

**CHILDREN'S TRUST FUND GRANT APPLICATION**

**DEADLINE DATE: March 20, 2019**

**EQUIPMENT GRANT APPLICATION**

**GENERAL INSTRUCTIONS**

**Welcome to CTF’s online application. If you have met our eligibility requirements, which can be found in the 2020 grants** [**RFP**](http://www.vtchildrenstrust.org/sites/default/files/imce/uploads/ctf_2018_rfp.pdf)**, the next step is to register your organization to access applications.**

**PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY.** Applications must be completed online. Review the applications in advance by printing a version of the application questions. You may prepare answers offline, then copy and paste into the online application. Please save your application as you complete each step.

**Other notes:**

* VCTF funds new programs or expansions and enhancements of existing programs.
* Application limit: Programs who have received an equipment grant within the last two years are not eligible to apply this year.
* Applicants must be in good standing with respect to, or in full compliance with, all taxes due the State of Vermont.
* All regulated child care programs must be in good regulatory standing with the Child Development Division in order to receive funding.
* VCTF does not fund construction projects.
* Equipment must be transferrable. We do not fund trampolines, climbing structures with overhead monkey bars or more than 3 swings per bay, baby walkers, tricycles with spokes, items in which children cannot be seen when in use, i.e., playhouse or fort.

Applications will be **DISQUALIFIED** if:

* The application format is NOT followed or is incomplete.
* The purpose of your grant request does not match guidelines for CTF grants.
* You have reports overdue to VCTF for any previous grants.

**REGISTRATION:**

* Provide basic information about your organization.
* Fiscal Agent: If your fiscal agent is different than your organization, you are required to give us the fiscal agent’s Tax ID information, mailing address and the timing of their fiscal year.
* Licensed through CDD/DCF: Tell us if you are licensed by the CDD, Department for Children and Families. If you are funded, and provide child care but not are yet licensed, you will need to complete the licensing process during your first year of funding for CTF.

Upon completing registration your organization information is saved and you will receive a confirmation email from VCTF. Please review the ABOUT YOUR ORGANIZATION information for accuracy and make any necessary corrections.

Once registered you may begin your application. Please save your work often as you progress through the 4 steps. You may pause and save your application at any point and return to your saved application by logging into your application dashboard. Once you finalize your application and hit submit, you will not be able to edit or add to your application.

**NO attachments will be accepted after the application has been submitted.**

If you have any problems accessing your online application dashboard, please email [theo@vtchildrenstrust.org](mailto:info@vtchildrenstrust.org) and add this email address to your safe senders list.

**STEP 1 of 4**

**Basic Program Description:** ​Please provide a brief synopsis of the program this equipment will support.

**Total amount requested**: State the amount of money you are requesting. The maximum amount for an equipment grant is $2,000.

**STEP 2 of 4 - Individuals served**

Please indicate the number of children/individuals directly served by this grant for each of the following categories. This number should reflect only those individuals participating in this program.

**STEP 3 of 4 – Itemized Budget**

Please list the items you will be purchasing with VCTF Funds, how the items will be used and the anticipated cost of each item.

**CHECKLIST BEFORE SUBMITTING YOUR APPLICATION**

*Review your application to ensure:*

* All pertinent questions have been answered completely. You did not cut off any answers due to auto-word limits.
* You have filled out the Grant Administrator and Contact Names in Step 3.

**STEP 4 of 4 – submit your application**

Please read the final paragraph. By submitting this application you are certifying that the information contained in this application is accurate.

Once you submit your application, you will not be able to edit or change.

**If you have questions regarding a CTF grant application, please contact**

**Theo Clark at** [**theo@vtchildrenstrust.org.**](mailto:hilda@vtctf.net)

**Registration for New account**

**If you already have an account, skip this section and go directly to the account login** [**here**](https://vtchildrenstrust.org/user/login)**.**

**Required fields are signified by**

**LOGIN INFO**

**E-mail**

A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.

**Password**

**Confirm password**

Provide a password for the new account in both fields.

**ABOUT YOUR ORGANIZATION**

**Organization Name**

Each organization should have only one account.

