Child Care Services Start-Up Grant Application

Organization Name (as listed in Develop, if applicable): _____

Develop Organization Account # (if available): _____
((This # is different from your Individual Develop ID #. If a Develop Organization Account # is not available, please include a copy of your Develop Learning Record)

DHS License or Certification # (if available): _____

Tribal License #: _____
(If Tribally licensed, please include a copy of your Tribal license)

Program is license exempt: ☐

Program Type:
☐ Licensed Child Care Center ☐ Family Child Care ☐ School-based License Exempt Program
☐ Head Start ☐ School-age Only ☐ Certified Center

Original license date if licensed _____

LOCATION

Address: _____ City: _____

Zip Code: _____ County: _____

Phone #: _____

Mailing Address *(if different than above)*: _____

City: _____ Zip Code: _____ County: _____

Is the location shared with another organization/household? ☐ Yes ☐ No

PRIMARY CONTACT

Contact Name (First/Last): _____

Email Address: _____

Phone #: _____

PROGRAM INFORMATION

Anticipated Licensed Capacity: _____ Number of Classrooms/Groups: _____

If you have enrollment, please enter the number of children by age group for which you provide care. In addition, enter the number of children who need intensive support in each age group. A child should be counted as needing intensive support if they are from families experiencing poverty (at or below 200% poverty rate) or otherwise in need of special assistance and support, including children with diagnosed disabilities or developmental delays, who are dual language learners, who reside on American Indian lands, who are migrant, experiencing homelessness, or in foster care.

Total number of children currently enrolled: _____

Number of infants: _____ Number of infants who meet the criteria for intensive support: _____
Number of toddlers: _____ Number of toddlers who meet the criteria for intensive support: _____
Number of preschoolers: _____ Number of preschoolers who meet the criteria for intensive support: _____
Number of school-age: _____ Number of school-age who meet the criteria for intensive support: _____

Please fill out the section below if the information is known. If not known, it can be left blank. This information is for data collection purposes only and does not affect the scoring of a grant application.

Race of Children Enrolled

Number of American Indian/Alaskan Native: _____ Percent of enrolled: _____
Number of Asian/Pacific Islander: _____ Percent of enrolled: _____
Number of Black/African American: _____ Percent of enrolled: _____
Number of Hispanic/Latino: _____ Percent of enrolled: _____
Number of Bi/Multi-Racial: _____ Percent of enrolled: _____
Number of White: _____ Percent of enrolled: _____

Number of enrolled children speaking English as a second language: _____ Percent of enrolled: _____

What kind of programming will/is your organization licensed for? (*Select all that apply*)

☐ Part day (less than 5 hours per day)
☐ Full day (5 or more hours per day)
☐ Full week (5 or more days per week)
☐ Part week (less than 5 days per week)
☐ Evenings (after 6 p.m.)
☐ Weekends (Saturday and/or Sunday)
☐ Full year
☐ School year only
☐ Other _____

Have you spoken with your licensor? ☐ Yes ☐ No

Licensor's Name: _____
(To apply for a Start-Up Grant, you must have had your first visit with your licensor)

What date do you plan to open for business? _____

Has the Fire Marshall visited your location? ☐ Yes ☐ No ☐ Not required
(If yes, include a copy of the Fire Marshall's report)

PROPOSED EXPENDITURES

Detailed Description of Item Requested	Cost	Description of Use	Required by Licensing?	Required by Fire Inspection?
TOTAL (Required)	**$**			

PARTICIPATION AGREEMENT

Program Responsibilities

I understand to be eligible to apply for and receive a Child Care Services Start-Up Grant, my program must have been licensed for the first time within the past six months, will soon be licensed and has been visited by the licensor, is a new program (less than six months in operation) that is exempt from licensing, or is an existing program that is expanding to take more children.

I understand that if my program knowingly submits false or fraudulent information during any part of the grant application process, my program will no longer be eligible for funds. Any funds reimbursed during this grant process would be required to be repaid and appropriate authorities would be notified.

Upon application and notification of funding award, my program agrees to:

- Provide active licensed child care in Minnesota for a minimum of two years from the date of the grant fund notification.
- Enroll interested families participating in the Child Care Assistance Program (CCAP) without discrimination if my program has vacancies.
- Not use funds to supplant expenditures for which there is another federal, state, tribal and/or local public funding source.
- Make services available to families regardless of race, color, creed, religion, national origin, sex, marital status, disability, public assistance, age, sexual orientation, or familial status.
- Participate in any requested surveys and report forms related to funding awards.

I understand the prior to receiving any funds, my program must:

- Register my program's Organization Profile in Develop, The Minnesota Quality Improvement and Registry Tool (developtoolmn.org); create and name classrooms on the Classrooms tab; and complete the number of children served at the time the application is submitted, including all questions regarding them.
- Ensure that all staff in a child care center or providers in a family child care home document their training and education in Develop. This means each person must:
    - Hold a current Individual Membership in Develop (including a Career Lattice step) AND
    - Identify you as their current employer by listing the MN DHS License ID# or Develop Organization ID# for your program AND
    - Be verified as an employee AND
    - Be connected to a classroom with the correct employment title.
- Complete the training requirements:
    - 12 hours of Achieve-approved training. Training must be completed by staff with Position Titles in Develop of Primary Care Provider, Director, Assistant Director, or Teacher.

Data Sharing

I understand that by signing this participation agreement, I am agreeing to allow Minnesota Department of Human Services to share information with contracted agencies for the following purposes:

- Administer the grant application process
- Analyze data on use of grant funds
- Analyze the effectiveness of the grant administration process

The data that could be shared about my program is listed below:

- All data submitted, on paper or via www.developtoolmn.org, related to my program's participation in grant activities and grant documentation, including all information in my Organization Profile.
- The Learning Records of any early education professionals who have reported employment my Organizational Profile in Develop.
- Information on purchases made with the funds.

- Information regarding the grant administration process, including fund reimbursement to my program.

Disbursing Funds
I understand that if my program is awarded a grant, funds are:

- Paid on a reimbursement basis after training requirements are verified, unless otherwise noted.
- Reimbursed **only if funds were used in the intended purpose** as per the grant application and award letter.

_____ _____
Print Name Name of Program

_____ _____
Signature Date

SUBMITTING YOUR APPLICATION

Fill out your application form completely in ink. Your application should be neat and easy to read and stapled together in order. Do not submit grant applications in folders or binders, professionally bound or store-bought.

1. Send in one complete packet, including the application with all required attachments stapled to it.
2. Keep one copy of the completed application form and all required attachments for your records. You will need to refer back to your application if you are awarded a grant.
3. Mail or email the original completed application packet to:

Families First of MN
126 Woodlake Drive SE
Rochester MN 55904
Region 9 Dawn Eckhoff dawne@familiesfirstmn.org
Region 10 Angela Tweed angelat@familiesfirstmn.org

Checklist
Your application packet must include:

☐ The application form, including the participation agreement, with all questions completed.

☐ Copy of your current child care license (*if applicable*).

☐ Estimate or bid (*if applicable*). This is required for the installation of fences, windows, or construction, as required by licensing, or equipment assembly projects. If a child care program wishes to have the cost of assembly and/or installation covered by a grant, the labor must be performed by a contractor following applicable state and local laws and regulations regarding registration and licensure. See https://www.dli.mn.gov/business/residential-contractors-remodelers-roofers for more information.

☐ Pictures (*if applicable*). A picture from a catalog or online is recommended if the item(s) may be questioned by the reviewers.