

**Licensed Family Child Care Home Provider General Information**

***Keep the Lights On***

*Open Child Care = Open Economy*

This grant program is made possible through generous support from the Gates Family Foundation, Buell Foundation, Mile High United Way, and the Women’s Foundation of Colorado.

**KEY DATES**

1. APPLICATION DEADLINE: Applications including all required documentation must be received electronically by **11:59pm** (MST) on **Monday, August 3, 2020.**
2. APPLICATION REVIEW: Applications will be reviewed within approximately two weeks by a grant review committee.
3. APPLICATION STATUS: Applicants will be notified via email of their application status the week of **August 17, 2020.**
4. PAYMENT: Payments to grant recipients will be made upon receipt of a signed grant agreement.
5. GRANT REPORT: A grant completion report is due 90 days after the grant payment is received.

**QUESTIONS?**

Register for the upcoming technical assistance webinar on **Wednesday, July 22, 2020** at <https://unitedwaydenver.org/keep-the-lights-on-grants/>.

Contact us directly at **keepthelightson@unitedwaydenver.org** with your questions. Please indicate “Family Child Care Home” or “FCH” in the subject line. Please note that while the application is open until 11:59pm on August 3rd, questions submitted to this email address will be responded to until 5:00pm that day.

**ELIGIBILITY CRITERIA**

* Must serve children age 8 and younger
* Must have a current license in good standing with the Colorado Department of Human Services - Office of Early Childhood
* Must be currently operating or have identified a reopen date and plan

**ALLOWABLE USES**

Eligible programs may apply for a grant up to **$2,500** to support their operational expenses as well as personnel expenses.

*Operational Expenses*

1. Non-standard hour care or extending hours of operation
2. Costs associated with reopening your program (restocking food, cleaning supplies or services, staff recruitment, etc.)
3. Cleaning supplies and services
4. Personal protective equipment
5. Maintaining facility/space including necessary repairs, rent/mortgage
6. Income loss (due to decrease in enrollment or delay in re-enrollment)
7. Child Care Health Consultation services

Personnel Expenses

* Maintain lower ratios, daily health screenings for children and staff
* Background checks
* Substitutes and/or additional staff
* Education on COVID specific guidance and practices including physical distancing, cleaning and disinfecting, illness exclusion guidelines, face coverings, health screenings, and more.
* Hazard pay and/or overtime
* Paid sick leave



**Licensed Family Child Care Home Provider Application**

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Applications are due by 11:59pm (MST) on Monday, August 3, 2020. All applications must be submitted through <https://unitedwaydenver.org/keep-the-lights-on-grants/>. This Word document is intended to be a guide to draft your responses. All information will need to be copied and pasted into the online application. Only applications submitted through the website will be considered.

If you need additional assistance, please email keepthelightson@unitedwaydenver.org with “Family Child Care Home” in the subject line.

1. **Amount Requested & Grant Application Checklist**

NOTE: Family Child Care Home Providers can request up to $2,500 in one-time funding.

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 CHECKLIST

[ ] Section 1: Amount Requested

[ ] Section 2: Program Leadership & Staff

[ ] Section 3: Program Status

[ ] Section 4: Program Information

[ ] Section 5: Grant Request Narrative & Budget (upload as attachment)

[ ] Section 6: Signatures

[ ] Copy of current, legible license issued by the Colorado Department of Human Services (upload as attachment)

1. **Program Leadership & Staff**

NOTE: The “Keep the Lights On” collaborative of partners and funders believe that diversity in both program leadership and staff is critical to support the growth and development of young children in Colorado. This demographic information gives us a better understanding of the early childhood education sector as we strive to better reflect the children and families who call Colorado home.

1. *Program Director or Owner identifies as the following race:*

[ ] American Indian or Alaska Native

[ ] Asian

[ ] Black or African American

[ ] Caucasian or White

[ ] Native Hawaiian or Other Pacific Islander

[ ] Race or Origin not listed above

[ ] Two or more races

[ ] White

1. *Program Director or Owner identifies as the following ethnicity:*

[ ] Hispanic or Latinx or Spanish Origin

[ ] Not Hispanic or Latinx or Spanish Origin

1. *OPTIONAL: Program Director or Owner identifies as the following gender:*

[ ] Female

[ ] Male

[ ] Non-binary

[ ] Transgender

[ ] Self-identify

1. *If you have a Board of Directors/Trustees, approximately what percentage identify as Black, Indigenous, or People of Color (BIPOC)?*

[ ] 0-25%

[ ] 25-50%

[ ] 50-75%

[ ] 75-100%

[ ] Not applicable

1. *Approximately what percentage of your staff identify as Black, Indigenous, or People of Color (BIPOC)?*

[ ] 0-25%

[ ] 25-50%

[ ] 50-75%

[ ] 75-100%

[ ] Not applicable

1. **Program Status**
2. *What is the current operational status of your program?*

[ ] Open

[ ] Closed

\*If closed, please state your anticipated reopen date, key tasks, activities, and timeline

EXAMPLE: Month/Day/Year

* Task 1 (Timeframe): Description of activity
* Task 2 (Timeframe): Description of activity
* Task 3 (Timeframe): Description of activity
1. *Has your program updated their status in the* [*Colorado Shines Portal*](https://www.coloradoshines.com/ncovregister)*?*

[ ] Yes

[ ] No

1. *Over the past 4 months, has your program provided child care to essential workers?*

[ ] Yes

\*If yes, approximately how many children of essential workers were served?

