



# Community Connections Grants For Housing Communities (CCGHC) GRANT APPLICATION

| Date                                      | Event   | Location/Contact Information   |
|---|---|--|
| August 15, 2019                           | Release Application<br><a href="http://www.first5sacramento.net">www.first5sacramento.net</a> | Contact Alejandra Labrado at <a href="mailto:labradoa@saccounty.net">labradoa@saccounty.net</a> for an application, or call at (916) 876-5873                            |
| Prior to September 20, 2019<br><br>3:00PM | Contact Alejandra Labrado with application questions  | Email: Alejandra Labrado at <a href="mailto:labradoa@saccounty.net">labradoa@saccounty.net</a>   |
| September 20, 2019                        | Deadline to Submit Statement of Intent to Apply   | Email: Alejandra Labrado at <a href="mailto:labradoa@saccounty.net">labradoa@saccounty.net</a>   |
| October 1, 2019<br><br>12:00 PM           | Application Submission Deadline   | Submit via email, or deliver to:<br>First 5 Sacramento Commission<br>ATTN: Alejandra Labrado<br>2750 Gateway Oaks Dr., Suite 330<br>Sacramento, CA 95833<br>916-876-5873 |
| October 2-25, 2019                        | Proposal Review Process   | First 5 Sacramento   |
| November 2019                             | Notification to fund/<br>not fund   | By Email   |
| December 2, 2019<br><br>12:30PM           | Commission Hearing – Applicants recommended for funding are required to attend                | County of Sacramento<br>Board of Supervisors Chambers<br>700 H Street<br>Sacramento, CA 95814  |
| December 2019<br><br>Days/Times TBD       | Meetings with project leaders recommended for funding   | At housing community sites   |
| December/January<br>TBD                   | Orientation<br>Contracts Signed<br>Projects Begin   | Date/Location: TBD   |

## Background:

First 5 Sacramento knows that personal relationships can create a network or support system for families with young children. We believe that the more positive connections in the community that families have, the more successful their children will be in life. However, many families are isolated and experience barriers that prevent them from making those critical connections. With this in mind, First 5 Sacramento is working with housing organizations to build social connections between residents to benefit young children. First 5 provides Community Grants of up to \$5,000 per project to housing organizations. These organizations then work in collaboration with their tenants to coordinate activities that bring communities together, empower families and benefit young children, ages 0-5.

We offer these grants knowing that community members have creative ideas, know what works best in their own neighborhood, and CAN MAKE A DIFFERENCE.

## Who is Eligible?

Low income/affordable housing organizations, or non-profit organizations working in collaboration with low income housing communities, in Sacramento County that are willing to engage in a collaborative partnership with residents to implement activities that make a difference in the lives of families with young children, ages 0-5 years.

**Funding Amount:** Up to \$5,000  
**Funding Term:** January 2020-December 2020

## Project Requirements:

- Proposed project must include the input of its community members (residents) that have children, or are caretakers of children ages 0-5. See page 3, under Step 3.
- Staff from the housing organization or non-profit agency working with the housing organization must work in partnership with at least one resident to coordinate and lead activities.
- Activities are focused on reducing isolation and benefiting children ages 0-5 and their families.
- Activities must provide opportunities for parents/caretakers to actively participate with their children (not a “drop off” program).
- Activities provide opportunities for parents/caregivers to interact with each other.
- Activities must take place in Sacramento County.
- At least 3 “group leaders” are committed to coordinate activities. Group leaders should include:
  1. At least one staff from the housing organization/non-profit agency.
  2. At least one resident from the housing community that is either a parent or caregiver of a child that is 0-5 years old.
  3. Either another resident that is a parent/caregiver of a child that is 0-5 years old or a community partner that will also take a supportive role in the group.

## Application Requirements:

In order to be considered for funding, your proposal must include:

- Application Cover Sheet, initialed by all 3 Group Leaders
- A completed Application Form; Group Leaders page must be signed by all 3
- A completed Activity Plan
- A completed Budget Form
- A letter from the housing authority or property management that they approve of the proposed project in the identified housing complex. This is only required IF the applicant is not the housing authority.

It is not necessary to include copies of resident surveys or focus group notes.

## Examples of Projects:

- Story Time Reading Circle and Weekly Book Exchange
- Family Nutrition and Fitness Activities
- Parent/Baby Music and Art

## Funding Exclusions:

- Existing programs
- Wages, salaries
- Operational costs
- Computer equipment
- Single events
- Travel expenses
- Expenses unrelated to the activities of the proposed project
- Activities outside of Sacramento county
- Activities for families that do not have children ages 0-5
- Facility rental for meetings

## How to apply for these funds:

Step 1: Contact First 5 to discuss your interest.

