# **Regional Collaborative Training Grant**

**Overview:** CDD Regional Collaborative Training Grants are grants of up to \$1,500 and are available to each AHS region for collaborative professional development events that meet the region's priority needs. The identified professional development need should be one that cannot be met through existing program and community resources and be in line with Vermont Northern Lights Career Development Center core knowledge areas for early childhood or afterschool, or early childhood and family mental health competencies.

**Purpose:** This application is for regional professional development events planned, sponsored, delivered and evaluated collaboratively between two or more organizations, to enhance the quality of child development, early education, and afterschool services.

Who Can Apply: The specific regional needs can be identified by an inclusive entity, such as the regional early childhood or Building Bright Futures Council, or another entity representing early childhood or afterschool professionals. Regions are not in competition with each other in applying for this grant. A region may apply for only one grant per year.

If two regions have identified a shared training need, two regions may plan an event together and request up to \$3,000 for the two regions.

**Grant Priority:** Priority is given to learning opportunities that have not been addressed in the region and there is an identified need. Include follow-up activities such as consultation, mentoring, and/or reflective practice. Follow-up could be in person or it could utilize technology.

#### Grant Requirements:

- A region is eligible for only one regional collaborative training grant per year.
- Application must indicate collaboration in identifying, planning, sponsoring, delivering, and evaluating the event.
- Events must be listed on the Bright Futures Information System Course Calendar and use the Vermont Common Evaluation Process to evaluate the opportunity.
- Events, including in-service training, that are planned exclusively by one program or agency without a collaborative planning process will not be considered.
- Four letters of support representing a diverse array of community partners will accompany the application. Two of the four letters will be from the region's Child Care Resource Development Specialist and from the Bright Futures Council Regional Representative.

**Grant Submission:** Ensure the application package is complete, including page 3 of the application (Regional Collaborative Training Grant Proposal Cover) and all required enclosures and attachments.

Mail the orginal complete application pacakage and two (2) complete copies to Linda Clark at the address below.

Send an additional copy to your local Child Care Community Support Agency Resource Development Specialist (by mail or email) and keep a copy for your records.

Child Development Division - Regional Collaborative Grant ATTN: Linda Clark 103 South Main Street, 2 North Waterbury, VT 05671-2901 Phone: 800-649-2642; email: linda.clark@state.vt.us

**Payment Information:** Approved grants must have a current Federal W9 Form on file for the approved grantee in order for payment to processed.



DEPARTMENT FOR CHILDREN AND FAMILIES CHILD DEVELOPMENT DIVISION

### Instructions

**This application includes:** an Application Cover Page, and a Proposal Outline. For your convenience a checklist of requirements and a list of Resource Development Specialists is included.

**Definition of collaboration:** Any mixed group of representatives from a cross-section of services who join together as professional peers, from early childhood, child development, health/mental health, family support, or afterschool care, to plan, sponsor, deliver, and assess a professional development opportunity.

**Examples of professional peers:** includes, but is not limited to, child care resource and referral agency; child care provider networks; PreK collaboratives; Head Start/Early Head Start; Essential Early Education (EEE) and Early Education Initiative (EEI); mental health; Child and Adult Care Food Program; regional early childhood/BBF councils; regional Children's Integrated Services teams; and professional associations such as Vermont Association for the Education of Young Children, Vermont Head Start Association, Vermont Child Care Providers Association; Vermont Afterschool.

**Contact person for information or technical assistance on completing this grant:** Lynne Robbins 802-769-6422 or 1-800-649-2642 lynne.robbins@state.vt.us **Application deadlines** August 1 November 1 March 1

Refer to this checklist to make sure your application is complete.

□ Planning process is collaborative and includes partners.

□ Resource Development Specialist is involved in coordination or support of this event.

□ Application is approved by a local inclusive council or network.

□ Four letters of support are included from the Resource Development Specialist (required), and other relevant community partners.

□ Instructors are identified and qualified. (preference to instructors listed in the Vermont Instructor Registry)

□ Format of the learning opportunity is described.

□ Is follow-up, reflective practice, or mentoring a component of the event?

□ Outreach and promotion efforts are identified, and event will be listed on BFIS.

□ Evaluation includes the use of the Vermont Common Evaluation Process, and a sample evaluation form is included with the application.

□ Budget is itemized, balanced, and other forms of revenue are listed.

□ Food is not included in the costs covered by the grant.

## **Regional Collaborative Training Grant Proposal Cover**

Person preparing this request (Print)_		Title
Agency/Organization Name		
Address		City
State	Zip	
Email		9-digit Federal Tax I.D.
Amount of Funds Requested		

- 1. Title of proposed regional collaborative professional development opportunity.
- 2. Brief summary describing the opportunity. (2-3 sentences)
- 3. Indicate the target populations(s) for this professional development opportunity. For example, early interventionists, teachers, parents, early childhood mental health consultants, and so on.
- 4. Estimate the number of individuals who will attend this opportunity.
- 5. Indicate the populations whose services will be enhanced as a result of having taken this professional development opportunity. For example, the children or families who will benefit by providers or parents having increased knowledge in this area, such as infants and toddlers, children with special health needs, children living in difficult situations, mothers suffering from post-natal depression, and so on.

