

Early Childhood Care and Education Capital Fund

Expansion and New Construction Application

APPLICANT INFORMATION

- Legal Business Name
- Organization Entity Type*
- Does your organization currently operate a DHS licensed child care business? (yes/no)
 - o If Yes, name of DHS licensed program and DHS Provider ID (located at the bottom of your license)
 - o If not, are you currently partnering with an organization that operates a DHS licensed child care business?
 - o If yes, name of DHS child care licensed business *and* do you have a written agreement such as an MOU in place?
 - o If no, please describe how you meet the eligibility requirement of committing to partner with a provider of Early Childhood Care and Education for low-income families with a public subsidy.
- TAX ID/EIN
- Unique Entity ID ([SAM.gov](https://sam.gov))
- Contact Person
 - o Name
 - o Title
 - o Telephone
 - o Email

*Must be in good standing with the [RI Secretary of State](#)

ORGANIZATION PROFILE

- CEO/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 (if applicable)
- If new business, please attach your business plan (if applicable)
- Total Number Employees

- Board Member List (if applicable)
- Is your eligible organization or partner organization that provides child care services currently operating in good standing with RI DHS Child Care Licensing?* (if applicable)
- Please provide information on whether the organization is currently involved in any type of litigation
- Which financial statements does your organization prepare, i.e. balance sheet, income statement, etc.
- 5 year projected operating and cash flow budget
- 3 years most recent audited financials or approved business financials (such as an account review or business tax returns)
- Financial management practices
 - 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?
- Current fiscal year operating budget
- BrightStars Rating (if applicable)
- Currently participating in RI State Pre-k, Head Start, Early Head Start, PDG Pathways, CCAP, Other state or local initiatives- please describe (CONDITIONAL)
- If your organization is experiencing challenges with enrollment, operating at full capacity or staffing, please explain. (if applicable)
- MWBE Questions (optional)

** In good standing refers to early care and education programs currently not holding a probationary license, as well as free of any pending investigations or 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.*

PROJECT PROFILE

- Name of proposed project
- Location of proposed project
- Proposed Project Type (select all that apply); all projects should result in increased capacity
 - o Site Acquisition (the cost to purchase and prepare property for its intended purpose)
 - o Construction of a new site (ground up construction)
 - o Renovation of a newly purchased/leased site
 - o Expansion/Addition of existing site
 - o Large-scale renovation or retrofit of existing site
 - o Mixed Use Development (a land development containing two or more major types of uses including child care space)
 - o Other (Specify)
- Proposed project description, how you will use the grant funds, and what you hope to accomplish, why do you need grant funding to meet these goals

- Site description (Please describe the property including the site's appropriateness for an early childhood care and education program. For buildings, include information on the lot size, number of buildings, and number of floors. For vacant lots, include information on the lot size. Please describe the location of the proposed site providing information such as if there are sidewalks, parking areas, green space and public transit nearby.)
- Please describe local support for the project including relationships and/or collaborations with key public officials, private partners, neighborhood groups, and/or families
- Describe the need for this project and the expected benefit for your community. Describe why you need to increase capacity of your program, including licensing compliance, health or safety concerns, and BrightStars QRIS. Describe what ways, if any, you anticipate that your project will increase access to high quality early childhood care and education services for historically and/or continuously marginalized communities.
- Describe the work already completed on the project by the project team, including architectural plan progression, applying to other sources of funding, achieving permitting, etc.
- Please provide completion or projected completion dates for each task, if applicable:
 - o Planning and design
 - o Identify qualified contractors
 - o Select contractor
 - o Start construction
 - o Finish construction
- If this project is part of a multi-phase or multi-use project with other sources and uses outside this budget in addition to the child care portion, please describe the overall project and timeline for completion of each phase of the project.
- List Development Team Members (attachment)
- Ownership Status: Own, Purchasing, Leasing (CONDITIONAL QUESTIONS FOLLOW)
 - o If you own the property
 - Describe how long the organization has owned the property, including the date of purchase:
 - If you own the facility what is the current appraised value of the site and date of appraisal
 - o If you are purchasing the property
 - Describe status of ownership:
 - Type of Agreement:
 - Agreement Date:
 - Expiration Date of Agreement:
 - Purchase Price:
 - Name of Seller:
 - Is there any relationship (based on family ties or financial interests) between the buyer and seller? Yes No
 - If yes, please describe:
 - Has a title survey been conducted for the property?

