

2 Martin Luther King Jr. Drive SE, Suite 754, East Tower, Atlanta, GA 30334

(404) 656-5957

**Nathan Deal** **Amy Jacobs**

*Governor* *Commissioner*

**Family Engagement Opportunity Grant**

The Georgia Department of Early Care and Learning (DECAL) will begin accepting applications for the Family Engagement Opportunity Grant on Monday, November 30, 2015.  Deadline for applying for this funding opportunity is Friday, January 22, 2016 at 5:00 p.m.

The purpose of the **Family Engagement Opportunity Grant** is to:

* Increase availability and accessibility to quality family engagement programs, activities, and opportunities
* Provide supplemental educational outlets that promote, encourage, and support community awareness and advocacy
* Provide access to free, ongoing parent leadership and child development resources in one or more of the Early Education Empowerment Zones (E3Zs) and/or in the Metro Atlanta area as defined below.

**Eligible Counties**

**Central**: Bibb County; **East**: Clarke County; **North Georgia Counties**: Catoosa, Gilmer, Gordon, Murray, & Whitfield; **South Georgia Counties**: Brooks, Colquitt, Cook, Echols, & Lowndes; **Metro Atlanta Counties**: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton (including the City of Atlanta), Gwinnett, Henry, and Rockdale.

**Defining Family Engagement**

DECAL defines ***family engagement*** as “the shared responsibility of families, schools, early education programs, and communities to actively promote, support, and sustain family wellbeing, healthy child development, strong family-child relationships, and lifelong learning for all children and families.”

**Project / Program Requirements**

Successful grant applications will propose family engagement programs/projects that develop quality programming to be offered to families at least **once a month** free of charge. Projects **must** fit within one or more of the following focus areas:

* **Advocacy**: Empower parents and families as child advocates and leaders
* **Community Connection**: Help families become well-connected to community resources and supports
* **Education**: Strengthen families as child’s primary educators and nurturers and increase families’ knowledge of child development
* **Health & Safety**: Support families as safe, healthy, and self-sufficient caregivers

Successful applicants will detail in their proposal how the focus area(s) they choose will benefit parents, children, and the community.

**Grant Criteria**

Projects / programs **must**:

* Serve families with children ages birth to eight years old, located in one or more of the E3Zs or within the Metro Atlanta counties listed above
* Fit within one or more focus areas: Advocacy, Community Connection, Education, or Health and Safety
* Increase availability and accessibility to quality family engagement programs, activities, and opportunities
* Submit a completed application on or before the deadline

**Eligible Organizations**

This grant opportunity is opened to all legally operating organizations, agencies, child care providers, faith-based groups, and human and social service agencies, non-profits and for-profits within Georgia who currently or will offer family engagement and educational opportunities for families with children birth to eight years old in one or more of the E3Zs and/or Metro Atlanta counties. **NOTE**: If an applicant has more than one facility in each zone or county, he/she may apply for funding for each county program on a separate application.

**How Much Funding Can I Apply For?**

Applicants can apply for a maximum of $15,000 annually for a one-year program/project in one or more of the E3Zs or Metro Atlanta. **NOTE**: If an applicant has more than one facility in each zone or county and wishes to apply for funding for each program, he/she **must** apply for funding for each county’s program on a separate application.

**Deadline for Submission**

Completed applications must be received before Friday, January 22, 2016 by 5:00 p.m. to Carolyn Morkeh, E3Z Business Operations Specialist (carolyn.morkeh@decal.ga.gov). **Late submissions will not be accepted under any circumstances.** Winning applicants will be notified about grant awards by February 8, 2016.

**Grant Period and Reporting Requirements**

The grant period runs from February 2016 to February 2017. Funds will be conveyed on a reimbursement basis during the grant period. Grantees will be required to submit a Family Engagement Opportunity Plan outlining scheduled activities and quality family engagement opportunities.  DECAL reserves the right to visit program activities with or without notice; therefore it is important for grantees to keep schedules up-to-date and to submit any changes to DECAL immediately.  A mid-year progress report will be due June 30, 2016, and a year-end final report will be due at the end of February, 2017.  Grantees will be asked for additional information about grant activities and expenditures as needed.

**Use of Grant Funds**

Grant funds must be used only for the purposes outlined and detailed in the grantee’s approved application, and in the manner set forth in the award letter and grant agreement.  Awarded grant funds may not be expended on:

* Project/program costs incurred before the grant start date
* Other financial obligations (including interest payments on lines of credit, collateral and securing or servicing debt), nor to meet cash-flow or general operating expenses unrelated to the purpose of the grant proposal as defined in the grant award letter.

Grantees are also expected to maintain controls to ensure that use of grant funds complies with the rules and guidance set forth by DECAL.

