The application requests \$1,000 or less in grant funding.	<input type="checkbox"/>	<input type="checkbox"/>
5.	You commit to submitting monthly reports, using the form provided to you by WSL, by the 10th of each month, as well as a brief one-page final report at the end of your project, responding to questions in Section 8C.4 of the Grant Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
6.	You commit to submitting the final claim and report by December 31, 2013.	<input type="checkbox"/>	<input type="checkbox"/>
7.	The official 2013 Early Achievers Outreach Partnership grant application has been used and is complete—all questions have been answered, all signatures obtained, all three components of the application submitted (see Section 7.D of the Guidelines).	<input type="checkbox"/>	<input type="checkbox"/>
8.	The application is postmarked or hand delivered by 4 p.m., Friday, April 19, 2013 . Applications posted after Friday, April 19, 2013 will not be accepted for review. Faxed or emailed applications cannot be used to meet submission deadlines.	<input type="checkbox"/>	<input type="checkbox"/>

**Early Achievers Outreach Partnership
2013 Grant Application Form**

The following criteria will be used to review and evaluate all parts of the application. In general, grant reviewers will look for:

- A clearly represented and concisely written proposal.
- Sufficient detail to understand the problem, need or opportunity.
- Sufficient detail to understand how the proposal will be implemented.
- Evidence of planning for the future in terms of project sustainability.
- Evidence that your project and library fits within the scope of the Early Achievers Outreach Partnership grant.

Please respond to the following:

1. Include your project name, and in one or two sentences, briefly describe the project that you are proposing.

2. Which of the following EAOP purposes will your project address? (check all that apply)

- _____ 1) To promote the critical role of Early Achievers, Washington’s Quality Rating and Improvement System, in assisting parents to make optimum child care choices and promoting quality child care;
- _____ 2) To create greater public awareness of the Washington State Early Learning and Development Guidelines and encourage their use;
- _____ 3) To reach parents with high-quality parenting information using *Love.Talk.Play.* campaign materials and messaging. **Note:** Applicants proposing to use mini-grants for this purpose are required to provide details in their applications on how they are already working with their early learning coalition in *Love.Talk.Play.* activities

3. Who will be implementing the project? Complete table below for each individual involved.

Name	
Telephone / Fax	
E-mail / Alternate e-mail	

Name	
Telephone / Fax	
E-mail / Alternate e-mail	

4. Will there be any external partners (e.g., local Child Care Aware office, DEL licensing, county early learning coalition, or regional early learning coalition partners)? If so, complete table below for each additional partner.

Partner institution	
Type of institution	
Primary staff member involved	
Title of staff member	
Street address, City, Zip	
Telephone / Fax	
E-mail / Alternate e-mail	

5. Briefly describe in one or two sentences how you will determine if your project is successful. What difference will it make for your audience? How will you measure this?

6. List the major activities or steps involved in completing the project using the Work Plan form below. Include the name of the person responsible for implementation of the activity and when the activity is expected to be completed.

WORK PLAN			
Tasks that Need to Be Accomplished for Successful Project Implementation	Proposed Timeframe For Beginning and Completing Tasks		Responsible Party for the Completion of Tasks
(list in chronological order)	Start Date	End Date	
Example: Project begins; hold organizational meeting	May 2013	December 2013	Chris Smith, Project Manager
All project activities are completed.		12/16/2013	
Prepare and submit monthly report to WSL, using form supplied by WSL.*		12/31/2013	
Prepare and submit final project report and final claim form with supporting documentation to WSL.		12/31/013	

* **Note:** Even if there is no activity occurring during the reporting period, grantees are required to submit a form to WSL, using "N/A" for all fields.

7. Describe the project’s budget using the form below. Use the column labeled “Description” for very brief notes or to reference the narrative included on a separate page.

On a separate page, describe how the budget was determined and why this budget is appropriate. Also complete a short narrative statement for each of the budget categories, describing what items are included within the proposal. (No more than 1 page in addition to the budget form).

Early Achievers Outreach Partnership Grant BUDGET FORM

Category	Grant Funds Requested	Other Funding (Describe)	Description (Include a short narrative for each category on a separate page)
Contracts with Others			
Travel			
Expendable Supplies or Materials			
Other-Itemized			
TOTAL REQUEST (Grant funds requested are not to exceed \$1,000)			

Please note:

- Grant funds **may not** be used for:
 - Food and other refreshments
 - Advertising and promotion of libraries in general
 - Prizes and other incentives
 - Overhead expenses, administrative and indirect costs
 - Computers or other technology used to access the Internet or to pay for direct costs associated with accessing the Internet
- In-kind matching funds are not required for eligibility; if you list “other funding”, be prepared to document the use of those funds

8. What other information about you project do you feel is relevant to this application? (Limit response to no more than one page.)