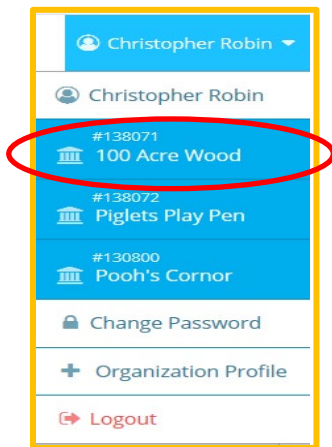


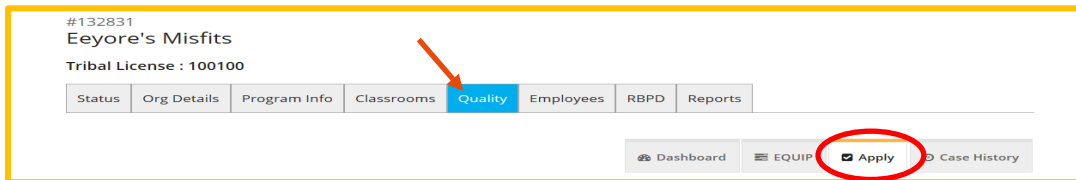
GRANTS – APPLICATION INSTRUCTIONS

Organizations will be able to apply for Grants in Develop starting in fall 2020. Regional Grants are available to all direct care organizations. Applications are only accepted from September 1 to September 25 of each calendar year.

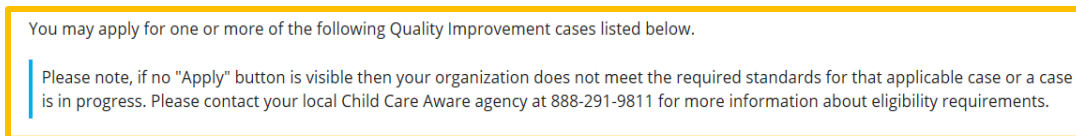
1. Log into your Develop Profile with your email address and password.
2. From the drop down menu, choose the organization you want to use for the Regional Grant Application.



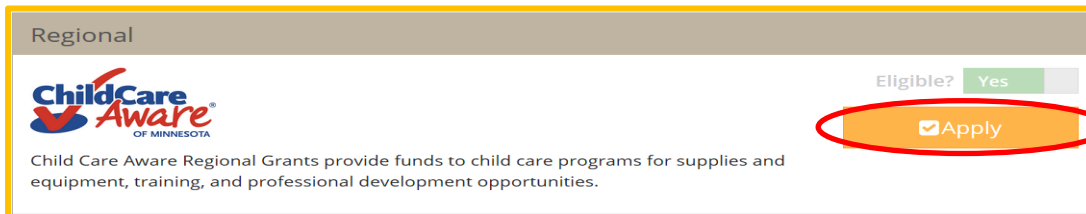
3. From your **Organization Profile**, select the **Quality Tab** and click **Apply**.



4. This page lists options to apply for Parent Aware (full rating), Parent Aware Building Quality, MNTRECC and Child Care Services Grant.



5. Scroll down to Child Care Services Grant application and click **Apply**.



Grants – Application Instructions

6. Please update any missing or incorrect information. Click **Next** to continue. At any time, you can click on **Save and Exit** to finish later.

#132831
Eeyore's Misfits

Save and Exit Exit Application

Contact Info ID Numbers Accreditation Enrollment Address Participation Terms

Contact Information

Email Address*
katherine.wintertest+cr@gmail.com

First Name* Christopher Last Name* Robin

Phone - - Ext.

Next

7. Verify your **Organization Identification**. Scroll to the bottom of the page and click **Next**.

#132831
Eeyore's Misfits

Contact Info ID Numbers Accreditation Enrollment Address Participation Terms

Organization Identification

You indicated that this organization provides early learning and/or school age care to children. Let's gather some identifying information for this organization. **Answer Yes or No to all questions.**

8. Please make sure the information is correct and click **Continue**.

!

Attention!

It is extremely important that you provide all relevant Program IDs before proceeding with this application. If your program is part of Head Start or is affiliated with state-funded PreK, please ensure you provided that information on the previous screen. Program administrators must have complete information about your program in order to ensure you have access to the appropriate resources and support.

