

Request for Applications 2019 Healthy Solano Mini-Grant Program

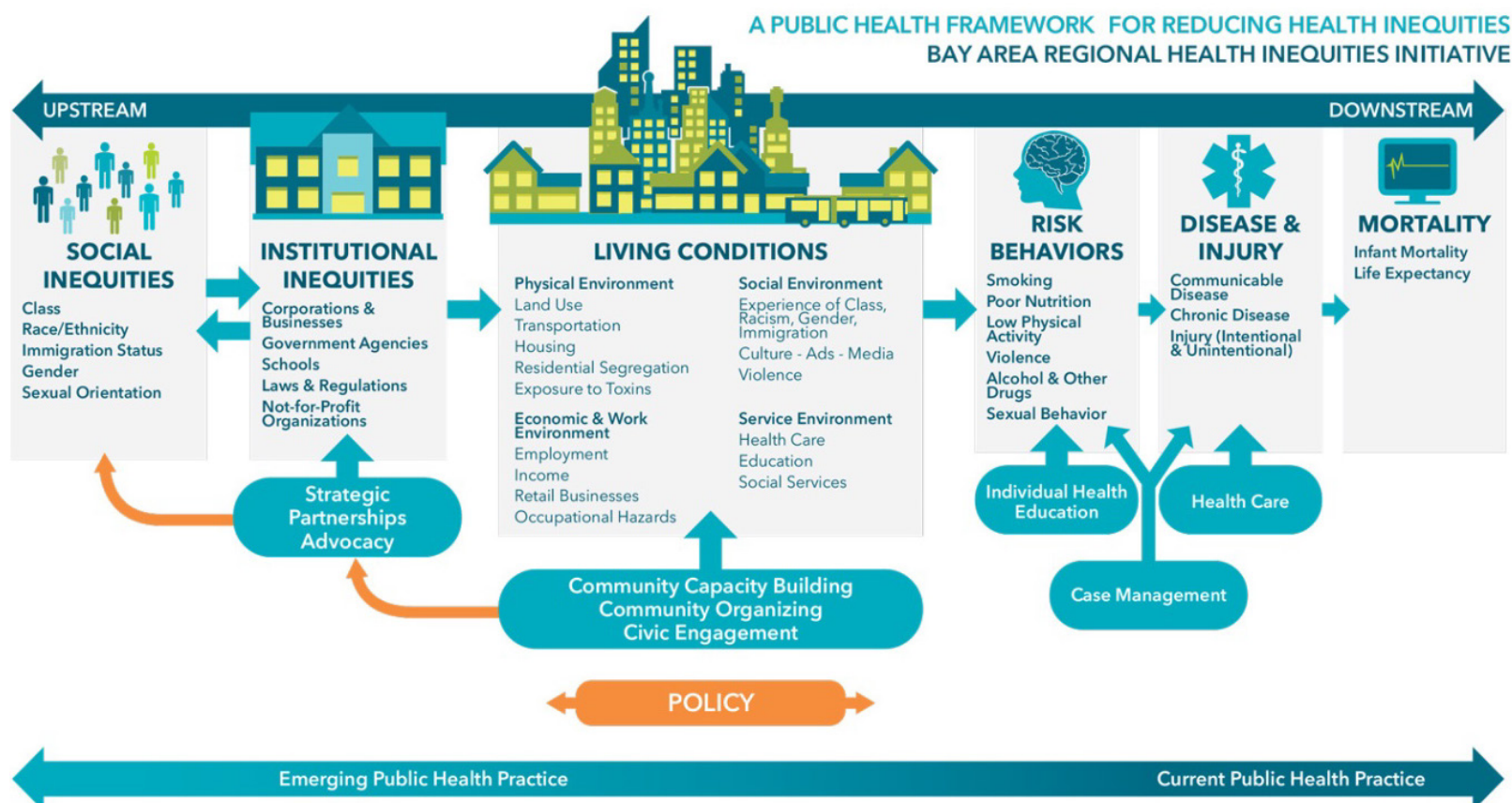
Announcement:

Solano Public Health is requesting applications for small projects to promote youth workforce development Solano County. Mini-grants of up to \$7,450 are available to community members, leaders, groups, businesses, and organizations to support the cultivation of career interests and job skills in youth!

