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

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| Organization’s Legal Name | | Federal EIN |
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| Mailing Address | | Phone Number |
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| **CONTACT INFORMATION** | | |
| **Primary Contact** | | |
| Contact Name | Title | |
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| 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 | | | | | |
| 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** |