**The Center for Retention & Expansion of Child Care - NW (C-RECC NW)**

**FUNDING ANNOUNCEMENT**

**Innovative Approaches to Child Care Sustainability Grant**

**Made possible by American Rescue Plan Act (ARPA) dollars from Whatcom County & City of Bellingham**

The Center for Retention and Expansion of Child Care, Northwest (C-RECC, NW) a partnership between the Early Learning and Family Services Department (ELAFS) of the Opportunity Council and the Bellingham Regional Chamber of Commerce, requests grant proposals from licensed child care businesses located within all areas of Whatcom County.

The funding is provided to C-RECC, NW and is jointly financed by Whatcom County and City of Bellingham federal allocation of American Rescue Plan Act (ARPA) dollars. Awarded grants will focus on assisting child care businesses with organizational and workforce stability as a means supporting the child care needs of local families.

The public health crisis of COVID-19 had a devastating effect on the child care industry. Whatcom County and City of Bellingham elected officials, using the federal government’s identification of the early learning and care sector as an impacted industry, have elected to make some of its ARPA dollars available to support open, licensed child care business owners/providers. Under this initiative, funding will provide both immediate and long-term benefits for the children, families, and employers throughout the county.

Qualifying child care business owners/providers impacted by COVID-19 may apply for financial assistance. To request assistance for the initial round of available funding complete the application, including required certification and submit to C-RECC, NW/Opportunity Council.

*Applicants must meet the following eligibility criteria:*

* Licensed child care business/provider located in Whatcom County and currently open (licensed prior to March 31, 2022).
* Suffered business losses (revenue) and business interruption (lower enrollment) due to COVID-19 impact on your business.
* Business is not facing any pending litigation or legal action; is not suspended or debarred from the use of federal funds; and is not delinquent on any taxes.
* Current DCYF Child Care License.
* Ability to accomplish the goals/plan submitted in application within the financial award range based on child care business size.
* This is a competitive application process and submitting an application is not a guarantee of assistance.

*Eligible uses include but are not limited to:*

* Staff innovation strategies such as extra hands/float staff, IEP teacher, etc
* Increased pay for employees, bonuses for employees
* Minor home/facility repair for licensing health and safety compliance
* Rent/Mortgage (*past due*), utilities (*past due*), maintenance food costs, etc.
* Education Supplies including supports/assistance needed to care for children with special care needs and disabilities
* Personal Protective Equipment to protect staff and young children’s exposure to illness

*Non-Eligible uses include:*

* Large home/facility repairs and improvements
* Capital projects
* Start-up costs
* Credit Card debt, capital debt, business/personal loans
* Future/advanced mortgage/rent payments
* Future/advanced utility usage payments

Providers will negotiate a final scope of services in conjunction with C-RECC, NW staff and/or Early Achievers/Early Learning coaches based on the applicant’s proposal.

*Providers can submit an application in one of two ways:*

1. Online (Recommended)
	* click here for English
	* click here for Spanish
2. Via United States Postal Service
	* Print off application (see email attachments) and complete application
	* Mail completed application to the following address:

Opportunity Council/C-RECC
Attn: Kenda Sipma
1201 Cornwall Avenue, Suite 201
Bellingham, WA 98225

**Innovative Approaches to Child Care Sustainability**

**Grant Application**

**Made possible by American Rescue Plan Act (ARPA) dollars from Whatcom County & City of Bellingham**

CONTACT INFORMATION

1. Child Care Business Name:
2. Business ownership corporation, if different than business name:
3. Child Care Business Address:
4. Phone Number:
5. Contact Name:
6. Contact Email:
7. County: Whatcom

(The child care business must be located in Whatcom County. If your business is NOT located in Whatcom County you cannot apply for this grant.)

BUSINESS INFORMATION

1. Do you have a Washington State Unified Business Number (UBI)? If yes, please enter it here:\_\_\_\_\_\_\_\_\_\_\_\_\_

(The Unified Business Identifier (UBI) is a 9-digit number issued to individuals and companies doing business in the State of Washington.)

