



Emergency Grant Application 2020-21

Please see the Emergency Grant Application Guide for information about filling out this application.

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 Program
___ Head Start ___ School-age program

Original License Date: _____

Location

Address: _____ City _____

Zip Code: _____ County: _____

Phone: _____

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

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 (number of Stars: ____)

Did your program receive a grant last year? No Yes

Number of hours of Develop-approved training taken by you or a member of your staff since April 1, 2020: ____ (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). What is the immediate emergency, and how does it affect your ability to provide care (for example, is your program currently open?)

Impact

Describe the impact, if any, that this emergency has on your compliance with licensing standards. (If a correction order was issued, please indicate the date that it was issued).

Steps

Describe the steps you have already taken to respond to the emergency, including other agencies you have contacted for assistance.

Funding plan

Describe what you will do if you are not fully funded.

Careful planning

Describe how this expenditure is the best way to address the emergency. Have you explored insurance or warranty? Have you obtained estimates for repair and replacement?



Proposed Expenditures

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

You must attach documentation from your licensor that the items in your grant application are needed to meet licensing requirements. All items requested should be included in a letter or correction order from your licensor.

Item Requested	Cost	Description of Use
Total	\$	Maximum amount of grant is _____



Emergency Grant Participation Agreement

Program Responsibilities

I understand to be eligible to apply for and receive a Child Care Services Grant, my program must be licensed, currently operating and serving children. My program is not allowed to have any of the following licensing violations with the Minnesota Department of Human Services: Temporary Immediate Suspension, Suspension, Revocation or a Maltreatment Finding.

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 application and notification of funding award, my program agrees to:

- Provide active licensed child care in Minnesota for a minimum of 2 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:

- Require all early education professionals working at my program to have a current membership in Develop (developtoolmn.org) and be connected to my program.
- Verify on Develop the employment of all lead early education professionals currently working at my program.

Data Sharing

I understand that by signing this participation agreement, I am agreeing to allow Minnesota Department of Human Services 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 your program is listed below:

- All data submitted, on paper or via www.developtoolmn.org, related to your program’s participation in grant activities and grant documentation, including all information in your Organization Profile.
- The learning records of any early education professionals connected to your organizational account on develop.
- Information on purchases made with the funds.
- Information regarding the grant administration process, including fund reimbursement to your 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

Signature

Date