



# NEW JERSEY CHILD ASSAULT PREVENTION

## 2019-2020 Grant Application

### EARLY CHILDHOOD

NJ Child Assault Prevention (NJ CAP) seeks to improve school climate, strengthen families and reduce students' vulnerability to assault and bullying. NJCAP is funded through the NJ Department of Children and Families and is supported by the NJ Department of Education with 21 County CAP Offices and over 200 program facilitators. To date, NJCAP has trained over 4 million students, parents and school staff. To learn more about the CAP program and network visit [www.njcap.org](http://www.njcap.org).

**Applications must be submitted via email to [njcap.applications@gmail.com](mailto:njcap.applications@gmail.com)**

**Eligibility Criteria:** Only state or federally funded licensed Early Childhood Facilities are eligible for this round of funding. This may include Headstarts, Abbott community childcare centers, those facilities which have voucher slots funded by the Division of Child Protection and Permanency (DCP&P) and any facilities receiving state and federal funds (SSBG, Preschool Expansion, etc.)

**Instructions:** The Early Childhood Facility Administrator will complete the following application, review and sign Implementation Timelines and Contract Criteria, and return it to the CAP State Office by **August 30, 2020**.

Early Childhood Facilities applying for CAP funding are requested to provide **30%** of the total cost of implementation.

The match may only be waived if there is a demonstrable financial need, eligibility for urban aide funding or other related factors. In these circumstances, a waiver letter on **school letterhead** from the Chief School Administrator, must accompany this application. **Exemption requests will not be approved without the waiver letter. Depending upon availability.**

(Please Print)

COUNTY: \_\_\_\_\_

NAME OF EARLY CHILDHOOD FACILITIES: \_\_\_\_\_

NAME OF FACILITY DIRECTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(AREA CODE)

FACILITY ADDRESS: \_\_\_\_\_  
(zip code)

MAILING ADDRESS (If Different from Address listed above): \_\_\_\_\_

**NJ CAP**  
[www.njcap.org](http://www.njcap.org)

**PLEASE COMPLETE THE FOLLOWING:**

- The following should be completed in conjunction with the CAP County Coordinator. The CAP program requires a **1½ hour staff in-service** of continuous time for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **1½ hour parent workshop** is also required for each school; however, where low attendance is anticipated, schools are encouraged to combine these workshops.

The NJ CAP Early Childhood Program is developmentally appropriate for 3½ -5 year olds. NJ CAP grant funding will be awarded based on the total number of workshops implemented, as follows: (see pg.3 for specific information about each program/workshop)

\_\_\_\_\_ # of Preschool Workshops x \$181.00 = \$ \_\_\_\_\_  
 (a max. of 15 children per class)

\_\_\_\_\_ # of Kindergarten Workshops x \$169.00 = \$ \_\_\_\_\_

\_\_\_\_\_ # of Staff Workshops x \$168.00 = \$ \_\_\_\_\_

\_\_\_\_\_ # of Parent Workshops x \$168.00 = \$ \_\_\_\_\_

**TOTAL COST OF IMPLEMENTATION** = \$ \_\_\_\_\_

Facility contribution – 30% minimum = \$ \_\_\_\_\_

State CAP funding = \$ \_\_\_\_\_

**Partial grants may be awarded.**

If the application is not approved for CAP funding, the Early Childhood Facility may still implement the CAP program using other funding sources. Visit the NJ CAP website at [www.njcap.org](http://www.njcap.org) to download additional applications.

- Which type(s) of services do you provide?

\_\_\_\_\_ Head Start

\_\_\_\_\_ Child Care Center (full time)

\_\_\_\_\_ Special Ed/Developmentally Disabled Program

\_\_\_\_\_ School Age Child Care Program

Other (describe): \_\_\_\_\_

- Funding Source:

This funding round is only for government subsidized facilities and those who are eligible for state and federal funds. In order to access your eligibility for CAP Funds, please list your facility funding sources:

Private Profit \_\_\_\_\_ Private Non-Profit \_\_\_\_\_ SSBG \_\_\_\_\_ DCPD \_\_\_\_\_ Abbott Schools \_\_\_\_\_

\_\_\_\_\_Preschool Expansion: provided in \_\_\_\_\_Head Start Facility

\_\_\_\_\_Preschool Facility

\_\_\_\_\_Public School Building

Name of facility: \_\_\_\_\_

If preschool expansion, do you have a signed contract with a school district? \_\_\_\_\_

\_\_\_\_\_

Yes

No

If yes, name of school district \_\_\_\_\_

Does your facility receive any other state or federal funds? (Please include DCP&P funded programs and vouchers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Statement of Need:

Describe why your facility needs the CAP program and the supplemental funding to implement the program.

5. Statement of Support:

Describe how your facility will advertise the CAP program and how the staff, parents and community will be involved.

### EARLY CHILDHOOD CAP CRITERIA

The facility applying for the Early Childhood CAP Program will meet the following criteria:

- a. The facility will support the implementation of the CAP model according to the design of International Center for Assault Prevention (ICAP), including:
  - Teacher/Staff Workshops – Provide 1½-2 hours of continuous and uninterrupted time for teacher inservice.
  - Support Staff - (e.g. bus drivers, crossing guards, maintenance and kitchen staff) will be invited to participate in parent or staff workshops.
  - Parent Workshops - Provide space to conduct a minimum of one, 1½-2 hour parent workshop.
  - Preschool Workshops - Provide one hour on three consecutive days for the classroom workshops including Review Time. The school will allow the post workshop review to take place in the classroom. Children interested in participating in Review Time shall be permitted the time to attend.
  - Kindergarten Workshops - Provide one hour on two consecutive days for classroom workshops including Review Time. The school will allow the post workshop review to take place in the classroom. Children interested in participating in Review Time shall be permitted the time to attend.

Name of facility: \_\_\_\_\_

- b. All Preschool (3½ -5 years old) and Kindergarten Classes within the contracting facility will participate.
- c. The facility will have Board approval (if applicable).
- d. The Early Childhood Facilities will be available for implementation during the time frame of **October 2, 2020 and June 15, 2021**.
- e. **All Early Childhood Facilities will participate in a CAP evaluation process which will require that each teacher complete an evaluation of the classroom workshop and the Facility Administrator is required to complete an in-person exit interview with the county coordinator to be submitted to NJ CAP RTC.**
- f. After the CAP project has finished implementation, the facility administration will continue to encourage their students and parents to utilize CAP strategies in the classroom and in the community.

\_\_\_\_\_  
Early Childhood Facility Administrator Signature

\_\_\_\_\_  
Date

### **TIMELINES/DEADLINES**

**February 2020**– The CAP State Office will have provided Early Childhood Applications to all County CAP Coordinators to be distributed to all interested Early Childhood Facilities within their counties.

**August 30, 2020 – Application Deadline**- All applicants will have reviewed the application with the County Coordinator, completed the application and returned back to the CAP State Office.

**September 30, 2020** - All applicants will have been selected and notified of their grant awards.

**June 15, 2021**- All CAP Early Childhood Workshops will have been completed. Deadline extensions must be approved by the CAP State Office.

**I have read and agreed to the above deadlines and I understand that they are essential for the efficient implementation of the CAP program within my facility. I understand that by signing this document, the Early Childhood facility will be committed to implement the CAP Program as indicated by Timelines/Deadlines and Contract Criteria.**

\_\_\_\_\_  
Early Childhood Facility Administrator Signature

\_\_\_\_\_  
Date