

Ramsey County Early Childhood Academy 50/50 Match Financial Support

Application & Agreement

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Program Name: _____

Program type: (select one)

Licensed Family Child Care

Licensed Child Care Center Expansion

If licensing a Family Child Care Program, how many people over the age of 13 live in the home?:

Stage of the licensing process: (select one)

Pre-application

Preparing Space

Application Submitted

Undergoing Inspections

Licensed

Other:

Capacity Coach's Name: _____

Are you currently caring for, or planning to care for children on the Child Care Assistance Program? (CCAP):

Yes

No

Undecided

Are you planning to participate in Parent Aware (MN's Quality Rating and Improvement System)?:

Yes

No

Undecided

Anticipated License Capacity: _____

Number of Classrooms/Groups (if applicable): _____

What are your proposed operating hours? (select all that apply):

- | | | |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Day | <input type="checkbox"/> Part Day | <input type="checkbox"/> Full Week |
| <input type="checkbox"/> Part Week | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> All-Year | <input type="checkbox"/> School Year | <input type="checkbox"/> Other |

Has your licensor visited your location?:

- Yes No

Licensor's Name: _____

Has the fire marshal visited your location?:

- Yes No

Are you aware of or anticipating any required modifications to your space?:

-If yes, what is the assumed cost of the required modifications?: _____

What date do you plan to open your program? (estimate): _____

What are you hoping to spend the Ramsey County Early Childhood Academy 50/50 Match Financial Support funds on?:

Which regulatory authority, if any, identified these needs? (Licensor, Fire Marshal, Municipality, health department, etc.): _____

Contractor Name or Company: _____

Contractor License Number: _____

Program Responsibilities

I understand to be eligible to apply for the Ramsey County Early Childhood Academy 50/50 Match Financial Support my program must be soon licensed or an expanding licensed child care center (creating more child care slots) in Ramsey County.

I understand that if my program knowingly submits false or fraudulent information during any part of the RCECA 50/50 Match Financial Support application process, my program will no longer be eligible for funds. Any funds distributed during the RCECA 50/50 Match Financial Support program would be required to repay a prorated amount and all appropriate parties would be immediately notified.

I understand that prior to receiving any funds, I must:

- Be actively working with a Child Care Capacity Coach
- Agree to use a licensed contractor
- Complete all required licensing trainings prior to licensure
- Create a Bill.com account for funds to be transferred to

Upon application and notification of funding award, I agree to:

- Provide active licensed child care in Minnesota for a minimum of two years to children, other than my own, from the date the program is initially licensed
- Not use funds to cover expenditures for which there is another federal, state, tribal and/or local public funding source (unless original funding source only covers partial project completion)
- 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 forms related to funding requirements

Data Sharing

I understand that by signing this participation agreement, I am agreeing to allow Think Small to share information with contracted agencies for the following purposes:

- Analyze data on use of RCECA 50/50 Match Financial Support program
- Analyze effectiveness of RCECA 50/50 Match Financial Support program
- Compile and share aggregate data for reporting purposes to promote available services

Disbursing Funds

I understand that if my program is awarded funds, they are:

- Paid after I have paid 50% of the cost
- Paid upon receipt of invoice from licensed general contractors
- Will be paid through Bill.com account

Do you currently have a Bill.com account?:

Yes

No

If yes, what is your Bill.com PIN Number?: _____

Print Name: _____

Program Name: _____

Signature: _____

Date: _____

Submitting Your Application

Please submit all required documents together via-

Email to: **cjuliber@thinksmall.org** with line *"RCECA 50/50 Application"*

Mail to: **Think Small
ATTN: RCECA
10 Yorkton Court
St Paul, MN 55117**

Your submission must include:

- Completed application/participation agreement
- Copy of background study clearance – for all required parties
- Completed required pre-licensing trainings (Copy of Develop Learning Record with all required pre-licensing trainings "verified")
- Completed W-9
- Itemized quote from licensed contractor including description of services and anticipated – renovation cost or invoice from the property owner including lease cost

Questions?

For questions, to request a paper copy, or support completing this application in another

language please reach out via email to:

cjuliber@thinksmall.org or childcarestartup@thinksmall.org