I certify that the information contained in this application is true and correct, and that this program will comply with applicable eligibility criteria of the Federal Child Care Development Fund which includes not discriminating or barring participation in this program on the basis of race, religion, sex, color, handicap or national origin. I understand that if the funds granted are not used for the purpose requested, the funds must be returned to the Child Development Division.

Applicant's Signature	Date

http://dcf.vermont.gov/cdd

Use the following outline to prepare your proposal. Be sure to number each section and use the same headings as in the outline below.

#### 1) Planning Process

□ Describe the collaborative process used to identify the need for the training.

□ Define the goal or purpose of the training, including how the topic chosen addresses the identified gap. Reasonable research into the availability of comparable training statewide and/or in adjacent regions is expected.

Attach a list of names and titles of the professionals involved in the collaborative planning.

□ Describe how this professional development event supports your region's priorities for courses, workshops and in-service training.

#### 2) Instructors

□ List the names and titles of proposed or scheduled instructors. Describe their qualifications and any other reason for selecting that individual or group to deliver this professional development event. Include their fee here and in #6 below.

□ It is expected that instructors you hire will be listed in the Northern Lights Instructor Registry. Some exceptions may apply. For questions or to join the Instructor Registry visit the Northern Lights website www.northernlightscdc.org or contact the Northern Lights Career Development Center, Instructor Registry Manager at 802-885-8374.

#### 3) Format

Describe the format of the learning opportunity. Include the following:

□ Draft agenda and outline including learning objectives, methods of instruction (lecture, small group, audiovisual, scenarios, etc.).

□ Location and proposed dates.

□ Projected attendance. (how many people you anticipate in the training)

Description of follow-up consultation, mentoring and/or reflective practice activities, if any.

#### 4) Documentation of Professional Development Form

□ Submit a draft of a completed Documentation of Professional Development (DPD) Form that will be used for this learning opportunity. Contact your Resource Development Specialist for a copy of this form. You are expected to use the DPD form and to submit attendance forms to the Northern Lights Career Development Center and to the CDD as part of your final report on the grant award. This does not preclude the use of additional documentation forms such as certificates or CEUs.

#### 5) Promotion

The event must be listed on the Bright Futures Information System (BFIS) Course Calendar. For assistance posting the event on BFIS, contact Northern Lights at professional.development@ccv.edu
Describe other methods of advertisement and promotion, how participants will be recruited, and how anticipated levels of attendance will be met.

#### 6) Evaluation

□ Describe formal and informal methods to be used to evaluate the effectiveness of this event. Evaluations are expected to incorporate the use of the Vermont Common Evaluation System. Attach a sample evaluation form or assessment plan that is linked to the learning objectives and competencies of the event.

#### 7) Budget

□ Attach a balanced budget and budget description that includes itemized expenses and documentation of costs. Include any additional or potential revenue to help cover the costs of the event. Food cannot be included as an expense to be funded through this grant.

## **Resource Development Specialists by District**

Middlebury AHS District	Bennington AHS District
Amethyst Peaslee	Sharron Harrington
Mary Johnson Children's Center	Bennington Child Care Association
81 Water Street	PO Box 829
Middlebury, Vermont 05753-0591	Bennington, Vermont 05201
resource@mjccvt.org or 388-4304	sharington@sunrisepcc.com or 447-6638
St. Johnsbury AHS District	Rutland AHS District
Kim Buxton	Rosie Piontek
Kingdom Child Care Connection @ Umbrella	Child Care Support Services @
1222 Main St., Suite 301	Vermont Achievement Center
St. Johnsbury, VT 05819	88 Park Street
kim@umbrellanek.org or 748-1992	Rutland, Vermont 05701
	rosiep@vac-rutland.com or 775-2395
Springfield AHS District	Burlington AHS District
Kim Kiniry	Amy Conant
Springfield Area Parent Child Center	Child Care Resource
2 Main Street	181 Commerce Street
North Springfield, VT 05150	Williston, VT 05495
kimk@vermontel.net or 886-5242	aconant@childcareresource.org or 863-3367
Barre AHS District	St. Albans AHS District
Claire Berry	Michelle Trayah
The Family Center of Washington County	The Family Center of Northwestern Vermont
383 Sherwood Drive	130 Fisher Pond Road
Montpelier, VT 05602	St. Albans, VT 05478
claireb@fcwcvt.org or 802-262-3292	mtrayah@ncssinc.org or 524-6554
Brattleboro AHS District	Hartford AHS District
Nancy Witherill	Chris Pressy-Murray
Windham Child Care Association	Christine.A.Pressey-Murray@dartmouth.edu
130 Birge Street	Cindy Binzen
Brattleboro, VT 05301	Cindy.Binzen@dartmouth.edu
nancy@windhamchildcare.org or 254-5332	
	Child Care Project
	17 1/2 Lebanon Street, Suite 2
	Hanover, N.H. 03755
	800-323-5446
Lamoille AHS District	Newport AHS District
Daniela Caserta	Ines Abdelnour
Lamoille Family Center	70 Main Street, PO Box 346
480 Cadys Falls road	Newport, VT 05855
Morrisville, VT 05661	iabdelnour@nekcavt.org or 334-7316
dcaserta@lamoillfamilycenter.org or 888-5229	