Northwest Early Childhood Area
Professional Development – Mini-Grant

The NECA Professional Development mini grant is designed to enhance the skills, knowledge, and effectiveness of professionals serving children 0-5 years of age, working in community-based services in the counties of Buena Vista, Clay, Crawford, Dickinson, O'Brien, Osceola, or Sac counties. This Early Childhood Iowa service type provides opportunities for workforce development across key categories, including early learning, family support, special needs, health and mental health, and nutrition.

The intent of this mini grant is to extend professional development that is **beyond a program's reach/budget**. The funds are designed to enhance programs and allow staff to attend training for which funding is not available by any other source. NECA is to be considered a funder of last resort and may not supplant other funding sources.

INSTRUCTIONS

Complete the cover page and summary. Using the Mini-Grant Application and Budget answer the questions concerning your plan for professional development. This could include workshops, training sessions, or continuing education programs that equip participants with best practices, evidence-based strategies, and the latest research in their respective fields.

The approach that is aimed to meet one or more of the Early Childhood Iowa Result Areas of: Secure and Nurturing Early Learning Environments, Healthy Children, Secure and Nurturing Families, Safe and Supportive Communities, Ready to Succeed in School.

- Answer all bulleted items on the application.
- A detailed budget for this project will be required - see bottom of application
- All grant recipients must attend/offer approved PD; submit invoices for reimbursement; and have all surveys submitted 10 days after the event, but no later than **5/30/2027**.

Applications will be accepted from November 1, 2026 - March 1, 2027.
Email stating intent to apply must be received by January 2, 2027 – please include the amount requested from NECA. Applications due to NECA by 4:30 pm on March 1, 2027.
The Review Committee will review applications on a monthly basis. Proposals can be as low as $20.00 and not exceed $3,000.00.

Invoice for reimbursement is due 10 days following the event. **Invoices need to include organization/business name, authorized name and signature, date of professional development, detailed expenses that match the approved budget line items, total cost, and the required survey.**

The Professional Development survey will need to be completed by all attendees participating following the event, by using the google form that will be ***emailed to you***. Failure to comply will result in non-payment of the mini grant until surveys are submitted.

Send your proposal to:
northwesteci@gmail.com **and** bvcs.eci.director@gmail.com
Applicants must use the subject line structure as follows: **"NECA PD, Your Program /Organization name, County" Professional Development Mini-Grant Proposal FY27**

Northwest Early Childhood Area
Professional Development – Mini-Grant

Cover Sheet

Organization Information

Name of Organization:	
Contact Person:	
Address:	
City/State/Zip:	
Phone:	
E-mail:	

PROJECT INFORMATION

Project Title:	
Amount Requested: $	
Community & County Served:	
Age of Children You Serve:	
Intended Workforce to be Served:	
Estimated Number of Children/Families This will Impact:	
Anticipated date(s) of professional development:	

Certificate: I hereby affirm that: Information in this application is accurate to the best of my knowledge. Resources are available to meet the goals and objectives included in this application. If awarded, based on my authority, the organization is committed to fulfilling the standard condition identified in this application. It is understood that reimbursement will be issued following completion of the provider development and survey submission.

Signature: Date:

Printed name: Position:

Mini-Grant Application

(Include Cover Sheet with the Mini-Grant Application submission).

Date: _____

- Describe which service type the event is targeted to address:

	Early Learning
	Special Needs
	Family Support
	Health and Mental Health
	Nutrition

- Describe, in detail, how this professional development event will enhance the skills of the intended workforce:
- Describe the increase in knowledge that is expected.
- What tangible improvements in employee skills, performance, and overall organizational outcomes are expected for the attendees (include the number of attendees if applicable)?
- How will implementation and ongoing support be executed to ensure long-term impact?
- Why is this professional development opportunity not covered by another source?
- **Itemized Detailed Budget (you may add more rows if necessary).** Travel and hotel costs are limited to a reasonable distance and allowable state rates that will be determined in review of this application.

Item	Amount requested	In Kind Match	Total amount

End of application

Northwest Early Childhood Area ~ Professional Mini Grant Application

This page is for your information and does not need to be included with the application Professional Development Survey Following the event. To be completed the day of the event but no later than 10 days after the event, by using the google form that will be ***emailed to you***.

Service type of professional development attended met one or more of the following key categories:

	Early Learning
	Special Needs
	Family Support
	Health and Mental Health
	Nutrition

These activities are tracked by category to ensure targeted skill-building and impactful learning experiences. The effectiveness of the professional development opportunities is measured through participant satisfaction surveys. You will be required to use a google form and the link to that form will be shared with you in your approval notice. ***Each participant and/or host*** that utilized NECA Professional Development funds will be required to answer the following survey questions.

Name of the Professional Development	Date:
Name of the agency/facilitator of the Professional Development Event	

Participants Name:

Total # of professional development participants (only if hosting a training)

Were you satisfied with this training?		Yes			No
Can you apply this learning in the future?		Yes			No
Does this experience connect with previous knowledge?		Yes			No
Did this experience change my perspective?		Yes			No
Did this event align with my current career path?		Yes			No
Did this event align with my long-term goals?		Yes			No

Please share a story or highlight about your experience or how this training impacted your career:

Is there anything else we should know? Use this space to clarify or add details related to any previous questions.