**Exhibit D Regional ACEs Collaboratives (RAC)**

DRAFT Microgrant GUIDELINES

The purpose of the Adverse Childhood Experiences (ACE) Microgrant Program is to create an opportunity for community generated ideas to provide services to address ACES. These grants are designed to address a lack of funding and support to those New Jersey communities most directly impacted. Through this process communities will, in partnership with DCF, have an opportunity to gain capacity to respond to typical state Requests for Proposals.

The ACE Microgrant program is funded by the New Jersey Department of Children and Families (DCF) and administered the Office of Resilience in partnership with the Regional ACEs Collaboratives (RAC).

The New Jersey’s ACES Collaborative is a public-private partnership consisting of the Burke Foundation, The Nicholson Foundation, the Turrell Fund, the New Jersey Department of Children and Families and the New Jersey Office of Resilience. The ACES Collaborative’s vision is to make New Jersey a trauma-informed, healing-centered state – a place where children and families can thrive regardless of who they are or where they live. To do this, the ACES Collaborative aims to increase public awareness of ACEs and encourage behaviors that can mitigate the impact ACEs can have on children, families and communities.

These microgrants will highlight how we all can play a part to reduce the effects of childhood adversity, through actions both large and small that demonstrate compassion and promote a sense of emotional safety. How will you act to address ACEs in your community?

ELIGIBLE APPLICANTS

The ACE Microgrant Program awards grants to projects or programs within New Jersey. The Program will consider proposals from individuals, groups, agencies, and organizations whose interests are consistent with the goals of the Program. The Program will not consider grant proposals for retroactive funding of projects already completed. The Program in open to residents of New Jersey, if individuals, and agencies, groups, organizations doing business and /or registered to do business in New Jersey.

TYPES OF ELIGIBLE PROJECTS

**The ACEs Microgrants Program will award grants for:**

* Any project, program or service that is community driven and responds to a need not already met addressing ACEs that has a prevention focus.
* Any project, program or service that is community driven and led that enhances already existing programs or services that have a prevention focus.
* Projects for third-party providers in reimbursement for services to private individuals who are eligible for public assistance or are medically indigent, to defray the cost thereof. Items falling under this category include: payments for hospital and convalescent care centers, foster care, nursing homes, payments to doctors, and other professionals providing services for clients of State agencies where the agency itself is neither the consumer of the service, nor the receiver of direct benefits associated with such services. This does not include contractual services for residents or patients of State institutions and hospitals.

TYPES OF PROJECTS PREFERRED

* pROJECTS THAT address aces and ARE designed in partnership with those most directly impacted by ACEs.
* Projects that are prevention focused.
* Have community as leaders in the project.
* address frOm the perspective of youth and Have youth as part of the leadership process.
* Focus on trauma as a community impacting event.

TYPES OF PROJECTS NOT ELIGIBLE

The following projects are not eligible: a) direct subsidy of care for individuals; b) direct subsidy of existing services funded by the state of New Jersey; c) projects identified with political parties of any kind;d) organizations that practice discrimination of any kind; e) general contributions to capital campaigns; f) operating deficits or retirement of debt; g ) endowment programs; and h) construction projects or real estate acquisitions.

APPLICATION PROCEDURE

An initial Request or Call for Ideas shall be issued by the RAC to solicit responses from interested applicants. Interested applicants can submit their responses via letter or Email. Applicants whose ideas are accepted shall be invited and supported in the submission of the following formal proposal application.. The formal proposal requests information about the need for the project, its goals, plan of action, and a budget. The proposal may be accompanied by letters of support from community partners and supporters, this can be families and individuals who shall receive services proposed. Include resumes of applicants applying in their individual capacity. Use a copy of the attached proposal form for each project submitted for approval. Should the proposal be reviewed favorably, a memorandum of agreement which provides clarification or more information about the proposed project may be requested.

REVIEW PROCESS AND EVALUATION CRITERIA

Submissions will be reviewed by designated representatives of Innovation Grant Review Board ( IGRB) with input from the OOR, the OOR Community Advisory Board, and the OOR Trauma-Informed-Healing Centered Technical Assistance Center. Applicants will be contacted if further information is needed.

