



## \$\$\$\$\$COMMUNITY GRANTS\$\$\$\$\$

**Your Ideas! Your Kids! Your Community!**

First 5 Sacramento provides mini grants, up to \$5,000, for people like you, who are interested in organizing activities that promote the health & well-being of young children while building relationships with other members in the community. **Project funding is for one year.**

**The APPLICATION will be available on February 14<sup>th</sup>, 2020**

**APPLICATION DEADLINE April 1<sup>st</sup>, 2020- 12:00PM**

**MUST CONTACT FIRST 5 by March 23<sup>rd</sup>, 2020 if you are interested in applying!**

**PROJECT TERM: July 2020-June 2021**

### **WHO IS ELIGIBLE?**

- Residents of Sacramento County
- A group of at least 3 community members (non-family) who are willing to invite others to participate in the project
- People with great ideas who want to provide activities that benefit families with children ages 0-5

### **HOW TO APPLY:**

- 1) Visit <http://www.first5sacramento.net/Programs/Pages/CommunityConnections.aspx> on or after **February 14<sup>th</sup>, 2020** for the application and more information, including an online application workshop.
- 2) Find at least two other non-related people that want to do the project with you, and start brainstorming ideas.
- 3) Plan a project that benefits children ages 0-5 and builds connections with others in the community.
- 4) Choose a sponsoring agency to help support your project. *See below about sponsoring agencies.*
- 5) Contact First 5 no later than March 23<sup>rd</sup>, 2020 to submit a MANDATORY "intent to apply" statement, which must include: the name of the group, a brief description of the proposed project (in 2-3 sentences), and sponsoring agency (if any).
- 6) Once your group discusses your idea with First 5, move on to filling out the application.
- 7) Submit a completed application by **Wednesday, April 1<sup>st</sup>, 2020**. Applications must be received no later than 12:00pm via mail, email, or hand delivery. If you are emailing the application, you must scan pages that include initials and signatures. Postmarks will not be accepted.
- 8) You will be notified in **May 2020** if your application will be recommended for funding to begin in **July 2020**.

### **SPONSORING AGENCY:**

A sponsoring agency can donate their time in a supportive role for your project. For example, they can review your application, help you with your ideas, or provide meeting space for your group. If you do not already have one, First 5 can assign one to you. Some examples of sponsoring agencies are: Family Resource Centers, Libraries, Churches, etc. Applicants must not be employees of the sponsoring agency.

### **FIRST 5 COMMUNITY GRANTS WILL NOT FUND:**

- Businesses, schools, churches, non-profits
- Projects for children older than 5 years old
- Activities outside of Sacramento County
- Expenses unrelated to the activities of the project
- Existing programs
- Wages, Salaries
- Single Events
- Travel Expenses
- Sports teams/league sponsorships
- Facility Rental Fees

**SUBMIT ALL QUESTIONS, "INTENT TO APPLY" STATEMENTS, AND COMPLETED APPLICATIONS TO:**

Alejandra Labrado

Program Planner, First 5 Sacramento Community Grants

2750 Gateway Oaks, Suite 330, Sacramento, CA 95833

Phone: 916-876-5873 | Email: [labradoa@saccounty.net](mailto:labradoa@saccounty.net)



# COMMUNITY CONNECTIONS GRANTS (CCG) APPLICATION COVER PAGE

Please complete and attach to the front of your application.

