HEALTH & SAFETY CAPITAL IMPROVEMENT GRANT

**Fall 2020 2020 APPLICATION**

*This competitive grant program is made possible through generous support from the*

***The Anschutz Foundation and The Gates Family Foundation.***

**Deadline:** Thursday November 5, 2020 (by 5pm)

**Technical Assistance:** To register for a technical assistance webinar, go to [**TA Registration**](https://forms.gle/HpAjpYk14keR4cXQ7)**.**

**Email Application to:** [**info@healthychildcareco.org**](mailto:info@healthychildcareco.org?subject=Grant%20TA%20Question)

**Email Subject Line: Capital Improvement Grant F2020**

\***Applications may not be faxed or sent via regular mail. Healthy Child Care Colorado cannot be held responsible for technology issues.**

# General Criteria

* Funds are for permanent physical improvements to your facility. No moveable equipment, supplies, consumables, toys, or retirement of debt.
* Must serve children age 5 and younger.
* Must be a 501c33 nonprofit corporation in good standing with the State of Colorado.
* School district programs must demonstrate district support.
* Must have a current license in good standing with the Office of Early Childhood, Division of Early Care and Learning as a child care center or preschool.
* Apply for one Capital Improvement grant at a time.
* Complete the application and submit all required attachments by email.
* Funds are disbursed in one lump sum.
* Health & Safety, Small and Medium grant awarded programs are eligible as an applicant 12 month after award.
* Funding priorities include geographic dispersion statewide, addressing unmet service gaps (especially in infant and toddler care), and increasing access to quality programs.

# Specific Criteria

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| --- | --- | --- | --- | --- |
| **Grant** | **Match Required** | | **Maximum Grant Amount** | **Grant Specific Criteria** |
| **Show you have:** | **This grant provides:** |
| **Health & Safety** | $1 | $4 | Up to $2,000 (assuming $500 in match) | - Funds available to address health, safety, and licensing issues that can be addressed through physical improvements to your facility  - Completion of Health & Safety Checklist to be submitted with application and final report  - Funds must be spent within six months  - Rent or own your facility |
| **Small Projects** | $1 | $1 | Up to $5,000 (assuming $5,000 in match) | - Completion of Health & Safety Checklist, **and** Learning Environment Readiness Criteria Chart; both to be submitted with application and final report  - Funds must be spent within six months  -Rent or own your facility |

# Section 1: Grant Request and Required Documentation

## Please indicate which tier you are applying for and the amount you are requesting

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| --- | --- |
| Program Name: | |
| Check one  Health & Safety (Up to $2,000)  Small Projects (Up to $5,000) | Amount Requested $ |

**Please indicate with an “X” that you have included each relevant item/documentation with application:**

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| --- | --- |
| REQUIRED FOR ALL APPLICANTS: | |
|  | Narrative (Section III) (up to 5 pages) |
|  | 501(c)(3) Letter; (School Districts, please see below \*) |
|  | Documentation of Match (award letters, notated bank statements, etc.) |
|  | Copy of current, legible License issued by the Office of Early Childhood, Division of Early Care and Learning (New facility exempt) |
|  | Copy of Colorado Shines current rating. (New facility exempt) |
|  | Pictures of the Project/Site (before the project is started) |
|  | Most recent financial statement to include balance sheet with profit and loss and budget comparison. |
|  | If you own, please provide documentation if there is anything special about ownership, such as joint ownership, parent/umbrella organization, etc. |
|  | Signature Page (Section IV) |
| **If applicable:** | |
|  | Health & Safety: Health and Safety Checklist (Please ensure that this is completely filled out.) |
|  | Health & Safety, Small Projects: Supporting documentation of budget with outline of cost from vendors |
|  | Health & Safety, Small Projects: If in Rented/Donated Space, Letter of Support from Landlord confirming status of good standing and lease term (Must be able to document a minimum of 3 years) |
|  | Small Projects: Health and Safety Checklist and Learning Environment Readiness Criteria Chart (Please ensure that these are completely filled out.) |
|  | Program Brochure/Historical information (if appropriate) |
|  | \*If Applying as School District Program, letter of support/investment from district |

**Section Two: Organization Information**

**Please make sure to fill in all fields**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Program |  | | | | | |
| Mailing Address |  | | | | | |
| City |  | | County | | | Zip |
| Phone |  | | Email | | | |
| Contact Person |  | | Phone (if different) | | | |
| Employer Identification Number (EIN) |  | | | | | |
| License Number | Yes, we are in good standing. **Initial:** | | | | | |
| Current Colorado Shines Rating | 1  2  3  4  5 | | | | | |
| Check one  Rent  Own | | Date of Technical Assistance Webinar Attended | | | | |
| Has this program received a Capital Improvement grant in the past?  Yes  No  Please note year and award amount: | | | | | | |
| Name of authorized signature (Board President, Executive Director, Principal, etc.) | | | | Phone (if different) | | |
| **Demographic Information:** | | | | | | |
| Total # children served | | # CCCAP children | | | # Children served ages birth-5 | |
| How many children in your program do not have English as their primary language? | | | | | | |
| How many children in your program are experiencing homelessness? | | | | | | |
| How many children in your program have special care needs? (including, but not limited to, having a disability, IFSP or IEP) | | | | | | |
| How many children in your program would not identify as White? | | | | | | |