Deadline: Saturday, September 7th, 2019

Background:

[Healthy People 2020](#), a nationwide initiative from the Department of Health and Human Services, identifies economic stability as one of the most crucial social determinants impacting health, with unemployment surfacing as a key issue. This issue has also been highlighted locally in connection to public health. Throughout 2017, The Healthy Solano Collaborative – a diverse group of departments, agencies and community-based organizations who represent the local public health system –completed the process for developing a [Community Health Improvement Plan \(CHIP\)](#). This dynamic plan outlines the current health status of our Solano County Community and prioritizes strategic health issues to be collectively addressed by The Collaborative. The process was guided by the Bay Area Regional Health Inequities Initiative ([BARHII](#)) [Public Health framework](#) to consider both upstream and downstream determinants of health:



The Collaborative identified Unemployment as one the four priority issues, and outlined proactive strategies centered around workforce development among youth:

Goal 1: Provide communities with resources and guidance that support the cultivation of interests and skills in youth

- Strategy #1: Engage agencies that work with youth in activities to identify and distribute resources
- Strategy #2: Create a marketing and distribution plan for distributing the information and guidance to families

Goal 2: Expose people of all ages to opportunities for assessment/education/experience/skill building for job readiness

- Strategy #1: Engage local employers in building a mentoring program
- Strategy #2: Identify all the resources currently available
- Strategy #3: Explore opportunities to use technology to improve job readiness.

Applications should reference these goals/strategies when describing activities. If the application does not directly align with one of the goals, please specifically explain how it will support workforce development for Solano County youth.

Applicants proposing an approach founded in equity* will be given priority consideration.

What types of activities can be eligible for funding?

New ideas and creativity are encouraged! Below are a few example activities that may be funded under this Request for Applications:

Mentorship programs:

- Job shadowing
- Career counseling/coaching and career interest inventories
- Internship programs

Events promoting youth workforce developing in The Community:

- Career resource fairs
- Networking events

Skill-building activities:

- Job-skills trainings
- Soft-skills trainings
- Apprenticeship programs
- Hands-on workshops

*Equity: just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Unlocking the promise of the nation by unleashing the promise in us all." ([Policy Link, 2018](#))

Pathways to success:

- Scholarships/stipends for professional development & education
- Organizational policies that promote youth workforce inclusion
- Provision of tools, resources, items for job preparedness (business attire, professional resumes, job-search resources, etc.)
- Formation of/assistance for collaborative groups to support youth workforce development
- Connecting marginalized populations to career opportunities (ie: justice-involved youth, integration with low-resourced schools, foster care, etc.)

Application Process:

A. Who may apply?

Community members, leaders, groups, businesses, and organizations motivated to support the cultivation of interests and job skills in youth. Recipients do not need to be non-profit entities such as 501(c)3 organizations.

B. What are the funding limits?

The mini-grants awarded under this program may be up to \$7,450.

C. How/when will the funding be awarded?

Successful applicants will be notified in mid-September 2019 (tentatively). Funds will be disbursed early-October 2019 (tentatively).

D. What constitutes a complete application?

1. An application describing the proposed activities to support youth workforce development in Solano County (template attached).
2. Completed W9 and vendor application form (templates attached).
3. Any applications involving additional partner entities must include letters of support from those entities.

E. Deadlines?

Applications will be accepted through September 7th, 2019.

F. What is the format for the written application?

See attached template for mini-grant applications.

G. How will the applications be rated and selected?

Applications that are fully complete and supportive of the CHIP goals will be rated according to the criteria listed below. The total maximum score is 50 points, and no application receiving less than 30 points will be considered. The top scoring applicants will be awarded based on funding availability.

Criteria and Weighting

- I. Initial Screening Criteria
 - a. 10 points – Does the application support the cultivation of career interests and skills in youth and/or provide opportunities for assessment/education/experience/skill building for job readiness?
- II. Rating Criteria
 - a. 10 points – Is there a clear application and evidence of commitment to the application?
 - b. 10 points – Are there specific, feasible plans for funds and a realistic project schedule/timeline?
 - c. 10 points – Is there a clear description of the project's potential to support youth workforce development in Solano County?
 - d. 10 points – Is the project clearly rooted in equity*?