## CHECKLIST FOR YOUR PROJECT:

**All items MUST be checked off prior to moving forward to the next review phase.**

- A group leader contacted First 5 and submitted an "intent to apply" statement by **March 23<sup>rd</sup>, 2020**. Name of First 5 Staff you spoke with: \_\_\_\_\_
- Your group has at least three non-related, community members that live in Sacramento County working together on this project and signed/initialed areas where indicated on this cover page below and on the Group Leaders section of the application.
- Group leaders are not employees of the sponsoring agency.
- Your group does not represent a business, non-profit organization or school.
- The project directly benefits children ages 0-5 years and their families.
- The project is designed to encourage relationship building between families.
- ALL questions and FOUR (4) sections of the application are complete (this cover page, application, budget, activity plan).
- Application will be submitted by the **deadline of Wednesday, April 1<sup>st</sup>, 2020 by 12:00PM** to First 5 Sacramento. (NO POSTMARKS)

## COMMUNITY GRANTS WILL NOT FUND:

- Businesses, non-profits, schools
- Projects for children older than 5 years old
- Activities outside of Sacramento County
- Expenses unrelated to the activities of the project
- Existing programs
- Wages, Salaries
- Single Events
- Travel Expenses
- Sports teams/league sponsorships
- Facility Rental Fees

## Group Leader (GL) agreements:

I understand that First 5 will NOT fund any of the above as part of this grant.

Initials: GL 1: \_\_\_\_\_ GL 2: \_\_\_\_\_ GL 3: \_\_\_\_\_

We are not employees of the sponsoring agency.

Initials: GL 1: \_\_\_\_\_ GL 2: \_\_\_\_\_ GL 3: \_\_\_\_\_

We reside in Sacramento and are not related to each other.

Initials: GL 1: \_\_\_\_\_ GL 2: \_\_\_\_\_ GL 3: \_\_\_\_\_

We do not represent a business, non-profit organization, or school.

Initials: GL 1: \_\_\_\_\_ GL 2: \_\_\_\_\_ GL 3: \_\_\_\_\_

IF your application is approved for funding, a meeting with your group leaders and an orientation will be scheduled. Please state your group's preference of meeting times:

Weekday Mornings  
Weekday Evenings

Weekday Afternoons  
No Preference

Do any days of the week specifically work best? \_\_\_\_\_

## COMMUNITY CONNECTIONS GRANT (CCG) APPLICATION

<b>Group/Project Name:</b>		
<b>Start Date:</b>	<b>End Date (grant funds up to one year):</b>	
<b>Do you have a "Sponsoring Agency"?</b> <input type="checkbox"/> NO (First 5 can find one for you) <input type="checkbox"/> YES- if so, who? (see information page)		
<b>Possible Grant Activity Options</b> (please check all that apply):		
<input type="checkbox"/> Physical Activity/Nutrition	<input type="checkbox"/> Literacy	<input type="checkbox"/> Father/Male Involvement <input type="checkbox"/> Other _____
<input type="checkbox"/> Multi-cultural Connections	<input type="checkbox"/> Play Groups	<input type="checkbox"/> Parent Support _____
<input type="checkbox"/> Special Needs	<input type="checkbox"/> Prenatal/Infants	<input type="checkbox"/> School Readiness
<b>How many children ages 0-5 will participate?</b> Estimate:	<b>How many adults will participate?</b> Estimate:	
<b>What geographic community/ies would you like your project to serve?</b> For example, North Highlands, River Delta, Del Paso Heights, Folsom/Cordova, Countywide.		
<b>Has your group received a CCG grant before?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, is this an expansion of that grant or a new grant?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Did your previous grant end "in good standing" (all requirements met)?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

### PROJECT PLANS

*Please provide brief answers to each question. Print or type.*

**COMMUNITY DRIVEN:** *Tell us how your group of community members came up with the idea and how they will lead the project. These funds are not for businesses, schools or agencies to expand their services. While they may support or partner with your group, it is YOUR group project.*

1.	Briefly tell us about your group and why you came up with this idea.
2.	<b>WHEN</b> will your group hold meetings, activities, and/or events? Give proposed days <u>and</u> frequency of meetings. For example: Weekly- Tuesday evenings, 1 <sup>st</sup> and 3 <sup>rd</sup> Saturday mornings, Monthly- Thursday mornings.
3.	<b>WHERE</b> will meetings, activities, and/or events take place? For example, Southgate Library, St. Paul's Church, Southside Park.

