

2023 ACEs Hope & Resilience Fund of Shasta County

Community Foundation of the North State

Grant Information/Parameters

Shasta County Health and Human Services Agency - Public Health Branch, First 5 Shasta, and Community Foundation of the North State have partnered to establish this community fund to support organizations working to improve the health of children and their families by preventing or mitigating Adverse Childhood Experiences (ACEs).

ACEs are an accumulation of 10 childhood traumatic experiences and associated toxic stress that is strongly associated with brain and neurosystem changes during childhood development. ACEs include experiences such as abuse, neglect, and household instability before the age of 18. ACE scores of four+ are correlated to poor physical and mental health outcomes and challenging social conditions such as high rates of homelessness, harmful substance use, and incarceration.

Shasta County's ACE scores are double the state average; nearly 40% of the adults surveyed in Shasta County report four+ ACEs. Preventing and reducing the impact of ACEs has long-lasting health and economic benefits to individuals, families, and communities. This grant program promotes preventative and innovative strategies to improve health by addressing one or more of the 10 ACEs for a more resilient and hopeful Shasta County community.

Projects should align with one of the six prevention strategies outlined in the CDC "Preventing ACEs: Leveraging the Best Available Evidence" guide :

- Strengthening economic supports for families
- Promoting social norms that protect against violence and adversity
- Ensuring a strong start for children and paving the way for them to reach their full potential
- Teaching skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges
- Connecting youth to caring adults and activities Intervening to lessen immediate and long-term harms

The ACEs Fund prioritizes:

1. Evidence-based, preventative, & innovative projects
2. Projects that build community or organizational capacity by involving policy, system, or environmental (PSE) changes for ongoing/ long-term/sustaining affect
3. Balancing numbers served with diverse populations to maximize impact to those most vulnerable in our community.

Grants will not be awarded to or for: individuals, budget deficits, endowment funds or annual fund drives, promotion of religious activities, reimbursements (costs incurred prior to signing of awarded grant contract), equipment that will be stored at personal residences, or organizations with grant reports past due to CFNS.

Grant requests should be between \$5,000 and \$50,000.

Projects must exclusively target Shasta County residents.

Eligible organizations include: Nonprofits with a public tax exempt status under Section 501(c)(3) of the IRS Code, public entities (ex: counties, special districts, federally-recognized tribes), or projects/programs fiscally-sponsored by a nonprofit or public entity. Non-federally recognized tribes are welcome to apply with nonprofit status or a fiscal sponsor.

Organization Summary

Under what status are you applying?*

Choices

501c3 public charity/nonprofit

Public entity (ex: school, city, county, special district, federally-recognized tribe)

Project fiscally sponsored by 501c3 nonprofit or public entity

Explain the history and purpose of the organization.*

Include recent achievements and challenges. What previous experience does the organization have in working with and/or addressing ACEs in our community?

Character Limit: 3500

Please upload a PDF listing of the organization's board members.*

Please include their role/title within your organization (ex: Board president, treasurer, etc.)

File Size Limit: 2 MB

Proposal Summary

Project Name*

This should be 2-5 words that is the most basic overview to be used as a quick reference. Examples: sports equipment, summer camp, fire hoses, etc.

Character Limit: 250

Grant Description - Complete the following phrase: "If awarded, funding will..."*

Most common examples start with "purchase", "support", "provide", "sponsor", etc. Example: *Purchase books for learners 0-5 years old in Trinity County.* For additional examples, visit "Program Description" section of past grant award list. A good grant description typically includes:

- What – What is the primary purpose of the grant?
- Who – Who is specifically meant to benefit from the grant?
- How – How will the objectives of the grant be achieved?
- Where – What geographic area(s) is the grant meant to serve?

Character Limit: 125

Select which CDC prevention strategy will be used by your project:*

Select which prevention strategy from the CDC "Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence": will be used by your project. Learn more about the CDC prevention strategies [here](#).

Choices

Strengthening economic supports for families

Promoting social norms that protect against violence and adversity

Ensuring a strong start for children and paving the way for them to reach their full potential

Teaching skills to help parents and youth handle stress, manage emotions, and tackle challenges

Connecting youth to caring adults and activities

Intervening to lessen immediate and long-term harms

Project Summary*

Please briefly describe your project and request in a few paragraphs. Imagine you are pitching your project to someone and have just a few minutes to capture their attention.

Character Limit: 3500

Describe how you identified the need for this project and how you plan to address it, if awarded.*

Please include if your plan uses evidence-based methods for preventing ACEs and how the project is innovative for this area, if applicable.

Character Limit: 10000

How many people and who will you be serving?*

If your project directly serves individuals, how many do you expect to serve with this program? How do you intend to find these participants; specifically, how will you address equity issues to ensure the program is reaching individuals/populations who are disproportionately affected by ACEs in our communities?

Character Limit: 10000

Does this project build capacity for long-term positive affects re: reducing ACEs over time?

Does this project build community or organizational capacity by involving policy, system, or environmental (PSE) changes for ongoing/long-term/sustaining affect over time? If so, how?

Character Limit: 3500

If awarded, how will you measure success of your program and keep it going?*

If applicable, how the project will be supported once grant funds have been expended?

