



## Community Connections Grants

### 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 Anne at First 5 and submitted an “intent to apply” statement by May 14th, 2021.
- Your group has at least two non-related community members that live in Napa 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, school, or church.
- Your project directly benefits families with children ages 0-5 years.
- Your project is designed to encourage relationship building/social connection between families.
- Your project has strategies for addressing diversity and inclusion.
- ALL questions and FOUR (4) sections of the application are complete (this cover page, application, budget, and activity plan).
- Application will be submitted by the deadline of Tuesday, June 1st by 5pm to First 5 Napa (No Postmarks)

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

<ul style="list-style-type: none"> <li>• <b>Businesses, schools, churches, non-profits</b></li> <li>• <b>Projects for families of children older than 5 years old</b></li> <li>• <b>Activities outside of Napa County</b></li> <li>• <b>Projects that do not address diversity and inclusion</b></li> <li>• <b>Expenses unrelated to the activities of the project</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Projects that have already been in place for over 1 year</b></li> <li>• <b>Wages, Salaries</b></li> <li>• <b>Single Events</b></li> <li>• <b>Travel Expenses</b></li> <li>• <b>Sports teams/league sponsorships</b></li> <li>• <b>Facility Rental Fees</b></li> </ul>
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**GROUP LEADER AGREEMENTS:**

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

Initials: GL 1: \_\_\_\_\_ GL2: \_\_\_\_\_

We are not employees of the sponsoring agency.

Initials: GL1: \_\_\_\_\_ GL2: \_\_\_\_\_

We reside in Napa County and are not related to each other.

Initials: GL1: \_\_\_\_\_ GL2: \_\_\_\_\_

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

Initials: GL1: \_\_\_\_\_ GL2: \_\_\_\_\_

We will adhere to Napa County COVID-19 Guidelines (e.g., wearing masks, maximum number for gatherings).

Initials: GL1: \_\_\_\_\_ GL2: \_\_\_\_\_



**Community Connections Grants**  
**COMMUNITY CONNECTIONS GRANT (CCG) APPLICATION**

Group/Project Name:		
Start Date:	End Date (grant funds up to one year):	
Do you have a "Sponsoring Agency"? <input type="checkbox"/> No (First 5 can find one for you) <input type="checkbox"/> YES who? (see information page)		
Possible Grant Activity Options (please check all that apply):		
<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Cultural Connections	<input type="checkbox"/> Special Needs
<input type="checkbox"/> Literacy	<input type="checkbox"/> Prenatal/Infants	<input type="checkbox"/> School Readiness
<input type="checkbox"/> Parent Support	<input type="checkbox"/> Father/Male Involvement/Support	<input type="checkbox"/> Music/Art
<input type="checkbox"/> Play Groups	<input type="checkbox"/> Non-parent Caregiver Support	<input type="checkbox"/> Diversity/Inclusion
<input type="checkbox"/> Other _____		
How many children ages 0-5 will participate? Estimate:	How many adults will participate? Estimate:	
What geographic community/ies would you like your project to serve? For example, American Canyon, UpValley, City of Napa, Countywide.		
What specific demographics would you like to target for your project? For example, Spanish speaking, LGBTQ, Asian American, Adoptive families		

**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.

<p>1. Briefly tell us about your group and why you came up with this idea.</p>
<p>2. WHAT are the main goals for your project?</p>

## Community Connections Grants

3. WHEN will your group hold meetings, activities, and/or events? Give proposed days and frequency of meetings. For example: Weekly Tuesday evenings, 1 <sup>st</sup> and 3 <sup>rd</sup> Saturday mornings, Monthly Thursday mornings.
4. WHERE will meetings, activities, and/or events take place? For example, online/virtual, Napa County Main Library, Fuller Park, Las Flores Community Center, Cope Family Center.
5. HOW and WHERE will you get the word out about your project to families with children ages 0-5 (include locations)? For example, flyers at businesses, present to associations and churches, social media.
6. 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/or their families. These funds cannot be used for projects for children older than 5.

7. WHAT activities for children ages 0-5 years old will take place at your meetings, if any? For example: music & movement, family literacy, story time, arts & crafts.
8. WHAT activities for parents or caregivers of children ages 0-5 years old will take place at your meetings, if any? For example, discussion, book club, cooking.

## Community Connections Grants

9. WHO will be responsible for leading these activities?
10. 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.

11. HOW will you encourage parents/adults to help with activities?
12. HOW will group attendees stay in touch DURING the term of the project?
13. WHAT is your plan on how your group can continue to stay connected and impact the community AFTER the term of this project (1 year)?

## Community Connections Grants

14. LIST 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)

15. WHAT would you like the long-term outcome of your project to be?

**DIVERSITY AND INCLUSION:** It is required that all Community Connections Grants address diversity and inclusion. Tell us how you will do this in your project.

16. How will your project address diversity and inclusion?

**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.

17. 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.

18. WHERE will supplies be stored?

## Community Connections Grants

19. WHO will have access to these supplies? (provide names of individuals)
20. 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 an organization to donate the supplies to.
21. How will you ensure that COVID-19 safety protocols will be followed, if and when necessary?

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

Please provide the contact information and signatures for the two group leaders. The two people cannot be family members. All leaders must reside in Napa County.	
<i>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.</i>	
<b>Group Leader 1/Main Contact</b> Print Name:	Signature:
	Date:
Street Address:	
Phone Number:	Email:
<b>Group Leader 2</b> Print Name:	Signature:
	Date:
Street Address:	
Phone Number:	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 2 group leaders above must be included.

## Community Connections Grants

Name	Talent/Skill/Resources	How will talent/skill be used
Example: Adriana	Plays guitar, knows lots of diverse children's books, very connected in community	Will recruit families for the group and will provide inclusive story and music time
Example: Juan	Likes organizing; good computer skills	Will make flyers and communicate with members of the group by email and social media
Example: Jennifer	Great chef; grandmother of two preschoolers	Will prepare healthy snacks for gatherings
GL 1:		
GL 2:		
Other:		



## Community Connections Grants

### 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
Line item: Refreshments for group Example: water, crackers/fruit	\$240.00	Nutritious snacks for 20 group meetings – estimated \$12.00 per meeting for \$240 total.
Line item: Arts & Crafts Supplies Example: chalk, construction paper, large crayons, glue, paint, stencils, markers, scissors, paint brushes	\$440.00	Arts and crafts items and supplies for 22 play group meetings – estimated \$20 per meeting for \$440 total. Leftover supplies after a meeting will be saved to use at other meetings.
Line item: Children’s Books	\$600.00	Books for story time; take home books as incentives for attending and to encourage family story time.
Line Item: Speaker	\$50.00	Speaker to play music for activities
Line Item: Stipend for group leader(s)	\$500.00	Will be split between group leaders with primary responsibilities for making purchases, gathering receipts, coordinating meetings, and submitting monthly progress reports, etc.
Line Item: Stipend for guest teacher	\$600.00	Guest teachers to provide diverse cultural arts experiences at 12 play group meetings.
Line Item: Carpet squares	\$160.00	20 rugs for kids to sit on for story time
Line item: Toys/Musical Instruments	\$350.00	Learning/developmental toys and musical instruments for activities
<b>TOTAL REQUEST</b>	<b>\$2,940</b>	



## Community Connections Grants

### PROJECT BUDGET

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