**SUMMARY SHEET FORM**

**Legal Name of Council:**

**DBA** (if applicable):

**Mailing Address** (and Physical Address if it is different and not confidential):

**Phone:**  **Fax: EIN:**

**Website:**

**Council Email Address:**

**Name of CEO or Executive Director:**

**Phone: Email:**

**Application Contact & Title** (if *not* the CEO or Executive Director)**:**

**Phone:**  **Email:**

**COUNCIL INFORMATION**

**Year Founded:**

**Mission Statement:**

**Geographic Area Served** (specific to this proposal)**:**

**Tax Exemption Status:**

□ 501(c)(3)

□ Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

□ Other than 501(c)(3), describe:

**Number of Employees: Full-time: Part-time:**

**GRANT REQUEST INFORMATION**

**If you are unsure about how to fill out this section, please review the Application Guidance document and/or call your Program Officer.**

**Note:**

This funding is **intended to primarily support** councils that have seen a reduction in state systems building funding; however, we do want to understand the needs of all councils. For those councils receiving an increase in funding from the state, we ask that you identify **specific needs and gaps** that cannot be accomplished with your current state funding for consideration.

**$**

**Total Amount of Request:**

**Type of Grant Requested** (select all that apply)**:**

|  |  |  |
| --- | --- | --- |
| **Required** request area for all applicants: | | |
| □ | Infrastructure & Systems Building | $ |
| Optional request areas: | | |
| □ | Workforce & Professional Development | $ |
| □ | Quality Improvement | $ |
| □ | Increased Access to Child Care | $ |
|  | | |
| □ | Direct Services (Call your Program Officer) | $ |
|  | Name of direct service program(s): | |

**FINANCIAL INFORMATION**

Budget numbers should match the numbers presented in Attachments 1

\_\_\_/\_\_\_/\_\_\_\_\_

**Council’s Current Budget for Fiscal Year Ending:**

**Income: Expenses:**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

**CEO/Executive Director Date**

**NARRATIVE**

*Limit narrative to no more than six pages (not including the council self-assessment).*

1. **EARLY CHILDHOOD COUNCILS –SELF-ASSESSMENT.** Please complete the self-assessment of council activities included at the end of the application packet. We highly encourage you to do this first. Try to capture the current reality for your council.
2. **COUNCIL BACKGROUND.** Discuss the founding and development of the council. Explain the original issue and/or opportunity the council was founded to address and how that may have changed over time.
3. **PROGRAMS, ACTIVITIES and EVALUATION.** 
   1. Expand on the information included in the self-assessment to provide a deeper explanation of the following areas as well as how Buell funds might be used to support your efforts. Use this space to share how all areas intersect to create a stronger local early childhood system. **Please include goals and objectives, related activities, and key evaluation tools or indicators used for each area of work (including those not specifically funded under this grant request).**
      1. Infrastructure/Systems Building
      2. Workforce/Professional Development
      3. Quality Improvement
      4. Increased Access to Child Care
      5. Direct Services - If your council provides direct services to children, families or providers, please detail each of those programs, including the curricula/approach, target audience, frequency, duration, evaluation tools, etc. (This type of request must first be discussed with your Program Officer.)
   2. What evaluation needs does your council have? If there is specific technical assistance needed, please identify.

1. **STATE FUNDS.** Explain this year’s level of support from the State of Colorado, anticipated support through the next three years and how any changes will impact the council’s programs and activities. In addition to a narrative description of the changes, please complete the following table (make adjustments as needed).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2016-2017 | | 2017-2018 | | 2018-2019 | | 2019-2020 | |
| Systems Building | QI Base | Systems Building | QI Base | Systems Building | QI Base | Systems Building | QI Base |
|  |  |  |  |  |  |  |  |

1. **BOARD/GOVERNANCE.** Describe the role of the board of directors in advancing the mission of the council. Include the key issues related to board effectiveness that are being addressed this year, the council’s policy regarding board terms, and the percentage of the board that contributes financially to the Council.
2. **PLANNING.** 
   1. Describe the challenges and opportunities facing the Council in the next three to five years.
   2. Describe how the Council engages in planning and the focus of any current planning efforts.
3. **OPTIONAL.** If there is additional information that is vital to convey in this proposal, include that information here.

**ATTACHMENTS**

*Label each attachment and provide in the order listed.*

**Financial Attachments**

*Note: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.*

1. **BUDGETS**   
   Complete the attached budget form. You may also include a current operating budget if you feel it helps to provide clarity.
2. **Current (year-to-date) financial statements**Include a Balance Sheet and Profit & Loss Statement through the most recently completed operating month available (must be within the past three months).
3. **Year-end financial statements, audit, and Sources of Income**

Include the most recent fiscal year-end financial statements, audited if available.

**Sources of Income Table.** Complete the table below for the council as a whole, based on the most recently completed fiscal year. Do not complete for the fiscal sponsor.

|  |  |  |
| --- | --- | --- |
| **Percentage** |  | **Funding Source** |
|  | % | Government grants (federal, state, county, local) |
|  | % | Government contracts |
|  | % | Foundations |
|  | % | Business |
|  | % | Events (include event sponsorships) |
|  | % | Individual contributions |
|  | % | Fees/earned income |
|  | % | Workplace giving campaigns |
|  | % | In-kind contributions (optional) |
|  | % | Other |
|  | **%** | **TOTAL (must equal 100%.)** |

1. **Major contributors**List major contributors (foundations, businesses, government, individuals) with amounts for each of the past two fiscal years. Do not include names of individual donors.
2. **In-kind contributions**Summary of significant in-kind donations (donated goods and professional services) received by the council in the last two fiscal years.