Step 2: Contact Alejandra Labrado ([labradoa@saccounty.net](mailto:labradoa@saccounty.net)) with application questions **prior to September 20, 2019.**

Step 3: Obtain feedback from families with young children in your housing community about what ideas they have for activities that benefit their young children (ages 0-5). You can do this through a survey, focus group, or interviews. A sample survey is provided for you at the end of this application. It is recommended that at least 10% of the number of 0-5 families in the housing community provide input to your proposal.

Step 4: Email a MANDATORY Statement of Intent to Apply to Alejandra Labrado by **September 20, 2019** at [labradoa@saccounty.net](mailto:labradoa@saccounty.net) which includes:

- The name and location of the housing community.
- The number of families with children ages 0-5 in the housing community.
- Demographic characteristics of the housing community (such as: urban or rural, recent immigrants, Spanish speaking, etc.).
- The name of the staff from the housing organization that will be assigned as one of the group leaders and at least one resident identified who will act as a community liaison and will lead project activities.
- A brief summary (2-3 sentences) of your proposed idea (which should be based on resident input).

Step 5: Complete and email or hand-deliver the CCG Application for Housing Communities by **October 1, 2019 at 12:00PM (noon).**

### Email to:

[labradoa@saccounty.net](mailto:labradoa@saccounty.net)

### Mail to:

ATTN: Alejandra Labrado  
First 5 Sacramento Commission  
2750 Gateway Oaks Drive, Suite 330  
Sacramento CA 95833



## COMMUNITY CONNECTIONS GRANTS FOR HOUSING COMMUNITIES (CCGHC)

### CHECKLIST FOR YOUR PROJECT:

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

- Applicant contacted First 5 and submitted an “intent to apply” statement by **September 20, 2019**.
- Proposed project includes the input of resident parents/caretakers of children ages 0-5.
- Proposed project directly benefits children ages 0-5 years and their families.
- Proposed project is designed to reduce isolation and encourage community connections among residents in the housing community.
- Group leaders include: 1 Staff, 1 Resident, and 1 additional Resident OR Community Partner.
- Group leaders signed/initialed areas where indicated on this cover page below and on the Group Leaders section of the application.
- ALL questions and all FOUR (4) sections of the application are complete:  
1. This Cover Page 2. Application 3. Activity Plan 4. Budget.
- Application will be submitted by the **deadline of Tuesday, October 1, 2019 by 12:00PM (noon)** to First 5 Sacramento. (NO POSTMARKS)

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### COMMUNITY GRANTS WILL NOT FUND:

- Existing programs
- Wages, salaries
- Operational costs
- Computer equipment
- Single events
- Expenses unrelated to the activities of the proposed project
- Activities outside of Sacramento County
- Activities for families that do not have children ages 0-5
- Facility Rental Fees for meetings

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

Initials: GL 1:  GL 2:  GL 3:

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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 Afternoons
- Weekday Evenings
- No Preference

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

## COMMUNITY CONNECTIONS GRANTS FOR HOUSING COMMUNITIES (CCGHC) APPLICATION

|   |   |
|---|---|
| <b>Agency name:</b>   | <b>Contact Name:</b>  |
| <b>Address:</b>   | <b>Email/Phone Number:</b>  |
| <b>Housing Community Name:</b>  | <b>Project Name:</b>  |
| <b>Start Date:</b>  | <b>End Date (grant funds up to one year):</b>   |
| <b>In which Sacramento community is your housing complex in?</b><br><input type="checkbox"/> River Delta <input type="checkbox"/> South Sacramento <input type="checkbox"/> North Sacramento <input type="checkbox"/> North Highlands<br><input type="checkbox"/> Galt <input type="checkbox"/> Downtown <input type="checkbox"/> Del Paso Heights <input type="checkbox"/> Other _____<br><input type="checkbox"/> Elk Grove <input type="checkbox"/> Oak Park <input type="checkbox"/> Folsom/Cordova                 |   |
| <b>How many families with children ages 0-5 years old reside in your housing community?</b><br><br>Estimate:  | <b>Does your housing community have a meeting/community room or an area where families can come together?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> We are proposing to use meeting space outside of our housing community. |
| <b>Possible Grant Activity Options</b> (please check all that apply):<br><input type="checkbox"/> Physical Activity/Nutrition <input type="checkbox"/> Literacy <input type="checkbox"/> Father/Male Involvement <input type="checkbox"/> Other _____<br><input type="checkbox"/> Multi-cultural Connections <input type="checkbox"/> Play Groups <input type="checkbox"/> Parent Support<br><input type="checkbox"/> Special Needs <input type="checkbox"/> Prenatal/Infants <input type="checkbox"/> School Readiness |   |

