

## Child Care Capacity Expansion Grant

Business Name: \_\_\_\_\_

DHHS License Number: \_\_\_\_\_

Director/Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of years operating with DHHS License: \_\_\_\_\_ Years of experience: \_\_\_\_\_

### Provider Information

**Please fill in circles and complete the information below**

Current License	New or Expansion License applied for:	Funding	Step Up to Quality Rating
<input type="radio"/> Licensed Family Home I  <input type="radio"/> Licensed Family Home II  <input type="radio"/> No current license	<input type="radio"/> Licensed Family Home I  <input type="radio"/> Licensed Family Home II	<input type="radio"/> Non-Profit  <input type="radio"/> For Profit	<input type="radio"/> Waiting for certificate  <input type="radio"/> Step 1  <input type="radio"/> Step 2  <input type="radio"/> Step 3  <input type="radio"/> Step 4  <input type="radio"/> Step 5  <input type="radio"/> Not Currently Participating

	Number of Children Currently Enrolled by Age Group			
	Infant	Toddler	Pre-School	School Age
Full Time				
Part Time				

Do you accept Child Care Subsidy? \_\_\_\_\_ Are you willing to accept Subsidy? \_\_\_\_\_

Is your program registered on the Child Care Referral Network? \_\_\_\_\_

If your program is not registered on the Child Care Referral Network; Are you willing to learn more about it? \_\_\_\_\_

What improvements will you need to make in order to expand/or start your in-home business?

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What is a rough estimate of funding you will need to make these improvements?

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How do you implement quality into your program? If not currently licensed, how do you plan to implement quality into your program?

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**Do you implement any assessment tools or curriculum? If so, what is it?**

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**Are you a member of Power of Preschool or any other Early Childhood initiative?**

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**Do you currently have a waitlist of children? If yes, how many children are on this list?**

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**Do you have a contract or policies/handbook for the families? If so, please attach along with the application. \_\_\_\_\_**

**Do you plan special events that include the families? \_\_\_\_\_**

**If yes, what type of past events have you done?**

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**Do you provide new employee orientation? Is there an overall plan for professional growth?**

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**What is your plan to recruit and retain current and new staff members?**

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What is the current level of experience you and your staff have?

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How many Professional Development training hours do you have?

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Do you utilize the Connie Funds for Professional Development?

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Do you see this business being a short or long term commitment? \_\_\_\_\_

What is your work plan for being opened and operating for three years? (Failure to do so will result in paying all awarded funding back).

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What is your timeline for being able to expand? Can this be done in our 5-month deadline?

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**Grant Application Deadline:**

**Applications Reviewed by:**

**Applicates notified of Grant Awards:**

The applicant understands that this funding is limited, and the application does not guarantee assistance will be provided. The applicant also understands that if the application is approved, funds will only be reimbursed for approved expenses, and itemized receipts and needed documentation must be turned in no later than 5 months prior to application approval.

**If the applicant is awarded funding and fails to remain open for 3 years prior to receiving funds, they will be responsible for paying back all awarded grant funding!**

\_\_\_\_\_ I have read and understand the terms outlined in this capacity expansion grant. (Please initial)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_