

**Emergency Response Fund Application**

First 5 Solano Children and Families Commission can provide up to $7,500 to support activities associated with addressing needs generated by the local, state, and federal response to community emergencies. The purpose of the funding is to assist First 5 Solano’s community partners by providing resources which may lift barriers to providing services to Solano County’s children ages 0-5, their families, and providers of services during emergency events.

Application Date: Applicant Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Agency or Individual Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, Ste., City, Zip): Phone Number: Email:

Please describe the proposed emergency response activity(ies) for which you are requesting grant funds. Please include an explanation of how these activities will lift barriers to providing services to Solano County’s children ages 0-5, their families and/or providers during the emergency event; and if you have a current grant with First 5 Solano, if how the activities in this application support and expand your current grant. (Attach additional pages if necessary)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the timeframe in which you will conduct activity(ies): From \_\_\_/\_\_\_/\_\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_\_

What is the total dollar amount you are requesting from First 5 Solano? $ \_\_\_\_\_\_\_\_\_\_

Are you receiving funds from any other sources for this event, including “in-kind”? \_\_\_\_\_\_\_\_

If “Yes,” include these funds in the budget.

Please provide a detailed budget breakdown for the request for Emergency Response Funds:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Item** | **Cost** | **Amount Requested** **in this Application** | **Amount from other source or in-kind** | **Description** |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |

Applicant Authorized Signature Date

**NOTE**: In addition to this Application, if the funding is approved, Applicant must read and sign the “Agreement for First 5 Solano Emergency Response Funds”

For more information or assistance in completing this application, contact First 5 Solano at 784-1332, email CFCSolano@SolanoCounty.com or visit [www.first5solano.org](http://www.first5solano.org/)

*First 5 Solano use only*

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by First 5 Solano Executive Director : Yes / No

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_

Approved by Chair of First 5 Solano Policy and Oversight Committee: Yes / No

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_ Amount approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_