



APPLICATION FORM

Early Childhood Training/Technical Assistance Grant

West Virginia Early Childhood Training Connections and Resources is presented with financial assistance as a grant from West Virginia Department of Health and Human Resources and West Virginia Department of Education and is administered by River Valley Child Development Services



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GRANT PROJECT

Through our funding partners, West Virginia Early Childhood Training Connections and Resources (WVECTCR) provides financial support for early childhood professional development. Grants are distributed per fiscal year based on a first-come, first-serve basis and funding availability. Applications are reviewed within 30 days of receipt.

Funding Requirements

As part of receiving grant funding from WVECTCR, you agree to:

- Include the following acknowledgement of the funding partners on all publicity concerning the project: “This program is being presented with financial assistance as a grant from WV Department of Health and Human Resources and WV Department of Education and is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.”
- Verify that all trainers/presenters are approved and credentialed by the WV State Training and Registry System (WV STARS) or sponsored by a WV STARS trainer. Sponsors accept responsibility for the quality of a non-approved trainer, the training provided, and the training registration. *Applies only to State, Regional, or Local Conference grants and Local Interagency Training grants.
- Verify that all trainings provided meet the minimum standards of the *West Virginia Core Knowledge and Competencies for Early Care and Education Professionals*. This document is available on the www.earlylearning.wv.gov or www.wvstars.org websites. *Applies only to State, Regional, or Local Conference grants and Local Interagency Training grants.
- Each different training/workshop offered will be registered with the WV STARS Registry. The WV STARS trainer will ensure all requirements are met for participants to receive WV STARS credit. *Applies only to State, Regional, or Local Conference grants and Local Interagency Training grants.
- Maintain individual participant evaluation forms on file and compile a training evaluation summary report to attach to the Grant Project Summary and Evaluation Report. *Applies only to State, Regional, or Local Conference grants and Local Interagency Training grants.
- Submit a completed Grant Project Summary and Evaluation Report along with appropriate attachments to WVECTCR within 30 days of the event or by June 30th of current fiscal year whichever comes first. A copy of the Grant Project Summary and Evaluation Report can be downloaded from www.wvearlychildhood.org under the financial support section.

Additional Funding Conditions

- A grant request must be for a specific project and be conducted in the state of West Virginia.
- Complete grant applications must be received 90 days in advance of the event/project date.
- Grants will not be awarded retrospectively (i.e. for a project that is completed or already underway).
- The project must be conducted and funds expended within the fiscal year of the grant award (July 1 – June 30).
- Grant funds must be used as indicated in this request. Request for revision of budget must be submitted in writing and approved by WVECTCR prior to the event.
- Grant funds may be used for the purchase of: materials; supplies; contract services; or other project related costs.
- Receipts and/or documentation for grant fund expenditures are to be submitted with the Grant Summary and Evaluation Report no later than 30 days after the conclusion of the event or by June 30th of current fiscal year, whichever comes first.
- Notify WVECTCR immediately of any change of contact persons, telephone numbers, postal addresses, or grant project design.
- WVECTCR may use information provided in this request for public information.
- Failure to complete and/or return any funding requirements listed above will eliminate eligibility to receive a grant award in the following year.
- Failure to spend money as budgeted could result in repayment of some or all of the grant award.
- Any unused monies need to be returned with the Grant Summary and Evaluation Report.

I understand the organization/group is bound by the above terms and conditions.

Signature: _____ Date: _____
(Presiding/Authorized Official)

Grant Type

Please check one box (☐) to indicate the type of grant your organization is applying for.

☐ State, Regional, or Local Conference

Financial support provided up to \$2000 per conference. One early childhood state, regional, or local conference grant per organization is awarded annually, unless additional funds are available.

To support the provision of early childhood training at state, regional, or local levels in order to increase availability, access, and capacity of all early childhood providers.

☐ Local Interagency Training

Financial support provided up to \$1,000 per county.

To support local communities in order to implement training needs identified by early childhood community collaborative groups.

☐ Local Interagency Non-Training Collaboration

Financial support provided up to \$1,000 per county.

To support local communities in order to implement non-training collaboration needs identified by early childhood community collaborative groups.

Required partners apply only to Local Interagency Training and Local Interagency Non-Training Collaboration Grants.

