# A picture containing knife  Description automatically generated

**Licensed Child Care Center/School-Age Provider – General Information**

***Keep the Lights On (Round 3)***

*Open Child Care = Open Economy*

This grant program is made possible through generous support from the Caring for Colorado Foundation and Mile High United Way, in partnership with the Early Childhood Council Leadership Alliance (ECCLA), Healthy Child Care Colorado (HCCC), and other key early childhood partners.

**KEY DATES**

1. APPLICATION OPENS: The online application portal will open on **June 21, 2021**.
2. APPLICATION DEADLINE: Applications including all required documentation must be received electronically by **Midnight** (MST) on **July 9, 2021.**
3. APPLICATION REVIEW: Applications will be reviewed within two weeks by a grant review committee.
4. APPLICATION STATUS: Applicants will be notified via email of their application status the week of **August 1, 2021.**
5. PAYMENT: Payments to grant recipients will be made upon receipt of a signed grant agreement.
6. GRANT REPORT: A grant completion report is due 90 days after the grant payment is received.

**QUESTIONS?**

A pre-recorded technical assistance webinar will be available to view starting **June 18, 2021**. If you need additional assistance, contact us directly at **keepthelightson@unitedwaydenver.org** with your questions. Please indicate “Child Care Center” and/or “School-Age Program” in the subject line. Please note that while the application is open until 11:59pm on July 9th, 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 to support their operational expenses as well as personnel expenses.

*Operational Expenses*

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

**GRANT AMOUNT CATEGORIES**

|  |  |  |
| --- | --- | --- |
| **Option** | **Licensed Capacity** | **Funding Maximum** |
| 1 | 30 children or fewer | Up to $3,000 |
| 2 | 31-59 children | Up to $6,000 |
| 3 | 60+ children | Up to $12,000 |

**Licensed Family Child Care Home Application**

***Keep the Lights On***

*Open Child Care = Open Economy*

Applications are due by Midnight (MST) on July 9, 2021. **All applications must be submitted online through** [**https://unitedwaydenver.org/keep-the-lights-on-grants/**](https://unitedwaydenver.org/keep-the-lights-on-grants/)**.** This Word document is intended to be a guide and resource. Only applications submitted through the website will be considered.

If you need additional assistance, please email keepthelightson@unitedwaydenver.org with “Child Care Center” and/or “School-Age Program” in the subject line.

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

NOTE: Please see “Grant Amount Categories” in the “General Information” Section of this document (Page 2) for funding levels for Licensed Family Child Care Homes

$

CHECKLIST

[ ] Section 1: Amount Requested

[ ] Section 2: Program Leadership & Staff

[ ] Section 3: Program Status

[ ] Section 4: Program Information

[ ] Section 5: COVID-19 Impact

[ ] Section 6: Grant Budget (upload as attachment)

[ ] Section 7: Signatures

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

☐Copy of most recent financial statements (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 identifies as the following race:*

[ ] American Indian or Alaska Native

[ ] Asian

[ ] Black or African American

[ ] Caucasian or White

[ ] Latinx

[ ] Native Hawaiian or Other Pacific Islander

[ ] Race or Origin not listed above

[ ] Two or more races

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

[ ] Hispanic or Latino or Spanish Origin

[ ] Not Hispanic or Latino or Spanish Origin

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

[ ] Female

[ ] Male

[ ] Non-binary

[ ] Other

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

[ ] 0-25%

[ ] 25-50%

[ ] 50-75%

[ ] 75-100%

[ ] Not applicable

1. *Approximately what percentage of your staff reflect 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

Month/Day/Year

\*If closed, anticipated Reopen Date:

1. *Has your program updated their status in the* [*Colorado Shines Portal*](https://www.coloradoshines.com/ncovregister)*?*

[ ] Yes

[ ] No

1. *Over the past 14 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 14 months specific to COVID-19?*

[ ] No. My program has received no 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).

[ ] 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: ABC Foundation*  | *Awaiting Reply* | 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 Preschool School-Age

1. *Current Enrollment by Age*

Infants Toddlers Preschool School-Age

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 operate a For Profit or Non Profit Program?

 ☐ For Profit ☐ Non-Profit

1. Do you lease or own the space/facility where you provide child care?

[ ] Lease [ ] Own

1. Which of the following tools do you currently utilize *(check all that apply):*

 [ ] Program Budget

 [ ] Program Management Technology

[ ]  Shared Services

1. How many teaching positions have you had open for 30 days or longer?
2. **COVID-19 Impact**
3. Number of children disenrolled
4. Estimated percentage discount offered for tuition or parent co-pays and estimated number of families to which discount was offered
5. Have you had to restructure a lease/rent agreement with a landlord? [ ] Yes [ ] No
6. Estimated percentage decrease in revenue and corresponding estimated dollar amount
7. Number of employees retained
8. Number of employees furloughed or laid off
9. In reflecting on COVID-19, how would you rate your program’s resiliency from “0” not prepared at all to navigate and financially withstand crisis (like COVID-19, natural disaster, etc.) to “10” completely prepared?
10. What is your most pressing need, outside of general operational funding? *(Select all that apply)*

 [ ] General business advising (for example, how to build a budget or use accounting software)

[ ] Boosting online presence

[ ] Emergency preparedness training

[ ] Other

1. *OPTIONAL:* Is there anything else you would like to share regarding the impact of COVID-19 on your program*? (300 word limit)*
2. **Grant Budget**

*Anticipated Grant Budget Table*

|  |  |  |
| --- | --- | --- |
| **Expense Budget Items** | **Total Cost** | **Budget Narrative** |
| 1. EXAMPLE: Staff Salaries
 | $ 1,250 | Covers 50% of lead teacher’s salary for month of August  |
| 1. EXAMPLE: Monthly Rent
 | $900 | Covers remainder of July rent payment |
| 3. | $ |  |
| 4. | $ |  |
| 5. | $ |  |
| 6. | $  |  |
| 7. | $  |  |
| (add if needed) |  |  |
| **Total** |  |  |

1. **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**

[ ] Section 1: Amount Requested

[ ] Section 2: Program Leadership & Staff

[ ] Section 3: Program Status

[ ] Section 4: Program Information

[ ] Section 5: COVID-19 Impact

[ ] Section 6: Grant Budget (upload as attachment)

[ ] Section 7: Signatures

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

☐Copy of most recent financial statements (upload as attachment)