**Your Name**

**Daytime Phone Number**

**Fax Number**

**County**

**VT Tax ID #**

**Federal Tax ID # (or Social Security # if you do not have a Federal Tax ID)**

**Starting Month of Fiscal Year**

**Organization Type**

**Private not-for-profit, 501c3**

**School**

**Other public organization**

**Your organization must be one of these to be eligible to apply for all CTF and Landon grants.**

**Currently licensed through DCF/CDD to provide child care?**

* **Yes**
* **No**

**Note:** If you provide child care and you are not licensed, you may apply for a grant, but you will need to complete the licensing process within the first year of funding.

**MAILING ADDRESS**

**Country**

**Address 1**

**Address 2**

**City**

**State**

**ZIP code**

**FISCAL AGENT (IF DIFFERENT THAN ORGANIZATION LISTED ABOVE)**

**Fiscal Agent Name**

**Fiscal Agent's VT Tax ID #**

**Fiscal Agent's Federal Tax ID #**

**Starting Month of Fiscal Agent's Fiscal Year**

**Fiscal Agent's Mailing Address**

**Step *1* of 4Cover Sheet**

**Program Name**

You must enter at least a program name before you can save your progress.

**Program Location**

**Outcome Area**

* Vermont’s families are safe, nurturing, stable and supported.
* Vermont’s children and young people achieve their potential.

***Note:***

* *VCTF only funds new programs or expansions of existing programs.*
* *VCTF does not fund construction projects.*
* *Equipment must be transferrable. We do not fund trampolines, climbing structures with overhead monkey bars or more than 3 swings per bay, baby walkers, tricycles with spokes, items in which children cannot be seen when in use, i.e., playhouse or fort.*

**Brief Program Description**

**​**Please provide a brief synopsis of the program this equipment will support. **(750 characters)**

**Amount Requested**

$

**Step 2of *4* Children/Individuals Served**

Enter the number of children/individuals directly served by this grant for each of the following categories. This number should reflect only those individuals participating in this program.

**Infants & Toddlers (Ages 0-3)**

**Preschoolers (Ages 3-5)**

**Kindergarten (Ages 5-6)**

**Grades 1-5 (Ages 7-11)**

**Grades 6-8 (Ages 12-14)**

**Grades 9-12 (Ages 15-18)**

**Parents/Guardians**

**Volunteers**

**Step 3 of 4 Contacts & Budgets**

**Who will be administering this grant?**

**Grant Administrator Name:**

**Grant Administrator Email:**

**Financial Contact Name:**

**Financial Contact Email:**

|  |  |  |
| --- | --- | --- |
| **ITEM REQUESTED** | **HOW WILL IT BE USED?** | **COST OF**  **ITEM** |
| **«Item1»** | **«UsedHow1»** | **«Cost1»** |
| **«Item2»** | **«UsedHow2»** | **«Cost2»** |
| **«Item3»** | **«UsedHow3»** | **«Cost3»** |
| **«Item4»** | **«UsedHow4»** | **«Cost4»** |
| **«Item5»** | **«UsedHow5»** | **«Cost5»** |
| **«Item6»** | **«UsedHow6»** | **«Cost6»** |
| **Total Requested** |  | **«CostTotal»** |

**Step 4 of 4 Submit Your Application**

**By submitting your application, you agree to the following:**

*I certify that information contained in this application is accurate and this program will comply with applicable eligibility criteria for the Child Care and Development Fund and the Children and Family Council for Prevention Programs, which includes not discriminating or barring participation in this program on the basis of race, religion, sex, color, handicap or national origin. If this program closes, I will contact the Child Development Division regarding the possible redistribution of the materials purchased with this grant and to return any unspent funds.*

**When you choose "Submit Application Now" and save, your application will be submitted and you will no longer be able to edit it. Make sure you have completed all fields in each of the preceding three steps.**

**Application Status**

* In Progress
* Submit Application Now

**CHECKLIST BEFORE SUBMITTING YOUR APPLICATION**

Check to see that you have included all of the following in your **completed** application.

* All pertinent questions have been answered completely. You did not cut off any answers due to auto-word limits.
* You have filled out the Grant Administrator and Contact Names in Step 7.
* You have completed and uploaded your organizational and program budgets.

Please read the final paragraph. By submitting this application you are certifying that the information contained in this application is accurate.

Once you submit your application, you will not be able to edit or change.

**If you have questions regarding a CTF grant application, please contact**

**Theo Clark at theo@vtchildrenstrust.org.**