

# OREGON CHILD CARE START-UP AND EXPANSION GRANT

## Funding Application

**Who is eligible?** Applicants who have completed the initial grant application and have been accepted into the Oregon Child Care Start Up Grant are invited to apply for funding.

**How much can programs receive?** Start-up family child care programs could apply for up to \$15,000 and start-up center-based programs could apply for up to \$45,000. Existing programs that are expanding may not qualify for the full amount and will have to submit a detailed budget to justify the request. If you have received grant funding from any other federal/state facility improvement grants or projects in the past 12 months, this grant will not fund similar funding requests. For example, if you have received funds to purchase new bookshelves and other classroom furnishing then this grant will not fund the purchase of additional bookshelves or classroom furnishings. Funding is limited. The application period for this grant opportunity will end on February 28, 2023 or until funds run out.

**What other requirements are there?** Programs are required to work with their local CCR&R and obtain an approval signature on the application. Unlicensed programs are also required to have already started the initial steps toward becoming licensed.

**How do programs receive payment?** Applicants must submit 3 forms by February 28, 2023: 1. This complete funding application signed by a CCR&R Representative, 2. A budget that has been reviewed by a CCR&R representative, and 3. a WOU Substitute W-9. These forms are available to download and submit at [wou.edu/tri/forms](http://wou.edu/tri/forms). *\*Indicates required field or section*

Program/Provider Name*	Date*
Program License # <input type="checkbox"/> Not Licensed	(      )
Key Participant Name (Director/Administrator, etc.) if different	Phone #*
	Email Address*

<b>1. Licensing / Licensing Progress Verification*</b>
<b>Licensing is not required to apply for funding, but the program must be licensed or show progress toward licensing before funds will be issued. Check the appropriate box below and provide the requested documentation to show your programs license status.</b>
<input type="checkbox"/> N/A Already licensed (If you have 2 or more licensing violations in the last 12 months you may not be eligible to receive funding). <input type="checkbox"/> Certified Family or Certified Centers - attach copy of Precertification Consultation Form from licensing <input type="checkbox"/> Registered Family - attach training certificate for "Intro to Registered Family Child Care Part 2"
Are all employees and/or members of the household enrolled in the Central Background Registry?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied but results not in yet

<b>2. Project Plan &amp; Budget*</b>
<b>Please explain your project plan and give details on what you plan on doing, why it's important, how you will accomplish it and estimated cost.</b>
<b>Unallowed expenditures include:</b> <ul style="list-style-type: none"> <li>• Capital improvements (permanent structural change to property)</li> <li>• Sectarian materials (religious materials)</li> <li>• Personal use not related to program improvements</li> </ul>

