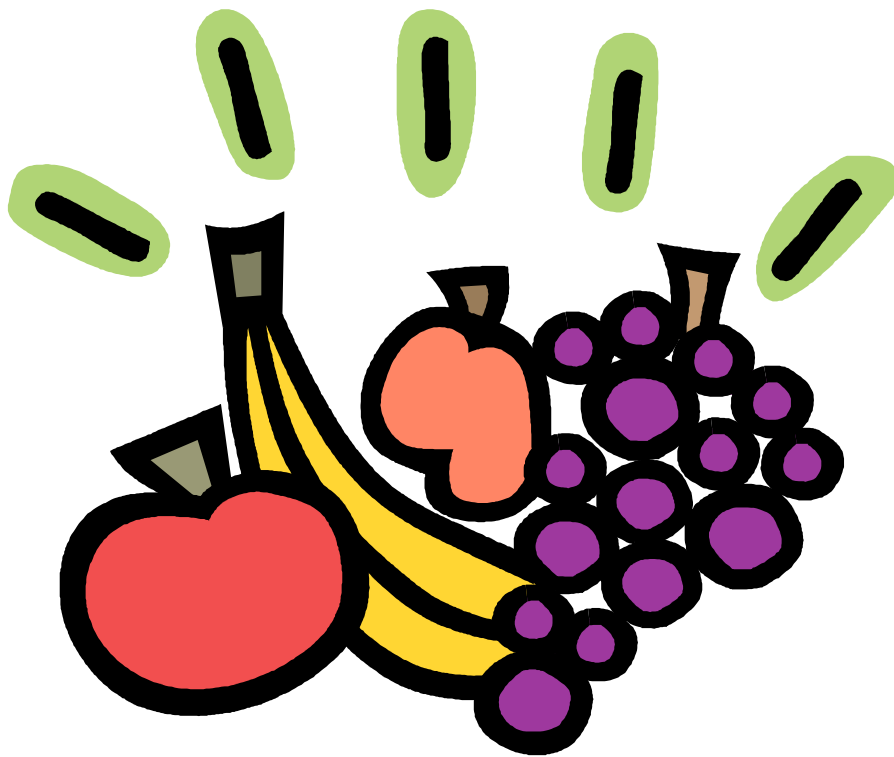


*Network for a Healthy  
California—Central Valley  
Region*

**MINI-GRANTS PROGRAM**



## Table of Contents

General Information.....	2
Purpose of Mini-Grants Program.....	2
Funding Eligibility Criteria & Project Goals.....	3
Contact Information.....	4
Application Process.....	4
Review Criteria .....	4
Timeline.....	5
Mini-Grant Application Cover Sheet.....	6
Mini-Grant Project Narrative.....	7
Mini-Grant Project Budget and Budget Justification.....	8

The Central Valley Region Network and Central Valley Health and Nutrition Collaborative are pleased to announce the availability of the Mini-Grants Program. This packet contains the guidelines and application for a Mini-Grant request. Please read the information carefully before submitting your request.

## General Information

### History of the *Network for a Healthy California (Network)*

The *Network* started in 1997 as a public/private partnership. Principal funding for the *Network* is made possible by in-kind contributions from state and local governments that qualify for Federal Financial Participation dollars from the U. S. Department of Agriculture's Food Stamp Program.

### Mission and Behavioral Goals

The mission of the *Network* is to create innovative partnerships so that low-income Californians are enabled to adopt healthy eating and physical activity patterns as part of a healthy lifestyle.

The *Network* seeks to increase Californians' consumption of fruits and vegetables, increase daily physical activity for adults and children, and achieve full participation in Federal food assistance programs. Reaching the target audience of low-income children and families is essential to the mission. **Low-income is defined as 50% of the audience/participants must be at or below 185% of the Federal Poverty Level (food stamp eligible population).**

### Central Valley Region and Central Valley Health & Nutrition Collaborative

There are 11 regions in California. Each region has an active collaborative leading initiatives to fulfill the mission and behavioral goals of the *Network*. The Central Valley Region is made up of a seven county collaborative from Madera, Mariposa, Merced, Fresno, Kern, Kings, and Tulare counties. Collaborative members may or may not receive funding from the *Network*. All members represent private and public agencies with a similar vision for healthier California citizens. In working together, goals may be achieved through a collective voice by uniting efforts to address health initiatives and resources. Central Valley Health Network is the lead agency for the Central Valley.

