



Start-up Grant Application 2020-21

Organization applying for grant: _____

Organizational ID# on Develop: _____

DHS License #: _____ (If available) Tribal License #: _____

**If tribally licensed, please include a copy of your tribal license.*

If your program is or will be license exempt, please check box

Type: ___ Licensed Child Care Center ___ Family Child Care ___ School-based license exempt program
___ Head Start ___ School-age (only) program

Original License Date: _____ OR Anticipated date _____

Location

Address: _____ City _____

Zip Code: _____ County: _____

Phone: _____

Do you plan to accept CCAP? ___ Yes ___ No

Grant Contact Information

Name of person responsible: _____

Email address: _____

Phone Number: _____

About your program

Anticipated 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.

If already operating, 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 will/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 _____

Has your licenser visited? _____ Yes _____ No

Licenser's Name _____

(To apply for a startup grant you need to have had your first visit with your licenser)

What date do you plan to open for business? _____

Has the Fire Marshall visited your location? _____ Yes _____ No

(Include copy of his/her report if yes.)



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List the items you are requesting for your grant. *Please include documentation from your licensor that the items in your grant application are needed to meet licensing requirements prior to opening.*

Item Requested	Cost	Description of Use
Total	\$	Maximum amount of grant Family Child Care: up to \$2000 Child Care Center/School-age Programs: up to \$3000



Grant Participation Agreement

Program Responsibilities

I understand to be eligible to apply for and receive a Child Care Services Grant, my program must have been licensed for the first time within the past 6 months, will soon be licensed and has been visited by the licensor, is a new program (less than 6 months in operation) that is exempt from licensing or is an existing program that is expanding to take more children.

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:

- Register my program's Organization Profile in Develop, The Minnesota Quality Improvement and Registry Tool, (developtoolmn.org). Create and name your classrooms on the Classrooms tab. Complete the number of children served at the time you submit your application, including all questions regarding them.
- Ensure that all staff in a child care center or providers in a family child care home document their training and education in Develop. This means each person must:
 - Hold a current Individual Membership in Develop (including a Career Lattice step) AND
 - Identify you as their current employer by listing the MN DHS License ID# or Develop Organization ID# for your program AND
 - Be verified as an employee AND
 - Be connected to a classroom with the correct employment title.
- Complete the training requirements:
 - 12 hours of Achieve approved training taken by me or members of my staff.

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.developoolmn.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