Category	Examples include but not limited to:	
<b>A.</b> Program curriculum, child assessment and/or screening tools	<ul style="list-style-type: none"> <li>• Commercial curriculum</li> <li>• Computer/tablet to access on-line screening tools or record child data</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching strategies Gold – assessment</li> </ul>
<b>B.</b> Child learning and development	<ul style="list-style-type: none"> <li>• Adding additional classrooms</li> <li>• Books &amp; writing materials</li> <li>• Classroom supplies</li> <li>• Indoor and outdoor learning materials and toys</li> </ul>	<ul style="list-style-type: none"> <li>• Furnishings</li> <li>• Storage</li> <li>• Playground structures &amp; equipment</li> </ul>
<b>C.</b> Health and safety	<ul style="list-style-type: none"> <li>• Modifications to space               <ul style="list-style-type: none"> <li>• Ramps, rails, automatic doors</li> <li>• Fences</li> <li>• Child sized toilets/sinks</li> </ul> </li> <li>• Locks on cabinets or doors</li> <li>• Fire extinguishers</li> <li>• Refrigerators/dishwasher/stove</li> </ul>	<ul style="list-style-type: none"> <li>• Child age group specific equipment, i.e., high chairs or cribs</li> <li>• Nap mats and storage</li> <li>• Alarms/monitors</li> <li>• Keypad entry systems</li> <li>• Fire/smoke detector</li> </ul>
<b>D.</b> Professional development for staff or self	<ul style="list-style-type: none"> <li>• Initial training to become licensed.</li> <li>• Training required to maintain license (annual)</li> <li>• Training to increase step level in ORO</li> </ul>	<ul style="list-style-type: none"> <li>• Training to meet specific need</li> <li>• Books/training materials</li> <li>• Membership in professional organizations</li> </ul>
<b>E.</b> Family engagement	<ul style="list-style-type: none"> <li>• Email programs for sending electronic newsletters</li> <li>• Furnishings/materials for a designated parent space</li> <li>• Bulletin board to post information</li> </ul>	<ul style="list-style-type: none"> <li>• Materials to share and represent family cultures</li> <li>• Apps for sharing information with families</li> </ul>
<b>F.</b> Business practices	<ul style="list-style-type: none"> <li>• City or county Fees</li> <li>• Safety inspection</li> <li>• Tax preparation or software</li> <li>• Bookkeeping services or software</li> <li>• Website creation/maintenance fees</li> </ul>	<ul style="list-style-type: none"> <li>• Computer, printers, supplies</li> <li>• Central Background Registry expenses for provider/household</li> <li>• Reference books/materials</li> <li>• Marketing expenses</li> <li>• Texting app/associated fees</li> </ul>

**Have you received funding from other federal or state grants or projects to do facility improvements, for example Preschool Promise or Baby Promise? (This grant will not be able to fund similar improvements if you have already received funding in the past. For example, you received Preschool Promise facility improvement funding to improve your indoor environment. You would not be eligible to receive Start-up grant funds to improve your indoor environment.)**

Yes

No

**If yes, please list the name of the grant or project and the items you purchased in the section below. If no, leave this section blank.**

**If the applicant determines that they have a conflict of interest (e.g. close personal or financial relationship) with CELYD, WOU or any of the staff working on the start-up grants, they must declare that conflict here:**

**Budget Table A\***

**Describe what you are requesting funds for under the categories listed. If you are not sure which category an item should go under, refer to the previous table and use your best judgment. If there are no items in a category, leave it blank. Attach supplemental documentation, such as copies of printouts or screenshots, to show the cost of items requested.**

Category	Description	Estimated Cost
<b>A.</b> Program curriculum, child assessment and/or screening tools		
	Category Subtotal	\$
<b>B.</b> Child learning and development		
	Category Subtotal	\$
<b>C.</b> Health and safety		
	Category Subtotal	\$
<b>D.</b> Professional development for staff or self		
	Category Subtotal	\$
<b>E.</b> Family engagement		
	Category Subtotal	\$
<b>F.</b> Business practices		
	Category Subtotal	\$
<b>(Attach additional sheets if necessary)</b>		<b>Total Budget Table A</b> \$

<b>Budget Table B</b>		
<b>The categories below are for items that require more explanation and justification to obtain funding. Please explain why they are required and attach any supplemental documentation if needed.</b>		
<b>Category</b>	<b>Description</b>	<b>Estimated Cost</b>
<b>A. Rent/Lease</b> <i>Rent/lease payments may be requested for up to 2 months for new programs. Explain why this is needed and how it will be sustainable after the 2 months. List the address of the property in the description.</i>		
	Category Subtotal	
<b>B. Personnel Cost</b> <i>Salary to hire personnel to serve more children may be requested for up to 2 months. Explain why this is needed and how it will be sustainable after 2 months.</i>		
	Category Subtotal	
<b>C. Other</b> <i>If there are any other expenses you would like to request funds for, list here in detail and explain why it is needed.</i>		
	Category Subtotal	
<b>Total Budget Table B</b>		<b>\$</b>
<b>Total Request (Table A + B)</b>		<b>\$</b>

### 3. Sustainability Plan\*

#### Business Plan/Budget\*\*

Your business plan/budget should account for the following categories of expenses and sources of revenue to ensure that revenue will cover expenses. Check all the applicable categories you have accounted for in your plan.