Character Limit: 10000

Project Budget & Timeline

Amount Requested*

Amount requested should be between \$5,000 and \$50,000.

Character Limit: 20

Please upload a PDF of the project budget showing all anticipated expenses and revenues.*

Please show all anticipated expenses and revenues and sum the total project cost and requested amount. List items and corresponding cost *in order of priority*.

File Size Limit: 5 MB

If a similar request is under review by another funder, please share funder name here.

Character Limit: 250

Provide a timeline for your project, including key milestones and the estimated completion date.*

Please note, it takes up to 3 months from the application due date for the grant review process to complete. As such, project activity should start a minimum of 3 months from the application due date (in this instance, no earlier than mid-May). Reimbursements for costs incurred prior to grant award are not eligible. If awarded, projects must be completed within 12 months of grant award notification.

Character Limit: 3500

Organizational Financials - 501c3

Please upload a PDF of the organization's Income & Expense Statement*

This is also known as a Profit and Loss Statement or Statement of Activities. It should represent the closest 12- month time period. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please tell us more. What caused this?

File Size Limit: 5 MB

Please upload a PDF of the organization's Balance Sheet*

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match).

File Size Limit: 5 MB

Organizational Financials - public agency

Please upload a PDF of your current year department budget (1-2 page summary)*

File Size Limit: 5 MB

Organizational Financials - fiscally-sponsored project

For fiscally-sponsored organizations, please attach financials for BOTH the organization sponsoring your project as well as for your specific sponsored project, if available.

Please upload a PDF of fiscal sponsor's Income & Expense Statement*

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should represent the closest 12-month time period. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please tell us more. What caused this? NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

File Size Limit: 5 MB

Please upload a PDF of fiscal sponsor's Balance Sheet.*

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

File Size Limit: 5 MB

Please upload PDF of fiscally-sponsored project's Income & Expense Statement

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should represent the closest 12 month time period. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please tell us more. What caused this? NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

File Size Limit: 5 MB

Please upload a PDF of fiscally-sponsored project's Balance Sheet

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

File Size Limit: 5 MB

Fiscal Sponsor Information

Please provide information about the organization fiscally-sponsoring your project/program.

Fiscal Sponsor - Organization Name*

Character Limit: 250

Fiscal Sponsor - Organization's EIN/Tax ID*

This number can be found on Guidestar.

Character Limit: 10

Fiscal Sponsor - Organization's State Corporation Number*

For California organizations, this can be found on the CA Secretary of State Business Search page. For out-of-state organizations, please reference state's business search page.

Character Limit: 20

Fiscal Sponsor - Organization's website*

Character Limit: 2000

Fiscal Sponsor - Organization's Mailing Address*

Character Limit: 250

Fiscal Sponsor - Organization's City, State & Zip*

Character Limit: 250

Fiscal Sponsor - Organization's CEO/ED Name & Title*

Character Limit: 250

Fiscal Sponsor - Organization's CEO/ED email*

Character Limit: 254

Photo

Please provide a related photo as it helps to describe the project.*

A picture is worth a thousand words, especially for visual learners. If awarded, this photo may be used for social media/marketing purposes.

File Size Limit: 15 MB

Optional: If you would like to also share a video, please provide the weblink here.

Character Limit: 2000

Agreements & Authorizations

Use of Grant Funds*

By agreeing to this statement, the applicant hereby agrees that funds, if granted, will be used only for the purpose described in this proposal unless written approval for revision is granted by the Foundation.

Choices

I agree

CFNS Non-discrimination Policy*

Applicant organization affirms it does not discriminate as outlined below and that it complies with the Community Foundation of the North State (CFNS) Non-Discrimination Policy:

The Foundation seeks to promote respect for all people. We hold ourselves, and those whom we support, to a high standard of nondiscrimination. The Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.

Choices

I agree

Additional Non-discrimination Policy per Fund*

Applicant shall observe and comply with all applicable present and future federal laws, state laws, local laws, codes, rules, regulations, and/or orders that relate to the work or services to be provided pursuant to this agreement.

Applicant shall not discriminate in employment practices or in the delivery of services on the basis of race, color, creed, religion, national origin, sex, age, marital status, sexual orientation, medical condition (including cancer, HIV, and AIDS), physical, or mental disability, use of family

care leave under either the Family & Medical Leave Act or the California Family Rights Act, or on the basis of any other status or conduct protected by law.

Applicant represents that Applicant is in compliance with and agrees that Applicant shall continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. sections 12101, et seq.), the Fair Employment and Housing Act (Government Code sections 12900, et seq.), and regulations and guidelines issued pursuant thereto.

No funds or compensation received by Applicant under this agreement shall be used by Applicant for sectarian worship, instruction, or proselytization. No funds or compensation received by Applicant under this agreement shall be used to provide direct, immediate, or substantial support to any religious activity.

In addition to any other provisions of this agreement, Applicant shall be solely responsible for any and all damages caused, and/or penalties levied, as the result of Applicant's noncompliance with the provisions of this section. *

Choices

I agree

Authorization*

I have sought and obtained permission from senior leadership of the organization that is represented by this application. The following name and title is the representative of the organization from whom I obtained permission to submit this application.

Character Limit: 250