**PROJECT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBILITY TO APPLY**

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Response** |

|  |  |
| --- | --- |
| **Nonprofit status:** Employer Identification Number or other documentation for 501(c)3 organizations or tribal sovereign nations. |  |
| **Answer YES or NO to statements 1-5 below** | **Yes or No** |
| Does your organization have a non-discrimination policy? |  |
| 1. **Financial audit:** Has your organization completed its last three audits with *no substantive findings*? |  |
| 1. **Fiscal experience:** Has your organization had previous administrative and fiscal experience with grant funding? |  |
| **3.  Fast start:** Are you able to initiate grant funded activities within 30 days of receiving funds? |  |
| **4.  Evaluation:** Is your organization committed to participating in the project-wide ACT evaluation as requested by ACT project staff and/or the ACT project Evaluator? |  |
| **5. Completion of ACT 2.0 grant deliverables:** Did you complete your ACT 2.0 grant deliverables? |  |

**PROJECT NARRATIVE.** Please describe the following: (maximum word count in parentheses)

**A. Project Overview:** During the grant period for ACT 2.0, what were the objectives and successes achieved by the project in the selected Community Action Area? (250 words)

**B. ACT Annual Conference:** Can you confirm that your project will identify at least one staff, two youth and one adult Design Team members to attend the ACT conference? Are you interested in presenting at the conference? What tools, materials, and insights could you share related to the conference themes listed below?     An honorarium may be available for conference presentations in addition to this grant.  (500 words)

Conference Themes:

1. Trauma-Informed Approaches
2. Community Engagement
3. Building Community Resilience for Longevity
4. Equitable Access to Resources & Policy and Systems Change
5. Youth Development

\*Please note conference presentation(s) is optional but highly encouraged.

**BUDGET FUNDING REQUEST**

The grant payments will be on a cost-reimbursement basis with monthly invoicing due 30 days after the end of the month. Complete attached Budget Funding Request that aligns with your proposed project. Provide a budget estimate that includes ACT-funded staff time for participation and presentation in ACT conference.  Please specify the number of adult and youth community members attending the ACT conference and include stipends for their participation in the project and attendance at the conference, as well as conference registration fees (Please note conference registration fees for ACT-funded projects will be $350 per person) for all participants, and staff travel costs for attending the annual ACT conference.  Administrative costs are eligible up to 15% of total personnel costs.  Operating expenses should be limited due to scope of work.

Please download budget template for your budget proposal linked here: [**Budget Template**](https://docs.google.com/spreadsheets/d/1YBhLSryxZJ9x6V_tTnxvyHmgPT7W_0HA/edit?usp=sharing&ouid=113178421057829297049&rtpof=true&sd=true)

**Please submit your application by 5:00 p.m.  July 26, 2024 at** [**Info@act-ca.org**](mailto:Info@act-ca.org)**.**

**Thank you again for your interest in partnering with All Children Thrive-California. If you have any questions, please feel free to contact Lourdes Perez at** [**LP@phadvocates.org**](mailto:LP@phadvocates.org)**.**