**The following criteria will be used to evaluate proposals:**

* **Significance**- How well do the goals address ACES? How clearly are the goals and objectives stated? Are people most at risk targeted? How many people will benefit? How does project address the needs of underserved populations?
* **Action plan**- How well defined is the action plan? How closely tied is the action plan with the stated goals? Are the actions designed to change behavior? Are community members who are affected by ACES involved in the development of goals, objectives, and plans of action? Does the action plan involve collaboration among community members?
* **Likelihood of success**- How feasible is the project in terms of time, budget requests, and available resources? Likelihood of success is NOT an “ automatic elimination factor”.

**Please mail completed applications to:**

[**Insert Address**]

Background check requirement

Successful applicants will be required to clear a Child Abuse Registry Inquiry (CARI) check.

MINI-GRANT APPLICATION

A sample mini-grant application, including an action planning form.

APPLICANT INFORMATION

**Applicant Name & Title:
Organization:
Address:**

**Phone Number:
Project Title:
Contact Person:**

PROJECT GOAL

**List the broad goal(s) of the proposed project:**

1. PROJECT OBJECTIVES

List the specific objectives for the project. List the specific changes in policies, programs, personal competence, or resources that will result from this project. Specific aims should refer to outcomes or changes in the community that can reduce risk of or mitigate the impact of ACEs.

2. RELEVANCE TO ACES

Describe how the identified problem is relevant to the ACEs Collaborative’s goals:

3. COMMUNITY INVOLVEMENT

Indicate how community members are involved in setting goals, objectives, plans of action, and program implementation. Describe the people that will be affected by the project and where the project will take place.

4. PROJECT ACTION PLAN

List the steps needed to complete the project. Complete the Action Plan below.

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| **Specific Objectives** | **Action** | **Date** | **Target** | **Actors** | **Location** | **Intended Outcome** |
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5. PROJECT EVALUATION AND MAINTENANCE

Describe how you will monitor progress to identify what works and what needs improvement.

6. SIGNIFICANCE

Indicate how the project is important and innovative.

7. BUDGET

Briefly describe expected project costs (for example: wages; facility expenses; materials/supplies) .

REVIEWER RATING SHEET

Instructions to the reviewer: Please rate each application on each of the four criteria below. For each criterion, assign a maximum of 25 points.

**Then add all four ratings together, to arrive at the total point score.**

* **Creativity:**How creative is the proposal?
* **Feasibility:** How feasible is the project in terms of time, budget, and available resources?
* **Significance:** How well do the goals address local health concerns? Are people most at risk targeted? How clearly are the goals and objectives stated? How many people will benefit?
* **Action Plan:** How well defined is the action plan? How closely tied is the action plan to the stated goals? Are the actions designed to change behavior? Are community members who are affected by the health problem involved in the development of goals , objectives, and plans of action?\

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| **Application #** | **Creativity**(out of 25)  | **Feasibility**(out of 25)  | **Significance**(out of 25)  | **Action Plan**(out of 25)  | **Total**(out of 100 points)  |
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MEMORANDUM OF AGREEMENT (MOA) BETWEEN THE RAC AND THE INNOVATION GRANT PARTICIPANT

A SAMPLE LETTER OF AGREEMENT FOR APPLICANTS TO SIGN BEFORE THEY ARE GIVEN THEIR GRANT AWARD.

* I will give the Department of Children and Families’ (DCF) Office of Resilience (ORR) and the RAC a report of how the project went and what was accomplished no later than [**DATE**].
* I will return any money that I did not spend to the RAC by [**DATE**].
* I will spend the money I get only on things I said I would in my budget. If I need to make changes, I will contact the RAC first.
* This money is not being used to replace, or free up for other use, funds which are presently being used for services funded by the RAC or retroactive funding for any projects already completed. .
* I will let DCF and RAC staff ( and their designees) check up on my program any time they wish to see how it's going and how I'm spending my money.
* I will get the best photographs I can of my project, and I will return the disposable camera that the RAC will give me. I understand that the photographs belong to DCF and that they will be used to show others the benefits of the microgrants program. I will tell DCF if someone in my project does not want his or her picture used.
* If I am part of an organization, then my signature indicates that I'm the one who has the right to enter into contracts with others for my organization.
* I will let the RAC check my background ( criminal background and CARI) to see that all this information I've provided is true.

Please Sign Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_