

ATTENTION:
Fairfield Youth-Serving Agencies, Schools, and Youth Groups...

- * **Do you have a project in mind that will benefit the health of Fairfield youth?**
- * **Do you need funding up to \$750? A.C.T. can help!**

MINI-GRANTS FROM A.C.T. – Adults & Children Together - Fairfield’s Prevention Council



- * **A.C.T. has a total of \$3200 in funding to distribute for 2010-11.**
- * **Apply now by filling out the attached application - *Due by Friday, October 29, 2010***

MINI-GRANTS FROM A.C.T.

The purpose of these grants is to encourage the development of fun and interesting programs that will motivate children, adolescents and families to increase their level of physical activity and to improve their nutritional habits. Children and adolescents who are overweight and physically inactive are at risk for multiple problems, including increased stress, lower self-esteem, social isolation, and substance abuse. Physical activity and eating a healthy diet form the foundation of healthy coping skills, the balance of energy in and energy out, and the release of physical, emotional and psychological stress.

Let the A.C.T. Prevention Council help you get “on the go” with your program ideas.

A.C.T. MINI-GRANTS... Apply Today!

TOGETHER WE CAN MAKE A DIFFERENCE!

All A.C.T. projects are funded by a grant from the State of Connecticut Department of Mental Health and Addiction Services, via RYASAP



Funding Application 2010-11

Please complete and return the following application by mail or e-mail
on or before October 29, 2010 by 4:00 PM to:

**Lauren Lanham, A.C.T. Chair, Selectman's Office, 725 Old Post Road, Fairfield, CT 06824
203-256-3030, e-mail: llanham@town.fairfield.ct.us**



GRANT GUIDELINES

_____ We regret that we cannot accept late applications.
Mini-grant applications will be reviewed and selected by the A.C.T. committee in early November.
_____ All projects must be completed by May 27, 2011.
_____ Final Reports, including receipts for all expenses, are due June 17, 2011.

Please answer all questions. Clearly print in pen or click in field and type your answers.

1. Project Title:

2a. School/Organization Name:

(Lead agency, check will be made out to this name if project is selected)

Address:

Phone Number:

Fax Number:

e-mail:

(If this is a co-sponsored proposal, please complete 2b. for second sponsoring agency)

2b. School/Organization Name:

School Principal's Name / Organization Director's Name:

Address:

Phone Number:

Fax Number:

e-mail:

3. Contact Person: (Project Coordinator – Person responsible for project and report)

Name:

Title:

Address:

Phone Number:

Fax Number:

e-mail:

INSTRUCTIONS: Please answer the following questions - use as much space as you need.

4. Describe the project you would like to do, and how it addresses the issue of fitness and nutrition for the youth of Fairfield.

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5. What age group is being served by this project?

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6. How many youth / adults do you anticipate the program will serve?

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7. What are your specific plans and timeline for implementation of this project? (Projects must be completed by May 27, 2011)

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8. How will you evaluate the benefit of this project?

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9. Do you have other sources of funding for this project? (Please check : Yes___ or No___)

If yes, please provide source and amount. ACT funding may not be used to replace existing funding but may be used to expand this project.

9a. Can you modify this project if only partial funding is available from A.C.T.? (Please check Yes___ or No___)

If yes, please explain how the project will be effected.

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10. Provide an itemized budget of expenses that you expect to incur in the implementation of your projects. This budget should show exactly what requested dollars will purchase. Include expenses such as: materials/supplies and printing. All expenses must be specified (no miscellaneous or other). Please use additional space as needed.

NOTE: Receipts for expenditures will be required as part of the final report. (due on June 17, 2011)

Budget Item:	Description/Justification:	Cost:

Total Requested (\$750 Maximum) \$

Total Cost of Project: \$

(If submitted in paper format, please get signatures. If submitted through e-mail, please cc: School / Organization Administrator.)

11. Signature of Project Coordinator:	Date:
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12. Signature of (School/Organization) Administrator: (Agency listed in 2a. above:	Date:
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13. Signature of (School/Organization) Administrator: (Agency listed in 2b. if applicable:	Date:
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A.C.T.'s work is funded by an annual grant from the Connecticut Department of Mental Health and Addiction Services via RYASAP.