### PROJECT PLANS

**BACKGROUND:** *Provide some information about your housing community and proposed project.*

|  |
|--|
| 1. Please briefly share some of the demographics and characteristics of your housing complex community.  |
| 2. What are some of the challenges that families with young children face in this housing community?   |
| 3. What resources do families in this housing community currently have access to?  |
| 4. What staff will be assigned to working on this project in collaboration with families at the housing community? Provide name/s, job title/s and role/responsibility for this project. |

**COMMUNITY DRIVEN:** *Share how this group came up with the idea and how your organization will support them in leading this project.*

5. As stated in the instructions of this application, it is required that the input of the resident community is included in your proposed project.
  - a. HOW did you collect resident input for this grant application? (i.e. surveys, focus group, interviews)
  - b. HOW MANY residents (parents or caregivers of children aged 0-5) participated in providing input?
  - c. It is also required that at least one resident is committed to act as a liaison for this project and assist with leading activities for the project. Please provide the name/s of individual/s:
6. WHEN are you proposing to hold meetings, activities, and/or events?
  - a. WHAT are the proposed days/times of meetings? Include the frequency of meetings. For example, Weekly-Tuesday evenings; Bi-weekly-1<sup>st</sup> and 3<sup>rd</sup> Saturday mornings, or; Monthly- 3<sup>rd</sup> Friday of the month.
  - b. HOW did you determine this is the best meeting time for parents to meet? (i.e. based on parent input, staff schedules, etc.)
7. WHERE in your community will meetings, activities, and/or events take place? (If a field trip is planned, also list here)

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

8. "Paint a picture" of what group meetings will look like.
  - a. WHAT activities for children ages 0-5 years old will take place at meetings? For example: music & movement, family literacy, story time, arts & crafts. If possible, provide a sample "agenda" of a meeting. If you are including a "kick-off" event, describe here.
  - b. WHO will be responsible for leading these activities?
  - c. WHAT will the adult/child interaction be during group meetings and gatherings?

**EMPOWERING PARENTS/BUILDING RELATIONSHIPS:** *The purpose of these grants is to provide seed money for projects that could have a long lasting impact. We don't want groups to stop meeting after the term of this grant. Tell us how this group can stay together, especially using other resources and partners.*

|   |
|---|
| 9. HOW will your proposed project encourage parents/caregivers to help with activities or empower them to be more involved in their community?  |
| 10. HOW will you engage parents and encourage them to return to your group meetings?  |
| 11. WHAT is your plan on how this group can continue to stay connected and impact the community AFTER the term of this project (1 year)? Include how your organization can assist with sustaining group activities after the term of this project funding.                                      |
| 12. WHAT are some other resources in the community that can partner with you for this project? (For example, Family Resource Center, School, Church, Library, local business) and HOW will you include them? (for example, donations, presentations, meeting space, connect to other resources) |
| 13. WHAT would you like the long-term outcome of this 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? |

**GROUP LEADERS:** 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.

There must be at least 3 “group leaders” identified in the group to apply. Please provide contact information and signatures. The 3 people cannot be family members. One should represent the housing organization, another should represent residents, and the third can be another resident or a community partner that will help support the group.

**By signing below:** I am verifying that resident input was provided for this proposal and that I will be an active member of this community group.

|   |  |                       |             |
|---|--|-----------------------|-------------|
| <b>STAFF CONTACT:</b> Print Name:<br>AGENCY STAFF                             |  | Signature:<br>X _____ | Date: _____ |
| Street Address:   |  |                       |             |
| Phone Number/s:   |  | Email:                |             |
| <b>Group Member 2:</b> Print Name:<br>RESIDENT                                |  | Signature:<br>X _____ | Date: _____ |
| Street Address:   |  |                       |             |
| Phone Number/s:   |  | Email:                |             |
| <b>Group Member 3:</b> Print Name:<br>RESIDENT <u>OR</u><br>COMMUNITY PARTNER |  | Signature:<br>X _____ | Date: _____ |
| Street Address:   |  |                       |             |
| Phone Number/s:   |  | Email:                |             |

Think about the resources, talents and skills of the group leaders (e.g. organization, 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: 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): |   |  |



## CCGHC 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 RESIDENT group leader/s who works in collaboration with staff to coordinate meetings, make purchases, submit receipts and monthly reports, and distribute First 5 materials.