4. **HOW** and **WHERE** will you get the word out about your project to families with children ages 0-5 (include locations)? For example, pass out flyers door to door, present to neighborhood associations and churches.

5. Do you have a plan to outreach to isolated families or any special populations? If so, **HOW**?

**FOCUSED on YOUNG CHILDREN (0-5):** *Tell us how your group project will benefit children ages 0-5 and their families. These funds cannot be used for projects for children older than 5.*

6. **WHAT** activities for children ages 0-5 years old will take place at your meetings? For example: music & movement, family literacy, story time, arts & crafts.

7. **WHO** will be responsible for leading these activities?

8. **WHAT** will the adult/child interaction be during group meetings and gatherings?

**COMMUNITY BUILDING:** *The purpose of CCG is to get families more involved in their communities by providing seed money for projects that could have a long lasting impact. We don't want your group to stop meeting after the funded term. Tell us how you can stay together using other resources and partners.*

9. <b>HOW</b> will you encourage parents/adults to help with activities?
10. <b>HOW</b> will group attendees stay in touch <b>DURING</b> the term of the project?
11. <b>WHAT</b> is your plan on how your group can continue to stay connected and impact the community <b>AFTER</b> the term of this project (1 year)?
12. <b>LIST</b> the people, agencies, organizations in your community that might be able to support your project? (For example, Family Resource Center, School, Church, Library, local business)  How will you include them? (for example, provide donations, provide meeting space, connect to other resources)
13. <b>WHAT</b> would you like the long-term outcome of your project to be?

**PROJECT SUPPLIES:** *It is required that all group leaders have access to supplies. Tell us what you will need and what your plan for the project supplies will be.*

14. Please list what supplies are needed for your project. (For example, books, construction paper, projector, etc.) These items should also be listed on the budget part of the application.
15. <b>WHERE</b> will supplies be stored?
16. <b>WHO</b> will have access to these supplies? (provide names of individuals)
17. If your project does not continue to meet, we ask that leftover supplies be donated to a group or organization that benefits children ages 0-5. If needed, which non-profit would you donate any leftover supplies to? First 5 can also designate another CCG group that works in your community.

**GROUP MEMBERS:** Remember this is a community project. At least 3 members should be committed to plan and see the project through. One should be designated as the main contact.

You must have at least 3 members in your group to apply. Please provide their contact information and signatures. The 3 people cannot be family members. All members must reside in Sacramento County.

**By signing below:** I am verifying that I will be an active member of this community group, I have helped develop the idea for this project, and plan to assist with the project.

<b>Group Member 1/ Main Contact:</b> Print Name		Signature: X _____	Date: _____
Street Address:			
Phone Number/s:		Email:	
<b>Group Member 2:</b> Print Name		Signature: X _____	Date: _____
Street Address:			
Phone Number/s:		Email:	
<b>Group Member 3:</b> Print Name		Signature: X _____	Date: _____
Street Address:			
Phone Number/s:		Email:	

Think about the talents and skills of the members of your group (e.g. cooking, bilingual, computer skills, getting others involved). How will they use them in your project? At least the 3 group members above must be included.

Name	Talent/Skill/Resources	How will talent/skill be used
Example: Henry	<i>Very social and well-known in the neighborhood, church leader; grandfather of 3 young children</i>	<i>Will recruit families for the project and support group activities</i>
Example: Jasmine	<i>Likes organizing; has mini-van; good computer skills; mom of one four-year old son</i>	<i>Will pick up and organize supplies; can do flyers to promote the activities</i>
Example: Sam	<i>Great BBQ chef; likes to cook; father of two preschoolers</i>	<i>Will prepare healthy snacks for weekly gatherings; will coordinate and cook for monthly family nights</i>
GL 1:		
GL2:		
GL3:		
Other (optional):		

# COMMUNITY GRANT BUDGET

## Instructions

In the following table, please develop a budget that tells us how much money your group is requesting and what the funds will be used for. Requests should link directly to the activities described in this application and be explained. In each row, tell us **what** will be purchased, **the amount**, and **the purpose** (how the item links to the activities). Add more rows if you need more space. Items requested in this budget must clearly relate to the project and be well explained. **The Review Team compares the budget items to the application description to see if there is a link between the budget items and the activities.** IF FUNDED, you MUST keep all receipts.