- Describe any environmental reports completed to date
- Discuss any environmental problems requiring further testing or remediation (lead, asbestos, etc.)
- Does project conform to existing zoning?
 - o If no, provide information related to approval process and timeline for necessary variances
- Does project conform to existing permitting requirements?
 - o If no, provide information related to the approval process and timeline for the necessary variances:
- Best practice facility design and/or sustainable healthy development considerations for proposed project (check all that apply)
 - o Promote clean energy/energy efficient
 - o LEED Certification
 - o Exceeding minimum square footage requirements for usable classroom space to align with best practice
 - o In-classroom bathroom facilities
 - o Staff lounge
 - o Staff Work/Resource Room
 - o Meeting Rooms
 - o Other (please describe)
- Fill in the following uses and sources chart for proposed child care project. In the status field, indicate the status of each source (P=Proposed; L=Letter of Interest; A=Application Pending; C=Commitment).

Uses	Amount	Sources	Amount	Status
Acquisition		Long Term Debt		
Construction		Source 1:		
Soft Costs		Source 2:		
Furnishings/Equipment		Equity		
Refinance		Federal Funds		
Developer Fee/Overhead		Head Start		
Other (specify:)		Historic Tax Credits		
		New Market Tax Credits		
		Low Income Tax Credits		
Total Uses:		Other (specify:)		
		State Funds		
		Specify:		
		Local Funds		
		CDBG		
		Other (specify:)		
		LISC		
		Term Loan		
		Grant		
		Total Sources:		

- Fill in the following uses and sources chart for total development project. In the status field, indicate the status of each source: P=Proposed; L=Letter of Interest; A=Application Pending; C=Commitment (CONDITIONAL)

Uses	Amount	Sources	Amount	Status
Acquisition		Long Term Debt		
Construction		Source 1:		
Soft Costs		Source 2:		
Furnishings/Equipment		Equity		
Refinance		Federal Funds		
Developer Fee/Overhead		Head Start		
Other (specify:)		Historic Tax Credits		
		New Market Tax Credits		
		Low Income Tax Credits		
Total Uses:		Other (specify:)		
		State Funds		
		Specify:		
		Local Funds		
		CDBG		
		Other (specify:)		
		LISC		
		Term Loan		
		Grant		
		Total Sources:		

- Is a capital campaign underway – if yes, please describe
- What are project costs based on:
 - o Price estimate provided by a construction professional.
 - o Written proposal or contract signed by a construction professional
 - o Competitive bids based on construction documents
 - o Other (please specify in next question)

GRANT REQUEST

- Grant Amount Requested
- Use of Grant Funds (check list and \$amount):
 - o Acquisition \$_____
 - o Planning - *Preparation of reports, plans, engineering, specifications, design, and /or inspections* \$_____
 - o Construction/Renovation -*Costs of construction, rehabilitation, expansion, demolition, site work, the provision of utilities, and/or the upgrading or conversion of building systems* \$_____
 - o Furniture/Fixtures/Equipment \$_____

- Other (Describe:) \$_____

ATTACHMENTS (in addition to what's above)

- Board resolution (if non-profit)
- 5 Year Projected operating and cash flow budget
- Property Owner's Assurances (if applicable)
- Development Team Members
- Photographs (optional)
- Environmental report(s) (optional)
- Market study (optional)
- Written estimates from professionals
- Building design plans (optional)

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.

I have read the certification and am ready to submit the application.