



Application for Early Achievers Bridge Grant 2018

The Bridge Grant supports early learning programs participating in Early Achievers to assist with purchasing curriculum development, instructional materials, supplies, technology support related to electronic attendance system implementation, and equipment to improve program quality. To qualify for a grant, minimum eligibility requirements must be met. Please review the application carefully to ensure you qualify. **The Bridge Grant is first-come, first-served. The funding for the Bridge Grant is limited. Act now!**

To request a Bridge Grant, please complete the entire application and submit to the Department of Early Learning by **June 30, 2018**. Please work in partnership with your regional Child Care Aware of Washington representative to assess your program needs and use that information to complete this form (required for Family Home Child Care). Please mail completed application to: The Department of Early Learning, Attn: Early Achievers Needs-Based Grant, PO Box 40970, Olympia, WA 98504-0970. Forms can also be scanned and emailed to Needs.Based.Grants@del.wa.gov.

1. Provider Information

Provider ID Number: _____

Legal Business / Facility Name: _____

Mailing Address: _____

Physical Address (if different): _____

Application Point of Contact: _____

Point of Contact Email Address: _____

Phone Number: _____

Statewide Vendor Number *
(e.g. SWV0123456-00): _____

Child Care Center

Family Home Child Care

****SWV Number is required at the time of application. Applicants without a SWV number will be denied, and can apply again when they have a SWV Number.***

2. Eligibility

Facility/Site must be participating in Early Achievers at a Level 2 for less than 30 months (from date of application) or a rated Level 2 **and** meet the following criteria.

a. Does your facility serve non-school age children receiving State Child Care subsidies (required)? Yes No

b. Is facility/site located within a school district that serves at least 20% low income children? If yes, please provide the school district name: _____

OR

Is the program enrolled in the Tier 1 USDA Food Program? Yes No

Are there children and families currently enrolled at your facility/site who identify as any of the following national origin? (Check all that apply.)

- African American American Indian or Alaska Native Middle Eastern Asian
- Hispanic/Latino Native Hawaiian or Pacific Islander Other _____

In what languages do you provide service? (Check all that apply.)

- English Spanish Somali Mandarin Russian Other _____

3. Spend Plan

On page 3, please list the items you plan to purchase with the funds from the Bridge Grant, describing how these items/purchases will support quality improvement activities and your participation in Early Achievers. Family home child care may qualify for up to \$750 and child care centers may qualify for up to \$1000. **Please note – higher amounts will not be approved. Requested grant amount must match Estimated Total on page 3.**

Requested Grant Amount: \$ _____ *

*Enter estimated total from Spend Plan on Page 3

To be filled out by Child Care Aware of Washington representative (required for Family Child Care).

As the regional Child Care Aware of Washington representative, I acknowledge that the spend plan for _____ aligns with my recommendations.

(Facility/Site name)

Print name of CCA-WA representative

CCA-WA Region

Signature of CCA-WA representative

To be filled out by Department of Early Learning - Verification Information

Provider number: _____

Early Achievers Participation Status:

- Participating in Level 2 activities Rated Level 2

Date Enrolled: _____

Program Type: Child Care Center Family Home Child Care ECEAP on Licensed Pathway

Provider has received previous grant? Yes No

If yes, list date: _____

Application Approved: Yes No Date: _____ Initials: _____

SPEND PLAN FOR _____ (Facility/Site Name)

Area	Item Description	Why	Estimated Cost
<u>Example:</u> Soft Toys/Pillows	<i>5 soft dolls (three different ethnicities).</i>	<i>The babies will count for soft items, diversity and dramatic play.</i>	<i>\$130.00</i>
Active Physical Play/Gross Motor Materials			
Art			
Books			
Dramatic Play			
Developmental Screening Tools			
Fine Motor			
Math/Numbers, Nature/Science			
Music and Movement			
Professional Development			
Promoting Acceptance and Diversity			
Soft Toys/Pillows			
Storage/shelving to increase accessibility of materials			
Substitute Time			
Technology equipment and support related to electronic attendance system			
Other			

Estimated Total \$ _____

Terms and Conditions: By signing below, I acknowledge that on behalf of the participating Early Achievers facility, I have assessed for areas of improvement (and/or I have worked with my Child Care Aware of Washington representative to determine these areas) and agree to purchasing items in accordance with the spend plan outlined in this application. The recipient facility must keep all receipts documenting purchases related to the grant funds for 7 years, and agrees to provide receipts and documentation to the Department of Early Learning for any/all items purchased associated with this grant, upon request. Failure to comply with the spending and documentation requirements will result in the facility having to repay part or all of the grant to the State of Washington.

Print Name (Application Point of Contact)

Facility/Site Name

Signature (Application Point of Contact)

Date