



West Virginia Early Childhood

**Training**  
**CONNECTIONS**  
**AND RESOURCES**

## APPLICATION FORM

### Early Childhood Training/Technical Assistance Grant

West Virginia Early Childhood Training Connections and Resources is a collaborative project of the West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Head Start State Collaboration Office; West Virginia Department of Education/Office of Special Education and is supported and administered by River Valley Child Development Services



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## GRANT PROJECT

Through our funding partners, West Virginia Early Childhood Training Connections and Resources (WVECTCR) provides financial support for early childhood professional development and organization/association activities. Grants are distributed per fiscal year based on a first-come, first-serve basis and funding availability. Applications are reviewed within 30 days of receipt.

### Funding Requirements

As part of receiving grant funding from WVECTCR, you agree to:

- < Include the following acknowledgement of our funding partners on all publicity concerning the project: “Partial funding provided by WV Early Childhood Training Connections and Resources, a collaborative project of the West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Head Start State Collaboration Office; West Virginia Department of Education/Office of Special Education.”
- < Verify that all trainers/presenters are approved and credentialed by the WV State Training and Registry System (STARS) for early care and education professionals, or sponsored by a WV STARS trainer. Sponsors accept responsibility for the quality of a non-approved trainer, the training provided, and the training registration.
- < Verify that all trainings provided meet the minimum standards of the *West Virginia Core Knowledge and Core Competencies for Early Care and Education Professionals*. This document is available on the [www.wvearlychildhood.org](http://www.wvearlychildhood.org) website.
- < Register each different training/workshop offered with the WV STARS Registry by completing a WV STARS Training Registration Form. Submit to WVECTCR three weeks prior to the training(s).
- < Ensure that participants appropriately use STARS sign-in sheets. Send the original sign-in sheets to WVECTCR.
- < Maintain individual participant evaluation forms on file and compile a summary report to attach to the Grant Project Summary and Evaluation Report form.
- < Submit the completed Grant Project Summary and Evaluation Report form and attachments to WVECTCR within 30 days of the conclusion of the grant-funded project.

### **Additional Funding Conditions**

- A grant request must be for a specific project and be conducted in the state of West Virginia.
- The project or program must be conducted within 6 months of the grant being awarded.
- Grant funds may be used for purchase of materials, supplies, contract services, or other project related costs.
- Receipts/documentation for expenditures using grant funds are to be submitted to WVECTCR.
- Grant applications must answer all questions and provide full details on all questions asked. If a question cannot be answered, the organization must state why it cannot be answered.
- Grant applications must be received 90 days in advance of the event date.
- Training event information is provided to list on the [www.wvearlychildhood.org](http://www.wvearlychildhood.org) Training Calendar.
- WVECTCR is notified immediately of any change of contact persons, telephone numbers and postal addresses.
- Grants will not be provided retrospectively (i.e., for a project that is completed or already underway).
- One early childhood interagency collaborative team grant per county is awarded annually.
- Failure to complete and/or return any funding requirements will eliminate a grant application in the following year.
- WVECTCR may use information provided in this request for public information.
- Grant funds must be used as indicated in this request.

*I understand the organization/group is bound by the above terms and conditions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Presiding/Authorized Official)

## Type of Grant

Please check () one box to indicate the type of grant your organization is applying for.

**State, Regional or Local Conference**

To support the provision of early childhood training and technical assistance at state, regional, and local levels in order to increase availability, access, and capacity of all early childhood providers. Financial support provided up to \$2,000 per conference.

**Local Interagency Training**

To support local communities in order to implement training needs identified by early childhood community collaborative groups. Financial support provided up to \$1,000 per county. Required partners () on the project team must include the following early care and education programs/groups:

*(Please include the original signature of all partners.)*

**WV Birth to Three (Part C)**

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**"Public School Preschool Special Education (Part B)**

County: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**"Child Care**

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**Head Start**

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**Parent/Family**

Representative's Signature: \_\_\_\_\_

Additional, non-required early care and education partners included:

**Public School Pre-k *or* Kindergarten, *or* Title 1**

School: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**Child Care Resource and Referral Agency**

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**Other(s)**

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Program: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_





**GRANT DETAILS**

*Please describe how you will use the grant by giving specific details in relation to the following:*

Project Title: \_\_\_\_\_

What is the scope and nature of the project and the significance of what will be achieved? (Include details such as the early care and education community served by this project, the training/professional development needs identified, description of the project, activities to take place, and expected outcomes of the training.)

What is the time frame of the project, including start and completion dates?

"

Where will the project take place?

"

How do you propose to promote the project to the community?

"

"

"

Approximately how many people will benefit from the project?

Other information that may assist your application:

"

"

"

"

"

Amount Requested: \$" \_\_\_\_\_

If awarded, the check should be made payable to:

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FEIN #:" \_\_\_\_\_ "Organization Phone #:" \_\_\_\_\_

## BUDGET DETAILS

*Please provide a tentative detailed budget for the requested amount. The budget should include the project costs that will be charged to grant funds. All of the items listed must be reasonable and necessary to accomplish project objectives. If needed, provide a brief narrative explaining projected expenses or items listed. If there are unusual costs in the budget, they should also be explained.*

Description of Expenses	Amount
<b>TOTAL</b>	

## CERTIFICATION

*I certify to the best of my knowledge the statements made within this application are true.*

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(Signature of organization official)

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(Date)

## GRANT APPLICATION CHECKLIST

Prior to submitting your application, please consult the checklist below and check (☐) boxes to indicate that all requested information and requirements have been completed:

- Application read carefully and completed accurately and appropriately
- Type of grant applying for is checked
- All required early care and education partners are represented on the project team, if applying for Local Interagency Training grant
- Application form signed by all collaborative partners, if applying for Local Interagency Training grant
- Application form signed by the organization's presiding/authorized official on pages 4 and 10
- Funding partners acknowledged in publicity and written materials
- Trainers/presenters credentialed by the WV State Training and Registry System (WV STARS) or sponsored by a STARS trainer
- Training(s) meet the minimum standards of the *WV Core Knowledge and Core Competencies for Early Care and Education Professionals*
- Each different training/workshop offered registered with WV STARS (For information on this process, please contact the WV STARS Specialist at 1-888-983-2827.)
- Training information provided to include on the [www.wvearlychildhood.org](http://www.wvearlychildhood.org) Training Calendar

Original applications should be mailed and addressed as follows:
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WVECTCR  
 Attn: Grant Project  
 611 Seventh Avenue  
 Suite 322  
 Huntington, WV 25701

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**OFFICE USE ONLY:**

Date application received: \_\_\_\_\_

Application complete: Yes {            No {

Grant approved:        Yes {            No {

Amount approved: \$ \_\_\_\_\_

Date letter sent advising funding approved or denied: \_\_\_\_\_

Date Grant Project Summary and Evaluation Report received: \_\_\_\_\_

