**ADDENDUM A – Oconto County Child Care Expansion Application**

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| Organization’s Legal Name | Federal EIN |
|       |       |
| Mailing Address | Phone Number |
|       |       |
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| **CONTACT INFORMATION** |
| **Primary Contact** |
| Contact Name | Title |
|       |       |
| Email Address | Phone Number |
|       |       |
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| **Primary Project Facilitator** |
| Primary Contact | Title |
|       |       |
| Email Address | Phone Number |
|       |       |
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| **BRIEF PROJECT OVERVIEW** |
| ***Describe project in 5-6 sentences.*** |
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| **FUNDS REQUESTED** |
| Total Funds Requested | Total Project Cost |
| $      | $      |
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| **DESCRIPTION OF PROJECT/EXPANSION** |
| ***Please briefly answer the following questions.*** |
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| 1. How many child care slots do you currently have? How many do you intend to add?
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| 1. How will the proposed project increase the availability of quality child care in your community?
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| 1. Do you intend to leverage these dollars for other grant programs or partners? If so, which other grant programs or partners?
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| 1. Do you plan on using funds to incorporate an education-based curriculum in your care? If so, how?
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| 1. Describe your plans to sustain the new or expanded services.
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| 1. Describe your plan to provide mandated reporter training to staff as required by certification and licensing.
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| 1. Provide a description of your child care facility and personnel (names and qualifications).
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| 1. Why do you believe your child care facility should be selected to establish or expand services?
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| 1. Is there anything else you would like us to know about your work?
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| **PROJECT FUNDING** |
| ***Provide a narrative or explanation of the budget (include in-kind contributions and matching funds)*** |
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| **ELIGIBLE EXPENSES** |
| Funds **CAN** be used towards:* Construction costs (including engineering, architecture, and planning costs) that will ultimately lead to an increase in available childcare spots
* Expenses for early childhood curriculum
* Costs associated with the certification of new hires
* Furniture to fill newly constructed space
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| Funds **CAN NOT** be used towards:* Employee salaries
* Increasing budgets for regular, recurring expenses
* Pay off debt
* Memberships in lobbying groups or associations
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| **REFERENCES/LICENSE/INSURANCE** |
| * Provide three (3) references
* Provide copies of all applicable licenses and insurance certificates
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| **Please read the statement below and check the box if you agree:** |
| [ ]  | Upon successful grant application, we certify that we will partner with Oconto County Health & Human Services to provide program outreach, education and/or services in the facility such as immunizations, child passenger safety seat inspections, oral health screenings/fluoride varnish, developmental screening and education, WIC, etc. |
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| **Signature** |
|       |  |       |  |       |
| **Name** |  | **Title** |  | **Date** |