

APPLICATION FOR SCHOLARSHIP

Circle of Security-Parenting (COS-P) Professional Training Sponsored by the Psychoanalytic Center of the Carolinas *Cary, North Carolina, March 12-15, 2019*

Submit this application via email by Saturday, January 12, 2019.

Email to Leah Rutchick, Programs Manager, at lrutchick@carolinapsychoanalytic.org. You will receive confirmation that your application has been received within one week. If your application has not been acknowledged, please contact Ms. Rutchick by phone at (919) 490-3212.

The purpose of this grant program is to encourage participation in the Circle of Security-Parenting (COS-P) professional training program by staff or volunteers of **North Carolina non-profit organizations (including faith communities)** that serve disadvantaged families with young children. The Psychoanalytic Center of the Carolinas (PCC) has reserved 10 half-scholarships (in the form of \$450 grants to the non-profit organization) for practitioners who complete the four-day COS-P training being presented at the **One Eleven Place, 111 Realtors Way in Cary, NC 27513**. The dates are Tuesday, March 12 through Friday, March 15, 2019, from 9:00 am to 5:00 pm daily. (Sign-in begins on the first day at 8:30 am.) Information about the Circle of Security Parenting Training may be found here: <https://www.circleofsecurityinternational.com/circle-of-security-parenting>

The PCC will award grants to selected non-profit organizations to cover half (\$450) of the cost of tuition for up to two staff or volunteers from each organization. The grants will be paid **in reimbursement to the non-profit organization two weeks following the participant's successful completion of the entire COS-P training program**. In completing this application, the applicant organization agrees to do the following:

1. Individuals to be trained will attend all Circle of Security-Parenting Training sessions to be held at One Eleven Place, 111 Realtors Way, Cary, NC 27513. The dates: **Tuesday, March 12 through Friday, March 15, 2019, 9:00 am–5:00 pm.**
2. The non-profit organization will register staff to be trained and provide payment in full directly on the Circle of Security website by **February 12, 2019**. (When registering, please select the Agency Contract.) The non-profit organization and/or trainee must arrange payment for any other associated training costs such as travel, hotel, food, mileage, etc.
3. Conduct at least two 8-session parent groups with fidelity to the training model between April 2019 and March 2020.
4. Provide two half-year reports (one at six months and one at 12 months) on the number of families participating, number of sessions held, and accomplishments and challenges, on forms provided by the PCC. (See attached sample form.)
5. Scholarship recipients will provide both work and personal phone numbers and email addresses so that we may continue to remain in contact with those trained staff who may leave their organization during the year. (We will make all efforts to only contact awardees using their personal contact information if we are no longer able to reach them through their work address. No personal contact information will be shared with other parties.)

APPLICATION CHECKLIST

Required Attachments to Signed Application Form:

Application Face Page

Proposal Narrative in Format Below

Attachment A: Copy of the organization's current IRS determination letter (or the fiscal agent's) that indicates 501(c) (3) tax-exempt status.

Attachment B: Copy of the agency's budget for the year or last audit.

Please note: The reimbursement check will be issued to the non-profit organization and may be mailed to the attention of the scholarship recipient or the recipient's administrator, supervisor, or fiscal agent. **We cannot issue checks to individuals or mail them to a private residence.**

SCHOLARSHIP APPLICATION FACE SHEET

Circle of Security Parenting Training

This form provides information about the applicant organization and the staff who will be responsible for implementing and reporting for the program to the Psychoanalytic Center of the Carolinas, including the signature of the individual authorized to sign “official documents” for the agency. Signature affirms that the facts contained in the applicant’s response are truthful and that the applicant acknowledges that continued compliance is a condition for the award of a contract including reimbursement of funds.

1. Legal Name of Agency:	
2. Name and Title of Individual with Signature Authority:	
3. Physical address of organization (include zip code+4):	
4. Organizational address to which checks will be mailed (include zip code+4): <i>Checks may only be sent to the awarded organization associated with the Federal Tax ID listed below. Checks cannot be sent to individuals or private addresses.</i>	
5. Project Supervisor Name:	7. Project Supervisor Phone:
6. Title	8. Email:
9. Is the agency a 501(c) (3) tax-exempt organization?	10. Agency Federal Tax ID Number:
Yes No	
11. Agency URL:	
12. Agency’s Financial Report Period:	
13. Current Service Delivery Areas:	
14. Proposed Service Delivery Areas:	
15. Number of scholarships requested: <i>Agencies may request up to two scholarships per grant cycle:</i>	
16. Amount of Funding Requested: <i>Agencies may request \$450 per scholarship recipient: \$</i>	
17. Scholarship Awardee #1 Name:	
Work Phone:	Personal Phone:
Work Email:	Personal Email:
18. Scholarship Awardee #2 Name:	
Work Phone:	Personal Phone:
Work Email:	Personal Email:
19. As a condition of receiving scholarship funds, I understand and accept the following: Scholarship awardees must attend the full 4-day Circle of Security Parenting training The recipient organization must pay the awardees registration fees in advance and will be reimbursed once attendance has been completed and confirmed The organization and/or applicant is responsible for any additional cost incurred for the awardees to attend the training, such as travel, lodging, or food. Each applicant organization must plan to conduct two Circle of Security training sessions during the 12-month grant period. The applicant organization must submit a six-month and twelve-month report.	
I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
20. Signature of Authorized Representative:	21. Date

Proposal Narrative - (maximum of 5 pages)

- 1. Explain how this proposal relates to the organization's mission, goals and/or strategic plan, and other activities planned for this year.**
- 2. Describe other group activities that you have provided to parents, and how they were organized or supported by your staff.**
- 3. Why do you feel there is a need for Circle of Security Parenting in your service area?**
- 4. Does your organization currently have staff members or volunteers already trained as facilitators for COS-P groups?**
- 5. Has your organization previously received any COS-P facilitator training scholarship awards? If so, how many COS-P groups have previously been delivered? If no groups were delivered, please explain why not.**
- 6. Who are the parents that you want to reach through this model? How will you recruit them and encourage their participation?**
- 7. Is your program organized so that a cohort of parents can begin and end the 8-week COS-P group together?**
- 8. How many parents do you estimate serving in the year with this model? What are the proposed dates for your groups to begin and end?**
- 9. How will you ensure program fidelity?**
- 10. How will you evaluate the outcome of your efforts and improve implementation over time?**
- 11. List the names, position, experience and education of the individuals who will be trained to conduct the COS-P program. You may attach resumes or job descriptions that do not count toward the page limit.**
- 12. Who within your organization will provide supervision and coordination of this effort? Please include name and contact information of the person providing project oversight, if different from the Project Supervisor on the form.**
- 13. Who will complete and submit the required 6-month and 12-month reports and attendance logs?**