

LASSEN COUNTY
CHILDREN & FAMILIES COMMISSION
 Minutes, April 13, 2007, 1:30 p.m. – 3:30 p.m.
 Regular Meeting and Annual Strategic Plan Review
 1345B Paul Bunyan Road
 Susanville, California



PRESENT: Commissioners, Doug McCoy, Mae Sherman, Melody Brawley, Bob Pyle, Janice Foster, Mae Sherman, Amiee Osborn, and Elizabeth Elam; Alternate Commissioners Kathy Colvin and Linda Tangenberg, and Staff, Laura Roberts

ABSENT: Commissioners Barbara Malone, and Brenda Poteete, and Alternate Commissioner Brian Dahle

FACILITATOR: Sarah Boxx, Social Entrepreneurs

VISITORS: Camille Young, Melissa Rojas, Shirley Foltz, Roberta Pangallo, Rebecca Roberts, Deborah Ruggiero, Mark Naseath, Elizabeth Krier, Tammie Vial, and Jeannie Huber

CALL TO ORDER, WELCOME AND INTRODUCTIONS: Chairman Doug McCoy called the meeting to order at 9:15 a.m. Everyone introduced themselves and all were welcomed by the Chairman.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF AGENDA: The purpose of the meeting today is to conduct the annual review the strategic plan. The agenda, which is attached to these minutes and incorporated herein, was prepared by Social Entrepreneurs, consultants and facilitators of the strategic plan review day. Prior to turning the meeting over to the facilitator, the Commission conducted one item of business. Commissioner Brawley moved that the following transfer of funds be approved for payment of expenses. Commissioner Sherman seconded the motion. There was no discussion, the motion was approved. Transfer of funds is approved for the following expenses:

<u>Vendor</u>	<u>Amount</u>	
Pathways	\$ 5,000.00	BHI Project April
Pathways	\$ 12,500.00	Home Visiting Project April
Pathways	\$ 7,800.00	Executive Director Contract April
Pathways	\$ 597.72	Copies/Postage February & March
Bailey Data Management	\$ 1,200.00	Online Data Management System Development
SEI	\$ 1,137.50	Evaluation Contract, February
First 5 California	\$ 2,000.00	First 5 Annual membership dues 2007-08
SEI	\$ 3,231.16	Evaluation Contract, March
Feather Publishing	\$ 129.60	RFP ad Home Visiting/School Readiness
	Total \$	33,595.98

The meeting was turned over to Sarah Boxx, facilitator for the Annual Strategic Plan Review.

AGENDA ITEM 2: RESULTS OF PRE-RETREAT SURVEY: Sarah Boxx reviewed the current trends and conditions evident in the 2007 community survey results. The power point is attached to these minutes and incorporated herein by reference. A question arose as to how many respondents were from agency vs. consumer respondents. Sarah Boxx indicated that the question was not on the survey document that would identify provider vs. consumer; however, the results of the survey are still very similar to the large needs assessment that was done in 2005.

AGENDA ITEM 3: FIRST 5 ACCOMPLISHMENTS AND LESSONS LEARNED IN 2005-2006: Executive Director Laura Roberts presented information reflective of First 5 accomplishments. The Power Point is attached to these minutes and incorporated herein by reference.

AGENDA ITEM 4: MISSION, GOALS, OBJECTIVES AND INDICATORS: The existing Vision and Mission was reviewed. The vision statement was affirmed as is:

VISION STATEMENT

All Lassen County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

The mission statement was revised to read as follows:

MISSION STATEMENT

The Lassen County Children and Families Commission is designed to support and encourage, on a county-wide basis, a comprehensive coordinated system of early childhood development services. The focus of the Commission is on quality health care, child care, parent and early childhood education. The Commission will offer prevention and intervention programs for children, prenatal through five years of age, and their families. Children, parents and caregivers will be provided opportunities necessary to foster secure, healthy and loving attachments (i.e. relationships).

