



Application for Early Achievers Needs-Based Grant 2017-18

The Needs-Based Grant supports early learning programs participating in Early Achievers to assist with purchasing curriculum development, instructional materials, supplies, and equipment to improve program quality. To qualify for a grant, minimum eligibility requirements must be met. Please thoroughly review the [Needs-Based Grant Overview](#) prior to applying. A program may receive a Needs-Based Grant one time during each qualifying participation type (Level 2 or rated Level 2).

To request a Needs-Based Grant, please complete the entire application, the Washington Statewide Vendor Payee form and the W-9 form, and submit them to the Department of Early Learning by **June 30, 2018**. You may 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. Please mail completed forms to: The Department of Early Learning, Attn: Early Achievers Needs-Based Grants, PO Box 40970, Olympia, WA 98504-0970, or you may fax forms to: (360) 725-4417. **All forms must be completed in their entirety to be accepted. Please do not email the forms. Please do not email the forms. Do not send in an application to apply for a Needs-Based Grant more than one-time.**

Please provide the following information:

1. Provider Information

DEL Licensed Provider ID Number: _____

Legal Business / Facility Name: _____

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

Facility Mailing Address: _____

Facility Physical Address (if different): _____

Facility Owner/Licensee Name: _____

Application Point of Contact Name: _____

Point of Contact Email Address: _____

Point of Contact Phone Number: _____

Program Type: Child Care Center Family Home Child Care

2. Eligibility

Facility/Site must be participating in Early Achievers at Level 2 or be rated a Level 2 and meet either item A or B, to be eligible for a one-time Needs-Based Grant.

- A. 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

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

3. Prioritization

Does your facility/site serve non-school age child receiving Working Connections Child Care (WCCC) subsidies? Yes No

What is the estimated percentage of children in facility's/site's care receiving WCCC subsidies?

- Over 5%
- Over 50%
- Over 80%

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 _____

4. Spend Plan

On page 3, please list the items you plan to purchase with the funds from the Needs-Based Grant, describing how these items/purchases will support quality improvement activities and your participation in Early Achievers. Family home child care facilities 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: \$ _____*

**Enter estimated total from Spend Plan on Page 3*

To be filled out by a Child Care Aware of Washington representative, if applicable.

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: _____ Enrollment Date: _____

Early Achievers Participation Status:

- Participating in Level 2 activities
- Rated Level 2

Program Type: Child Care Center Family Home Child Care

Is facility ECEAP on Licensed Pathway?

Provider has originally received grant: Yes No If yes, list date: _____

Application Approved: Yes Date: _____ Initials: _____ No

SPEND PLAN FOR _____
 (Facility/Site Name)

Area	Item Description	Why	Estimated Cost
<u>Example:</u> Soft Toys/Pillows	5 soft dolls (three different ethnicities). 3 pillows	The babies will count for soft items, diversity and dramatic play. The pillows will go in a new cozy area that is protected from active play.	\$130.00
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			
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 purchase 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 seven (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