Playgroup Grant Application 2025-2026

Please use this form – you can expand each box as needed. Please review the Grant Application Guidance.

The completed application should be mailed to First 5 Humboldt, 325 Second Street, Suite 201, Eureka, CA 95501 or emailed to dberman@co.humboldt.ca.us.

|  |
| --- |
| **Contact Person for this Application:** **Name:** **Phone:****Email:** |
| **Sponsoring Organization, mailing address and phone:** |
| **Proposed Location and Address of Playgroup** |
| **How many 0-5 age children do you expect to serve with this Playgroup (average attendance) ? \_\_\_\_** |
| **Please describe what your typical Playgroup session would look like, and your vision for how this Playgroup will serve children and families in the community.**  |
| **Describe the local community support and interest in your Playgroup.**  |
| **Geographic Distribution:** Please describe the location of your Playgroup in relation to local population centers and other services available for children and families, such as Family or Community Resource Centers, DHHS offices, libraries, etc. What other resources are available (besides Playgroup) for families with young children in your community? |
| **Cultural Responsiveness:**How will this Playgroup address the specific needs of the community you intend to serve? Does your Playgroup have a focus on supporting the specific cultural needs of historically or currently underserved and/or marginalized communities? If so, please provide details of how you intend to do that. (For example, Playgroups offered in Spanish, or a Playgroup serving Native American Families with appropriate language or other cultural components.      |
| **Leader Qualifications** Please indicate whether you have a leader identified for your Playgroup. If so, please describe the qualifications of your Playgroup leader or leaders, including any relevant educational background, work experience, and/or lived experience that makes them well qualified to lead a supportive high-quality Playgroup.  |
| **Organizational Capacity** Please address your organizational capacity to successfully manage a First 5 Humboldt grant and implement a Playgroup.  This includes capacity to meet insurance requirements, hire and retain a Playgroup leader, keep accurate financial records and generate invoices, provide a safe space for Playgroup, track attendance, and complete reports.  |
| **Financial Need**Please describe your need for financial support to operate a Playgroup. Could you fund this Playgroup partially or completely without a First 5 Humboldt Grant, and do you have any prospects for doing so in the future? If you have other funding to help support this Playgroup, either from within or external to your organization, please identify the approximate amount of funds, and show them on your Proposed Budget. This could be cash or in-kind match, such as providing the Playgroup space or covering some of the leader’s time. (See attached Budget Template)  |
| **Capacity for Family Support and Referrals** Please describe your organization’s reputation and history of serving children and families. Include your connections with other community organizations, and your history and ongoing capacity to effectively refer families to additional supportive services?  Please provide examples of how you have supported families with referrals or other supports.  |

This application has been approved by the Fiscal Agent and Sponsoring Organization. By signing below, I affirm that this information is true to the best of my knowledge, and that I have reviewed the Playgroup Grant Requirements, and the Required Essential Practices.

|  |  |
| --- | --- |
| Applicant’s Signature | Printed Name and date |
|  |  |
| Title:  | Organization: |

|  |  |
| --- | --- |
| Fiscal Agent’s Representative Signature | Printed Name and date |
|  |  |
| Title: | Organization: |

The Fiscal Agent signature should be someone with budget authority in your organization.

Please include a Draft Budget for your Playgroup – you can use the template below.

**Annual Playgroup Budget (Template)**

First 5 will work with successful grantees to develop a final budget for approval. This example is based on a Playgroup that meets once per week with 5-10 children

|  |  |
| --- | --- |
| **Playgroup Expenses (for a 1/wk Playgroup)** |  |
| **Playgroup Leader and staff salaries**40 playgroup days x 5.5 hrs x $20 per hour Includes time for set up, break down, attendance data tracking, reports, planning, monthly leader zooms | $4400 |
| **Personnel Overhead** @ 10% for taxes, worker’s comp.. (will vary by employer)  | $440 |
| **Materials & Supplies**New infant area, toys, materials, water table | $960 |
| **Snacks**40 playgroup sessions x $20 per sessions  | $800 |
| **Playgroup Gatherings** (2x/yr) Leader time and travel  | $400 |
| **Total Grant from First 5:** | **$7,000** |
|  |  |
| **Match by Applicant** |  |
| Room Rental $75 per day x 40 Playgroup days  | $3000 |
| Kitchen Access (for snack) $25 per day x 40 Playgroup days | $1000 |
| Insurance | $200 |
| Fiscal Management and report review - 10 hours x $25 per hour | $250 |
| **Total Match:** | **$4,550** |
|  |  |
| ***If your organization can fund another meeting day per week – show those costs as part of the match above– for example:***  |  |
|  Costs for an additional day per week (leader time, overhead, and snacks) | $5,640 |
|  Room and Kitchen rental for the additional day: | $4,000 |

Budget notes:

1. The total match amount should be at least 20% of the Grant amount. It does not need to be cash match.
2. The grant funds are not eligible for rent. Grantees are expected to provide a space for Playgroup.
3. Grantees can charge a reasonable ‘Benefits’ percentage on labor costs to account for payroll taxes, worker’s comp, and other employee benefits, such as sick leave, and the cost of substitutes when a Playgroup leader is sick. It should be clearly identified in the budget.
4. Grantees cannot charge an ‘administrative overhead’ percent on the grant total or invoice totals.