



## Early Childhood Care and Education Capital Fund Capital Repair and Improvements Application

*Small capital improvements (repairs or small-scale renovations) necessary for urgent health and safety, quality improvement, and reconfiguration of spaces to enhance capacity. Please note, providing this information is required per the rules and regulations of this public funding, so please provide clear and detailed responses to narrative questions. If you have any questions, please contact the team at [RIECCE-CapitalFund@lisc.org](mailto:RIECCE-CapitalFund@lisc.org) or 401-331-0131. **THIS DOCUMENT IS FOR REFERENCE ONLY.***

### APPLICANT INFORMATION

- Legal Business Name
- Organization Entity Type
- Name of DHS licensed program
- DHS Provider ID (located at the bottom of your license)
- [TAX ID/EIN](#)
- Unique Entity ID (if you do not have your Unique Entity Identifier, you can visit SAM.gov to be assigned one for free – [this guide](#) or [this video](#) can help walk you through the steps in this process)
- Contact Person
  - o Name
  - o Title
  - o Telephone
  - o Email

### ORGANIZATION PROFILE

- CEO/Owner/Executive Director Information
  - o Name
  - o Telephone
  - o Email
  - o Term at Organization
- Co-owner: Yes/No and if Yes:
  - o Name
  - o Telephone
  - o Email
  - o Term at Organization
- Address/City/Zip
- Year organization was established (year only)
- Number of years providing child care at site(s)

- Key Staff Bios (please include your Administrator and Education or Site Coordinator if applicable)
- Total number of Employees
- Total number of board members (for non-profit)
- MWBE Questions (Optional)
- BrightStars Rating
- Current participation in RI State Pre-k, Head Start, Early Head Start, PDG Pathways, CCAP
- Is your eligible organization currently operating in good standing with RI DHS Child Care Licensing?\*
- Which financial statements does your organization prepare, i.e. Balance Sheet, Income Statement, Tax returns, Audited Financials etc.
- Financial management practices (please note, these do not need to be standalone documents, but could be contained with your business plan/organization plan/etc.):
  - o Does your organization have history of managing government awards?
  - o Does your organization have written Accounting Policies & Procedures? If yes, have they been updated within the last two years?
  - o Does your organization have written Personnel Policies and Operating Procedures? If yes, have they been updated within the last two years?
  - o Does your organization have a written Procurement Procedures? If yes, has it been updated within the last two years?
- Please provide a 12 month cash flow projection (attachment- [template provided](#)). A cash flow projection is a breakdown of the money that is expected to come in and out of your business; this includes calculating your income and your expenses.
- Please provide your most recent audited financials or approved business financials such as an audit, account review, or business tax returns (attachment)

\*In good standing refers to early care and education programs currently free of any pending investigations or any pending or past legal actions, or other actions that call into question the Eligible Organization's capacity to care for children in a manner that ensures their safety (at the discretion of DHS).

## PROJECT PROFILE

- Name of proposed project
- Location of proposed project (if different from above)
- Proposed project type
  - o Health and Safety – Indoor
  - o Health and Safety – Outdoor
  - o Quality Improvement – Indoor
  - o Quality Improvement - Outdoor
  - o Reconfiguration of space to enhance capacity
- Please complete the chart below to provide a breakdown of children currently served and the number of slots to be improved or increased by proposed project. If increasing capacity, indicate the additional slots under “Proposed slots improved or increased” using a + symbol (i.e. If increasing preschool capacity by 8 children, indicate “+8” under the preschool column in the “Licensed Capacity” row; if improving a classroom with a capacity of 8 slots, just enter “8”)

	CURRENT LICENSED CAPACITY AND ENROLLMENT				PROPOSED SLOTS IMPROVED or INCREASED (+)				TOTAL LICENSED CAPACITY (Current Plus Any Proposed Increases)
	Infant	Toddler	Preschool	School Age	Infant	Toddler	Preschool	School Age	
Licensed Capacity									
CURRENT ENROLLMENT:									
CCAP									
Head Start/Early Head Start									
State Pre-K									
Private Pay									
<b>TOTAL ENROLLMENT</b>									

- If your organization is experiencing challenges with enrollment, operating at full capacity or staffing, please explain.
- Do you have an active wait list? If so, how many children are currently on the list?
- Is the space owned (if owned, whether there is a current mortgage on the facility and whether the mortgage is in good standing) or leased (if leased, what is the term of the lease, when does it end, and the monthly lease payment and is the landlord a related entity (based on family ties or financial interests)?
- Describe the need for this project and the expected benefit for your community. Describe why you need to improve or increase capacity of your program, including licensing compliance, health or safety concerns, and BrightStars QRIS. Why do you need capital funds to meet these needs?
- Please describe local support for the project including relationships and/or collaborations with key public officials, private partners, families, and/or neighborhood groups.
- Will services for children need to be temporarily relocated to accommodate proposed repair or improvement? If yes, what is the plan for relocation and is there an associated cost?

\*Health and safety and quality improvement requests should be based on documentation from a regulating entity such as DHS Child Care Licensing, documentation as part of a BrightStars Quality Improvement Plan, or as part of a self-assessment of space such as the [Rhode Island Early Learning Facility Self-Assessment Tool](#) or the [Family Child Care Space Checklist](#).

## GRANT REQUEST

- Grant Amount Requested
- Proposed use of funds
  - o Design Professional/engineer/lawyer \$ \_\_\_\_\_
  - o Contractor \$ \_\_\_\_\_
  - o Purchase of equipment, materials, and/or supplies \$ \_\_\_\_\_
  - o Other (describe: ) \$ \_\_\_\_\_
- Have you received or pursued other sources of funding for the proposed project? If yes, please describe. If yes, will you be utilizing stabilization grant funds? Why or why not?
- Please outline the timeline/schedule for completion of proposed grant-funded work.
- Do you have written cost estimate(s) for proposed work? If yes, please attach and if no, please explain how you determined the estimated cost of the proposed project (attach written estimates from professionals)\*

*\* Please note that if you are selected to receive grant funding, you are required to seek multiple bids or cost estimates (we recommend at least three) and document this process prior to beginning work or making a purchase. Grantees approved for funding must take affirmative steps to assure small and minority firms, and women's business enterprises are solicited when possible (this includes placing qualified small and minority businesses and women's business enterprises on solicitation lists for grant-funded work). You can visit the State's Office of Diversity, Equity, and Opportunity to learn more [here](#). All professionals used must have appropriate licensure and must carry proper insurance. Projects must follow all appropriate building and fire codes.*

## ATTACHMENTS (in addition to what's above)

- Photographs
- Written estimates from professionals
- Documentation from regulating agency, BrightStars, or self-assessment

## CERTIFICATION

The applicant will certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of their knowledge, and that the applicant is an eligible organization as specified in the guidelines.

The applicant will certify that the filing of this application has been authorized by the governing body of this applicant, and the person submitting this application has been duly authorized to file this application for and on behalf of said applicant.

By applying, the applicant agrees to [the grant guidelines for this program](#). Acceptance of an award also requires the agreement to additional award terms and conditions detailed in the grant agreement.

I understand my responsibilities as Authorized Official, and those of my organization as applicant, in submitting this request.