



Best Start Central Long Beach Network Building Grant Program

Request for Proposals 2021

An initiative of First 5 LA, Best Start is working to create the best possible community for young children and their families. Best Start brings together parents, community organizations, institutions, and others to improve policies and resources to better support parents and create a community where children and families can thrive. Best Start also provides skill-building and leadership training to help the group achieve its goals and ensure that children are safe, healthy, and ready to learn.

The purpose of this grant program is to strengthen the collective will within communities, organizations, and systems to promote the safety, healthy development, and well-being for children prenatal to age five and their families across the Best Start Region 4 communities of Central Long Beach and Wilmington. The boundaries of these communities can be found here: <https://www.first5la.org/article/best-start-communities-map/>

All Best Start Communities have priorities that make up their Community Change Agenda. All network building grant requests must align with a minimum of one priority area.

Central Long Beach Priorities:

1. Build community knowledge on child development and parenting skills
2. Prevent child abuse and neglect
3. Increase access to quality and affordable childcare
4. Increase access to quality and affordable housing and economic security

BACKGROUND

In alignment with the Community Change Agenda (CCA), Best Start Network Building Organizational Grants are designed to build lasting engagement, commitment, and sustainability in the Best Start work.

FUNDING AVAILABLE

Funding requests ranging from a maximum of \$10,000 - \$25,000 will be considered.

GRANT TIMELINE

- Requests for Proposals made available: **March 24, 2021**
 - Grant Program Information Session: **April 1, 2021 @ 4-5pm**
 - Requests for Proposals due: **April 12, 2021 @ 12pm**
 - Grant decisions made: **May 2021**
- You will be informed by email if your grant has been approved or declined.**

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ELIGIBILITY

- Applicants must have programs operating within the service area of Best Start Region 4
- Applicants must operate without illegal discrimination on the basis of race, religion, gender, sexual orientation, age, national origin or disability.
- Events that have a religious or political focus are not eligible.
- All grantees will be required to participate in The Nonprofit Partnership's systems change evaluation process.

GRANT INFORMATION SESSIONS

There will be one information session in each Best Start Region 4 community. The information session is not mandatory and will not impact your ability to receive funding.

April 1st 4-5pm via Zoom

Register here to receive the link: <https://forms.gle/LLFWN9Nua2wMLWFZ7>

Additionally, any questions about this grant can be sent to Christina Hall, Best Start Program Manager or David McGill, Best Start Program Coordinator by email at support@tnpsocal.org.

PROPOSAL EVALUATION CRITERIA

Proposals are evaluated by a review committee who will determine the extent to which they meet following criteria:

- Proposed program is compatible with your organization's mission and the purpose of grant program stated above
- The program effectively addresses the identified Community Change Agenda priority and can produce an impactful and innovative solution
- The organization effectively describes how they can help grow the partnership and add value to the Community Change Agenda
- Reflects experience with targeted community(ies) and access to the populations to be served
- Objectives are clear, compelling, measurable, and achievable within the funding period
- There is a realistic budget to support the program proposed demonstrating efficiency in use of funds (such as sharing equipment, leveraging or matching funds, or seeking support from multiple sources)

Proposals must be emailed to support@tnpsocal.org no later than **12:00 p.m. on April 12, 2021**. In the subject line of your email state the grant program and your organization's name.

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PROPOSAL COVER SHEET

ORGANIZATION INFORMATION

Organization Name	
Organization Address	
Organizations' EIN	
Organization's total budget for most recent fiscal year	
A. Income	\$
B. Expenses	\$
Number of clients served annually by organization	

FUNDING REQUEST INFORMATION

Name of Program	
Program Budget	\$
Amount Requested	\$
Request as Percent of Budget	%
Unduplicated number of clients served through proposed program	

CONTACT INFORMATION FOR THIS PROPOSAL

Name	
Title	
Email Address	
Phone	

Please give a brief history/background of your organization. (3-4 sentences):

Proposal Summary (2-3 sentences):

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NARRATIVE

Please respond directly and succinctly to the questions. You may vary the length of each of your answers, but the total narrative page count may not exceed five (5) pages. Question headers do not count toward page limit.

- 1. Describe the proposed program and how it aligns with Community Change Agenda Priority addressed by it.**
- 2. Describe the population that will benefit from this proposed program.** For Collaboratives, also include a list of stakeholders involved.
- 3. Describe the program's goals, objectives, and measurable outcomes.** In your measurable outcomes, please describe the type of service to be provided, the target population and the number to be served. For continuing programs, provide a summary of program accomplishments and/or results for your most recently completed program year and the prior year.
- 4. How will you specifically apply the funds?**
- 5. Describe your organization's current participation in the Best Start Partnership.** If you are new to the partnership space, describe how you envision your participation and integration into the partnership.
- 6. Describe how your organization engages with community members.** Example: community members being part of your program planning process, on an advisory board, etc.
- 7. Describe how your organization provides capacity building opportunities to community members.**
- 8. How do the Best Start Community Change priorities align with the mission of your organization?**
- 9. Describe any long-term plans your organization has for funding the program.** Include any additional secured or pending funding source names and amounts.
- 10. Describe how you will evaluate success in the utilization of these funds.**

ATTACHMENTS:

Provide your organization's current budget and most recent 990 (if applicable) with your other application materials.