## Purpose of the Mini-Grants Program

The purpose of the Mini-Grants Program is to support community-based projects, not otherwise funded by the *Network*, including capacity-building activities that address the goals of the *Network*.

All funds requested through the Mini-Grants Program must be for the purpose of responding to opportunities or challenges within the region, assisting the Regional Collaborative's advocacy initiative, fill unmet needs in the community, and/or support the overall goals of the *Network*.

**Mini-Grant awards are available (from \$500 to \$4,999.99)** depending on the scope of the proposed project. In order to ensure an equitable distribution of funds among agencies, a specific project can be funded only once in a 12-month period from October – September (the Federal Fiscal year).

## Funding Eligibility Criteria & Project Goals

### Funding Eligibility

**USDA allowable/unallowable activities must be followed. For a list of allowable vs. unallowable please see the attached guidelines.**

The Regional Network will fund programs and services proposed by non-profit and governmental agencies, including school districts, local service agencies, neighborhood and community-based agencies, faith-based and civic organizations. **Projects must be completed and costs submitted for reimbursement by September 16, 2011. A one page summary report (project title, organization, project process and outcomes) and any deliverables (materials developed) must be received by September 17, 2010.**

**Please note that entities currently receiving UC Davis FSNEP/SNAP-Ed funds are not eligible to participate in this mini-grant program.**

**If the applicant currently receives *Network* funds, the mini-grant activities must be different from existing projects AND the applicant must demonstrate that appropriate systems are in place to avoid duplication of time reporting, resources used and reach numbers.**

### **Project Goals**

Preference will be given to activities that focus on:

1. Direct nutrition education to increase fruit and vegetable intake.
2. Direct nutrition education and leadership training that empowers food stamp eligible youth to advocate for environmental changes.
3. Direct nutrition education that empowers the community to advocate for environmental changes, such as train-the-trainer models that provide food stamp eligible populations with strategies to advocate for change in their community.

### **Proposed project must address:**

- o Increased consumption of fruits and vegetables **or**
- o Increased physical activity by integrating nutrition education with physical activity.

Services must be provided in the Central Valley Region area. **Applicant must serve the target population where 50% of audience/participants are at or below 185% Federal Poverty Level (food stamp eligible population). Applicants must provide documentation of target population.**

## Contact Information

### **Please direct all questions concerning the Mini-Grants Program to**

Brandi Muro  
Central Valley Health Network  
1987 N Gateway, Suite 101  
Fresno, CA 93727  
Phone: 559-255-4300 E-mail: [bmuro@cvhnclinics.org](mailto:bmuro@cvhnclinics.org)

## Application Process

**Applications: Submit one electronically (e-mail [bmuro@cvhnclinics.org](mailto:bmuro@cvhnclinics.org)) and one (1) original by May 3, 2010 before 4 PM to:**

**Brandi Muro**  
**Central Valley Health Network**  
*Network for a Healthy California-Central Valley Region*  
**1987 N Gateway, Suite 101**  
**Fresno, CA 93727**

\*If applicant does not have an e-mail account, please call Brandi Muro for an alternative method of submission.

### **Mini-Grant applications must include the following items:**

1. A signed Application Cover Sheet
2. A Project Narrative (**not to exceed 2 pages**)
3. A completed Budget and Justification Form

**Applications received after the application submission deadline may be considered for unexpended funds.**

## Review Criteria

A review team consisting of Regional Collaborative members will review all applications received under the Mini-Grants Program to determine whether they meet the funding criteria. Applications will be reviewed based on the following criteria:

- ♦ Need for project – 5 points
- ♦ Relevance to overall goals of the Network – 5 points
- ♦ Project description – 5 points
- ♦ Project impact and evaluation measures – 5 points
- ♦ Cost effectiveness of request – 5 points
- ♦ Reach to and documentation of targeted food stamp eligible population – 5 points

All decisions are final; there will be no appeals. Collaborative members or their agencies that apply for funds or assist other agencies in preparing applications will not participate in the review process.