Go Back Continue

9. Enter **Program Accreditation**, if any, by clicking on the **+Accreditations** button. Click on **Next** to continue. Click **Previous** at any time to go back and view your application.

#132831
Eeyore's Misfits

Save and Exit Exit Application

Contact Info ID Numbers Accreditation Enrollment Address Participation Terms

Program Accreditation

+ Accreditation

National Association for the Education of Young Children (NAEYC) Accreditation

ID -- / Effective Jan 2019 / Expires Jan 2020 / Pending

Previous Next

Grants – Application Instructions

10. Enter the **Program Enrollment** to the best of your ability. These numbers do not affect the scoring of your grant. Make sure you fill out the form, including adding zeros. Develop will not let you proceed unless all boxes are filled.

Contact Info	ID Numbers	Accreditation	Enrollment	Address	Participation	Terms
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Program Enrollment

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.

Number of Classrooms / Groups

Total Number of Children Enrolled **4**

Infants	<input type="text" value="2"/>	High Needs	<input type="text" value="0"/>
Toddlers	<input type="text" value="0"/>	High Needs	<input type="text" value="0"/>
Preschoolers	<input type="text" value="2"/>	High Needs	<input type="text" value="0"/>
School Age	<input type="text" value="0"/>	High Needs	<input type="text" value="0"/>

Race of Children Enrolled

American Indian/Alaskan Native	<input type="text" value="0"/>	Percent	0%
Asian/Pacific Islander	<input type="text" value="2"/>	Percent	50%
Black/African American	<input type="text" value="0"/>	Percent	0%
Hispanic/Latino	<input type="text" value="2"/>	Percent	50%
Bi/Multi-Racial	<input type="text" value="0"/>	Percent	0%
White	<input type="text" value="0"/>	Percent	0%

Number of enrolled children speaking English as a second language?
 Percent 0%

Check the box for programming, select from the drop down when you are open and explain any closure for more than two weeks. Click **Next**.

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)
- Part week (less than 5 days per week)
- Full week (5 or more days per week)
- Evenings (after 6pm)
- Weekends (Saturday and/or Sunday)
- No Selection

When is your program open and serving children? (Please choose the one answer that best fits.)

If your program closes (is not serving children) for two or more consecutive weeks at any time during the year, please describe below when your program is closed. Please be as specific as possible.

This program is closed during the following timeframe each year:

Grants – Application Instructions

11. Verify your Organization Address and phone number. Click **Next**.

Save and ExitExit Application

#132831
Eeyore's Misfits

Contact InfoID NumbersAccreditationEnrollmentAddressParticipationTerms

Organization Address

Physical Address

Address Line 1*	Line 2	
<input type="text" value="444 Lafayette"/>	<input type="text"/>	
Zip*	City*	State*
<input type="text" value="55144"/>	<input type="text" value="Saint Paul"/>	<input type="text" value="MN"/>
County*	Country	
<input type="text" value="Ramsey"/>	<input type="text" value="United States"/>	

Mailing Address

Same as physical address

Address Line 1*	Line 2	
<input type="text" value="444 Lafayette"/>	<input type="text"/>	
Zip*	City*	State*
<input type="text" value="55144"/>	<input type="text" value="Saint Paul"/>	<input type="text" value="MN"/>
County*	Country	
<input type="text" value="Ramsey"/>	<input type="text" value="United States"/>	

Phone* - -

Fax - -

Web Site

Additional Info

Enter any additional information about your organization that you would like to appear on this web site.

PreviousNext

Click Previous at any time to review your application.

Grants – Application Instructions

12. On the **Participation tab**, you will answer a series of questions in regards to the grant. Please answer the questions as best you can, there is a limit to how much you can type. Do not leave any answers blank. If you do not have a request for a specific priority, add **N/A**.

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. Click [here](#) 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. Click [here](#) 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. Click [here](#) 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. Click [here](#) to find out what the State Priority is this year.

13. **Expenditures** is where you add what you specifically want to purchase with the grant money. Click on **+Expenditures** to add items.

