

## Request for Application (RFA)

# Child Care Start-Up and Expansion Grant

Send applications to:

**DHHS**  
**Child Care Grants**  
**P.O. Box 95026**  
**Lincoln, NE 68509-5026**

Submit an original and three (3) copies. Use 8.5" x 11" paper, stapled in the upper left corner.  
 Do not enclose in binders.

### Application Checklist

<input type="checkbox"/>	An original and three (3) copies of the proposal
<input type="checkbox"/>	Signed and dated application
<input type="checkbox"/>	Community needs assessment
<input type="checkbox"/>	Two (2) letters of support from the community on official letterhead
<input type="checkbox"/>	Program description
<input type="checkbox"/>	One (1) letter of support to verify the quality of the program/provider
<input type="checkbox"/>	Business plan and narrative
<input type="checkbox"/>	Budget page and narrative
<input type="checkbox"/>	Two (2) estimates attached for any single item over \$100
<input type="checkbox"/>	Requested items are allowable expenditures
<input type="checkbox"/>	Unique Entity ID (SAM) Form
<input type="checkbox"/>	US Citizen Attestation Form
<input type="checkbox"/>	Abuse and Neglect Central Registry Check
<input type="checkbox"/>	W-9 Form and copy of voided check

Contact Us:

Phone: 402-471-3259

Email: [DHHS.ChildCareGrants@nebraska.gov](mailto:DHHS.ChildCareGrants@nebraska.gov)

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### Child Care and Start-Up Expansion Grant Application Form

Agency/Program Name:		County:		Program Phone/Cell Phone:	
Program Address:		City:		Zip Code + 4 digits:	
Is this property owned or rented:		If rented, list landlord's name:			
Email:					
Contact Person/Title:		Home Address:		Home/Cell Phone:	
Federal ID or Social Security Number:		Congressional District of Program:		Program County Population:	
Brief description of proposed projects:					
Number of children to be enrolled:	Infants:	Toddlers:	Preschoolers:	School-agers:	
Total amount of funds requested:					
<p style="text-align: center;">Please indicate which of the grant specifications this proposal fulfills:</p> <p><b>START-UP:</b></p> <p><input type="checkbox"/> New(not yet licensed) program</p> <p><b>EXPANSION:</b> Expansion must increase the number of Child Care Subsidy slots.</p> <p><input type="checkbox"/> Current license capacity expanding from ___ to ___:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Increasing Subsidy slots for infants  <input type="checkbox"/> Increasing Subsidy slots for school-agers  <input type="checkbox"/> Increasing Subsidy slots for children with disabilities         </p> <p><input type="checkbox"/> Expanding license from a Family Child Care Home I to a Family Child Care Home II</p> <p><input type="checkbox"/> Expanding license from a Family Child Care Home I/II to a Child Care Center</p>					

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 Start-Up and Expansion Grant is to provide assistance to new (not yet licensed) quality child care programs, or to increase the license capacity of existing quality child care programs. To be approved, the applicant must be adding child care slots available to families receiving Child Care Subsidy. As recipient of these funds, applicants must operate for a minimum of 36 months. Applicants must be awarded the grant before they are awarded their Child Care License.**

This may be done in one of the following ways:

- Assisting licensed providers who wish to expand their program with items required to meet licensing requirements with appropriate documentation;
- Making minor building modifications necessary to meet licensing requirements for new (not yet licensed) programs;
- Making Minor Building Modifications or purchasing equipment to increase the number of infants, children with disabilities, and/or school-aged children served; or
- Making Minor Building Modifications for licensed providers by changing from a Family Child Care Home I to a Family Child Care Home II, or a Family Child Care Home I/II to a Child Care Center.

Eligible applicants include:

- Individuals;
- Groups;
- Community-based organizations (those providing Full-Service Resource and Referral and child care services);
- Public and non-public schools; and
- Existing child care programs (including Family Child Care Home I/II and Child Care Centers).

Centers, community-based agencies, or other organizations with multiple sites are eligible to submit one application per site. Pre-school programs and programs that offer drop-in care only.

## Funding Opportunities

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The Child Care Start-Up and Expansion Grants will be awarded based on the need for the proposed services in the community. 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 Start-Up and Expansion Grants are funded by 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 \$5,000 for Family Child Care Homes I and Family Child Care Homes II and \$10,000 for Child Care Centers.

