



# 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			d Care Center		
o If licensing a Family Child Care Program, how many people over the age of 13 live in the home?:					
Stage of the licensing process: (sel	ect one)				
Pre-application		Preparing Space			
Application Submitted		Undergoing Inspection	ns		
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 Capacit	y:	
Number of Classrooms/Gro	ups (if applicable):	
What are your proposed op	erating hours? (select all the	t apply):
Full Day	Part Day	Full Week
Part Week	<b>Evenings</b>	Weekends
All-Year	School Year	Other
Has your licensor visited yo	ur location?:	
Yes	No	
Licensor's Name:		
Has the fire marshal visited	your location?:	
Yes	No	
Are you aware of or anticip	ating any required modifica	tions to your space?:
-If ves. what is the c	ussumed cost of the required	modifications?:
		e):
, ,	, , , , ,	Childhood Academy 50/50 Match Financial
Support funds on?: (Funds r	nust be used on project, serv	rice, program materials, or lease cost)
Which regulatory authority, department, etc.):		s? (Licensor, Fire Marshal, Municipality, health
Contractor License Number	:	
If using these funds to purch purchasing from?	nase program materials, wh	ich approved vendor(s) do you plan on
Lakeshore	Learning	Kaplan
Discount So	chool Supply	Constructive Playthings



## **Program Responsibilities**

I understand to be eligible to apply for the Ramsey County Early Childhood Academy 50/50 Match Financial Support I must be opening a new licensed child care program (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 or purchase from approved vendor(s)
- 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)
- Provide child care 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 at least 50% of the cost
- <u>OR</u> reimbursed after I have paid 100% of the cost
- Paid after I submit itemized quote from licensed contractor including description of services and anticipated renovation cost or invoice from the property owner including lease cost
- Paid after I submit receipt(s) of program materials purchased from approved vendor(s)
- Will be paid through Bill.com account

Do you currently have a Bill.com account?:

Yes
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🗌 No

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

Payment Method Preference:

E-Payment via Bill.com Check via mail



### **Submitting Your Application**

Please submit all required documents together via-

Email to: childcarestartup@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:

- o Completed application/participation agreement
- Copy of background study clearance for all required parties
- o 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
- o If applicable, itemized receipt of program materials from approved vendor(s)

Print Name:	
Program Name:	
Signature:	
Date:	

### **Questions?**

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

language please reach out via email to:

childcarestartup@thinksmall.org