*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)**

| <b>SUPPLIES/PURCHASES</b>   | <b>AMOUNT</b>    | <b>PURPOSE</b>  |
|---|------------------|---|
| <i>Line Item: Refreshments for group<br/>Example: juice boxes, water, crackers, cheese and fruit</i>  | \$300.00         | <i>Nutritious snacks for 10 Family Support Network Meetings- estimated \$30.00 per meeting for \$300 total.</i>   |
| <i>Line Item: Arts &amp; Crafts Supplies<br/>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: Storage/organization<br/>Example: storage bins for craft supplies</i>   | \$60.00          | <i>Keep items together for storage and carrying to activities.</i>  |
| <i>Line Item: Stipend for group leader.</i>   | \$100.00         | <i>Group leader responsible for making purchases, gathering receipts, coordinating meetings, distributing First 5 material, and submitting monthly progress reports.</i>                    |
| <b>TOTAL REQUEST</b>  | <b>\$1000.00</b> |   |

**BUDGET PROPOSAL ON NEXT PAGE**

**PROJECT BUDGET PROPOSAL**

| SUPPLIES/PURCHASES   | AMOUNT          | PURPOSE |
|----------------------|-----------------|---------|
| <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>    |                 |         |
| <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 Melody at 916-244-1917.

What are the main goals for your project?

| OUTREACH                           | Timeframe<br>When? | Activity<br>What? Where? How? | Who's Responsible |
|------------------------------------|--------------------|-------------------------------|-------------------|
| How will you promote your project? |                    |                               |                   |
|                                    |                    |                               |                   |
|                                    |                    |                               |                   |
|                                    |                    |                               |                   |

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

| <b>ACTIVITIES:</b>  | <b>Timeframe<br/>When?</b> | <b>Activity<br/>What? Where? How?</b> | <b>Who's Responsible</b> |
|---|----------------------------|---------------------------------------|--------------------------|
| <b>What do you<br/>have planned to<br/>help accomplish<br/>your goal?</b> |                            |                                       |                          |
|   |                            |                                       |                          |
|   |                            |                                       |                          |
|   |                            |                                       |                          |
| <b>Be specific:<br/>What? When?<br/>Where? Who?<br/>How?</b>              |                            |                                       |                          |
|   |                            |                                       |                          |
|   |                            |                                       |                          |
|   |                            |                                       |                          |

## Parent Survey- Your Opinion Matters!

**You have an opportunity to bring needed resources and fun activities for families with young children to your community right where you live. We want to know what you think is important and what types of activities you and your family would participate in. Please share your thoughts below.**

1. Do you have a child or take care of a child under 6 years old?  Yes  No
  
2. What types of FREE activities would you participate in with your young children and your neighbors? (Check all that apply)  

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Physical Activities | <input type="checkbox"/> Father's Group        | <input type="checkbox"/> Mother's Group |
| <input type="checkbox"/> Playgroups          | <input type="checkbox"/> Cultural Celebrations | <input type="checkbox"/> Music & Dance  |
| <input type="checkbox"/> Story Time          | <input type="checkbox"/> Nutrition/Cooking     | <input type="checkbox"/> Arts & Crafts  |
| <input type="checkbox"/> Movie Nights        | <input type="checkbox"/> Other: _____          |   |
| <input type="checkbox"/> School Readiness    |  |   |
  
3. Would you be interested in doing this right here in your housing community?  
 Yes  No
  
4. Are you interested in hearing about other resources for families in your community?  Yes  No  Maybe
  
5. If you had money to fund activities for families with young children (under 6 years old) in your neighborhood, what would you spend it on?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Would you be interested in volunteering to plan or lead these types of activities?  Yes  No  
 Maybe  
  
If yes, how would you like to help?  

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Outreach       | <input type="checkbox"/> Read to the children | <input type="checkbox"/> Help out wherever needed |
| <input type="checkbox"/> Prepare snacks | <input type="checkbox"/> Lead activities      | <input type="checkbox"/> Other _____              |
  
7. If you would like to participate in such activities, what times/days would work for you and your family?  

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons                        | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend afternoons                        | <input type="checkbox"/> Weekend evenings |
| <input type="checkbox"/> No preference    | <input type="checkbox"/> Specific day of the week preferred: _____ |   |
  
8. If you are not willing to participate in activities with your children here in your housing complex, why not?  

|  |  |
|--|--|
| <input type="checkbox"/> Do not have a child under 6 years | <input type="checkbox"/> Do not have time to participate |
| <input type="checkbox"/> Not interested                    | <input type="checkbox"/> Other _____                     |
  
9. Any other comments or recommendations?  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your time.**

**Please return this survey to: \_\_\_\_\_ by (date) \_\_\_\_\_.**