



Child Care Services Grant Application 2019

Organization applying for grant: _____

Organizational ID# on Develop: _____

DHS License #: _____ Tribal License #: _____

**If tribally licensed, please include a copy of your tribal license.*

If your program is license exempt, please check this box

Type: ___ Licensed Child Care Center ___ Family Child Care ___ School-based license exempt program
___ Head Start ___ School-age (only) program

Original License Date: _____

Location

Address: _____ City _____

Zip Code: _____ County: _____

Phone: _____

Do you accept CCAP? ___ Yes ___ No If yes, CCAP provider ID: _____

Grant Contact Information

Name of person responsible: _____

Email address: _____

Phone Number: _____

About your program

Licensed Capacity: _____

Number of Classrooms /Groups: _____

Below please enter the number of children by age group for which you provide care. In addition, enter the number of high needs children in each age group. A child should be counted as "high needs" if meets one or more of the following criteria: children from low-income families (at or below 200% poverty rate) or otherwise in need of special assistance and support: Including children with disabilities or developmental delays, who are English Language Learners, who reside on "Indian lands," who are migrant, homeless or in foster care.

Total Number of Children Currently Enrolled: _____

Infants _____ High Needs _____

Toddlers _____ High Needs _____

Preschoolers _____ High Needs _____

School Age _____ High Needs _____

Race of Children Enrolled:

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

Number of enrolled children speaking English as a second language:

Number _____ Percent of enrolled _____

What kind of programming does your Organization offer? (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 PM)

Weekends (Saturday and/or Sunday)

Full year School Year only

Other _____

Does your program have a Parent Aware Rating? No Yes (Parent Aware Rating _____)

Did your program receive a Child care Services Grant last year? No Yes

All programs must complete 12 hours of training between April 1, 2019 and March 31, 2020 to receive a grant. These are unduplicated hours and must be listed as approved training on the staff person or persons' Learning Record.

Number of hours of Achieve approved training taken by you or a member of your staff since April 1, 2019: _____
(Attach Learning Record of person(s) taking training – showing approved training)

Purpose for requesting this grant

Give a brief summary of the purpose of your grant request (approximately 50 words). This will help our committee understand the purpose and rationale for your request. Do not include your name or your program’s name in your answer.

Priority #1

Please indicate how your grant proposal meets Regional Priority #1 as outlined by your regional grant committee. Check the Grant Application Guide to find out what Priority #1 is for your region.

Priority #2

Please indicate how your grant proposal meets Regional Priority #2 as outlined by your regional grant committee. Check the Grant Application Guide to find out what Priority #2 is for your region.

Priority #3

Please indicate how your grant proposal meets Regional Priority #3 as outlined by your regional grant committee. Check the Grant Application Guide to find out what Priority #3 is for your region.

State Priority

Please indicate how your grant proposal meets the State Priority as outlined by the MN Department of Human Services. Check the Grant Application Guide to find out what the State Priority is this year.



Proposed Expenditures

Below, describe the item(s) you would like to purchase with your grant. **Duplicate this page as needed to describe all expenditures.**

Expenditure # _____

- Category (choose one) Teaching and Relationships with Children
 Relationships with Families
 Assessment and Planning for Each Individual Child
 Professionalism
 Health and Well-being
 Culturally Responsive Care

Type: Materials
 Professional Development

Goal: _____

Strategy: _____

Description: _____

Cost: _____ Amount Requested: _____ Cost to program: _____

Population Served: Infant/Toddler Preschool School-age

Is this item culturally inclusive? (See Grant Application Guide for explanation) Yes No



Expenditure Totals (Total of all pages)

Number of Expenditures: _____

Total Grant Request: \$_____

Total Program Contribution: \$_____

Total Investment: \$_____

Attention! In order for your application to be considered, center-based programs must contribute at least 25% of the Total Investment.



Child Care Services Grant Participation Agreement

Program Responsibilities

I understand to be eligible to apply for and receive a Child Care Services Grant, my program must be:

- Be actively providing early learning services to children ranging in age from birth to school age.
- Be currently licensed with the Minnesota Department of Human Services or Tribal Government OR be legally license-exempt
- If licensed by the Minnesota Department of Human Services, a site must have no current negative actions. Licensing violations such as a temporary immediate suspension, suspension, revocation, or a maltreatment finding will prevent the issuance of a grant and/or will cause the withdrawal of a grant.

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 notification of funding award, my program agrees to:

- Provide licensed child care in Minnesota for a minimum of two years from the date of the grant fund notification.
- Enroll interested families participating in CCAP, without discrimination, if my program has vacancies.
- 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:

- Complete the training requirements:
 - 12 hours of training to be taken between April 1 of the current year and March 31 of next year.
- Read and understand the requirements, including the training requirements and deadlines.
- Register your program's Organization Profile in Develop, The Minnesota Quality Improvement and Registry Tool, (developtoolmn.org). Create and name your classrooms on the Classrooms tab. Complete the number of children served at the time you submit your application, 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.

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.
- Reimbursed only if funds were used in the intended purpose as per the grant application and award letter.

Print Name of Person Signing this agreement

Name of Program

Signature

Date