## Application Requirements

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Applications are accepted monthly and must be postmarked by 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 the required information and supporting documentation. All sections of the application must arrive together. Faxed applications are not accepted.

Application Sections: Each application must contain all 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(c)3 of the Internal Revenue Code.
2. **Background Check Release:** Applicant are required to submit a completed Abuse and Neglect Central Registry check. Applicants whose names appear on the registry will not be eligible for this grant. To start an Abuse and Neglect Central Registry self-check, go to <https://ecmp.nebraska.gov/DHHS-CR/>. The Department of Health and Human Services (DHHS) charges a fee of \$5.00 to process registry checks. By signing and submitting this application, all applicants are giving permission for a background check to be completed.
3. **Community Impact Statement (0-10 points):** This section should indicate how the program would support the community. The proposal should describe how many home and center-based child care programs are in the area, and the number of children they serve. Please indicate if there are waiting lists and include the number of children needing care from the waiting lists. This section should also include how the facility will identify and survey potential customers, and a marketing plan. Indicate the number of infants, toddlers, preschoolers and school-agers that will attend your program, and how the program has surveyed the parents to obtain this number. The proposal should also explain how partnerships are or will be formed with other organizations in the community. If information from a previously conducted needs assessment is available, it should also be included.
4. **Program (0-50 points):** This proposal must describe the program that will be provided and how it will meet the needs of the children the program will serve. Explain how the program will provide services to children and families. Clearly discuss how the program will meet the children's individual needs and show how these individuals needs will be met when describing the daily routine schedule. For each age group to be served, including infants, toddlers, preschoolers and school-agers, describe how each age group of the children will benefit physically, emotionally, socially, and intellectually from your program. Explain how the activities will be age appropriate. Include a daily schedule for all age groups. Include how you will incorporate Nebraska's Early Learning Guidelines in your program. This section should also detail your anticipated training needs for the next 12 months for all staff. Indicate the training needs you intend to address. Include new employee orientation and staff growth and development.
5. **Business Plan and Narrative (0-30 points):** Applicants are required to complete the business plan form and provide a narrative explaining the form. This plan should include projected expenses and income for the next 12 months. The business plan must include a narrative describing the expenses of the program including wages, advertising, food, insurance, supplies, and maintenance of the building and all the income of the program, such as fees, Child and Adult Care Food Program, Child Care Subsidy income, and any other source of

income. Programs that are starting or expanding should include a plan for recruiting new customers. New programs requesting start-up funds should present how the facility intends to meet these expenses for the next 12 months. Indicate any other financial resource available for the program.

6. **Budget Narrative (0-10 points):** Applicants are required to complete the budget form and provide a narrative explaining the 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 priced at \$100 or more should also include a written estimate of each item from both vendors. When listing prices, provide the actual price, do not round. As applicable, documentation must be provided along with an explanation of how many 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. Documentation should also be obtained at a regularly scheduled visit. Requests for start-up costs must include a narrative explaining how other cost will be met during start-up and continuing operation. A narrative must also be included to explain any requested items that fall under special circumstances category as listed on the allowable expenditures insert. Grant funds cannot be used to reimburse any item purchased before the grant has been awarded. Grant funds do not cover tax or shipping and handling costs.
7. **Letters of Support:** Each application must include the following letters of support:
  - A. Two letters documenting the need for child care in the community. These letters must be on official letterheads and should be from community agencies and/or representatives.
  - B. At least one, but no more than three letters, which support the applicant's ability to provide a developmentally appropriate program. Letters must be from non-family members.
8. **Required Forms:** Each application must include the following forms, which will be utilized upon approval of your grant application. If 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
  - D. Abuse and Neglect Central Registry Check Form

## Selection Process

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1. **Responsibility/Participants:**
  - A. Applications are reviewed monthly by a panel of DHHS staff.
  - 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, 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, if applicable. The names of all applicants will be cleared against the Abuse and Neglect Central Registry. Applicants whose names appear on the registry will be denied. DHHS reserves the right to decide 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; and
- D. Proposals that would increase the number of infants, children with disabilities, or school-aged children served.

**3. Scoring:** Proposals will be scored on a total point system of 100. Proposals must score at least 75 points to be considered eligible for funding. Applicants ranking highest in competitive order shall be selected for funding, subject to the amount of funds available for each category. DHHS reserves the right not to award any grants during any cycle.

Proposals will be rated according to the following scoring criteria:

- A. 0-10 points for Community Needs and Impact Statement;
- B. 0-50 points for Program;
- C. 0-30 points for Business Plan; and
- D. 0-10 points for Budget.