Facility Expenses	Program Expenses	Revenue
<input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Property Tax <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Maintenance & Repair <input type="checkbox"/> Utilities* <input type="checkbox"/> Liability Insurance <input type="checkbox"/> Phone	<input type="checkbox"/> Food <input type="checkbox"/> Educational Supplies <input type="checkbox"/> Advertising <input type="checkbox"/> Business Liability Insurance <input type="checkbox"/> Legal & Accounting Services <input type="checkbox"/> Office Supplies <input type="checkbox"/> Equipment & Maintenance <input type="checkbox"/> Dues & Memberships <input type="checkbox"/> Professional Development <input type="checkbox"/> Taxes, Licenses & Permits	<input type="checkbox"/> Tuition <input type="checkbox"/> Fees <input type="checkbox"/> Food Program Income <input type="checkbox"/> Contributions & Grants <input type="checkbox"/> Other: _____

I am aware of best practices for: \* \*\*\*

- Achieving full enrollment
- Collecting tuition and fees fully and on-time
- Insuring revenue covers per-child cost
- Analyzing the market and setting competitive rates

Other helpful resources can be found at [OregonQRISResources.org](http://OregonQRISResources.org). **Sign up for a free member account** to get access to worksheets, budgeting information, downloadable customizable handbook and policy templates, marketing ideas and resources and much more!

Your local CCR&R has recommendations for other helpful resources.

\*\* You can use the **Annual Budget Worksheet** provided to you or any budget template you like. Complete Budget Templates are at the Opportunities Exchange website: <https://www.oppex.org/financial-management-toolkits>.

\*\*\*Adapted from Opportunities Exchange "Iron Triangle" on [OregonQRISResources.org](http://OregonQRISResources.org). Search "Budget Planning & Preparation" in the search bar for more information.

**After you have prepared a budget, include a copy when you submit this application. You will also need to have it reviewed by a Quality Improvement Specialist at your local CCR&R in order for them to approve it and sign this application. You can include additional information that you think would be helpful.**

## Provider Agreements\*

Initial

I have read and agree to the terms of receiving funds listed for my program. I understand this means I am committed to expanding or opening my child care business to increase child care capacity. I have worked with my local CCR&R and have or will become licensed.

I agree to spend the funds received as indicated in the Budget Table and will communicate any major changes to the Oregon Start Up Grant staff before making changes to the plan. I will use all funds for appropriate expenditures as described and will not use funds received in any way listed in this document as inappropriate or otherwise reasonably understood to be inappropriate.

I agree to keep my receipts for a minimum of 7 years in the event of an audit to verify how the funds were used. I also agree to be subject to such audit if chosen on a random basis or as a result of an investigation.

**By signing below, I verify that the information submitted is accurate:**

\_\_\_\_\_  
Signature (your typed name counts as your signature)

\_\_\_\_\_  
Date

## CCR&R Review\*

This program has received guidance on program sustainability and has an understanding and a reasonable plan to insure continued operation after initial funds have been spent.

\_\_\_\_\_  
CCR&R Representative Signature (your typed name counts as your signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCR&R Representative Printed Name

\_\_\_\_\_  
Email Address

I have reviewed the attached business plan/budget and found it reasonable to the best of my ability.

\_\_\_\_\_  
( )  
Phone #

Check one:

- I have assisted this provider/program in creating their business plan/budget  
 I have not assisted this provider/program in creating their business plan/budget

Submit this form, budget, and WOU  
Substitute W-9 to:

**wou.edu/tri/forms**

Questions:  
startup@wou.edu  
503-838-9261

### For Office Use Only

Amount Requesting:

Amount:

Database Check:

Invoice #:

Staff Name:

Index #:

Staff Signature:

Account Code:

Date:

Approved By: