

## Request for Application (RFA) Child Care Quality Improvement Grant

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Send applications to:

**DHHS**  
**Child Care Grants**  
**PO Box 95026**  
**Lincoln, NE 68509-5026**

Submit an original and 3 copies. Please use 8.5" x 11" paper, stapled in the upper left corner. Do not enclose in binders.

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### Application Checklist

- An original and 3 copies of the proposal
  - Signed and dated application
  - One page justification narrative
  - Budget page
  - Two written estimates attached for any single item over \$100
  - One letter of support to verify the quality of the program/provider
  - Requested items are allowable expenditures
  - Unique Entity ID (SAM) Form
  - US Citizen Attestation Form
  - W-9 Form and a copy of a voided check
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## Child Care Quality Improvement Grant Application Form

Agency/Program Name:		County:		Telephone:	
Address:		City:		Zip Code:	
Federal ID. or Social Security Number:			Is this property owned or rented:		
Email:					
Contact Person/Title:			Congressional District:		Child Care Subsidy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current License: <input type="checkbox"/> Family Child Care Home I <input type="checkbox"/> Family Child Care Home II <input type="checkbox"/> Child Care Center			Current license effective dates:		How long have you been licensed?
Number of children enrolled:	Infants:	Toddlers:	Preschoolers:	School-agers:	
Total amount of funds requested (maximum award is \$500.00):					
List the in-services, training workshops, or conferences you and/or staff have attended in the past 12 months:					

To the best of my knowledge, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances in the proposal if selected for funding. By signing and submitting this application, the applicant is giving permission for a preliminary background check to be completed.	
Signature:	Date:

## Purpose

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**The purpose of the Child Care Quality Improvement Grant is intended to help child care homes and child care centers fund items to assist in the improvement of their program. These funds may only be used by licensed child care providers who have a Child Care Subsidy agreement with the Department of Health and Human Services.**

## Funding Opportunities

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The Child Care Quality Improvement Grant will be awarded based on items that will assist in improving the quality of the program. Grants will only be awarded to individuals or organizations that do not discriminate against children with disabilities and children whose care is funded by any state or federal funds (e.g. Child Care Subsidy).

## Funding Source

The Child Care Quality Improvement Grants are funded from the Child Care and Development Block Grant (CCDBG). These funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs and before and after school programs.

## Allocation of Funds

Awards are a maximum of \$500.00 for a child care program with a provisional or operating license.

## Application Requirements

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Applications are accepted monthly and must be postmarked before the first of the month. Applications postmarked after the first day of the month will be reviewed the following month. The application must contain all of the required information and supporting documentation. Supporting documents will not be accepted after the application is submitted. Applicants must have a current Child Care Subsidy Agreement with the Department of Health and Human Services. Faxed applications are not accepted.

## Application Sections

Each application must contain all of the eight sections described below:

- 1. Application Form:** Completed, signed, and dated. Applications submitted by non-profit centers or community agencies must be accompanied by a copy of the approval of exemption from federal income tax under section 501©3 of the Internal Revenue Code.
- 2. Background Check Release:** Primarily background checks on the applicant are completed and considered when selecting applications. Applicants will be cleared against the Nebraska Child Abuse, Neglect Central Registry, the Nebraska Adult Protective Services Central Registry, and any criminal records in Nebraska. Applicants whose names appear on the Central Registries or whose file contains serious non-compliance may

not be processed. A preliminary background check will be completed on all applicants prior to a Child Care Grant being awarded. By signing and submitting the application, all applicants are giving permission for a background check to be completed.

**3. Justification Narrative:** Provide a one-page justification narrative explaining how the requested item(s) will improve the quality of the child care services.

**4. Budget:** Applicants are required to complete the budget form. The budget form must include every item to be funded by this grant request. Every item must show a comparison between two vendors, and any item costing more than \$100 should include two written estimates. When listing prices, list the actual price, do not round up. As applicable, documentation must be provided along with an explanation of how building modifications will meet local codes, licensing requirements, and/or the American with Disabilities Act. Documentation should include statements from the city, county, or state regulatory agencies verifying the need for minor building modifications. Grant funds cannot be used to reimburse for any item purchased before the grant has been awarded. Grant funds do not cover tax or shipping and handling costs.

\*Maximum Caps: Toys including playground equipment \$250 (Homes I/II), \$500 (Centers);

**5. Letters of Support:** Each application must include the following letter of support:

- A. At least one letter of support that describes the applicant's ability to provide a developmentally appropriate program.