A handout to guide discussions for Agenda Items 4 and 6 was distributed prior to the meeting. The Handout is attached to these minutes and incorporated herein. Agenda Item 4: Goals, objectives, and indicators were reviewed and revised to read as follows

AGENDA ITEM 4 CONTINUED: 2007-2008 GOALS, OBJECTIVES AND INDICATORS

The Commission addresses four focus areas: 1) Improved Family Functioning: Strong Families; 2) Improved Child Development: Children Learning and Ready for School; 3) Improved Child Health: Healthy Children; and 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services. First 5 Lassen County Children and Families Commission has focused its goals and strategies in these four areas since its inception. It has worked to build and support an effective infrastructure which could in turn provide needed services and programs to the county's children prenatal to five and their families.

Following are the goals and objectives which will be pursued by the Commission for the coming year and beyond.

Result Area: Improved Child Development

Children who are healthy in mind, body, and spirit grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation and they live in families that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments. The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in the home, in early childhood development settings and nurtured through community and parental reinforcement. The national association of Elementary School Principals has stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.	
Objectives	Indicators
Objective 1A: 100% children served will progress along a continuum toward school readiness.	<ul style="list-style-type: none"> • Proportion of parents/caregivers served with increased knowledge of optimal parenting practices and involvement in their child's development and education • Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development (SR indicator)
Objective 1B: 50% of parents / providers who participate in trainings will implement skill or strategy learned.	<ul style="list-style-type: none"> • Proportion of child care providers participating in training and education events • Proportion of children in child development settings who adapt / transition easily to school setting, separate from their parents, and are eager to learn

Result Area: Improved Family Functioning

Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon care givers for survival and nurturing. It is the interaction of the parent or primary care giver with the child that shapes the child's view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.	
Objectives	Indicators
Objective 2A: 60% of parents served will demonstrate increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles.	<ul style="list-style-type: none"> • Proportion of parents/caregivers served with increased knowledge of effective parenting practices and involvement in their child's development and education • Proportion of parents/caregivers utilizing health and wellness opportunities (e.g., New Parent Kits, classes / workshops, home visits, clinics, etc.) • Proportion of parents/caregivers served adopting improved nutrition, health and physical activity practices
Objective 2B: 100% of Lassen County parents of newborns will be offered a New Parent Kit.	<ul style="list-style-type: none"> • Proportion of Lassen County parents accepting New Parent Kits
Objective 2C: 100 high-risk families will be provided home visits annually.	<ul style="list-style-type: none"> • Number of high-risk families referred for services • Number of high-risk families served through home visiting

Result Area: Improved Child Health

Health encompasses well-being of families with children ages 0-5, and addresses the aspects of physical, mental, oral health, physical activity and nutrition. Access to health care services continues to be a problem for families in the county, as health providers leave the county, decide to work for the prison, or simply quit accepting new and/or Medi-Cal clients. The ratios of health providers (physical, dental, and mental/behavioral health) to community members is far too low to meet needs. Not surprisingly, access to all types of health providers was among the top priorities identified in the 2006 Needs Assessment.

Goal 3: Every child prenatal through age five will achieve optimal health potential.	
Objectives	Indicators
Objective 3A: 80% of families served by First 5 programs will increase utilization of child physical and emotional health services.	<ul style="list-style-type: none"> • Proportion of persons utilizing, and attendance rates for, physical, mental and emotional health services • Proportion of children with improved health (mental, physical, emotional) • Proportion of children who receive annual exams (dental and physical)
Objective 3B: Increase by 5, the number of health service options.	<ul style="list-style-type: none"> • Number of local health service options by location throughout the county • Proportion of children with health insurance by program at time of family enrollment / intake

Result Area: Improved Systems of Care

This Improved Systems of Care result area is intended to serve as a screen for implementing programs to achieve results in the other areas. It is not intended to suggest that private and public systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues only produces more fragmentation and does not efficiently use and maximize the existing available resources; and may actually deter the achievement of sustained long-term results for children and families. Integrating services into a “consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.

