

Statewide Collaborative Training Grant



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

For State Use Only

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

This application is for statewide professional development events planned, sponsored, delivered and evaluated collaboratively between two or more organizations, to enhance the quality of child development, early education, and after-school services.

Eligibility

- Event must be open to participants throughout the state
- 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.*

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, or early childhood and family mental health domains.

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 through a variety of web-based discussions or email. 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.

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, or After-school 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; regional partnerships; 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

Janice Stockman
802-257-8015
jjstock@sover.net

Application Deadline

October 15, 2007
January 15, 2008
May 15, 2008

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"/> 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.
Is follow-up, reflective practice, or mentoring a component of the event? | <input type="checkbox"/> Food is not included in the costs covered by the grant. |

Person preparing this request (Print) _____ **Title** _____

Agency/Organization Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

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

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 a 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 which 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** _____

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 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.

Indicate whether instructors are listed in the Northern Lights Instructor Registry. This is encouraged, but not required. For assistance becoming registered, contact the Northern Lights Career Development Center, 802-241-4661 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, audio-visual, scenarios, etc.).
- Location and proposed dates.
- Follow-up consultation, mentoring and/or reflective practice activities.

4) Documentation of Professional Development Form

- Complete and submit with this application a draft of the Documentation of Professional Development Form to be used for this learning opportunity. The template for this form is available at <http://northernlights.vsc.edu/career.html> or by calling 241-4661. It is an expectation of this grant award that this form will be used and that attendance forms will be submitted to the Northern Lights Career Development Center as well as be a component of the report to the CDD regarding this activity. This does not preclude the use of additional documentation forms such as for CEU's or college credit.

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 802-241-4661.

- 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.

Make 6 copies of your *complete application. Keep one for yourself, send one copy to your local Child Care Community Support Agency Resource Development Specialist, and four 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 — Regional Collaborative Grant
ATTN: Linda Clark
103 South Main Street
Waterbury, VT 05671-2901
Phone: 802-241-1215; email: linda.clark@ahs.state.vt.us

Building Bright Futures Regional Directors by District

<p>Barre District <i>Michele Mahaney</i> 104 N Main Street, Suite 2 Barre, VT 05641 Phone – 476-2135 Fax – 476-2137 Email – bbfwashington@charter.net</p>	<p>Middlebury District <i>Susan Hackett</i> 81 Water Street Middlebury, VT 05753 Phone – 388-4304 Fax – 388-3063 Email – referral@mjcvt.org</p>
<p>Bennington District <i>Robin Stromgren</i> PO Box 746 Bennington, VT 05201 Phone – 447-2887 Email – bennsx6@sover.net</p>	<p>Newport District <i>Julie Mulroy-Evans</i> 35 Junior High Drive Derby, VT 05829 Phone – 766-5331 Fax – 766-2516 Email – julie.mulroy@verizon.net</p>
<p>Brattleboro District <i>Cynthia Tarail</i> PO Box 6413 Brattleboro, VT 05302 Phone – 258-2273 Email – ctarail@sover.net</p>	<p>Rutland District <i>Heidi Corcoran-Wener</i> 5 Asa Bloomer Building Rutland, VT 05701 Phone – 786-0069 Email – rutlandecc@yahoo.com</p>
<p>Burlington District <i>Ann Dillenbeck</i> Early Childhood CONNECTION 1110 Prim Road Colchester, VT 05446 Phone – 652-5138 Fax – 860-6149 Email – ecc@sover.net</p>	<p>Springfield District <i>Gladys Collins</i> 56 Main Street, Suite 208 Springfield, VT 05156 Phone – 885-8703 Fax – 885-8708 Email – collinsgladys@gmail.com</p>
<p>Hartford District <i>Christie Binzen</i> 224 Holiday Drive, Suite A White River Junction, VT 05001 Phone – 295-8860 Fax – 295-4101 Email – christie.binzen@ahs.state.vt.us</p>	<p>St Albans District <i>Cynthia Greene (beginning 8/20)</i> 20 Houghton Street St Albans, VT 05478 Phone – 527-5426 Fax – 527-5426 Email -</p>
<p>Lamoille District <i>Laura Jacoby</i> 63 Professional Drive Morrisville, VT 05661 Phone – 888-0539 Fax – 888-1343 Email – bbflamoille@yahoo.com</p>	<p>St Johnsbury District <i>Dawn Powers (beginning 8/6)</i> 67 Eastern Avenue #2 St Johnsbury, VT 05819 Phone – 751-8408 Fax – 751-8404 Email –</p>
	<p>Executive Director <i>Becky Gonyea</i> PO Box 1232 Morrisville, VT 05661 Phone – 888-4909 Fax – 888-7659 Email – bbfgonyea@pshift.com</p>

Resource Development Specialists by District

<p>Middlebury District <i>Amethyst Peaslee</i> resource@mjcvt.org 388-4304</p>	<p>Hartford District <i>Susan Hackett</i> 81 Water Street Middlebury, VT 05753 Phone – 388-4304 Fax – 388-3063 Email – referral@mjcvt.org</p>
<p>Bennington District <i>Pam Torres</i> pam.bccca@adelphia.net 447-6485</p>	<p>Newport District <i>Inez Abdelnour</i> ines_abdelnour@yahoo.com 334-4072</p>
<p>St. Johnsbury District <i>Marie Sullivan</i> 748-8645</p>	<p>Rutland District <i>Rosie Piontek</i> rosiep@vac-rutland.com 775-2395</p>
<p>Burlington District <i>Amy Conant</i> aconant@childcareresource.org 863-3367</p>	<p>Springfield District <i>Kim Kiniry</i> kkiniry@vermontel.net 886-5242</p>
<p>St. Albans District <i>Sue Stanley</i> sstanley@srs.state.vt.us 534-6574</p>	<p>Barre District <i>Dori Oatley, 828-8772</i> dorio@fcwcv.org Brenda Buzzell, 828-8529 bbuzzell@srs.state.vt.us</p>
<p>Lamoille District <i>Lorraine Patterson</i> lorrainefc@yahoo.com 888-5229</p>	<p>Brattleboro District <i>Cyndi Miller</i> Cyndi@windhamchildcare.org Gretchen Horton-Kuebler Gretchen@windhamchildcare.org 254-5332</p>