[ ] No

1. *Has your program applied for and/or received any additional funding in the past 4 months specific to COVID-19?*

[ ] No. My program has not received additional funding outside of family tuition and/or public program funding, such as the Colorado Child Care Assistance Program (CCCAP), Early Head Start/Head Start, Denver Preschool Program (DPP), or Colorado Preschool Program (CPP). Select this option even if your program has received payment for increased absences through these programs.

[ ] Yes. My program has applied for and/or received additional funding. Please explain these funding opportunities in the chart below.

|  |  |  |
| --- | --- | --- |
| **Funding Opportunity** | **Status** | **Purpose & Notes** |
| *EXAMPLE: Federal Paycheck Protection Program (PPP)* | *Received* | *We received a PPP Loan in the amount of $57,000 to utilize for rent, utilities, and payroll costs.* |
| *EXAMPLE: Governor Jared Polis Colorado COVID-19 Relief Fund* | *Awaiting Reply* | *Applied for $15,000 from the state relief fund to fill the gap of our lost income due to low enrollment and maintaining consistent groups that are no more than 10 children.* |
| *EXAMPLE: ABC Foundation*  | *Declined* | Requested $5,000 from ABC Foundation to purchase cleaning supplies.  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Program Information**

NOTE: *A* copy of current, legible license issued by the Colorado Department of Human Services must be uploaded as an attachment.

1. *Name of Program*
2. *Mailing Address*
3. *City County Zip*
4. *Contact Name*
5. *Phone Email*
6. *Taxpayer Identification Number (TIN)*
7. *License Number*
8. *License Type*
9. *Current Colorado Shines Rating (check one):* 1[ ]  2[ ]  3[ ]  4[ ]  5[ ]
10. *Licensed Capacity by Age*

Infants/Toddlers (under Age 3) Preschool (Ages 3-5)

School-Age (Ages 6+)

1. *Current Enrollment by Age*

Infants/Toddlers (under Age 3) Preschool (Ages 3-5)

 School-Age (Ages 6+)

1. *Child Population Served*

 NOTE: Please check all that apply. If yes, please indicate the approximate number of children.

[ ] Colorado Child Care Assistance Program (CCCAP)

[ ] Non-English Speaking

[ ] IEP/IFSP

[ ] Special Health Needs

[ ] Head Start/Early Head Start

[ ] Colorado Preschool Program (CPP)

[ ] Denver Preschool Program (DPP)

1. Do you lease or own the home where you provide child care?

[ ] Lease [ ] Own

1. **Grant Request Narrative & Budget**

NOTE: There is a two-page limit for this section including the Program Narrative, Statement of Need, and Anticipated Expenses Budget Narrative. You may use Pages 10-11 in this document to draft your response.

*Program Narrative:* How has the COVD-19 pandemic impacted your program? What have been your greatest successes and challenges during this time? Please highlight:

* Number of children who have disenrolled due to COVID-19
* If any discounts have been provided to tuition or parent co-pays
* How local policies (i.e. changes in CCCAP attendance payments), have affected your program.
* Have you had to restructure a lease/rent agreement with a landlord or apply for mortgage forbearance?

*Statement of Need:* Tell us about your program’s financial needs. This should include needs related to day-to-day and long-term operations. Please highlight:

* Estimated percent decrease in revenue
* Estimated dollar amount decrease in revenue
* Number of employees retained
* Number of employees furloughed or laid off

*Anticipated Grant Budget Table & Narrative*

|  |  |  |
| --- | --- | --- |
| **Expense Budget Items** | **Total Cost** | **Budget Narrative** |
| EXAMPLE: Staff Salaries | $ 1,250 | Covers 50% of lead teacher’s salary for month of August  |
| EXAMPLE: Monthly Rent | $900 | Covers remainder of July rent payment |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $  |  |
|  | $  |  |
| (add if needed) |  |  |
| **Total** |  |  |

# Signature

By signing below, I hereby attest that everything included in this application is valid and true. I certify that the applicant organization is licensed and is in good standing in the State of Colorado. I understand that all expenditures made in conjunction with any grant award through this program must meet all applicable code and licensing requirements. I acknowledge that the Keep the Lights On Grant partners (Mile High United Way, Healthy Child Care Colorado, and Early Childhood Council Leadership Alliance) may verify any and all information contained in this application, including, but not limited to, your facility’s licensing history and status. Furthermore, I understand that a completion report is due 90 days after funds are awarded is a stipulation of award.

Print Name

Title

If different from above: Phone Email

Date

\*Electronic Signature (available in online application)

**REMINDER: KEEP THE LIGHTS ON GRANT APPLICATION CHECKLIST**

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**Section 5: Grant Request Narrative & Budget**

***Please use this as a guide to ensure you stay within the two-page limit for this section.***

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|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $  |  |
|  | $  |  |
| (add if needed) |  |  |
| **Total** |  |  |