



EXPRESS GRANT APPLICATION

Applicant Contact Information:

Contact Person: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently funded by First 5?  Yes  No

*If you are currently receive First 5 Funding, you may not be eligible for this grant.  
Please contact your contract lead for eligibility.*

Project Name: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Of this amount, how much is already secured from other funding sources:

\_\_\_\_\_

Amount Requested (not to exceed \$10,000):

\_\_\_\_\_

Will this be a one-time project or a series?

\_\_\_\_\_

Projected number of children/families/providers your project will serve:

Children: \_\_\_\_\_

Families: \_\_\_\_\_

Providers: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Narrative Questions:

- 1.) Please describe your proposed project, equipment replacement, capital project, or specific purpose. Explain how it is aligned with our Result Areas, Outcomes and Indicators (See Table 1)



2.) Briefly describe how the Express Grant activity will align with or advance First 5’s Strategic Plan and where possible include the evidence that supports the outcomes of the activity.



3.) Please describe how you will know your project was successful and the desired outcome was met.



4.) Please describe if the proposed project, equipment replacement, capital project, or specific purpose will be accomplished or purchased within the funding cycle. (FY 21-22)



Payee Name: \_\_\_\_\_

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

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

Has the organization ever received payment from the County of Santa Barbara? YES NO

If yes, please provide your Vendor #: \_\_\_\_\_

If not, please attach the Form 590 and Form W-9

Line Item Budget (materials/equipment/other)	Amount
<i>Total amount requested from First 5 SBC</i>	\$ -