



Annual Grant Application

Due: November 14, 2025

**Project Period:
April 6, 2026 through March 31, 2027**

**304 W. State St.
Boise, Idaho 83702
Phone: 208-386-9317**

www.idahochildrenstrustfund.org



Idaho Children's Trust Fund (ICTF) Annual Year Grant Application Form**Project Period: April 6, 2026 through March 31, 2027****Grant Award Range: \$1,000 - \$10,000**

Name of Applicant Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Website URL (address), if available: _____

Phone: _____ E-mail: _____

Federal Employer Identification Number (EIN): _____

Unique Entity Identifier (UEI) number: _____

Project Title _____

Program Contact: _____

Fiscal Contact Person: _____

Official Authorized to Sign Contract

Name and Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Authorized Signature _____ Date _____

The Idaho Children's Trust Fund (ICTF) is accepting proposals that address child abuse *and* neglect prevention. This grant opportunity is for short-term (annual) projects.

Idaho Statute states, "Programs contracted for with moneys are intended to provide prevention services. Prevention services mean any community-based education or service program designed to prevent or alleviate child abuse or neglect and **shall not include direct treatment programs.**"

This funding is available to public or private non-profit and faith-based organizations, government agencies, (e.g. schools or health departments) or qualified individuals who provide **community based educational or service programs designed to prevent child abuse and neglect.** Entities must have an Employer Identification Number (EIN), Unique Entity Identifier (UEI) Number, an identified fiscal agent, and must provide certificates of commercial general liability insurance, worker's compensation insurance, and W-9 form with their grant application. Applications that do not have these will not be accepted.

Project Summary

Provide a brief one paragraph Executive Summary of your proposal. Describe the who, what, when, where, how, and why of your proposed project.

Applicant Information

1. In 200 words or less:
 - a. state the applicant's mission, vision, and a short history of the organization.
 - b. describe the applicant's experience providing child abuse and neglect prevention strategies and promoting family well-being.
 - c. describe the applicant's qualifications to receive and administer grant funds, manage reporting requirements, and deliver proposed services.
2. Have you received prior grants from ICTF? Yes___ No___
3. The ICTF Board of Directors requires that you advertise and promote the Idaho Children's Trust Fund if your project is funded. Are you willing to do this? Yes___ No___

Project Information

4. In 500 words or less describe your project **with as much detail as possible** and how it will embed and build protective factors, strengthen families and communities to prevent child abuse and neglect **BEFORE** it ever occurs. Be specific.
 - a. Cite research about the need for and efficacy of the project you are proposing.
5. Use the timeline below to describe the steps you will take to achieve project outcomes and include key staff/volunteers, their qualifications, roles, and responsibilities for this project. Use additional paper if necessary. Do not include resumes.

Project	Action Steps	Person Responsible
April 2026		
May		
June		
July		
August		
September		
October		
November		
December		
January 2027		
February		
March		

6. In 500 words or less, describe an assessment of community needs and identify the target population this project will serve (geography, population, economic conditions, etc).
7. Fill in the blank-
 - a. It is estimated this project will serve _____ adults/children/families/people during the project period. Specify whether you will serve adults, children, families or people.
 - b. In one sentence indicate the evidence-based rating of your project/program and which clearing house was used to rate your program. To find this information, use the FRIENDS Clearinghouse

Crosswalk. <https://friendsnrc.org/evaluation/evidence-based-practice/ebp-crosswalk/>. It is not a requirement for your project/program to be rated on a clearinghouse to be funded.

Example- Our project is *Circle of Security* which is listed as *Promising* by the *CBCAP Evidence Rating*.

c. Check which one best fits. This project...

___ Is new for our organization ___ Maintains an existing program ___ Expands an existing program

8. List your key community partnerships and what role they will play in your project. If your project does not include community partners, mark NA.
9. Sustainability is the process through which **prevention practices** become the norm and are integrated into the ongoing capacity of the community. In 100 words or less, describe how your project will be sustainable based on this definition.
10. April is Strengthening Families Month. Will your project be involved in raising awareness for strengthening families and child abuse prevention through activities, education, and public awareness? Yes ___ No ___
 - If yes, explain how in 50 words or less.
 - Does your organization currently participate in the regional committee for Strengthening Families Month? Yes ___ No ___
 - If yes, what is the name of the person/people?
 - If no, are you or someone in your organization interested in joining the regional committee?