## Timeline

May 3, 2010: Applications due By 4 PM. (One original application and one electronic application.)

May 4-7, 2010: Applications reviewed by Central Valley Health & Nutrition Collaborative Mini-grant review committee. Recommendations sent to *Network* by May 20, 2010.

June 1, 2010: Applications begin being reviewed by *Network* staff and USDA.

**Note:** Potential awardees may need to be flexible with their project procedures pertaining to spending due to USDA allowable vs. unallowable expenses. Program Manager will contact potential awardees during the timeline process if adjustments are needed.

October 1, 2010: Subject to change - Mini-grant award recipients notified of award.

September 16, 2011: Mini-grant awardees projects completed. Submit their final invoices with original receipts

September 16, 2011: Summary report to Central Valley Health Network-Fresno Office.

Awardees may begin their project upon notification. An award agreement must be signed before an awardee invoices Central Valley Health Network, Fresno for expenses or to receive a percentage of the award prior to spending (this process may take up to six weeks). This is a cost reimbursement mini-grant. It takes approximately four weeks to be reimbursed once an invoice is submitted. However, if the awardee desires to receive funding prior to purchasing (for example to pay an employee or purchasing supplies) arrangements may be made for advances.

## Mini-Grant Application Cover Sheet

### Agency Information

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Project Timeline: \_\_\_\_\_ to \_\_\_\_\_

Type of Business/Agency (tax id number):

Government Entity \_\_\_\_\_

Non-Profit \_\_\_\_\_

School District \_\_\_\_\_

Other (please describe) \_\_\_\_\_

### Project Information

Title of Project \_\_\_\_\_

Please indicate the Network Goal(s) that your project will address:

Increased consumption of fruits and vegetables.

Direct nutrition education to increase fruit and vegetable intake.

Increased physical activity by integrating nutrition education with physical activity.

Direct nutrition education and leadership training that empowers food stamp eligible youth to advocate for environmental changes

Direct nutrition education that also empowers the community to advocate for environmental changes, such as train-the-trainer models that provide food stamp eligible populations with strategies to advocate for change in their community.

Other (please describe)

### Certification

I certify that the information contained in this proposal is true and accurate to the best of my knowledge and belief. I further certify that this grant application is submitted with the full knowledge and endorsement of the governing board of this organization, which is empowered to enforce compliance with all contract conditions.

\_\_\_\_\_  
Name/Title of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

## Mini-Grant Project Narrative

**Respond to each question in order as clearly and concisely as possible. The narrative may not exceed two (2) pages. A one table/chart to describe timeline goals/results may be attached. Documentation for the targeted population may be referred to and must be attached to the narrative.**

1. Provide a brief description of your organization, including the capacity to undertake and complete the proposed project.
2. Briefly state the purpose of the project and why it is needed. How does your project address the overall goals of the Network? Clearly describe your project and state its intended objective(s). Be sure to define WHO will do the work, WHERE it will take place, HOW it will be accomplished, and WHEN it will be done. It may be easier to attach a one page chart/table to address who, where, how, and when.
3. Explain whether the proposed project is an existing project that will be expanded, or whether this is a new project. Please include why Network funds, and not other funding sources, are being requested for this project.
4. Briefly describe the families and children in the community(ies) who will benefit from this project (age, geographic area, ethnicity, language, etc.). Please include any special characteristics that will help the Regional Network understand your target group and how you are using the targeting data to define the audience you are reaching. Be sure to include the number of individuals to be served by this project. (Submit documentation that target group meets the definition of eligible target group, page 3.)
5. What is the overall goal(s) of the proposed project? What changes do you expect to see as a result of this project? How will you evaluate the success of your goals and outcomes? Who will be responsible for the evaluation?