1. Does the owner/operator of the business identify as a Black, Indigenous, Person of Color (BIPOC)? \_\_\_\_\_\_\_\_\_\_
2. Type of Licensed Care:

 a. Family Child Care b. Child Care Center

c. Outdoor Nature Based d. School Age Child Care

1. Type of Business: a. For profit b. Not for profit/Non-profit
2. Child Care License / Provider ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_

(This number can be found in the left corner of your DCYF license)

1. Initial License Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you currently open, regardless of enrollment?
a. Yes b. No
3. Current Operating Hours \_\_\_\_\_\_\_\_\_\_\_\_
4. What is your licensed capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_ (Number and age groups)

ENROLLMENT DATA

1. What is your current enrollment? \_\_\_\_\_\_\_\_\_
	* 1. How many children currently enrolled are BIPOC? \_\_\_\_\_\_\_\_
		2. How many children currently enrolled who have special care needs or disabilities? \_\_\_\_\_\_\_\_\_
		3. Number of children currently enrolled by age group:
			+ 1. Infant (Birth - 11 months) \_\_\_\_\_
				2. Toddler (12 months - 29 months) \_\_\_\_\_\_\_
				3. Preschool (30 months – 5 yrs. not in Kinder) \_\_\_\_\_
				4. School Age (5 yrs. in Kinder and up) \_\_\_\_
2. What was your approximate February 2020/pre-pandemic enrollment? \_\_\_\_
3. Do you accept subsidy/WCCC? (Y/N)
	* 1. Number of children currently enrolled whose care is paid for by subsidy/WCCC? \_\_\_\_ (#)
4. Do you offer other tuition discounts? (Select all that apply)
	* + 1. Sliding scale/scholarships or need-based discount
			2. Sibling discount
			3. Employee discount

STAFF DATA

1. Number of Staff (including yourself) currently employed \_\_\_\_\_\_\_\_\_\_\_\_
2. Pre-pandemic number of employees, including yourself \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Child Care Aware NW Early Learning Coach Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PANDEMIC IMPACT

1. What was your lowest enrollment during the pandemic? (Between March 2020 – March 2022)
2. How many days did you close child care business during the pandemic?
3. How was your business impacted by the pandemic? (Select all that apply)
	* 1. I’ve experienced a loss of revenue/money
		2. I’ve experienced increased expenses/costs
		3. I’ve experienced difficulties with enrollment
		4. I’ve experienced difficulties with staffing

INTENDED USE OF FUNDING what issues do you need/want to solve? Select all that apply.

* Employee retention strategies
* Increased pay for employees
* Minor home/facility repair and improvements for a quality learning environment
* Rent/Mortgage, utility, expenses assistance
* Education Supplies, including supports for caring for children with special needs

STATEMENT OF NEED

1. Requested Amount \_\_\_\_\_\_\_\_\_\_\_\_
2. Briefly describe in 300 words or less the use of funds including the amount for each issue you want to solve, if applicable.

2022 REVENUE Income before taxes from all sources of child care business income; including payments from clients, subsidy, grants (DCYF, Opportunity Council, etc.), Payroll Protection Program (PPP), unemployment paid to business owner, cash donations, etc. NOTE: EA Quality Improvement awards should not be included.]

1. **2022** Gross Revenue

DECLARATIONS ACKNOWLEDMENT AND SIGNATURE

* I understand the review committee has the right to contact the applicant with additional questions regarding the application.
* I understand that upon accepting a grant I will be required to enter into a business stabilization support and technical assistance agreement working with my existing Early Learning/Early Achievers coach including collaboration with C-RECC, NW for at least 12 months from contract execution per award. Business stabilization support will focus on various core competencies, with and emphasis on workforce needs.

Program and workforce technical assistance may include but is not limited to:

* + - Business operation costs (rent/mortgage, utilities, maintenance, food costs, etc.)
		- Enriching Early Learning Environment (supplies, materials, furniture, curriculum, etc.)
		- Competitive wage/benefits package
		- Enhanced staffing, including innovations in staffing patterns that can address worker burnout
		- COVID health/safety practices (PPE, cleaning or sanitizing supplies and services, etc.)
* I agree to use these funds explicitly for addressing licensed child care as described throughout this application.
* I agree to allow Opportunity Council / C-RECC NW to publish information about any funding awarded to my organization including agency name, amount, location served, intended uses, and other information as needed.
C-RECC NW reserves the right to engage with grantees for further learning about the fund and its uses.

* I understand that equal opportunity employment and enrolled families within the child care facility shall be provided in all terms, conditions and privileges of employment for all qualified applicants and employees without regard to race, color, creed, religion, national origin, sex, sexual orientation (including gender identity), age, marital status, disability, or veteran status.
* I attest that I am not delinquent in any city, state or federal taxes; child support; or other penalties.
* I understand that: this project was supported by a grant award from the U.S. Department of the Treasury. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of the Treasury. Grant Funds are administered by the Local Government American Rescue Plan Act Fund. All information provided herein is public record and subject to disclosure.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

By signing I acknowledge and agree to the all declarations.