**6. Required Forms:** Each application must include the following forms, which will be utilized upon approval of your grant application. In the event that the application is not selected by the review panel, all forms will be returned to the applicant.

- A. W-9 and ACH Enrollment Form, must include a voided check, or a photocopy of a voided check.
- B. Unique Entity ID (SAM) Form
- C. US Citizen Attestation Form

## Selection Process

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### **1. Responsibility/Participants:**

- A. The selection process will be a joint responsibility of the DHHS, Division of Children and Family Services and the Division of Public Health. A panel of DHHS staff reviews applications monthly.
- B. Upon receipt of an application, the application will be inventoried for:
  - a. Number of copies (an original plus three copies - each applicant must submit four complete sets of the application);
  - b. Forms inclusion and completion, including the 501 (c) (3) documentation, if applicable;
  - c. Signatures on all application forms.
- C. Proposals requesting funds beyond the specified budget range will be considered non-responsive to the RFA and will not be considered. Please be very specific about the items requested, list only items that can be considered for funding.

D. The licensing history and files of each applicant will be reviewed. The names of all applicants will be cleared against the Nebraska Child Abuse and Neglect Central Registry and the Nebraska Adult Protective Services Central Registry. Applicants whose names appear on either registry or whose file contains serious non-compliance may not be processed. These applications will be reviewed on a case-by-case basis. DHHS reserves the right to decide if and when such applicants may reapply for funding.

2. **Priorities:** The selection process will give priority to the following:

- A. Programs serving families who receive Child Care Subsidy;
- B. Areas of need for child care providers serving families who receive Child Care Subsidy;
- C. Areas of high poverty and/or very high or low population densities.

3. **Additional Assurances:**

- A. Zoning:
  - a. When requesting changes that are directly related to community zoning requirements, the applicant may be required to provide additional documentation to substantiate the specific request.
  - b. Successful applicants may be required to provide documentation of approval by their local zoning authority prior to release of funds.
- B. Handicap Accessibility:
  - a. When requesting adaptations to make the facility handicap accessible, the applicant will be required to enable their children to access and use this facility.

## Time Frames

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### **Notification**

Depending on the availability of funds, the money will be awarded to qualifying applicants each month. Notification of the grant award may take at least 6-8 weeks following the submission of the grant proposal. All applicants will receive a written notice of approval. Applicants whose proposal is not recommended for funding will receive their original proposal, along with written notice, including a summary of reviewers' comments.

### **Acceptance**

Successful applicants will have 60 days to execute a subaward agreement that contains a number of stipulations, which indicates to DHHS that they are accepting the grant and the terms of the grant. An extension may be granted with prior written approval from DHHS. Successful applicants will have one year to complete all expenditures. An extension may be granted with prior written approval from DHHS.

### **Reapplying**

Successful applicants are eligible to apply for any additional Child Care Grants after three years. Applicants not funded may reapply during future funding cycles.

## **Receiving Funds**

There are several steps in this application and grant process. Once notified of the grant award, it may take at least 10-12 weeks before the grant payment is received.

## Expenditures

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### **Allowable Expenditures**

**Training:** Classes (not including CPR/First Aid), workshops, conferences, consultant fees, specialized training (such as infant brain development, care for children with special needs, etc.). Transportation and lodging costs will not be funded.

**Curriculum Materials:** Books, educational software/CD-ROM's, instructional videos, etc.

**Developmentally Appropriate Equipment:** Including but not limited to children's books, software/CD-ROM's, science equipment, infant discovery quilts, music items, art equipment and supplies, etc.

**Developmentally Appropriate Toys:** Including but not limited to blocks, small cars and trucks, shape sorting toys, stringing beads, dramatic play equipment, multi-cultural dolls, riding toys, games, peg boards, stuffed animals. A maximum spending cap on toys is \$250.00 for Homes I/Homes II and \$500.00 for Child Care Centers.

### **Non-Allowable Expenditures**

**Property and Facilities:** Purchasing of buildings, land, or vehicles, air conditioners, humidifiers, furnaces, showers, bathroom fixtures, light fixtures, water heaters, appliances, decks, porches, storage sheds, garage doors, security systems, ceilings, roofs, windows, wood flooring, wallpaper, carpeting, tornado shelters, etc.