## Project Budget and Budget Justification

### **Instructions**

Prepare a budget for the entire project term. Use only whole numbers and round to the nearest dollar. Please use the categories provided below. Itemize each expense, including the cost per unit. In your justification, state how you will use each item indicated in the budget; please be very specific. Expenses must comply with USDA guidelines. **Mini-grant funds cannot be used for indirect costs. Please contact the Network office for clarification if there is a question regarding an allowable expense.**

**Important: After mini-grant is awarded, line items may not be changed without first contacting Central Valley Health Network. This is due to the USDA allowable vs unallowable guidelines. Unapproved expenditures may result in not being reimbursed.**

Expenses		Cost	
Personnel* (Name)	Job Title	# Hours Work / Hourly Rate	Total Cost
1.		/ \$	\$
2.		/ \$	\$
Personnel Sub-Total		\$	
Fringe Benefits at ___%		\$	
<b>Total Personnel Cost</b>		<b>\$</b>	
<b>Operating Expenses</b>			
Communication (i.e.- postage)		\$	
Office Supplies		\$	
Printing and Duplication		\$	
<b>Equipment Expenses</b> <i>Describe in Justification – Please note that USDA has numerous unallowable equipment expenses. For example physical activity equipment can be used only for demonstration purposes. <b>Please see the below link for Allowable &amp; Unallowable Activities.</b></i>			
		\$	
		\$	
<b>Travel</b>	<i>Describe in Justification</i>	\$	
	Mileage	\$	
<b>Other Costs</b>	<i>Describe in Justification</i>	\$	
	Nutrition Education Materials	\$	
	Trainings	\$	
	Food for Demonstrations / Focus Groups Only	\$	
<b>Total Direct Costs</b>		<b>\$</b>	
<i>Indirect Costs are not allowed for this project</i>			

\*Any budgeted personnel time for this mini-grant must be above and beyond the duties regularly performed by the staff person. For example: the staff person normally does not participate in nutrition education, but with this project 20 hours over a two month period will be devoted to nutrition education.

**USDA allowable/unallowable activities must be followed. For a list of allowable vs. unallowable expenses go to:** <http://healthdcouncil.org/docs/CPNS-II300AllowableandUnallowableCosts.pdf>.

## Project Budget and Budget Justification

### **Instructions**

Prepare a budget for the entire project term. Use only whole numbers and round to the nearest dollar. Please use the categories provided below. Itemize each expense, including the cost per unit. In your justification, state how you will use each item indicated in the budget; please be very specific. **Mini-grant funds cannot be used for indirect costs. Please contact the Network office for clarification if there is a question regarding an allowable expense.**

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**Project Supplies/Materials** (*Itemize each expense, including the cost per unit. In your justification, state how you will use each item; please be very specific.*) **Total \$317.00**

Pens – 1 box of 20 @ 6.95 x 3 boxes = \$20.85  
*Pens will be included in parent information packets.*

Pencils – 1 box of 20 @ 2.95 x 4 boxes = \$11.80  
*Pencils will be included in parent information packets.*

Paper – 1 ream of blue construction paper @ 25.00 = \$25.00  
*Paper will be used by children to make personalized bookmarks.*

Brochures: Good Nutrition and You - 200 @ 0.35 = \$70.00  
*Brochures will be included in parent information packets.*

Video: Good Nutrition and You - 1 Video @ 189.00 = \$189.00  
*Video will be included in the video lending library.*

**Equipment** Please note that USDA has numerous unallowable equipment expenses. For example physical activity equipment can only be used for demonstration purposes. (*Itemize each expense, including the cost per unit. In your justification, state how you will use each item; please be very specific.*) **Total \$ 0.00**

**Other** (*Itemize each expense, including the cost per unit. In your justification, state how you will use each item; please be very specific.*) **Total \$\$120.00**

Display boards – 3 @ 40.00 = \$120.00  
*Display boards will be used at community events.*

**TOTAL REQUESTED \$ 437.00**