

# Next Steps Grant Application Cover Sheet

## Department of Workforce Services

### OFFICE OF CHILD CARE

Name of Center (as listed on your license) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Name of Director \_\_\_\_\_

Center Address: Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Center Telephone # \_\_\_\_\_ Owner cell phone # \_\_\_\_\_ Director cell phone # \_\_\_\_\_

E-mail address \_\_\_\_\_ Center Tax ID # \_\_\_\_\_

**Business type (check one):**

Individual/Sole Proprietor     Non-profit Organization

Governmental Agency     Partnership     Corporation     Other

State Vendor Number (if you have already been assigned one) \_\_\_\_\_

Licensed Capacity \_\_\_\_\_ Ages served youngest to oldest \_\_\_\_\_

Current Number of infant/toddler classrooms \_\_\_\_\_ Infant/Toddler Licensed Capacity \_\_\_\_\_

To calculate the funding level for the grant, use the average daily attendance in your infant/toddler rooms from January, March or May 2014 (whichever is higher) and multiply the average daily attendance by 1.25. If this number is less than the center's licensed capacity, use this number to calculate the amount of funding you can request. If it is more than the licensed capacity, use the licensed capacity number.

Infant/Toddler Average Daily Attendance in chosen month \_\_\_\_\_ X 1.25 = \_\_\_\_\_  
(funding number)

15% of funds will be used to offset the cost of child care. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, record 15% of total grant amount here: \$ \_\_\_\_\_

Total Amount of Funds Requested:

\$ \_\_\_\_\_

**Classroom Information:** Complete for each infant/toddler classroom.

1. Name of Classroom \_\_\_\_\_ Ages of children \_\_\_\_\_ Capacity \_\_\_\_\_ No. Enrolled \_\_\_\_\_

Names of Caregivers: \_\_\_\_\_

2. Name of Classroom \_\_\_\_\_ Ages of children \_\_\_\_\_ Capacity \_\_\_\_\_ No. Enrolled \_\_\_\_\_

Names of Caregivers: \_\_\_\_\_

3. Name of Classroom \_\_\_\_\_ Ages of children \_\_\_\_\_ Capacity \_\_\_\_\_ No. Enrolled \_\_\_\_\_  
Names of Caregivers: \_\_\_\_\_
4. Name of Classroom \_\_\_\_\_ Ages of children \_\_\_\_\_ Capacity \_\_\_\_\_ No. Enrolled \_\_\_\_\_  
Names of Caregivers: \_\_\_\_\_
5. Name of Classroom \_\_\_\_\_ Ages of children \_\_\_\_\_ Capacity \_\_\_\_\_ No. Enrolled \_\_\_\_\_  
Names of Caregivers: \_\_\_\_\_

**The following documents must be attached before this application can be processed:**

The following documents must be attached. Incomplete applications will not be reviewed or funded. The **original application packet and four complete copies** must be submitted by the deadline. A complete application includes the following:

- Application Cover Sheet
- A copy of your child care license from the Department of Health
- Rolls showing the average daily attendance for the infant/toddler rooms for January, March OR May, 2014
- Copy of March 2014 enrollment records for the entire center with children's names blacked out (Only include this if you want to show you have 20% or more children on state subsidy)
- ITERS Observation Feedback Forms for each infant/toddler rooms
- Budget Form
- Environmental Survey

***Plan of Action Forms A-1 through A-3***

- Plan of Action Form A-1: Staff Longevity and Motivation
- Plan of Action Form A-2: Continuity of Care
- Plan of Action Form A-3: Involving, Supporting and Strengthening Families

***Plan of Action Forms B-1 through B-10 or B-11***

- Plan of Action Form B-1: Indoor Space or B-2: Remodeling Indoor Space. If remodeling also include:
  1. Two diagrams on graph paper of each classroom for which funds are being requested.
  2. Pictures of the classroom or part of the building to be remodeled, with items to be replaced or remodeled clearly labeled.
  3. Two bids clearly identifying itemized cost of the project, with the contractor's bid clearly visible.
- Plan of Action Form B-3: Personal Care Routines/Change of Behavior or Plan of Action Form or B-11 Maintenance Plan of Action

- ❑ If Remodeling, Form B-4: Personal Care Routines/Remodeling. Also include:
  1. Two diagrams on graph paper of each classroom for which funds are being requested.
  2. Pictures of the classroom or part of the building to be remodeled, with items to be replaced or remodeled clearly labeled.
  3. Two bids clearly identifying itemized cost of the project, with the contractor's bid clearly visible.
- ❑ Plan of Action Form B-5: Listening and Talking or Plan of Action Form B-11: Maintenance
- ❑ Plan of Action Form B-6: Activities and/or B-7: Activities/Remodeling and/or B-8: Outdoor Area. If requesting remodeling funds include the following for each project:
  1. Two diagrams on graph paper of each classroom or the outdoor area for which funds are being requested.
  2. Pictures of the classroom or part of the building to be remodeled, with items to be replaced or remodeled clearly labeled.
  3. Two bids clearly identifying itemized cost of the project, with the contractor's bid clearly visible.

- ❑ Plan of Action Form B-9: Interaction or Plan of Action Form B-11: Maintenance
- ❑ Plan of Action Form B-10: Program Structure or Plan of Action Form B-11: Maintenance

**Plan of Action Forms C-1 and C-2**

- ❑ Plan of Action Form C-1: Training Plan
- ❑ Plan of Action Form C-2: Administrative Plan of Action
- ❑ Mail or hand deliver completed application to:
 

Department of Workforce Services  
Office of Child Care  
140 East 300 South  
Salt Lake City, Utah 84111

I certify that the information in this application is true and accurate. I understand that staff from the Office of Child Care (OCC) may visit my center as part of the grant evaluation process.

If funded, I agree to comply with the requirements listed in this Request For Grant Application (RFGA) and to provide the Office of Child Care with accurate information upon request. I understand that staff from the Office of Child Care may visit my center to verify that projects are completed, purchases have been made, materials are available to the children and other grant requirements are completed.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date