**Administrative Costs:** Licensing or inspections fees, advertising, travel feeds (including mileage, ground, air, or rail travel), payroll/bonuses, insurance, taxes, utilities, rent/deposits, telephone, cell phones, pagers, etc.

**Equipment:** Computers, printers, scanners, cameras, video cameras, stereos, televisions, video recorders, DVD players, answering machines, office equipment (such as desks, chairs, tables, etc.), or items having safety concerns such as infant walkers.

**Consumable or disposable items:** Food beverages, paper products, cleaning supplies, soap, paper towel dispensers, laundry items, etc.

## Expenditure Report

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If your grant is selected for funding, you will be required to submit an audit report or Expenditure Report. This report will be mailed to you six months after you have been awarded the grant. If all of the funds have not yet been spent after six months, an additional report form will be sent to you on which to report how the remaining funds have been spent. All funds awarded must be spent within one year, unless a written request for an extension of time has been submitted and approved by DHHS. Receipts for purchases made with the entire grant amount must be submitted with the Expenditure Report. Grant funds do not cover tax or shipping and handling costs.

The Expenditure Report will request the following information:

- Statistical Information: Name of provider/facility, contact name, license capacity, number of children enrolled, number of years licensed, date and amount of grant award;
- Intent of the award: Why did you apply for the grant?;
- Expenditures: Receipts for any spent funds, the status of any remaining funds, and documentation of any trainings funded by the grant with completion date;
- Letters of Support: One letter from a community leader which documents how the program has addressed the community need, and two letters from parents describing the quality of the program;
- Status of the Project: Brief explanation of the project, whether or not it is complete, and if not, a description of the plan to finish the project;
- Project Effectiveness: Brief narrative statement as to how the funds assisted you in providing quality child care to your community. Include any information regarding how your program has expanded, changed, progressed, etc. This section should also include whether the grant funds have enabled your program to provide additional child care slots for your community;
- Training: A description of any training sessions attended by you and/or your staff since receiving the funds.

## Hints for Preparing Applications

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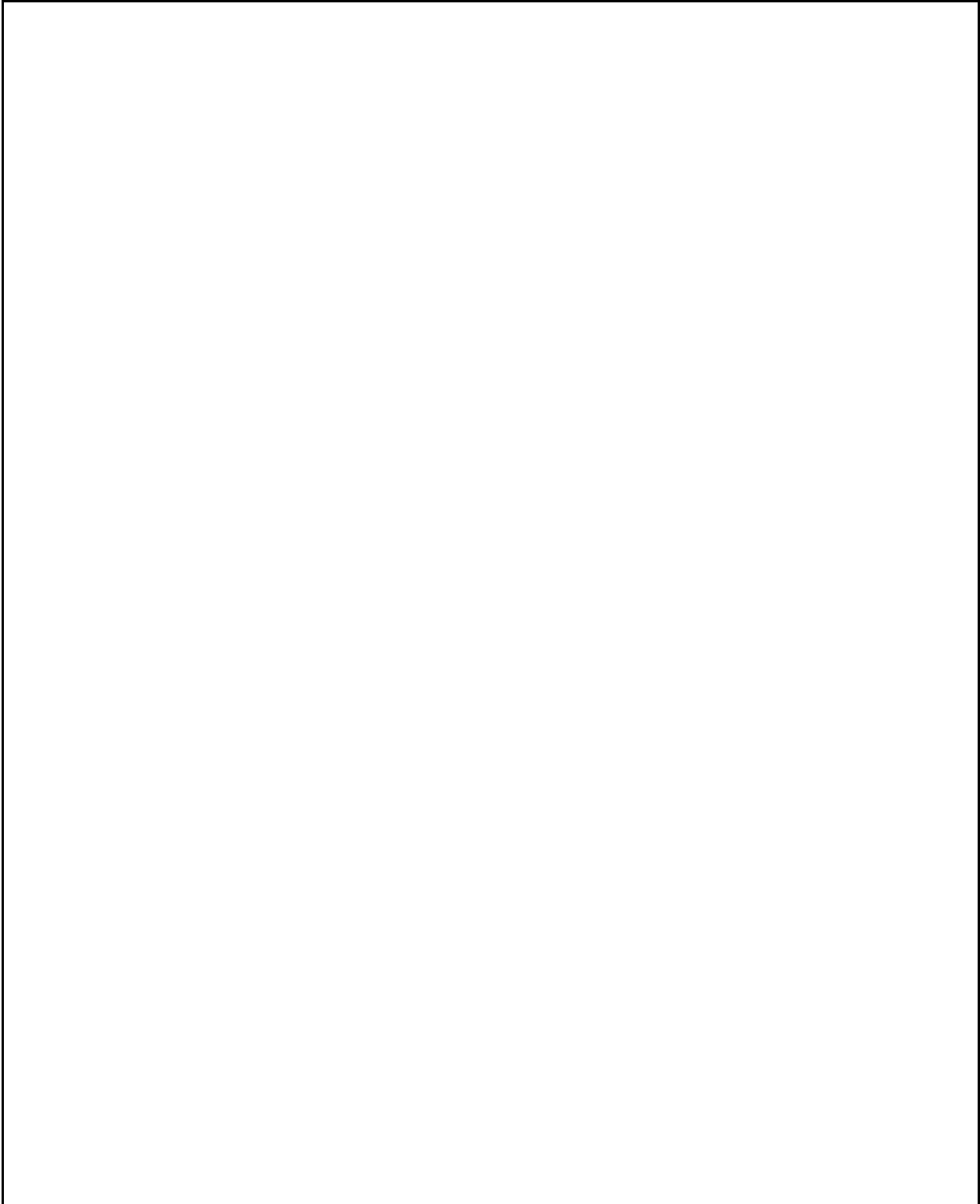
### Tips