Goal 4: Encourage and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.	
Objectives	Indicators
Objective 4A: Shared visions among public and private partners are in place that remove access barriers and result in increased participation.	<ul style="list-style-type: none"> • A plan for coordinated county services and shared resources • A common set of goals, outcomes and indicators within First 5 funded programs and initiatives (Home Visiting, Behavioral Health, CARES and Oral Health) • Family Resource Centers have increased, diversified funding

AGENDA ITEM BREAK AND TRANSITION TO LUNCH: The meeting took a break from 11:30 until 12:00 for lunch. The meeting reconvened at Noon and Item 5 on the Agenda was conducted. Amiee Osborn and Melody Brawley conducted a presentation on Emerging Trends and Best Practices in Prevention and Early Intervention entitled “The Upstream Solution” Making a Difference for the Drug/Alcohol/Tobacco/and Domestic Violence Exposed Child. The power point presentation as well as the Upstream Solution handout is attached to these minutes and made a part hereof.

Agenda Item 6: SELECTING STRATEGIES FOR RESULTS AND LONG TERM SUSTAINABILITY: Sarah Boxx facilitated this item on the agenda. The following strategies were selected for results and long term sustainability:

Implementation Strategies

The result areas, goals and objectives described in the previous section are clearly interrelated and therefore the strategies selected to achieve them should also be interconnected. The domains they encompass – prenatal care, child health, preschool education, child care, family support, parent education and community building – ideally should form a “coherent whole that can be sustained over time and will produce widely valued outcomes for young children and their families.”

This section of the strategic plan describes the strategies that will be pursued to achieve the goals and objectives described in the previous section; and how these strategies combine to integrate early childhood development into a consumer-oriented and easily accessible system.

Implementation Strategies

As noted earlier in the “First 5 Achievements” section of this plan, First 5 Lassen’s overall approach to service delivery is through collaborated systems that integrate early childhood development activities into a coherent whole. That continues as an underlying premise for the strategies described in this section. As an example, school readiness activities and services are implemented in other areas of the county beyond Westwood (the qualifying area), because of the demonstrated benefits of these service approaches. Other examples of how First 5 Lassen strategies blend childhood development activities is its use of Home Visiting to link families to other needed services, including public and private agencies and programs, Family Resource Centers, and the Commission’s Oral Health and Behavioral Health Initiatives. In this way the Commission can more effectively support coordinated early childhood development services that result in a system of care that is easily accessed by families.

To determine which strategies to include in this year’s strategic plan, the planning participants reviewed current strategies and discussed new possibilities for achieving results toward the long-term goals and objectives. The group took into consideration how 2007 survey participants rated current strategies and their comments and suggestions for improvement. Ultimately, the group decided to focus on implementing fewer strategies. The clear interrelationships between the goals – for example, children’s health and families’ functioning directly affects children’s readiness to succeed in school - create opportunities to use *integrated* strategies that address multiple issues rather than approaching each issue in isolation. In addition, *targeted* strategies are needed to focus on a single goal or objective in order to supplement the effects of the integrated strategies. All but three of the strategies developed for this strategic plan are considered integrated.

The table that follows lists the strategies that have been adopted identified for the 2007-2008 Strategic Plan update, as listed below. The result areas impacted by the strategies are noted with a “◆” symbol.

STRATEGIES

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. They are the activities and actions which will be pursued; they describe “how” and with whom.

Strategies	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
A. Behavioral Health Initiative. Continue to partner with public agencies and other organizations to expand the research-based BHI in order to provide early interventions and supports, including coaching and training parents and early childhood service providers, to more effectively handle children’s challenging behaviors.	◆	◆	◆	◆
B. Child Development Training. Collaborate with partners to develop, promote and participate in trainings to improve child development outcomes.	◆	◆	◆	◆
C. Electronic Resource and Referral. Continue support and development of an electronic resource and referral directory with a web-based referral component.	◆	◆	◆	◆
D. Family Resource Centers. Continue to advocate for Family Resource Centers.	◆	◆	◆	◆
E. Home Visiting. Continue to coordinate with public and private agencies to delivery countywide school readiness programs and activities through implementing First 5 Lassen’s home visiting program.	◆	◆	◆	◆
F. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs.	◆	◆	◆	◆
G. Tobacco Cessation. Partner with Tobacco Use Reduction project and other systems to extend information and referral services regarding tobacco cessation services.	◆	◆	◆	◆
H. Mini-Grants. Sustain mini-grant program and award mini-grants that are consistent with the mission and vision, and current priorities of the Commission.	◆	◆		◆
I. Oral Health Initiative. Continue to work with Oral Health Task Force and other partners to maintain funding for the hospital and conscious sedation treatment programs; the fluoride varnish and sealant program; training, case management, and a public awareness campaign.	◆		◆	◆
J. CARES. Continue implementation of CARES to build providers’ capacity and increase quality, educational level, and retention of child care providers / early development programs.	◆			◆
K. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting.				◆
L. Coordinated Needs Assessments. Partner with identified public and private agencies to develop a consolidated assessment of service needs				◆