For more information or help with completing this application, contact Healthy Solano:
HealthySolano@SolanoCounty.com

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2019 Healthy Solano Mini-Grant Program
Application Template

Promoting Youth Workforce Development in Solano County

Guidelines: Refer to “Request for Applications”

All proposals should be electronically submitted as a Microsoft Word document to
healthysolano@solanocounty.com.

Title: _____

Application Date: _____

Applicant Name: _____

Organization Name (if applicable): _____

Population Served (brief description): _____

Geographic Area Served: _____

Phone Number: _____ **Email:** _____

Please attach your answers along with a completed W9 and vendor application (attached)

1. Description of Project (400-word limit)

Include a description of the population to be served, identify your prospective partners, discuss who you are and what your interests are.

2. Implementation Plan (300-word limit)

How will you promote youth workforce development in Solano County? What problems currently exist or will exist that you are planning to address? What solution do you propose that can be accomplished within the scope of this project?

3. Evaluation/Assessment (200-word limit)

Identify the goals/objectives for your project and describe how you will evaluate the effectiveness of your project.

4. Funds Requested – Awards up to a maximum of \$7,450 (See template below)

Present your budget and description of what you plan to purchase. Determine specific needs to create this project associated costs. Indicate total amount, and a breakdown of the total costs.

EXAMPLE:

| Type | Amount Requested | Description |
|-----------------------|------------------|---|
| Facility Rentals | \$100 | Facility rental to host an event |
| Promotion/Advertising | \$500 | Develop and print flyers/signs that anyone can post |
| Training Materials | \$200 | Curriculum |
| Supplies | \$200 | Printed materials and a binder for each participant |
| Peer-leader stipends | \$1000 | Two \$500 stipends provided to peer leader |
| Total Amount: | \$2000 | |

Applicant Signature

Date

NOTE: In addition to this Application, if the funding is approved, Applicant must read and sign the “Agreement for Healthy Solano Mini-Grant Program”.

For more information or help completing this application, contact Healthy Solano at healthysolano@solanocounty.com

Solano County Public Health use only

Received: _____

S & P Meeting Date: _____

Approved by Committee Yes / No

Amount approved:

Notes



County of Solano

Central Services Division - Purchasing
675 Texas St. Ste. 2500, Fairfield, CA
94533-5801 Tel/Fax (707) 784-6320
Email: Purchasing@solanocounty.com

Vendor Application

Date

Areas highlighted in
red are required fields.

1. New Request

2. Change/Update Information

| | | | |
|--|-----------|-----------|-------------------|
| 3. Name (as shown on your income tax return) | | | 4. TIN/SS # |
| 5. Business Address | | | 6. Telephone Ext. |
| 7. Business Address | | | 8. Fax |
| 9. City | 10. State | 11. Zip+4 | 12. Email |

Payment Information (If different from above. Out of state vendors must submit non-resident tax forms. See tax forms below.)

| | | | |
|--|-----------|-----------|--------------------|
| 13. Name | | | 14. |
| 15. Address | | | 16. Telephone Ext. |
| 17. Address | | | 18. Fax |
| 19. City | 20. State | 21. Zip+4 | 22. Email |
| 23. CALIFORNIA CONTRACTOR'S LICENSE NUMBER | | | |
| 24. CALIFORNIA DEPT. OF INDUSTRIAL RELATIONS (DIR) REGISTRATION NUMBER | | | |

| | | | |
|---|-----------|-------------------|----------|
| 25. Commodity/Services – List the NIGP commodity codes and/or service codes you are interested in bidding with County of Solano. | | | |
| Commodity/Service | Code No. | Commodity/Service | Code No. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Certification: I, hereby certify that the above statements are true and correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases by the County of Solano. I also understand that being placed on the County of Solano Bid lists, does not, in any way, represent an endorsement of my firm (business) by County of Solano or does not relieve my firm (business) of providing a performance bond, if required. | | | |
| 26. Name | 27. Title | | 28. Date |

29. Click on the required tax ID form(s) below to complete and submit with this application:

Required

Out of State Vendors

Complete if CA 590 is not applicable

Complete if 590 or 587 is not applicable