Local Interagency Training grants - Must include all 5 required partners

Local Interagency Non-Training Collaboration grants – Must include 3 of the 5 required partners

Required partners (☐) on the project team must include the following early care and education programs/groups *(Please include the original signatures of all partners)*:

☐ WV Birth to Three (Part C)

Program: _____

Representative’s Signature: _____

☐ Public School Preschool Special Education (Part B)

Program: _____

Representative’s Signature: _____

Child Care

Program: _____

Representative's Signature: _____

Head Start

Program: _____

Representative's Signature: _____

Parent/Family

Program: _____

Representative's Signature: _____

Additional, non-required early care and education partners included:

Public School Pre-k or Kindergarten or Title I

Program: _____

Representative's Signature: _____

Child Care Resource and Referral Agency

Program: _____

Representative's Signature: _____

Other(s)

Program: _____

Representative's Signature: _____

Program: _____

Representative's Signature: _____

Program: _____

Representative's Signature: _____



Grant Program Application

General Instructions: Complete all requested information. If you have questions, please contact WVECTCR for further information.

APPLICANT DETAILS

				Date:	
Full Name of Organization:					
FEIN #:		501(c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Person:			Position/Title:		
Mailing Address:					
City:	State:	Zip Code:	County:		
Phone Number:			Fax Number:		
E-mail Address:			Website Address:		
Additional Contact Information:					

CHECK PAYABLE TO

If grant funding is awarded, the check should be made payable to:

Organization Name:		
Mailing Address:		
City:	State:	Zip Code:
FEIN #	Organization Phone:	

A completed W-9 IRS Form for the organization listed above must be included with grant application.

GRANT DETAILS

Please describe how you will use the grant by giving specific details in relation to the following:

Project Title: _____

1. What is the scope and nature of the project and the significance of what will be achieved? Include details such as: the early care and education community served by this project; the training/professional development needs identified, description of the project, activities to take place, and expected outcomes of the training.

2. What is the time frame of the project, including start and completion dates?

3. Where will the project take place?

4. How do you propose to promote the project to the community?

5. Approximately how many people will benefit from the project?

6. Other information that may assist your application:

Amount Requested: _____

BUDGET DETAILS

Please provide a detailed budget for the requested amount. The budget should include the project costs that will be charged to grant funds. All of the items listed must be reasonable and necessary to accomplish project objectives. If needed, provide a brief narrative explaining projected expenses or items listed. If there are unusual costs in the budget, they should also be explained.

Description of Expenses (add additional pages if needed)

Vendor	Item	Quantity	Budgeted Amount
TOTAL:			

CERTIFICATION

Certification of Compliance with Environmental Tobacco Smoke/Pro Children Act of 1994: Grantee certifies compliance with Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as Pro-Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the Grantee certifies that it will comply with the requirements of the Act.

Certifications Related to Lobbying: Grantee shall not endorse or support any candidate running for partisan political office. No federal or state funds under this Grant Agreement shall be expended to support any legislative lobbying efforts of Grantee related to specific legislation. Grantee shall certify that no federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, Grantee shall immediately complete and submit a disclosure form to report lobbying.

I certify to the best of my knowledge the statements made within this application are true.

(Signature of organization official)

(Date)

Grant Application Checklist

Prior to submitting your application, please consult the checklist below and check (☐) boxes to indicate that all requested information and requirements have been completed.

- Application read carefully and completed accurately
- Type of grant applying for is checked
- Local Interagency Training grants only – all required early care and education partners are represented on the project team
- Local Interagency Training grants only – application form signed by all collaborative partners
- Application form signed by the organization’s presiding/authorized official on pages 4 and 11
- Completed W-9 IRS Form included with application

Applications may be mailed and addressed as follows:

WV ECTCR
Attn: Grant Project
611 Seventh Avenue, Suite 322
Huntington, WV 25701

OR

Applications may be scanned and emailed as follows:

tcr@rvcds.org

In the subject line indicate Attn: Grant Project

OFFICE USE ONLY:

Date application received: _____	Application complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grant approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount approved: \$ _____
Date letter sent advising funding approved or denied: _____	
Reviewed by: _____	Date Reviewed: _____