Strategies	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
and gaps at intervals not greater than 5 years.				
M. Diversified Funding. Establish Medi-Cal Administrative Activities (MAA) claiming plan for Oral Health, Behavioral Health, and build on success of claiming plan for home visiting.				◆

A fifteen minute break was taken after which the meeting reconvened to consider funding priorities and processes as well as evaluation approaches. Evaluation strategies were reviewed and modified to read as follows:

Evaluation

Evaluation is critically important to the long term success of First 5 Lassen County Children and Families Commission. Over the past two years the Commission funded the development of results-based accountability plans for its major funded programs and initiatives, including Behavioral Health, Oral Health, CARES and Home Visiting. The evaluation plans are used by the Commission and our grantees to collect and analyze meaningful data and information on a regular basis so that we can make “course corrections” where needed and leverage successful practices and programs wherever possible. Our evaluation strategies are intended to provide us with a continual flow of information on unmet needs, where fragmentation still exists, which services or projects are having the best outcomes, and the degree to which we are meeting the changing needs of the target population. In addition, the evaluation plans meet the new state evaluation framework requirements.

The ongoing evaluation of progress toward achieving goals and objectives in the four major result areas is the joint responsibility of funded programs and organizations, First 5 Lassen County Children and Families Commission staff and Commission members, and a contract evaluator.

Objectives

There are four primary objectives for evaluation:

- Determine the effectiveness of programs, services and systems supported by Proposition 10 funds
- Increase providers’ capabilities to evaluate services
- Provide continuous information to the Commission and the community on the status of services of young children and their families in Lassen County
- Meet the Statewide Evaluation Framework Requirements

The major funded grants and initiatives capture program data using tools and an encrypted, central database on a daily or weekly basis, depending on the service delivery frequency. By capturing program data in this way, the Commission is able to address evaluation questions within three overarching areas: 1) what did the Commission do; 2) how well did the Commission and its funded programs do; and, 3) what differences did programs make in child health, school readiness, family functioning, and systems integration?

The Commission will track a series of indicators to monitor progress for specific goals and objectives (see the “Goals, Objectives and Indicators” section of this plan). This data, along with periodic updates to the Community Needs Assessment data, will allow the Commission to gain an understanding of the health, safety and school readiness of children overall, as well as improvements to the service delivery system.

Strategies

In order to achieve its objectives the Commission has instituted protocols for collecting, analyzing and reporting on outcome data on a regular basis from both mini-grants and major funded programs.

Evaluation is essential to ongoing system improvements and ensuring services are consumer-oriented and easily accessible. Mini-grant recipients will be evaluated at the conclusion of the project, and will be expected to provide data and

information specific to the purpose of the funded request. Standard templates or report formats will be provided to the grantees in order to simplify the reporting and analysis functions, both for the grantee and the Commission staff.

Major funded programs and initiatives (referred to collectively as major grantees) will be evaluated according to the process described below and outlined in more detail in each of the specific evaluation plan documents. The evaluation plans identify and clearly articulate the program or initiative inputs, activities outcomes, indicators/performance measures, reporting expectations and milestones. Evaluation is an ongoing process that is expected to result in enhancement to existing data collection and reporting tools over time.

Major grantees will be expected to use the data collection tools and templates developed through the evaluation design and refinement process to capture program data on a daily and/or weekly basis. Data will be synthesized and reported on according to the key indicators or performance measures selected by the grantees and documented in the Scope of Work, that align with the Commission's strategic goals, objectives and indicators (see the "Goals, Objectives and Indicators" section of this plan). A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other avenues.

