

Statewide Collaborative Training Grant

Eligibility

- The event must be open to participants throughout Vermont.
- The application must indicate collaboration in identifying, planning, sponsoring, delivering, and evaluating the event.

Note: Professional development events, including in-service training, planned exclusively by one program or agency without a collaborative planning process will not be considered, even if it is an umbrella agency containing multiple programs and services.

CDD Statewide Collaborative Training Grants

Grants of up to \$1000 are available for collaborative professional development events in Vermont. The identified professional development need should be one that cannot be met through existing program and community resources and be in line with Vermont Northern Lights Career Development Center core knowledge areas for early childhood or afterschool, or early childhood and family mental health competencies.

Priorities are given to learning opportunities that include follow-up activities such as consultation, mentoring, and/or reflective practice. Follow-up could be in person, by phone, or use of technology. Four letters of support from relevant partners are required.

Definition of Collaboration: Any mixed group of representatives from a cross-section of services who join together as professional peers from early childhood, child development, health/mental health, family support, or Afterschool care, to plan, sponsor, deliver, and assess a professional development opportunity.

Examples of Professional Peers: Includes, but is not limited to, child care resource and referral agency; child care provider networks; Pre-K collaboratives; Head Start; Essential Early Education (EEE) and Early Education Initiative (EEI); early childhood mental health; Child Care Wellness; Child and Adult Care Food Program; regional BBF councils; regional Children's Integrated Services teams; and professional associations such as Vermont Association for the Education of Young Children, Vermont Head Start Association, Vermont Child Care Providers Association; and Vermont Afterschool, Inc.

Contact person for information or technical assistance on completing this grant:

Lynne Robbins
802-241-0823 or 1-800-649-2642
lynne.robbs@vermont.gov

Application Deadlines:

August 1st November 1st March 1st

Grant Submission: Ensure the application package is complete, including the (Statewide Collaborative Training Grant Proposal Cover Sheet) and all required enclosures and attachments.

Mail the original complete application package and two (2) complete copies to Linda Clark at the address below.

Child Development Division
Statewide Collaborative Grant
ATTN: Linda Clark
280 State Drive, NOB 1 North
Waterbury, VT 05671-1040
Phone: 802-241-0804 or 800-649-2642



Part I: Statewide Collaborative Training Grant Application Cover Page

Purpose: This application is for statewide professional development events planned, sponsored, delivered, and evaluated collaboratively to enhance the quality of child development, early education, early childhood health/mental health, family support, and after school services. The proposed activity must be collaboratively developed between at least two organizations with representation from different regions of the state.

For State Use Only

Date Received: _____ Invoice #: _____

Reviewed/approved: _____ Date: _____

Payment entered: _____ Date: _____

License check: _____

Application #: _____ Agreement #: _____

Program Manager Approval/Denial

Approved: \$ _____ Denied

Signature: _____ Date: _____

Person preparing this request _____ Title _____

Agency/Organization name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ 9-digit Federal Tax I.D.# _____

Email _____

Amount of Funds Requested _____ Estimated number of participants _____

Title of proposed statewide collaborative professional opportunity _____

Refer to this checklist to make sure your application is complete:

- | | |
|--|---|
| <input type="checkbox"/> Overview of project - target population, purpose/goal of training | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Planning process - need for topic, collaborative partners | <input type="checkbox"/> Evaluation methods described
Sample evaluation included |
| <input type="checkbox"/> Instructors - identified and qualified | <input type="checkbox"/> Budget is itemized, balanced and other forms of revenue are listed.
Food is not included in grant budget. |
| <input type="checkbox"/> Format | <input type="checkbox"/> Letters of Support |
| <input type="checkbox"/> Documentation of Professional Development | |

I certify that the information contained in this application is true and correct, and that this program will comply with applicable eligibility criteria of the Federal Child Care Development Fund with includes not discriminating or barring participation in this program on the basis of race, religion, sex, color, handicap or national origin. I understand that if the funds granted are not used for the purpose requested, the funds must be returned to the Child Development Division.

Applicant's Signature _____ Date _____

Use this page as the cover of your application.

Part II: Statewide Collaborative Training Grant Proposal Outline

Use the following checklist to prepare your proposal. Be sure to number each section and use the same headings as in the outline below.

❑ 1. Overview of the project

- Provide a brief summary of the proposed statewide collaborative professional development opportunity (2-3 sentences).
- Indicate the target population(s) for this professional development opportunity - for example, early interventionists, teachers, parents, early childhood mental health consultants, and so on.
- Indicate the population whose services will be enhanced as result of having taken this professional development opportunity. For example, the children or families who will benefit by providers or parents having increased knowledge in this area, such as infants and toddlers, children with special health needs, children living in difficult situations, mothers suffering from post-natal depression, etc.

❑ 2. Planning process

- Describe the collaborative process used to identify the need for the training.
- Define the goal or purpose of the training, including how the topic chosen addresses the identified gap. Reasonable research into the availability of comparable training statewide is expected.
- Attach a list of names and titles of the professionals involved in the collaborative planning.

❑ 3. Instructors

- List the names and titles of proposed or scheduled instructors. Describe their qualifications and any other reason for selecting that individual or group to deliver this professional development event. Include their fee here and in #8 below.
- It is expected that instructors you hire will be listed in the Northern Lights Instructor Registry. Some exceptions may apply. For assistance becoming registered, contact the Northern Lights Career Development Center, 802-885-8374 or www.northernlightscdc.org

❑ 4. Format - Describe the format of the learning opportunity. Include the following:

- Draft agenda and outline including learning objectives, methods of instruction (lecture, small group, audiovisual, scenarios, etc).
- Location and proposed dates.
- Projected attendance (how many people you expect to attend).
- Any follow-up consultation, mentoring and/or reflective practice activities or other supports to be offered to participants after the professional development opportunity.

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Use the following checklist to prepare your proposal. Be sure to number each section and use the same headings as in the outline below.

- ❑ **5. Documentation of Professional Development Form**
 - Submit a draft of a completed Documentation of Professional Development (DPD) Form that will be used for this learning opportunity. The template for this form is available at <http://northernlights.vsc.edu/career.html>. You are expected to use the DPD form and to submit attendance forms to the Northern Lights Career Development Center and to the CDD as part of your final report on the grant award. This does not preclude the use of additional documentation forms such as certificates or CEUs.

- ❑ **6. Promotion**
 - The event must be listed on the Bright Futures Information System (BFIS) Course Calendar. For assistance posting the event on BFIS, contact Northern Lights at 802-828-2877.

 - Describe other methods of advertisement and promotion, how participants will be recruited, and how anticipated levels of attendance will be met.

- ❑ **7. Evaluation**
 - Professional development opportunities sponsored by this grant must use the Vermont Common Evaluation process. For more information, contact Lynne Robbins at lynne.robbins@vermont.gov. Attach sample evaluation documents identifying the learning objectives for the event.

- ❑ **8. Budget**
 - Attach a balanced budget and budget description that includes itemized expenses and documentation of costs.

 - Include any additional or potential revenue to help cover the costs of the event. Food cannot be included as an expense to be funded through this grant.

- ❑ **9. Support**
 - Attach 4 letters of support for the proposed professional development opportunity.