

Statewide Collaborative Training Grant

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

Eligibility

- The event must be open to participants throughout the state.
- 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. 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.

This application includes two parts:

An Application Cover Page, and a Proposal Outline. For your convenience a checklist of requirements is included below.

State Use Only

Date Received: _____
Reviewed/Approved: _____ Date: _____
Payment entered by: _____ Date: _____

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); mental health/CUPS teams; Healthy Child Care Vermont; 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; Vermont Out of School Time; Vermont School Age Care Network.

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

Jan Walker
802-241-2198 or 800-649-2642
jan.walker@ahs.state.vt.us

Application deadlines:

August 1
November 1
March 1



Part I: Statewide Collaborative Training Grant Application Cover Page

Check yourself! Refer to this checklist to make sure your application is complete.

- | | |
|--|---|
| <input type="checkbox"/> Planning process is collaborative and includes partners | <input type="checkbox"/> Outreach and promotion efforts are identified, and event will be listed on BFIS. |
| <input type="checkbox"/> Four letters of support are included. | <input type="checkbox"/> Evaluation methods are described, and sample evaluation form included. |
| <input type="checkbox"/> Instructors are identified and qualified | <input type="checkbox"/> Budget is itemized, balanced, and other forms of revenue are listed. |
| <input type="checkbox"/> Format of the learning opportunity is described. | <input type="checkbox"/> Food is not included in the costs covered by the grant. |
| <input type="checkbox"/> Is follow-up, reflective practice, or mentoring a component of the event? | |

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 _____

1. Title of proposed statewide collaborative professional development opportunity
2. Brief summary describing the opportunity (2-3 sentences)
3. Indicate the target population(s) for this professional development opportunity - for example, early interventionists, teachers, parents, early childhood mental health consultants, and so on.
4. Estimate the number of individuals who will attend this opportunity.
5. 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, and so on.

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 _____

Part II: Statewide Collaborative Training Grant Proposal Outline

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

1) 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

2) 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 #6 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.

3) 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)
- Follow-up consultation, mentoring and/or reflective practice activities.

4) 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> or by calling Maureen at 885-8374. 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.

5) 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 802-885-8374.

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

6) Evaluation

- Describe formal and informal methods to be used to evaluate the effectiveness of this event. Attach sample evaluation documents or assessment plans that are linked to the learning objectives and competencies of the event.

7) 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.

Send your application as an email attachment to linda.clark@ahs.state.vt.us and mail 5 copies of the cover page with signatures, and letters of support to Linda Clark at the address below. You may also scan the entire document including letters of support and email the application to Linda Clark.

Or, make 6 copies of your *complete application;-keep one for yourself; and mail five copies to the address below. Be sure to sign the appropriate certification for your application!

“Complete” means all the required enclosures and attachments are included with each application.

Child Development Division — Statewide Collaborative Grant

ATTN: Linda Clark

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Waterbury, VT 05671-2901

Phone: 802-241-1215; email: linda.clark@ahs.state.vt.us