Currently funded major grantees will report quantitative and qualitative data (quadrants 1 through 4 in the evaluation plans) throughout the contract period. New grantees will be expected to report quantitative data during the first six months of their contract period as they learn to use the evaluation tools and templates. After that, the new major grantees will also report data and outcomes in all four evaluation quadrants throughout the remainder of the contract period.

Specific program data will be input daily or weekly (depending on service frequency) by each major grantee into program-specific evaluation tools and templates and the First 5 Lassen integrated database system, or other systems as required by the Statewide Evaluation Framework. Additionally, a program data summary will be provided to the First 5 Lassen County Children and Families Commission Executive Director monthly, along with a brief narrative report. A standard template for this report will be provided to the grantees by First 5 Lassen County Children and Families Commission so that grantees' information can be easily summarized for presentation to the Commission and community members. The monthly report is specifically designed to capture information about progress, including what's working well and where the grantee is experiencing difficulties. This will provide First 5 Lassen County Children and Families Commission staff and the contract evaluator information necessary to help the grantee "course correct" in a timely manner. The report includes program data and a narrative describing the results and progress by each outcome area.

On a quarterly basis, major grantees will be expected to include updates to their project budget and the number of persons served and services delivered. Again, a standard report template will be provided for grantees to use.

The evaluation reports will be used by the staff, Commission and community members during the annual strategic plan review process to identify opportunities for improving child health, school readiness, family strengthening, and service delivery systems.

Funding

This section describes First 5 Lassen County Children and Families Commission funding priorities and the methods and processes for fund allocation.

Commission funds will not be used to supplant current expenditures, but rather to supplement, enhance or to fund new programs, services and infrastructure needed to create a consumer friendly, comprehensive, and coordinated system of early childhood development programs. To the maximum extent possible Proposition 10 funds will be used as leverage to obtain other resources needed to meet the goals and objectives of the strategic plan.

Funding will be consistent with the needs identified for children ages prenatal through age five and their parents, and with the goals and objectives outlined in this strategic plan. Furthermore, First 5 Lassen will continue to comply with applicable state laws governing contracting and procurement.

Guiding Principles
The mutually held values that serve to guide decision making and actions, in this case related to the Commission's funding priorities.

Guiding Principles for Funding

Funding decisions for all requests shall be based on the following guiding principles set by the Commission, which take into account the Commission's desire to address the needs of the children in all of Lassen County's Communities in an efficient and effective manner. The Principles on Equity served as the foundation for developing the 14 Guiding Principles described here.

- Comply with new state fiscal management guidelines and adopted Commission policies.
- Support the principles on equity
- Comply with administrative and in-direct cost established by the Commission
- Allow for distributing funding equitably across the program components and priorities
- Create a level playing field amongst applicants for funding
- Support the goals and objectives of the strategic plan
- Show evidence of effectiveness in addressing the goals and objectives of the strategic plan
- Demonstrate a need for funding from the Commission
- Move toward service coordination, accessibility, collaboration and comprehensive services
- Are responsive to the diverse need of the children and families in this County
- Are supported by community input
- Will build on community strengths, will build capacity and will reap long-term benefits to the children and families in each of Lassen County's communities including meeting the special needs population in our County
- Additionally, the last two principles will be applied for decision-making related to large grant requests (over \$7,500):
- Include a quality evaluation component, based on the Commission's evaluation framework and plans
- Include an organized outreach component

Funding Priorities

Funding will be consistent with the needs identified through the community assessment update processes, and with the goals and objectives outlined in this strategic plan. Funding priority will be given to programs and projects whose plans address the following:

- At least one of the strategies and the related objectives and goals outlined in this plan
- The degree to which the Guiding Principles for Funding in this plan are reflected in the proposed project, program or activity
- Methods for ensuring collaboration and overall coordination and integration of services with existing agencies and programs, and efficient use of available resources
- Specific plans for addressing the assessment process as outlined in the evaluation plan(s), and the degree to which the program has effectively participated in and contributed to previous evaluation efforts
- The ability to leverage funds from other sources
- Demonstrates ability to meet best practice standard set for major grants and initiatives, whereby funded programs provide research-based parent education-classes, workshops and playgroups designed to increase knowledge and practice of effective parenting skills, improved health practices, and link participants with schools and/or other community resources

Funding Options and Mechanisms

There are three primary funding mechanisms used to fund the Commission's programs and projects: mini-grants, major program grants, and Commission-driven programs or initiatives. The allocation processes and funding cycles for each are described below.

