NWKEICI Grant Worksheet

The purpose of this worksheet is to provide pertinent information for the NWKEICI Contractual Childcare Grant Writer. Some of this information might not apply to your project. If that is the case, please indicate with a designation of "n/a". For this worksheet, please do not worry about complete sentences or proper grammar. Please utilize brief answers or descriptions.

Grant Information

Please identify at least one contact person for your grant project.
Contact Name:
Contact Email:
Contact Phone:
Name of the grant for which you are applying:
If there is an informational website for this grant, please provide the website address:
What is the grant due date?
If the grant has an online application, it is the responsibility of the grantee to create a login username and password & share with the grant writer.
Login Website:
Login Username/ID:
Login Password:
Official Grantee Name:

Grantee Address:
Grantee Telephone & Fax Number:
Grantee Email Address:
Grantee Website Address:
Grantee Tax ID (EIN):
Select all that apply to the grantee:
For-Profit
Non-Profit
Educational Institution
City Government
County Government
Economic Development Organization
Faith Based Organization
Fiscal Agent: Only complete, if the fiscal agent is different than the official grantee.
Fiscal Agent:
Fiscal Agent Address:

Fiscal Agent Telephone & Fax Number:
Fiscal Agent Email Address:
Does this grant include involvement with a Community Childcare Coalition?
If yes, which coalition?
<u>Project Description</u>
What is the title of your grant project?
Briefly describe the purpose of the project.
What community(s) will benefit from the grant? Please include town and county.
If the grant will fund a new facility. Please check all that apply.
A new facility will be constructed from scratch.
An existing home will be renovated.

Existing partial space in a school, hospital, church will be remodeled.
A new modular building or custom-built home
If the grant will fund a new facility, could that facility also be used for housing?
If the grant requires any specific goals or objectives, please include those here:
If this project includes adding a new childcare facility, which KDHE licensing model will be utilized?
Licensed Day Care Home
Group Day Care
Child Care Center
If this project includes adding a new childcare facility, have you received initial fire marshal approval?
If this project includes adding a new childcare facility, have you started the KDHE licensing process?

Needs Assess	sment
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Please attach the most recent Child Care Aware Point-In-Time Data for your community. If you have a
childcare needs assessment or community survey, please attach a copy. Please provide any other
pertinent information.

Project Timeline

If funded, when will work begin on your project?

If funded, when will your project be complete?

Please include any major timeline events that will be associated with your project:

Community Collaboration

Please list all organizations who have helped PLAN this project:

Please list all organizations (and contact person) who will provide DIRECT ASSISTANCE during the completion of the grant project: Please specify what type of assistance will be provided.

Please list all organizations and personnel who will provide ONGOING SUPPORT and ADMINISTRATION after completion of the grant project. Please describe any pertinent childcare or managerial experience.
Project Impact
If this project adds NEW childcare slots/seats, please indicate the following:
Number of NEW infant slots created:
Number of NEW toddler slots created:
Number of NEW preschooler slots created:
Number of NEW school-age slots created:
If this project provides support/services to CURRENT children served (could include curriculum, equipment, supplies), please indicate the following:
Number of infants served:
Number of toddlers served:
Number of preschoolers served:
Number of school-age children served:

If this project creates NEW staff positions, please indicate the following:
Number of NEW full-time positions created:
Number of New part-time positions created:
Number of staff who will receive a benefit package:
What is included in a benefit package?
If this project provides new support/services to CURRENT staff, please indicate the following:
Number of full-time staff positions supported:
Number of part-time staff positions supported:
What new support/services are to be provided?
<u>Sustainability</u> If your project includes starting a new facility or expanding an existing facility, please select all that apply:
We have an operational budget for our project.
We are utilizing services from Child Care Aware of Kansas.
We are utilizing services from the NWKEICI Child Program Specialist (Dana Stanton)
We will utilize an online childcare management system.
We plan to have regular fundraisers to provide support to the project.

If you have regular fundraiser, is there an amount you need to raise each year?
If you will receive ongoing financial support (cash donations, payment of utilities, etc.) please describe these here:
If you will receive ongoing in-kind support (donations of goods or services) please describe these here:
Will any organization reserve childcare slots for their employees? If so, how many slots and will they contribute anything for those slots?
If your project includes starting/operating a childcare facility, please indicate how much parents will pay for childcare services. Please indicate the cost per week.
Infant Care:
Toddler Care:
Preschooler Care:

School-Aged Care:
Do you plan to utilize the CACFP food reimbursement program?
Will your project be associated with a school district?
If yes, which school district?
Will you be receiving ongoing Early Head Start or Head Start funding for your project? If so, who is the grantee for those funds?
BUDGET Please email the grant a copy of your grant project budget.
In addition to this grant, what other funding sources are you utilizing for this project. Please select all that apply and indicate funding amount.
Dane G. Hansen Foundation
Child Care Aware
Patterson Foundation
Early Head Start
Head Start
Early Childhood Block Grant

Preschool Pilot Grant
Community Foundation Grant
Community Development Block Grant
Rural Champion Grant
Local Fundraising
Other:
Which contributions will be used as cash match for your project? Please identify the source and amount.
Do you have in-kind donations for your project? If so, please identify the source and describe the donation.

Attachments

Please refer to the grant RFP for the required attachments. If you want the grant writer to upload those to your application, please send those in PDF form to your grant writer via email.

Grantee Acknowledgements

Each project grantee contact must agree to the following.

It is the responsibility of the grantee to provide needed information to the grant writer in a timely manner (suggested at least one month in advance).

The grant contact listed on the first page of this document will be diligent to return phone calls and emails from the grant writer as soon as possible. Failure to provide the requested information could result in the project not being completed in time for submission.

The Northwest Kansas Economic Innovation Center Childcare Program Specialist (Dana Stanton) will be cc'd on all email communication between the grantee and the grant writer.

The grant writer will notify the grantee when the application is ready for review.

The grant writer will not submit the grant. **The grantee is responsible for final grant submission.**

The grantee is responsible for any ongoing grant reporting requirements. Neither the grant writer nor the Northwest Kansas Economic Innovation Center, Inc. are responsible for grant reporting requirements.

Neither the grant writer nor the Northwest Kansas Economic Innovation Center are responsible for the outcome of the grant decision.

Utilization of the grant writer does not guarantee that the grant will be funded.

All concerns with the grant writing process should be immediately reported to the Northwestern Kansas Economic Innovation Center's Childcare Program Specialist, Dana Stanton via email at dstanton@nwkeici.org.

Grantee Representative

Date