**Other Attachments**

1. **Board of directors list**  
   Include the following information for each board member:
   1. Position(s) on the board (officer and committee positions)
   2. Occupation and name of employer and/or affiliation(s)
   3. City or county of residence
   4. Term end date for each board member
2. **Proof of IRS federal tax-exempt status**

Also called a Letter of Determination, this letter must be dated within the last five years. If your council is housed at a government agency, please include a letter from the agency describing the relationship with and oversight of the council (sample letters can be provided if needed).

1. **Anti-discrimination statement**   
   Include the policy adopted by the board of directors.
2. **List of names, titles and qualifications of key staff**Include the length of service with the Council. *Do not* include job descriptions or resumes*.*
3. **Annual report**

*If available.*

1. **strategic plan**

Submit your current strategic plan (this may be the plan developed for the 2017 CDHS RFA).

1. **Evaluation results (optional)**Provide the council’smost recent evaluation results or findings, relevant to this request if that information is not already included in Question 5 of the narrative.

**Additional Attachments for Fiscal Agents/Fiscal Sponsors**

*If your council uses a fiscal sponsor, please submit the items listed below with your application.*

1. **memorandum of understanding**   
   Contract between the council and the fiscal agent/fiscal sponsor.
2. **Financial attachments**

Budget, Current Balance Sheet and Profit & Loss Statement, and Year-End Balance Sheet and Profit & Loss Statement.

1. **Proof of IRS federal tax-exempt status**   
   Letter of Determination for the fiscal agent/fiscal sponsor, dated within the last five years.
2. **Board of directors** **list**   
   Information for the fiscal agent/fiscal sponsor.

BUELL fOUNDATION

Early Childhood Councils – Self-assessment

**Council Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date Completed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counties**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Operating** **Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This tool is designed to facilitate conversation and will be used to help determine technical assistance priorities and grant focus. It is not intended to be used as a scoring matrix to determine whether a grant should be awarded.** Our hope is that we will be able to use this as a learning tool to work with our council partners to continuously improve quality and to inform our ongoing grantmaking.

Below you will find a variety of indicators that were identified through council legislation and other sources. Each category has a space to mark your self-assessment of your work to date (aspiring, developing or proficient); provide a description of your efforts, including key impacts/accomplishments over recent years; and identify TA needs for that category. Please complete the below table to the best of your ability to share areas of strength and opportunities for improvement. We know that not every council will have activities in every area, and we expect a range of proficiency levels across this assessment. We know that the activities in each area will vary for different councils and that some activities may repeat under some domains. For many councils, some categories will be easier to answer across domains – in that case, merge cells to make it easier to answer.

This assessment should be completed as a first step in your application preparation so that the information here can be used to inform your Buell grant application narrative and budget. We recognize that the work described in this assessment may include activities outside of Buell priority areas (Infrastructure/Systems Building, Workforce/Professional Development, Quality Improvement, and Increased Access to Child Care).

If you have any questions or feedback, please contact your Program Officer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Operational/Internal** | | | | |
| **Sustainability/Capacity of the Council** | **Cross-Domain** | | | **TA Needs** |
| May include:   * Representation from all domains * Appropriate for scope of work * Diverse funding streams * Highly trained staff * Good staff retention * Solid business structure and acumen * Effective governance structure and policies * Adequate financial support or effective relationship with fiscal sponsor * Ability to create and submit reports (both financial and programmatic) as needed | Aspiring  Developing  Proficient  This section is intended to include information across all domains. Input your description here. | | | Input TA needs here. |
| **System/External** | | | | |
| **Build & Support Partnerships** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Disseminate information * Facilitate connections and relationship building across domains * Partner with State and/or local government | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Build Public Engagement** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Convene stakeholders * Build awareness about importance of early childhood * External communication | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Program Support & Technical Assistance** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Quality Rating and Improvement * School Readiness Assessment (training, facilitation, support) | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Policy/Advocacy** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Build coalitions to influence policy * Seek waivers of state regulations to overcome identified barriers * Align work with common, approved priorities and expectations (e.g. Colorado Shines and the Early Learning and Development Guidelines) | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Sustainability of the System** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Identify, acquire, leverage, maximize resources * Needs assessment * Eliminate duplication * Identify gaps * Incubate programs to address identified gaps | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Improve Availability & Access** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * CCR&R * Parent Information Leading to Engagement * House Bill 13-1291 - ITQA * Facilitate Screenings | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Generate Educational & Leadership Opportunities** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Professional development programs (e.g. college scholarships, EQIT) * Community learning opportunities (cross-domain) * Committee/project leadership opportunities * Coaching | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |
| **Share Accountability** | **Family Support &**  **Parent Education** | **Health & Well-Being** | **Learning & Development** | **TA Needs** |
| May include:   * Data collection and analysis * Report on progress * Governance of programs/systems as appropriate (e.g. CPP, CCAP) | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Aspiring  Developing  Proficient  Input your description here. | Input TA needs here. |