*Stipend:* A stipend of up to \$500 (from the grant budget) is available for the main group leader who is responsible for coordinating meetings, making purchases, submitting receipts and monthly reports, and distributing First 5 materials.

*Equipment:* If including electronic equipment, it must be necessary to perform the activities of the project and cannot exceed 20% of the project budget. In the event that the group does not continue to meet, the equipment and any leftover material must be donated to another CCG group or an approved organization that serves children 0-5 years old.

*Food:* While the purchase of food is allowable, the line item should not exceed \$500 from the overall budget. Potlucks and requesting food donations is always encouraged.

*Mileage:* You may claim up to \$20/month of mileage. This must be included in your budget.

Contact us before you submit your application if you have any budget questions.

## SAMPLE BUDGET – partial list of potential items (for sample only)

SUPPLIES/PURCHASES	AMOUNT	PURPOSE
<i>Line Item: Refreshments for group Example: water, crackers/ fruit</i>	\$240.00	<i>Nutritious snacks for 20 group meetings- estimated \$12.00 per meeting for \$240 total.</i>
<i>Line Item: Arts &amp; Crafts Supplies Example:- chalk, construction paper, large crayons, glue, paint, stencils, scissors, paintbrushes, markers</i>	\$440.00	<i>Arts and crafts items and supplies for 22 playgroup meetings – estimated \$20 per meeting for \$440 total. Leftover supplies after a meeting will be saved to use at other meetings.</i>
<i>Line Item: Children’s Books</i>	\$600.00	<i>Books for story time; take home books as incentives for attending and to encourage family story time.</i>
<i>Line Item: Storage/organization Example: storage bins for craft supplies</i>	\$60.00	<i>Keep items together for storage and carrying to activities.</i>
<i>Line Item: Carpet squares</i>	\$160.00	<i>20 rugs for kids to sit on for story time</i>
<i>Line Item: Toys/Musical Instruments</i>	\$350.00	<i>Learning/developmental toys and musical instruments for activities</i>
<i>Line Item: Speaker</i>	\$50.00	<i>Speaker to play music for activities</i>
<i>Line Item: Stipend for group leader/s</i>	\$500.00	<i>Will be split between group leaders with primary responsibilities for making purchases, gathering receipts, coordinating meetings, and submitting monthly progress reports, etc.</i>
<b>TOTAL REQUEST</b>	<b>\$2400.00</b>	

**PROJECT BUDGET**

SUPPLIES/PURCHASES	AMOUNT	PURPOSE
<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
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<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
<i>Line Item:</i>		
<b>TOTAL REQUEST</b>	<b>\$ _____</b>	



## Activity Plan

Tell us more about how you will accomplish your goal. “Paint a Picture” of what your meetings will look like for the first 3-4 months. We understand it might change as you assess the needs of your group. An example Activity Plan is attached for you. However, your plan should be creative and unique to your community.

Complete this with your co-group leaders, and if possible, sponsoring agency. If you need help, contact Alejandra at 916-876-5872 or Jen at 916-244-1909.

What are the main goals for your project?

OUTREACH	Timeframe When?	Activity What? Where? How?	Who's Responsible
How will you promote your project?			

COMMUNITY PARTNERS	Timeframe When?	Identify potential partners in your community who can help support your group.	Who's Responsible
How can you partner with them?			

ACTIVITIES:	Timeframe When?	Activity What? Where? How?	Who's Responsible
What do you have planned to help accomplish your goal?			
Be specific: What? When? Where? Who? How?			