- Read all directions carefully before beginning proposal preparation. If you do not understand something, please call for clarification. Not following the directions may result in your proposal being disqualified.
- Please avoid using confidential information. (e.g. do not use either first or last names of children or families).
- Be sure you provide all the information that is requested. Leaving out information may result in your proposal being disqualified.
- Be as specific as possible when preparing your budget. All items should be clearly identified.
- Make sure that your name and/or program name are included on all attachments, including estimates.
- Make sure that you have signed all necessary forms.
- Your original and each of the three (3) copies must be correctly collated and include all supporting documentation. Supporting materials will not be accepted after the proposal is submitted.
- Please use 8.5 x 11 paper. Staple your proposal in the upper left corner. Please do not enclose in binders.
- Keep a copy of the proposal for your reference and records.
- When asking persons to write letters of support, you might want to provide them some direction as to the content of the letter.
- Questions and requests for additional information should be directed to: Child Care Grants, DHHS, P.O. Box 95026-5026, Lincoln, NE 68509-5044, (402) 471-3121.



### **Justification Narrative**

Explain how the requested item(s) will improve the quality of child care services. Do not exceed this space.

A large, empty rectangular box with a thin black border, intended for the user to write their justification narrative. The box occupies most of the page below the instructions.



# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

**PRINT NAME**

\_\_\_\_\_  
(first, middle, last)

**SIGNATURE**

**DATE**

# STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

**PLEASE SUBMIT FORM TO INVOICED AGENCY**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following boxes:

- Individual  
  Sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/Estate  
 Non-Profit Entity  
  Government (Local, State or Federal)  
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)   
 Other (see instructions)

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any)  Exemption from FATCA reporting code (if any)

5 Address:  Remit Address (if different):

6 City, state, and ZIP code  City, state, and ZIP code

**Taxpayer Identification Number (TIN):**

Social Security Number (SSN):  OR Employer Identification Number (EIN):

**Certification:**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding due to failure to report interest and dividend income, and
- I am a U.S. citizen or other U.S. person (defined in the instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person:  Date:

Printed Name:  Contact Phone:

Comments or Business/Entity Notes:

**ACH Enrollment:** (Rev. December 2014)  
  Initial Setup  
  Change  
  Close Account

**This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here:

E-mail:   
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature: <input type="text"/>	<b>Attachment Required!</b> (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date:	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

**Internal Use Only:**

**UNIQUE ENTITY ID (SAM)**

New Federal regulations require that anyone receiving Federal Grant money must obtain a Unique Entity ID (SAM). If you don't already have a Unique Entity ID (SAM), you will need to follow the instructions below to get one:

**UEI (SAM) Request On-Line:**  
Go to <https://sam.gov>

**Please complete this process, and return this form with your  
UEI (SAM) information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Unique Entity ID (SAM): \_\_\_\_\_

**RETURN TO:**  
Drew McCord, Program Specialist  
Nebraska Department of Health & Human Services  
P.O. Box 95026  
Lincoln, NE 68509