Evaluation

11. In 100 words or less, describe your plan for quantitative and qualitative evaluation.
12. Will you use the Protective Factor Survey 2 (PFS2)* as an evaluation tool?
 - ___ Yes, it's appropriate and we will use it
 - ___ Yes, it's appropriate but we don't intend to use the PFS2. We plan to use ___, a valid/reliable evaluation tool instead and here's why___.
 - ___ No, it's not appropriate but we will use ___, a valid/reliable evaluation tool instead.
 - ___ Other. Please explain

*ICTF encourages the use of the Protective Factor Survey 2 Retrospective (PFS2). It is not appropriate for all programs. The PFS2 is appropriate when the length and duration of a program can measure a difference in one or more protective factors. A copy of the PFS2 is on the ICTF website.

Logic Model and Project Outcome Accountability

13. Complete the ICTF Logic Model at the end of this document. Examples for each category can be found on the main page of our website under annual grant application. Follow the instructions and use the information provided by the Center for the Study of Social Policy <https://cssp.org/resource/about-strengthening-families/>. Note- your measurement tool identified on your logic model should match your answers to questions 11 & 12.

Budget

Please use the following budget form to show all expenses and income for the project. Explain the budget justification/narrative for how the funds will be used. Use additional paper if necessary. An example is below.

Expenditure Categories	Funds Requested From ICTF	Other Funds Received for this Project (Specify Cash or In-Kind).	Budget Justification/Narrative	Total
Personnel				
Supplies				
Training/ training Materials				
Printing/Copying				
Travel				
Marketing / Communication				
Other (specify)				
TOTAL				

Budget Justification Narrative EXAMPLE-

Personnel- 4 hours a week @ \$20/hour for Parenting Class Facilitator x 6 week class = \$480

4 Parenting Classes a year x \$480 = \$1,920

Supplies- snacks and coffee for training sessions \$20 per session x 52 sessions = \$1,040

Training- 4 facilitators trained @ \$150 each = \$600

Training manuals- Nurturing Parenting curriculum, 3 sets @ \$75 = \$225

Certificates of Insurance, W-9

- ✓ Include the applicant organization's certificate of commercial general liability insurance.
- ✓ Include the applicant organization's certificate of worker's compensation insurance.
- ✓ Complete and include a W-9 form. (Available on ICTF website)

Closing Date

- ✓ Electronically send the entire application packet including certificates of Insurance, W-9, and logic model in **ONE PDF DOCUMENT** to Kim.Hemmert@ctf.idaho.gov by 5pm on November 14, 2025. Email submissions with multiple attachments will be returned.
- ✓ Please use the following naming conventions **in the subject line**: your organization name_ICTF annual grant 2025.pdf. For example: WeLoveKids_ICTF annual grant 2025

For questions or technical assistance, please contact ICTF Grants Manager, Kim Hemmert, at Kim.Hemmert@ctf.idaho.gov or (208) 386-9317



LOGIC MODEL

Organization Name: _____ Project Name: _____

Population Served:

Population Need(s) to be Addressed by Project:

Services:

Only address the protective factors strategies relevant to the desired outcomes for your project.

Project Strategy/ Protective Factor	Outcome	Indicator (how you know if participants have achieved this outcome?)	Measurement (how will you measure change?)	How it meets your overall short-term or long-term goals?
Project Strategy/Parental resilience: Being strong and flexible. The ability to manage stress and function well when faced with challenges and adversity				
Project Strategy/Social connections: Parents need positive healthy relationships with friends and community that provide emotional support and informational assistance				
Project Strategy/Knowledge of parenting and child development: Parenting is part natural, part learned. Understanding child development and parenting strategies that support appropriate practices and behavior expectations for developmental domains				
Project Strategy/Social and emotional competence of children: Parents engage in positive parent child interactions, demonstrate emotional regulation and model healthy relationships, to assist children to communicate their needs and emotions effectively				
Project Strategy/Concrete support in times of need: Everyone needs help sometimes. Concrete access to formal and informal supports to help minimize stress caused by challenges				