Expenditures + Expenditure

Click the add button to add expenditures to the proposed expenditure list.

Expenditure Totals		Breakdown of Grant Investment by Population Served ⓘ	
Program Contribution	\$0.00	Infants & Toddlers	\$0.00
Grant Request	\$0.00	Preschool	\$0.00
Total Investment	\$0.00	School-Age	\$0.00
		Culturally Responsive	\$0.00

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

Proposed Expenditures

ⓘ No data available.

ⓘ Expenditures can address more than one population, so population percentages will add up to more than 100%. Percentages are calculated as a percent of the Total Amount Requested, not including the Cost to the Program.

Grants – Application Instructions

14. For each proposed expenditure, provide the following:
(A more in depth explanation is available in the Grant Guide.)

Category and Indicator: Select a category and an indicator. Depending on the category you choose, the list of indicators will change. For Regional Grants, please choose **Other**.

<p>Category</p> <p>Select Category</p> <p>Select Category</p> <p>Teaching and Relationships with Children</p> <p>Relationships with Families</p> <p>Assessment and Planning for Each Individual Child</p> <p>Professionalism</p> <p>Health and Well-being</p> <p>Requirements</p>	<p>Indicator</p> <p>Select Indicator</p> <p>Select Indicator</p> <p>T1.1 Routines</p> <p>T1.2 Lesson plans</p> <p>T1.3a Curriculum use</p> <p>T1.3b Classroom transitions</p> <p>T2.3 Child-adult interactions</p> <p>T2.4 Child-adult interactions (Instructional Support)</p> <p>T3.2 Learning environment</p> <p>T3.3 Cultural responsiveness</p> <p>T4.2 Kindergarten transition plan</p> <p>T4.3 Kindergarten transition activities</p> <p>Other</p>
--	--

Type: Materials or Training/Professional Development

Goal: Enter what you hope to accomplish with this purchase

Description of purchase: Create expenditures based on category – using the Culturally Responsive category first. List all the items you are going to purchase in this category, separated by commas, and indicate the price of the item in parentheses behind each item. The Grant Application Guide can help you determine which category your purchases should be assigned to.

Example: 48"X36" child sized table (\$199.00), 5 12" chairs (\$250.00) 5 Storage bins (\$45.00)

Total cost of purchase: Add all the parentheses and put the total here. **(\$494.00 in the above example)**

Amount Requested: How much of the above total will the grant pay for?

Cost to Program: How much of the total will you pay for?

Population Served: *Who will benefit from this purchase?* Infants & Toddlers, Preschoolers, or School-Age children – check all that apply.

Cultural Responsiveness: Is this item culturally responsive? Make a separate Action Item for Culturally Responsive purchases using the Requirements category. Check the Cultural responsive box only for the expenditure for culturally responsive items.

+Expenditures ✕

Use the wizard below to add additional expenditure items to the applicable case.

Regional Grant

<p>Category</p> <p>Teaching and Relationships with Children</p>	<p>Indicator</p> <p>T1.2 Lesson plans</p>
--	--

Type

Materials

Goal

Purchase new lesson plans in Spanish. We want to add more Spanish speaking families and we need lessons in Spanish.

Maximum of 500 characters

Description of purchase

Lesson plan guides, and pens.

Grants – Application Instructions

Total Cost: 100

Amount Requested: 100

Cost to Program: \$0
Auto-generated based on Total cost minus Amount Requested.

Population Served: Infants & Toddlers, School, School-Age

Cultural Inclusion: Item is culturally inclusive

If finished, click Save & Close.

For more than one request, click Save & Add Another.

Save & Close | Save & Add Another

15. After you add the **Expenditures**, the page will be updated with your entries. Check to make sure that you have meet the grant requirements. If you are a Center, the program contribution line must be at least 25%. For all programs, the Culturally Responsive purchases must be at least 10%.

Expenditures

Click the add button to add expenditures to the proposed expenditure list.