**4. 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.
- c. 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 several 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, unless an extension is approved by 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 4-6 weeks before the grant payment is received.

### 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 received the grant funds. If all 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:

- Demographic 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: Reason for applying for the grant.
- Expenditures: Receipts for any funds spent, 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 community needs, and two letters from parents describing the quality of the program.
- Status of the Project: Brief explanation of the project, whether 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.

### Repayment of Funds

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There may be times when DHHS will require the repayment of grants or partial repayment of grants if it is determined that the awarded grant funds were not spent or spent improperly. Below are examples of when funds must be returned.

- When funds were spent on non-allowable items.
- When funds were not fully spent after 12 months.
- When your child care programs close prior to 36 months.



## Tips for Preparing Applications

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- Read all directions carefully before beginning proposal preparation. If you do not understand something, please call for clarification. Not following directions may result in your proposal being disqualified.
- Avoid using confidential information (e.g. do not use either first or last names of children or families).
- Use headings for each section of your proposal (e.g. Community Needs and Impact Statement, Program, Business Plan, Budget, etc.).
- Be sure to 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.
- Number the pages of your proposal and appendix consecutively.
- Make sure that your name and/or program name are included in all attachments, including estimates.
- Make sure that you have signed all necessary forms.
- Proofread your proposal for spelling, punctuation, and grammar.
- Before submitting your proposal, double-check that your proposal is complete.
- Your original and each of the three (3) copies must be correctly collated and include all supporting documentation.
- Use 8.5 x 11 paper. Staple your proposal in the upper left corner. Do not enclose in binders.
- Keep a copy of the proposal for your reference and records.
- When asking persons to write letters of support, provide them with direction as to the content of the letter.
- Questions and requests for additional information should be directed to (402)417-3259, [DHHS.ChildCareGrants@nebraska.gov](mailto:DHHS.ChildCareGrants@nebraska.gov) or

**DHHS  
Child Care Grants  
P.O. Box 95026  
Lincoln, NE 68509-5026**

### Meeting Needs of Children

When writing the program section, describe how your child care program meets individual and age-appropriate needs of each child. You should explain how your program helps the children in the following areas.

#### *Intellectual Development*

Natural curiosity, meaningful learning experiences, language to promote thinking and learning, communicating effectively, becoming independent and lifelong learners.

#### *Physical Development*

Learn and practice safety procedures, awareness of good nutrition, wide variety of motor skills, social skills in an activity setting.

#### *Aesthetic and Artistic Development*

Develop enthusiasm for the arts, imagine and visualize through arts, create through the arts, learn. Communicate, express, and respond through art.

### *Emotional and Social Development*

Develop a positive self-concept, develop independence, set appropriate goals, cope with change, share and cooperate, develop friendships, learn from others and enjoy living and learning.

*Source: "The Primary Program. Growing and Learning in the Heartland." The Nebraska Department of Education, 1993. This book is available at the Early Childhood Training Center in Omaha, NE. at (402)-557-6880 or 1-800-8924453.*

### Management Training Program

Early Childhood Care and Education Management Training is offered in several sites throughout the state during the year. This is excellent training to learn more about the "business side" of child care. For more information about this training and other available training, contact the Nebraska Early Childhood Training Center at 1-800-892-4453 or in Omaha, NE at (402) 557-6880.

### **Additional Resources**

#### Child Care Licensing

<https://dhhs.ne.gov/licensure/pages/child-care-licensing.aspx> or by calling 1-800-600-1289.

#### Child Care Subsidy

<https://dhhs.ne.gov/Pages/Child-Care-Subsidy.aspx> or by calling 402-471-9152.

#### Child and Adult Care Food Program

<https://www.education.ne.gov/ns/cacfp/index.html>

#### Child Care Grants

<https://dhhs.ne.gov/Pages/Child-Care-Grants.aspx>

#### Nebraska Early Learning Guidelines

<https://www.education.ne.gov/oec/elg.html>

#### Early Childhood Training Center

<https://www.education.ne.gov/oec/ectc.html>

#### Step Up to Quality

<https://stepuptoquality.ne.gov>

#### The Nebraska Department of Education Office of Early Childhood

<https://www.education.ne.gov/oec>

### BUSINESS PLAN FORM

Complete the following form to indicate expenses and income for your child care facility over the next 12 months. You will want to explain your estimated numbers below in the Business Plan Narrative section.