**Family Engagement Opportunity Grant Cover Page**

**2016-2017 Grant Year**

|  |
| --- |
| Date of Application: |
| Legal Name of Organization: |
| Executive Director: |
| Contact Person/Title(if different from Executive Director): |
| E-mail: |
| Organization Website: |
| Address: |
| City | State | Zip | Phone | Fax |
| Program/Project Name: |
| Program/ Project Address (If different from above): |
| Purpose of Grant: |
| Projected Start Date: | Projected End Date: |
| Amount Requested: $ | Total Project Cost: $ |
| Grant check should be made out to: |  |
| Grant check should be sent to following address:  |  |

**Program/Project Proposal Summary & Scope of Work (10 pts.)**

1. In the space below, provide:
* A summary of your proposed program’s scope of work as it relates to offering family engagement opportunities.
* An outline of defined goals, objectives, types of educational opportunities and activities you plan to implement
* How you will address the birth to eight requirement (defined on page one of this grant)?

|  |
| --- |
|  |

**Focus Areas (5 pts.)**

1. How will you utilize grant funds to address one or more of the following program focus areas: Advocacy, Community Connection, Education, and/or Health and Safety?

|  |
| --- |
|  |

**Grant Criteria (10 pts.)**

1. Detail below how your program will meet the goals and objectives outlined in the Family Engagement Opportunity Grant.

|  |
| --- |
|  |

**Timeline (5 pts.)**

1. Describe the proposed project/program timeline. Include start date and activities leading to successful program start-up, event ideas, and intended frequency of family engagement opportunities.

|  |
| --- |
|  |

**Program Geographic (5 pts.)**

1. In which E3Z county or Metro Atlanta county will your proposed program be offered, and what target population will you serve? How many families and children do you intend to serve with each family engagement event or opportunity?

|  |
| --- |
|  |

**Program Fee (5 pts.)**

1. Is there a cost for participants to attend? If yes, please explain.

|  |
| --- |
|  |

**Cultural Diversity (10 pts.)**

1. How will you meet the unique needs of the population you serve? Include cultural and language diversity, child care and transportation provision.

|  |
| --- |
|  |

**Marketing (5 pts.)**

1. How will you market your proposed program and recruit potential program participants?

|  |
| --- |
|  |

**Program Outcomes (5 pts.)**

1. How will you measure the overall effectiveness and success of your program? What specific metrics will you use? (i.e., attendance, surveys, etc.)

|  |
| --- |
|  |

**Program Sustainability (5 pts.)**

1. Describe your sustainability plan for the proposed program after the grant ends.

|  |
| --- |
|  |

**Program History (5 pts.)**

1. Are you currently or have you in the past offered family engagement opportunities and activities? If so, describe the program, funding source, and outcomes. Include outreach efforts, strategies, number of participants, focus of family engagement events, and educational goals of events. Is there a cost for participants to attend? If yes, please explain.

|  |
| --- |
|  |

**Staff Qualifications (5 pts.)**

1. Identify who will conduct the family engagement program. Include their qualifications and experience.

|  |
| --- |
|  |

**DECAL Supports A (5 pts.)**

1. What supports could DECAL offer that would help you successfully administer the grant? If no DECAL supports are needed, what additional resources will you use to ensure that you successfully administer the grant?

|  |
| --- |
|  |

**DECAL Supports B (5 pts.)**

1. Do you currently or have you in the past:
	1. Partnered with DECAL on other programs? If so, please explain.
	2. Received grants from DECAL to fund past or current program? If so, please explain.

|  |
| --- |
|  |

**Quality of Application [DECAL Use Only] (5 pts.)**

|  |
| --- |
|  |

**Budget Worksheet (5 pts.)**

Complete the budget sheet below listing anticipated expenses associated with your program/project. All applicable categories, amount requested, and final program totals **must** be completed.

|  |
| --- |
| 1. **Equipment/Supplies**
 |
| **Description:** | **Cost:** | **Quantity:** | **Total:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Sales Tax: |  |
|  |  | Shipping/Handling charge: |  |
|  |  | Subtotal (A): |  |
| 1. **Consultants/Subcontracts**
 |
| **Name:** | **Hourly Rate:** | **Number of Hours:** | **Total:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal (B): |  |
| 1. **Other**
 |
| **Description:** | **Cost:** | **Additional Information:** | **Total:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal (C): |  |
|  |  | Grand Total (A+B+C) |  |

**Budget Rationale (5 pts.)**

Provide a detailed overview of your budget rationale below.

|  |
| --- |
|  |

**Certification Statement**

By signing this application, I certify that the statements and answers contained in this application are true, complete, and accurate to the best of my knowledge. I further certify that I fully understand the terms and conditions of the grant and if I am awarded funding, will fully comply with the terms therein if I accept a grant. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

|  |  |
| --- | --- |
| Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |