



## ACDS Mini-Grant Support Application Form



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



## ACDS Mini-Grant Support

Through our funding partner, WV Department of Health and Human Resources, ACDS is providing 20 mini-grants of up to \$150 to local ACDS Councils (10 per semester). The mini-grants are a semester based grant and funding must be spent during the semester the grant is awarded. The mini-grants are available to assist local councils with needs that are not met by other resources. Complete mini-grant applications will be reviewed, processed, and awarded on a first-come, first-served basis each semester and is dependent on funding availability. Applications are reviewed within 30 days of receipt.

### **Funding Requirements**

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

- Submit a grant request for a specific project/support to be conducted by the local council.
- Complete grant applications must be received by set deadline date (Fall Semester – October 15, Spring Semester – February 15). Grant award will not be issued until application is reviewed and approved by all required partners.
- Grants will not be awarded retrospectively (i.e. for a project that is completed or already underway).
- Submit a detailed budget for the grant project. All amendments to the proposed budget must be submitted in writing to ACDS/WVECTCR for approval prior to the amendment occurring. Failure to spend money according to approved budgeted could result in repayment of some of, or the entire, grant award.
- Grant funds must be used as indicated in this request. Request for revision of budget must be submitted in writing and approved by ACDS/WVECTCR prior to the event.
- Grant funds may be used for the purchase of: graduation expenses; graduation pins; class/instructor/local council resources; etc.
- All grant project work and fund usage must occur during the grant award period (fall semester or spring semester), which will be indicated in the grant award letter. Any work performed outside of the grant award period will not be eligible for grant funding.
- 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 is administered by WV Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.”
- All unused funds must be returned to WVECTCR within 30 days of the end of the grant award period. Fund carryover will not be allowed.
- Failure to complete and/or return any funding requirements listed above will eliminate eligibility to receive a grant award in the following semester and/or year.
- Submit a completed Grant Summary Report along with appropriate documentation and receipts (dated, itemized receipts and/or invoices with packing slips) to ACDS/WVECTCR within 30 days of the completion

of the grant period. A copy of the Grant Summary Report can be requested by emailing [wvacds@rvcds.org](mailto:wvacds@rvcds.org) if not provided with grant award notification.

- Notify ACDS/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.

## 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 and that the organization/group is bound by the above terms and conditions.

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Signature of Applicant Official

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Printed Name of Applicant Official

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Title of Applicant Official

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Date

**General Instructions:** Complete all requested information in order to make the process as efficient as possible. If you have questions, please contact ACDS/WVECTCR for further information.

**APPLICANT DETAILS**

			<b>Date:</b>	
<b>Full Name of Organization/Applicant:</b>				
<b>Contact Person:</b>			<b>Position/Title:</b>	
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>	
<b>Phone Number:</b>			<b>Fax Number:</b>	
<b>E-mail Address:</b>			<b>Website Address:</b>	
<b>Additional Contact Information:</b>				

**CHECK PAYABLE TO**

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

<b>Organization/Applicant Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>FEIN #</b>	<b>Organization Phone:</b>	
<b>A completed W-9 IRS Form for the organization/applicant listed above must be included with grant application.</b>		

**MINI-GRANT APPLICATION SEMESTER**

<input type="checkbox"/> <b>Fall semester (August 1 – December 31)</b>	<input type="checkbox"/> <b>Spring Semester (January 1 – June 30)</b>
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**ACDS MINI-GRANT SUPPORT DETAILS**

Please describe how you will use the support granted by giving specific details in relation to the project. Please include the following (add additional pages if needed):

1. What are the project’s objectives and the significance of what will be achieved? Include details such as: the description of the project, activities to take place, and expected outcomes of the project.


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


3. Where will the project(s) take place?


4. How will the project(s) benefit your local council?


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


6. Other information that may assist your application:




**Original applications should be mailed and addressed as follows:**

**ACDS  
Attn: ACDS Mini-Grant Project  
611 Seventh Avenue, Suite 208  
Huntington, WV 25701**

**OR**

**Applications may be scanned and emailed as follows:**

**[wvacds@rvcds.org](mailto:wvacds@rvcds.org)**

**In the subject line indicate Attn: ACDS Mini-Grant Project**

**OFFICE USE ONLY:**

Date application received: \_\_\_\_\_

Application complete:  Yes  No

ACDS Local Council Eligible:  Yes  No

Grant approved:  Yes  No

Amount approved: \$ \_\_\_\_\_

Semester approved:  Fall  Spring

Date letter sent advising funding approved or denied: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_