# Section Three: Narrative: The recommended limit is five (5) pages for the narrative section (Program, Project & Budget Narrative)

### A. Program Narrative

#### **1. Quality (12 points)**

Tell us how your project will improve quality in your program. Please speak to quality components such as health and safety, family and community partnerships, sustainability, and community impact. This is your opportunity to tell us your story. We urge you to make this compelling. This section plays a significant factor in the committee’s decision to fund your project. Please be specific and provide details.

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#### **2. Program (2 points)**

What is your greatest programmatic challenge in both your day to day and long-term operations? How does this challenge impact the quality of your program and your ability to serve children and families? (Your programmatic challenge(s) may or may not link directly to your project.)

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#### **3. Strategic Plan (2 points)**

Is your project part of a written strategic plan or business plan? If so, please summarize when the plan was written, who was involved in completing it, and other major goals identified.

If you do not have a strategic plan, please describe your vision for sustainability of your program? How will you ensure you will continue to serve children and families? What is your long-term plan to increase quality? (We want to know your plan for increasing quality for your program. How will you ensure that you have funds to meet your plans?)

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### B. Project Narrative

#### **1. Project (12 points)**

In this next section, we ask you to detail your project work. There are two parts to this section.

Part A:Describe your planned improvements/capital project/renovation. Include a *detailed* description of the work to be completed.

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Part B:Describe the anticipated timeline for completion for **each** aspect of your project. Please be as specific as possible.

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#### **2. Construction Monitor (2 points)**

Who is responsible for overseeing the day-to-day construction of this project? Will you use an independent construction monitor or inspector to ensure the work is completed correctly? Once the work is completed, who will be responsible for the upkeep and ongoing maintenance? Explain how you estimated the future costs of maintaining the improvements, such as repairing or replacing parts due to normal usage.

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#### **3. Energy Efficiency/Green Building (5 points)**

Please tell us how your project will improve energy efficiency, use recycled materials or reduce the carbon footprint of your facility. Give us an idea of how you considered/incorporated energy efficiencies and green building as you decided on materials, contractors, removal of materials or structures, etc. Please describe any barriers/challenges (if any) to choosing green/energy efficient materials.

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### C. Budget and Budget Narrative

#### **1. Budget Tables (5 points)**

##### Match Table

|  |  |
| --- | --- |
| Amount Requested: | $ |
| Total Project Cost: | $ |
| Match Required: | $ |
| Amount of Match You Have:  (Committed or in Hand; ALL match must be fully documented) | $ |
|  |  |

\*\* Match Required: Health and Safety 1:4 | Small Grants 1:1

##### **Budget Table**

###### **Please list the cost for each item within your budget in the table below. You may submit your own budget table:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Budget Items | Total Cost | Match Amount | Match Source (match source must be fully documented) |
| 1. | $ |  |  |
| 2. | $ |  |  |
| 3. | $ |  |  |
| 4. | $ |  |  |
| 5. | $ |  |  |
| 6. | $ |  |  |
| 7. | $ |  |  |
| 8. | $ |  |  |
| 9. | $ |  |  |
| 10. | $ |  |  |
| [add if needed] |  |  |  |
| Total Project Cost: |  |  |  |

#### **2. Budget Narrative (12 points)**

Please provide a detailed narrative of your budget. Tell us how you will pay for this project. Please describe the amount(s) and source(s) of the match funds and their status (in-hand, committed, etc.). Please provide documentation of match. Have you included a “contingency” line item to cover unexpected expenses that may be incurred during the project’s construction? (Please ensure that the numbers in your narrative correlate to the numbers in your budget table.)

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**\*\* Do not forget to review the checklist on Section 1 of this application prior to submitting this report.**

# Section Four: Signatures

By signing below, I hereby attest that everything included in this application is valid and true. I certify that the applicant organization is licensed and is in good standing in the State of Colorado. I understand that all expenditures made in conjunction with any grant award through this program must meet all applicable code and licensing requirements. I acknowledge that Healthy Child Care Colorado may verify any and all information contained in this application, including, but not limited to, your facility’s licensing history and status.

**Name and title of Owner, CEO or Executive Director (please print):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Owner, CEO or Executive Director:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, title of person completing application (please print):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person completing application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**A Completion Report is a requirement for acceptance of a grant award. Please provide two names that would be responsible for this report. (Suggestions: center director, board president, grant writer, etc.)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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