#### Expenses

Director's salary: \$/hour and \$/year		Assistant Director salary: \$/hour and \$/year	
Head Teacher salary: \$/hour and \$/year		Teacher's salary: \$/hour and \$/year	
Aid salary: \$/hour and \$/year		Other staff salary: \$/hour and \$/year	
		<b>TOTAL SALARIES</b>	
Advertising	\$	Mileage	\$
Insurance	\$	Training	\$
Transportation Insurance	\$	Food	\$
Legal and Professional	\$	Interest on Bonds	\$
Educational Supplies	\$	Enrichment Activities	\$
Cleaning Supplies	\$	Repairs and Maintenance	\$
Retirement Program	\$	License Fees and Permits	\$
Mortgage	\$	Utilities	\$
Rent	\$	Real Estate Taxes	\$
Quarterly Taxes	\$	Petty Cash	\$
Other	\$	Prof. Organizations	\$
		<b>TOTAL EXPENSES</b>	

#### Income

Infant fees: \$/year		Toddler fees: \$/year	
Preschool fees: \$/year		School age fees: \$/year	
Part-time/drop-in \$/year			
		<b>TOTAL FEES</b>	
Child Care Subsidy	\$	Grants	\$
Loans	\$	Other	\$
USDA Food Program	\$		
		<b>TOTAL INCOME</b>	

**TOTAL PROFIT/LOSS \$ \_\_\_\_\_**

CHILD CARE START-UP AND EXPANSION GRANT BUDGET PAGE

EQUIPMENT	Vendor #1 Name	Estimate price per item	Vendor #2 Name	Estimate price per item	Quantity	Lowest Estimate Amount Requested (total should include quantity)
[Example] <i>Fisher-Price Space Saver High Chair</i>	<i>Target</i>	<i>\$49.99</i>	<i>Walmart</i>	<i>\$46.45</i>	<i>2</i>	<i>\$92.90</i>

CHILD CARE START-UP AND EXPANSION GRANT BUDGET PAGE

EQUIPMENT	Vendor #1 Name	Estimate price per item	Vendor #2 Name	Estimate price per item	Quantity	Lowest Estimate Amount Requested (total should include quantity)

**CHILD CARE GRANT FUND BUDGET PAGE (continued)**

<b>MINOR BUILDING MODIFICATIONS (Two written itemized estimates must be attached)</b>	<b>Vendor #1 Name</b>	<b>Estimate price per item</b>	<b>Vendor #2 Name</b>	<b>Estimate price per item</b>	<b>Quantity</b>	<b>Lowest Estimate Amount Requested (total should include quantity)</b>

<b>START-UP COSTS (Attach written justification)</b>	<b>Vendor #1 Name</b>	<b>Estimate price per item</b>	<b>Vendor #2 Name</b>	<b>Estimate price per item</b>	<b>Quantity</b>	<b>Lowest Estimate Amount Requested (total should include quantity)</b>

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

If more space is needed, use an additional sheet of paper, keeping the same format. Grant funds do not cover shipping and handling costs or tax.

# 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**

\_\_\_\_\_

A System for Award Management (SAM) registration is **required** for any entity to bid on and get paid for federal contracts or to receive federal funds. The Child Care Grants are funded by the federal Child Care and Development Block Grant (CCDBG).

You must obtain a SAM Unique Entity ID (UEI) to apply for and receive a Child Care Grant. SAM.gov is an official website of the United States government and is free to use.

To request a SAM UEI:

- Go to <https://sam.gov>.
- Set up a SAM.gov account to register and get a UEI.
- Enter the requested information about your entity. There is an Entity Registration Checklist available on SAM.gov to assist you in gathering what you need to complete your registration.
- You **must select Register Entity** and be assigned your Unique Entity ID to apply for the Child Care Grants.

Once complete, return this form with the information requested below. Attaching a photo/screenshot of the SAM.gov webpage with the same information is acceptable.

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Unique Entity ID (UEI): \_\_\_\_\_

**Return to:**

DHHS

Child Care Grants

P.O. Box 95026

Lincoln, NE 68509-5029

*\*If you already have a SAM UEI and need to register, instructions for how to complete registration can be found at:*

[https://www.fsd.gov/gsafsd\\_sp?id=gsafsd\\_kb\\_articles&sys\\_id=a32d66778785ce905babba69cebb35c4](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a32d66778785ce905babba69cebb35c4)