Allocation Process

Mini-Grants. Mini-grant opportunities are promoted broadly, and may be distributed to anyone interested in applying, as long as the proposed activities and outcomes align with the vision, goals and objectives of the First 5 Lassen County Children and Families Commission. Agencies, groups or individuals interested in applying for a mini-grant will need to submit an application. The funding parameters and specific guidelines and/or limitations for mini-grants is summarized in the Funding Cycles section that follows.

Commission-Driven Programs and Initiatives. The Commission may also work directly with selected organizations and/or conduct projects with its own contracted staff to achieve the objectives described in this plan. Examples include the Home Visiting/School Readiness program, CARES, Oral Health Initiative and the Behavioral Health Initiative. In some cases, the Commission may choose to issue a request for proposals (RFP) to identify additional partners.

Major Grants. Based on availability of funding, the Commission may decide to make larger grants available to organizations to conduct services and projects aimed at achieving the objectives described in this plan. The Commission will designate which objectives or strategies it is soliciting applications for, and qualified organizations (governmental agencies or 501(c)(3) non profits) may submit applications requesting funding for specific services and projects that are targeted to those objectives and strategies.

When the Commission decides to issue a RFP, currently funded programs, agencies and collaborative partners (e.g., CARES, Home Visiting, Behavioral Health and Oral Health) will be notified through established communication methods. At the same time, the RFP will be publicized to the broader community through First 5 Lassen website, newsletters, electronic and print media, public notices and other outreach methods. Prospective applicants will be asked to submit a Letter of Interest/Intent to Apply. Where duplicate applicants or projects have been proposed, the

Commission may request that those agencies, organizations or groups work together to submit a collaborative and coordinated proposal, thereby ensuring services are linked, duplicated activities are streamlined, and administrative costs are reduced.

Proposals may be reviewed and rated by non-interested evaluators with expertise in specific areas. Proposal evaluators will recommend projects for funding to the Commission, who will make the final funding decisions. The Commission will award funding for a three-year period, with the ability to renew funding for an additional three years, based on satisfactory contract compliance. Each year the Commission will review available funding and update funded projects' contracts/scopes of work (SOW) as needed.

Funding Cycles

Mini-grants

Mini-grants are available on an ongoing basis throughout the year, as funding allows. Applicants may request up to \$7,500 in funding through a mini-grant application. Length of time for the mini-grant funding cycle is approximately eight weeks. A description of the application guidelines and process and the complete application form can be found on the Commission's website at: www.lassenfirst5.com.

Commission-Driven Initiatives

If the Commission issues an RFP for a Commission-driven program or initiative, the funding cycle will be the same as that of major grants. Otherwise, the funding cycle for Commission-driven programs and initiatives will be flexible for the first year of funding; and then mirror that of major grants in subsequent years.

Major Grants

The table below outlines the funding cycle for major grants. The cycle may be adjusted as necessary to take advantage of new opportunities or adjust for varying project lengths.

RFP Process Activity	Tentative Schedule	Month in Funding Cycle
RFP Released	March 1	Month one
Letters of Interest/Intent to Apply – two weeks after RFP is released	March 15	Month one
RFP Due four weeks from date of issue	First week April	Month two
Screening and recommendations by external review committee within 20 days of final submission deadline	First week May	Month three
Decision – next regularly scheduled Commission meeting, with time for public notice/posting	May/June	Month three/four
Contract development	June/July	Month four/five

CLOSING AND NEXT STEPS: Sarah Boxx will make the indicated revisions in the Strategic Plan and return it to the Commission for review at their May 3 meeting. The document will be presented for public hearing and action of the Commission at their June meeting. Chairman McCoy thanked everyone and adjourned the meeting at 4PM.

Respectfully Submitted,

Laura J. Roberts
Executive Director