



**Center for Healthy Homes & Environment  
Environmental Health Risk Assessment Program  
Choose Safe Places for Early Care & Education Mini-Grant Application (CSPECE)**

The Rhode Island Department of Health (RIDOH) is offering mini-grants of up to \$4,950 each to eligible entities to support and expand upon Environmental Health Risk Assessment Program's (EHRAP's) efforts to engage with and educate early care and education providers on the impact environmental hazards have on public health.

**Background:**

Through EHRAP's Choose Safe Places for Early Care and Education (CSPECE) program, RIDOH aims to assist licensed child care providers and staff in taking steps to choose safe locations and protect children and staff from hazardous chemicals and contaminants at existing sites. Funded through the Agency for Toxic Substances and Disease Registry's (ATSDR's) Cooperative Agreement Program, CSPECE offers technical assistance and educational materials to early care and education providers and the agencies and organizations that support this population.

For more information on the program and the materials created to date, please visit RIDOH's website: [Choose Safe Places for Early Care & Education](#).

**Opportunity and Eligibility:**

RIDOH will award up to \$4,950 to each mini-grantee. Some organizations may request and receive less than the maximum mini-grant amount. Eligible applicants must be affiliated with or a part of a nonprofit, school, community-based agency, coalition, and/or grassroots organization that has a Federal Employer Identification Number or Federal Tax Identification Number. For-profit entities are not eligible.

RIDOH will fund eligible entities to conduct outreach and education activities that amplify and complement its federally funded efforts. These efforts may target either licensed center-based or home-based care providers.

Examples of projects eligible for funding include:

- Assisting center-based care providers in evaluating environmental hazards at a potential new early care and education site (See CSPECE's environmental hazards checklist [here](#).)
- Providing training on identifying and mitigating environmental hazards to staff of a nonprofit organization which works directly with early care and education providers.
- Developing training for Spanish-speaking family-based early-care providers on transitioning to greener cleaning supplies

RIDOH suggests a four-month project period but welcomes alternative proposals that will enable organizations to achieve mini-grant deliverables.

**Application:**

Completed Choose Safe Places for Early Care & Education Mini-Grant Applications must be submitted electronically to Melissa Orpen-Tuz at [melissa.orpentuz@health.ri.gov](mailto:melissa.orpentuz@health.ri.gov) no later than 4 p.m. on May 22, 2024. Submissions should not exceed eight (8) pages. Applicants must score at least 60 of the 100 points to be eligible for a mini-grant.

If representatives from interested organizations have questions about this opportunity, they may contact Melissa Orpen-Tuz at [melissa.orpentuz@health.ri.gov](mailto:melissa.orpentuz@health.ri.gov).

Upon award, RIDOH will provide grantees with a reporting schedule and templates to use for the mid-cycle and final reports and invoices. RIDOH requires two (2) invoices: RIDOH will require grantees to submit a first invoice and mid-cycle project report midway through the agreed-upon project duration and a second invoice accompanied by a final project report upon conclusion of the project timeline. RIDOH reimburses organizations after receiving program reports and invoices that demonstrate completion of work. RIDOH will not reimburse organizations for activities carried out prior to the issue date on the Purchase Order.

To apply, complete and submit the following items by the deadline and delivery methods outline above:

1. Mini-Grant Cover Form;
2. Mini-Grant Application and Proposed Budget;
3. Signed [W-9](#) to ensure timely processing.

**Please note:**

RIDOH requires that grantees provide a 10%-in-kind match (more details are provided in the budget section of the application).

**Submit completed applications to:**

Melissa Orpen-Tuz, Program Manager  
Center for Healthy Homes & Environment  
Rhode Island Department of Health  
[melissa.orpentuz@health.ri.gov](mailto:melissa.orpentuz@health.ri.gov)



**Center for Healthy Homes & Environment  
Environmental Health Risk Assessment Program  
Community Outreach, Education & Assessment Mini-Grant Application**

**Due Date: 4:00 p.m. on May 22, 2024**

**Mini-Grant Cover Form**

**Organization/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Federal Employer Identification # (FEIN):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Submissions should use the templates provided and not exceed eight (8) typed pages\*. This includes the required forms noted below:**

- **Mini-Grant Cover Form;**
- **Mini-Grant Application;**
- **[W9 Form.](#)**

**Email application to:**

Melissa Orpen-Tuz, Program Manager  
Center for Healthy Homes & Environment  
Rhode Island Department of Health  
[melissa.orpentuz@health.ri.gov](mailto:melissa.orpentuz@health.ri.gov)

\*For questions about completing the application, please contact Melissa Orpen-Tuz.



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**Mini-Grant Application**

**Important: Please provide your response either directly within this template or in a separate document that follows the template structure, ensuring the application does not exceed eight (8) pages.**

**Section I: Agency Capacity (10 points)**

Briefly describe your organization and its experience in working with early care and education providers (either center- or home-based) on issues related to environmental health.

**Section II: Personnel (10 points)**

List the personnel who will work on the project and briefly describe their experience working in this area.

### **Section III: Project Scope (25 points)**

Please provide a summary of the proposed project and project goals, which must include a description of the types of environmental hazards to be addressed and their negative impact on human health, particularly children. Discuss how the project will support and expand upon CSPECE program goals. If you have carried out a similar project, please describe it here as well as your success in achieving the outlined goals. Describe how you will engage diverse stakeholders and community members to ensure that you reach vulnerable populations in a culturally competent, inclusive manner.

**Section IV: Work Plan (30 points)**

Explain your plan for completing the proposed project. Identify program activities, materials, work products, and associated timelines. Describe how you will measure project outcomes and gauge success.

**Section V: Budget (25 Points)**

Briefly describe your proposed expenses for this project. The maximum allowable budget is \$4,950. **Stipends, gift cards, and food and beverage are not permitted under this funding source**, however, can be used toward the 10% in-kind match.

**RIDOH requires that funded entities provide a 10% in-kind match.** Most organizations use cash, computer hardware, software, office supplies, salaries, space, and volunteer services for matching funds. If using volunteer services, you may use the market rate for similar work. Bureau of Labor Statistics data for Rhode Island, which can be used to determine the market rate, can be found here: [https://www.bls.gov/oes/current/oes\\_ri.htm](https://www.bls.gov/oes/current/oes_ri.htm). Generally federal funds cannot be used as a match for another federal grant; however, there are some exceptions. If you receive federal funds from another source, you must confirm with the grantor before using these as matching funds.

Staff			
Name, Title	Hourly Rate	Total Number of Hours	Total Cost
Total Staff Budget			\$
Operating and Program Expenses			
	Per Unit Price	Number of Units	Total Cost
Copying/Printing			
Postage			
In-State Travel (for 2021, .56 per mile)			
Equipment/Supplies			
Total Operating Expenses			\$
Other Expenses			
	Per Unit Price	Number of Units	Total Cost
Describe Expense:			
Describe Expense:			
Describe Expense:			
Total Other Expenses			

<b>10% In-Kind Match</b>			
	Per Unit Price	Number of Units	Total
Describe:			
Describe:			
Describe:			
		Total (must equal 10% of budget)	
<b>Indirect Costs/Admin Costs*</b>			\$
			<b>TOTAL REQUEST AMOUNT</b>
			\$

\*If including indirect charges in the budget, a copy of your federally approved indirect rate must be attached. If you do not have a federally approved indirect rate, you may charge a 10% de minimis rate.