Expenditure Totals

Program Contribution	0%	\$0.00
Grant Request	100%	\$100.00
Total Investment		\$100.00

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

Breakdown of Grant Investment by Population Served

Population Served	Percentage	Amount
Infants & Toddlers	100%	\$100.00
Preschool		\$0.00
School-Age		\$0.00
Culturally Responsive	100%	\$100.00

Expenditures can address more than one population, so population percentages will add up to more than 100%. Percentages are calculated as a percent of the Total Amount Requested, not including the Cost to the Program.

Proposed Expenditures

#1769

Category: Teaching and Relationships with Children

Category	Total Cost	Grant Request	Program Contribution
Teaching and Relationships with Children	\$100.00	\$100.00	\$50.00

Click on +Details to see the information about your Expenditures.

Previous | Click to review application entries | Click to continue. | Next

16. The last page is the **Participation Agreement**. Please read carefully. You can review your Application by clicking on **Previous**, or come back later to finish the application by clicking on **Save and Exit**. Check the box for consent and click **Submit** when finished.

Once you click Submit, your application will be submitted to Child Care Aware and you cannot change it.

On behalf of my program, I consent for my program to participate in the grant application process according to the terms outlined above.

Previous | Submit

Grants – Application Instructions

17. You will receive an email when your application is submitted. The email will alert you to look for a letter in the mail detailing the terms of your grant. If you do not receive an email within 24 hours, please contact your Grant Administrator.
18. After submission, your Regional Grant application will show on your Organization Profile Dashboard. Click **Case Info** to see details.

Electronic Quality Improvement Plan

● In Progress

Parent Aware

Parent Aware Rating	Not Rated
Rating Expires	N/A

[View EQUIP](#)

Check your Grant Application by clicking here.

Regional, #16883, Applied

Action Items	Assigned to	Due by	Approval	Completed?
#1769 - Purchase new lesson plans in Spanish. We want to add more Spanish speaking families and we need lessons in Spanish.	Unassigned	Unassigned	Pending	<input type="checkbox"/>

19. The Case Status will be updated by your Grant Administrator. They can also add notes to your case if needed.

Regional Case #16874

#132831 Eeyore's Misfits

ChildCare Aware OF MINNESOTA

Case Info | Expenditures

General Case Information

Case ID	16874
Case Type	Regional
Application Date	04/09/2019
Fiscal Year	2019
Language	-- None Selected --

Case Status
Applied

Attention
An application for a Regional Grant has been entered.

Next Steps
Your local Child Care Aware Grant Administrator will assign three independent Grant Reviewers to review your program's Grant application.

Once your grant has been approved, an Action Item will be automatically created that reminds you to complete 12 hours of training before you can be reimbursed for items you have purchased, or before items can be purchased for you.

Grants – Application Instructions

20. The Grant Administrator will indicate how the money will be distributed. You will need to upload receipts or shopping carts for reimbursement, depending on who will be purchasing your items. On your Dashboard, scroll down to your Regional Grant Case. Click on the title of the action item where you need to add documentation.

#16874 - Regional, Fiscal Year 2019, Under Review					
+ Action Item i Case Info					
Action Items	Assigned to	Due by	Approval	Completed?	
#1760 - Teach lessons on sharing.	Unassigned	Unassigned	Denied	<input type="checkbox"/>	
#1761 - Teach kids yoga to help them calm down	Unassigned	Unassigned	Denied	<input type="checkbox"/>	
#1788 - Demonstrate commitment to continuous improvement	Unassigned	03/31/20	N/A	<input type="checkbox"/>	

22. Click on **Documents**. You can upload receipts or screen shots (shopping carts) by clicking on **+Files** and choosing which file from your computer to upload. When finished, click **Save**.

Required Info | Details | Investment | **Documents** | Notes

Documentation Required


If documentation is required, this action item will not be able to be completed unless documentation has been added supporting the action taken.

Upload Quality Improvement Action Item Documentation [+Files](#)

The following file types are accepted:
.doc,.docx,.xls,.xlsx,.pdf,.rtf,.ppt,.pptx,.jpeg,.jpg,.bmp,.gif,.png,.pub,.tiff,.tif

Save | Close

23. As you exit the screen, you'll be reminded to Click on **Save and Close**.



Exit without saving your changes?

There may be unsaved changes.

25. You will be returned to the **Quality Dashboard** for your organization.