

Please submit **15 copies** of application to: Valerie Burke • Edina Resource Center • 5701 Normandale Rd., Rm. 171 • Edina, MN 55424 • valburke@edina.k12.mn.us

## 2008 -2009 Community Grant Application Form

<b>Project Title:</b>		
<b>Organization:</b>		
<b>Contact Person Name &amp; Title:</b>		
<b>E-mail Address:</b>		<b>Day Phone:</b>
<b>Address:</b>	<b>City</b>	<b>State &amp; Zip</b>
<b>Brief Project Description:</b>		
<b>Project Start – End Date:</b> <input type="checkbox"/> Pilot Project <input type="checkbox"/> Ongoing Project <input type="checkbox"/> Capital/One-time Project		
<b>Project Cost</b>		
Total project cost: \$		
<b>Amount requested:</b> \$		

Other funding sources (and amounts) applied to for this project	
Amount	Source

### Community Grant Check-Off List *(Maximum of 5 pages )*

- I. Introduction**
  - ✓ Give a brief description of your organization and the evidence of need for this project.
- II. Goals & Action Plan**
  - ✓ Describe the action plan for this project (who, what, where, and how):
  - ✓ Describe the partners in this project and plans to coordinate or partner with them.
- III. Budget**
  - ✓ Include a detailed budget for the entire project including revenue and expenses (include how the grants funds will be used).
  - ✓ Who else are you receiving funds from and are there any in-kind contributions?
- IV. Evaluation**
  - ✓ What Hennepin countywide outcome best fits the overall goal of your program (See page 2)
  - ✓ What program indicators will you track to determine if your program is successful (See page 2)
  - ✓ For each indicator you have selected, please describe where you will get your data?
  - ✓ How else do you plan to measure the effectiveness of your program?

**Check the Hennepin Countywide Goal that best fits the overall goal of your project proposal**

(See grant application brochure for description)

- |                                                              |                                                 |                                                              |                                     |                                          |
|--------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|-------------------------------------|------------------------------------------|
| <b>π</b> Physically and mentally healthy children & families | <b>π</b> Safe & stable families and communities | <b>π</b> Children thrive in early childhood/ready for school | <b>π</b> Children succeed in school | <b>π</b> Youth exhibit positive behavior |
|--------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|-------------------------------------|------------------------------------------|

**Who do you plan to serve?**

# of individuals: \_\_\_\_\_ # of contact hours (if applicable): \_\_\_\_\_

**Target Population** check the one that best fits.  
For programs that target parents, check both children and their families.

- |                                                     |                                             |
|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Children ages 0-5          | <input type="checkbox"/> And their families |
| <input type="checkbox"/> Children ages 5-18         | <input type="checkbox"/> And their families |
| <input type="checkbox"/> Elementary age children    | <input type="checkbox"/> And their families |
| <input type="checkbox"/> Middle school age children | <input type="checkbox"/> And their families |
| <input type="checkbox"/> High school youth          | <input type="checkbox"/> And their families |

**Criteria for who this project will/has served:**

- The entire population in our district **OR**  
 Selected children and/or families (**Check below which factors used in selection**)
- |                                                |                                                 |                                               |                                      |
|------------------------------------------------|-------------------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Free/reduced lunch    | <input type="checkbox"/> School related factors | <input type="checkbox"/> Attendance           | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Behavior referrals    | <input type="checkbox"/> Family related factors | <input type="checkbox"/> Single parent family |                                      |
| <input type="checkbox"/> Mental health factors | <input type="checkbox"/> Recent immigrants      | <input type="checkbox"/> Other:               |                                      |

**Required Countywide Goal/Indicator Selection**

Please select the countywide goal (bold) that best fits the overall goal of your program. Next, check the indicator(s) that you will track to best show the success of your program. You must track at least one of the listed indicators. You may track more or additional information (see below) if you wish to further demonstrate the success of your program

- |                                                     |                                                      |                                                                |                                                 |                                                      |
|-----------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| <b>π Physical and Mental Health</b>                 | <b>π Safe and Stable Homes</b>                       | <b>π School Readiness</b>                                      | <b>π School Success</b>                         | <b>π Youth –Positive Behavior</b>                    |
| <input type="checkbox"/> Immunizations              | <input type="checkbox"/> Childcare stability         | <input type="checkbox"/> Immunizations                         | <input type="checkbox"/> School attendance      | <input type="checkbox"/> Chemical use                |
| <input type="checkbox"/> Access to health services  | <input type="checkbox"/> Housing stability           | <input type="checkbox"/> Developmental progress                | <input type="checkbox"/> Test scores            | <input type="checkbox"/> Juvenile apprehensions      |
| <input type="checkbox"/> Teen pregnancy             | <input type="checkbox"/> School Stability            | <input type="checkbox"/> Childcare stability                   | <input type="checkbox"/> Graduation rate        | <input type="checkbox"/> Behavior reports            |
| <input type="checkbox"/> Access to health insurance | <input type="checkbox"/> Parent training and support | <input type="checkbox"/> Early childhood program participation | <input type="checkbox"/> Attitude toward school | <input type="checkbox"/> Safe, supervised activities |
| <input type="checkbox"/> Birth weight               | <input type="checkbox"/> Basic needs/resources       | <input type="checkbox"/> Family literacy                       | <input type="checkbox"/> Grades                 | <input type="checkbox"/> Progress on ind. Goals      |
| <input type="checkbox"/> Family violence            | <input type="checkbox"/> Family violence             | <input type="checkbox"/> Kindergarten screen'g                 | <input type="checkbox"/> Parent involvement     |                                                      |
| <input type="checkbox"/> Progress on ind. goals     | <input type="checkbox"/> Family stability            | <input type="checkbox"/> Progress on ind. goals                | <input type="checkbox"/> Literacy               |                                                      |
|                                                     | <input type="checkbox"/> Progress on ind. goals      |                                                                | <input type="checkbox"/> Truancy                |                                                      |
|                                                     |                                                      |                                                                | <input type="checkbox"/> Progress on ind. goals |                                                      |
| <input type="checkbox"/> Other:                     |                                                      |                                                                |                                                 |                                                      |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

'08-09 Grant Application Deadline: February 15, 2008  
 '08-09 Grant Review Day: February 26, 2008  
 You will be notified of your grant status within 2 weeks of review day