

**JOHNSON COUNTY COMMUNITY EMPOWERMENT GRANT**

**PROPOSAL FOR ENHANCEMENT OF HACAP LIFE SKILLS CLASSES TO  
INCLUDE PARENT EDUCATION CLASSES AND FAMILY NETWORKING  
WITH PARTICIPATION OF FAMILIES WITH INFANT AND YOUNG  
CHILDREN  
(AGES BIRTH TO FIVE)**

**Date:** March 28, 2008

**Provider:** Hawkeye Area Community Action Program (HACAP)  
Rose Petersen, Head Start Director  
1515 Hawkeye Drive Box 490  
Hiawatha, IA 52233  
Phone: 319-393-7811  
Fax: 319-739-0085  
E-mail: rpetersen@hacap.org

**Contact Person:** Nancy Chown, HACAP Johnson County Supervisor  
367 Southgate Ave  
Iowa City, IA 52240  
Phone: 319-337-5765 ext. 5006  
E-mail: nchown@hacap.org

**Amount of program request:** \$7090.00  
**Year 4 of 3-year application**

**ABSTRACT**

The purpose of the Parent Education classes and family networking is to provide education in early childhood development, health care, consumer education/like skills, and community resources as well as to provide informal support networks for families with children 0 – 5 in order to promote healthy children and safe and nurturing families.

A majority of the events will take place at the Waterfront Family Resource Center in Iowa City. Informal networking opportunities will be held at various places throughout the community. Budget line items for this proposal include food, incentives, and funds for networking activities, such as: admission fees or speaker fees and child care costs.

**Proposal Narrative:**

**I. Changes to Program Description**

**For the year 2008-2009 we will be doing nine (9) parent education classes and nine (9) networking activities rather than twelve (12) of each. We have found that the attendance during the summer months have been less than during the academic year. Therefore, we are doing nine (9) of each -- parent classes and networking activities. We continue to provide a nutritious, credible meal that meets CACFP guidelines for families.**

**No changes in audience or eligibility.**

**No changes in projections.**

**No changes in program design.**

**II. Evaluation**

**No changes in outcomes or evaluation tools.**

**Goals are being met.**

**III. Provider Qualifications**

**There have been no change in staff that are providing the program at the HACAP Centers. Nancy Chown is the Area Supervisor for Johnson County, and will be the contact person for this grant as well as Rose Petersen, HACAP HS/EHS Director.**

**Proposed Budget:** The budget is to be on this budget form. Budgets will be based on a program period of July 1, 2008 to June 30, 2009. Include an explanation of the budget and describe how the Empowerment funding will fit within your other sources of funding (tuition, grants, etc). Identify any involvement you may have with the Empowerment Board or its programs. For programs requesting three-year funding, provide separate budgets for each of the three years. Reasonable administrative costs may be included.

Provide details for each line item. For multiple programs, identify each program. For example, "Salaries & Personnel" might include "Program 1 salaries" and "Program 2 salaries". Specific salary details should be in Chart A. Other Revenue details should be in Chart B. For other line items, include details in the budget form. For example, "Program Costs" might include materials and promotion or "Participant Supports" might include child care, incentives, meals, and transportation. You may add additional detail lines where necessary.

<b>July 1, 2008 - June 30, 2009</b> <b>WF</b>	Total Program Cost	Empowerment Request	Other Revenue (detail chart B)
Salaries & Personnel detail chart A			
\$10.05 x 45 (hourly rate)	452	452	
58.22% (paid release & fringe)	263	263	
1. Salaries subtotal	715	715	0
Program Costs provide detail			
a.	0		
b.	0		
2. Program Costs subtotal	0	0	0
Participant Supports provide detail			
Incentives \$125 p/month x 18 events	2250	2250	
Meals \$125 p/meal x 18 events	2250	2250	
Networking Activity fees \$150 x 9 events	1350	1350	
3. Participant Supports subtotal	5850	5850	0
Equipment provide detail			
a.	0		
b.	0		
4. Equipment subtotal	0	0	0
Other provide detail			
a.	0		
b.	0		
5. Other subtotal	0	0	0
6. TOTAL DIRECT (total lines 1+2+3+4+5)	\$6,565	\$6,565	0
Administration	0		
Other Indirect	525	525	

7. TOTAL INDIRECT	525	525	0
8. TOTAL EXPENDITURES (total lines 6+7)	7090	7090	0

**Detail Chart A: Salary Costs**

Job Title	% of FTE for project	Total Cost	Empowerment Request	Other Revenue
Asst. Teacher	FTE 0.0375	715	715	
2 per event				
5				
Totals		715	715	0
Above totals should be the same as budget line 1; if these two numbers aren't the same, check the arithmetic		715	715	0
		715	715	0
				0
				from Chart 1 Line 1

**Detail Chart B: Other Revenue**

Source of Other Revenue	Total amount of other revenue from source
1	
2	
3	
Total Other Revenue	0
Total should be the same as budget line 8 far right column; if these two numbers aren't the same, check the arithmetic	
	0
	0
	from Chart 1 Line 8