

## **Community Partnership for Protecting Children**

"Promoting positive home and community environments to encourage safe, healthy, and successful children and families."

## Mini-Grant Application Form FY2023

Date:				
Group/Organization Name:				
Contact Person:				
Phone number:	E-mail address:			
Name of activity/event:				
Date(s) for activity/events:				
Number of youth involved:	Number of families/parents involved:			
Who is your target audience? (e.g., at-risk youth, general public)				
	ivity/event?			
Which strategy of CPPC does this event/pr	<b>rogram meet?</b> (see instructions for descriptions)			
Community/Neighborhood Networking	Shared Decision Making			
Individualized Course of Action	Policy & Practice Change			
How does it meet the identified strategy?	(see instructions for examples)			
Describe activity/event:				

How will this promote positive home and community environments and encourage safe, healthy and successful children and families?:

How will you market this program to the public and get interested parties to your event? \_\_\_\_\_

Johnson County Community Partnership SDMT

Submit application to: Laurie Nash Johnson County Social Services 855 S. Dubuque St. Ste 202B Iowa City, Iowa 52240 <u>Inash@johnsoncountyiowa.gov</u>

## CPPC Mini-Grant Budget Form Funds must be expended July 1, 2022 – June 30, 2023

## Amount of funds requested and Itemized Budget (\$500 or less): \$\_\_\_\_\_

(please provide detailed, itemized budget on separate sheet; include total program budget and all funding sources)

Description of how funds will be used: \_\_\_\_\_

What other funders are involved? \_\_\_\_\_\_

	Total Budget	CPPC Request	Other funding
Staff time			
Curriculum			
Food			
Marketing materials			
Participant			
handouts/materials			
Other (be specific)			
Other (be specific)			