



**Children's
Service Society**

Kinship Care · Adoption · Caregiver Support

Employer Child Care Startup Grant Application

Employer Child Care Startup Grant funding provided through the Department of Workforce Services, Office of Childcare, ARPA Discretionary

Dear Applicant,

Thank you for your interest in participating in the *Employer Child Care Startup Grant*.

The Utah Department of Workforce Service's, Office of Child Care, has received funding from the COVID-19 Child Care and Development Discretionary Fund to assist child care providers, working with employers, to provide quality child care for working families. This grant gives Child Care Providers assistance with the following expenses:

- Renovations, with preapproval, such as installing room dividers or child-sized toilets and sinks, replacing windows or doors, etc.
- Startup Fees
- Business and Childcare Licensing Fees
- Materials (puzzles, books, toys, etc.)
- Equipment
- First Aid Kits
- Fire Extinguishers
- Smoke Detectors
- Lead Paint Inspection and Remediation
- Screens for Windows
- Fences and gaps on fences
- Child safety locks and gates
- Outlet Covers
- Paper towel dispensers
- Child Safety restraints
- Highchairs
- Child sized furniture
- Changing tables
- Storage cabinets

By applying for the Employer Child Care Startup Grant, I agree to the following:

- | |
|--|
| <input type="checkbox"/> Participating in Child Care Quality System (CCQS) |
| <input type="checkbox"/> Be eligible to receive Division of Workforce Services (DWS) funds |
| <input type="checkbox"/> Have a program overview on the Care About Childcare (CAC) Website |

**I understand that this is a voluntary program and funding for this program may be limited*

**I acknowledge that required documents MUST be submitted for my application to be complete.*

**I acknowledge that this is an application and does not guarantee grant funds.*

**I hereby clarify that all the documents and information provided are accurate and true to the best of my knowledge, and can be proven with documentation.*

Applicant Name Print: _____

Signature: _____ Date: _____

This application is divided into the following sections:

Section I Regional and Child Care Needs, Section II Business Partner Information, Section III Currently Licensed Child Care Programs, and Section IV New Child Care Programs.

If you are a currently licensed child care provider requesting funds in expanding your program please fill out sections I, II, and III.

If you are a new child care program requesting funds to start your program please fill out sections I, II, and IV

In addition to filling out the below application, applicants will be required to submit the following documents:

- Budget Plan
 - o Provide two bids for any expenses over \$2,000.
 - o For any contracting needs, proof of contractor license.
- Business Plan
 - o Blueprint of engineering plans for interior renovations.
 - o Letter from the city with all required changed being made to a property.
 - EX: Residential Home to Commercial Property
- Business Partner and Childcare Contract Agreement
 - o Copy of the Business Partner’s Business License.

Section I Regional and Child Care Needs

Please indicate your region:
<input type="checkbox"/> Bridgerland (Box Elder County, Cache County, Rich County) <input type="checkbox"/> Eastern (Carbon County, Daggett County, Duchesne County, Emery County, Grand County, San Juan County, Uintah) <input type="checkbox"/> Mountainland (Juab County, Summit County, Utah County, Wasatch County) <input type="checkbox"/> Northern (Davis County, Morgan County, Weber County) <input type="checkbox"/> Wasatch Front (Salt Lake County, Tooele County) <input type="checkbox"/> Western (Beaver County, Garfield County, Iron County, Kane County, Millard County, Piute County, Washington)
Explain your regions childcare needs:

Section II Business Partner Information

Community Business Partner Information			
Please indicate below the Employer(s) your program is or will be working with:			
Business Name:		Business License #:	
Address:			
City:	State:	Zip:	County:
Business Representative:		Work Phone:	
E-mail Address:			
Please indicate (if any) additional Employer below:			
Business Name:			
Address:			
City:	State:	Zip:	County:
Business Representative:		Work Phone:	
E-mail Address:			
Describe the childcare needs for your business and the number of employees it will impact below:			
Please provide the following business partner contact information:			
Contact Personnel:		Title:	
Phone Number:		Email:	
Human Resource Representative:			
Phone Number:		Email:	
Address:			
City:	State:	Zip:	County:

Section III Currently Licensed Child Care Program

Current Child Care Provider Information			
Contact Name:			
Facility ID #:	<input type="checkbox"/> Center	<input type="checkbox"/> Licensed Family	<input type="checkbox"/> Other
City:	State:	Zip:	County:
Phone:	Email:	Child Care Name:	
Child Care Provider Information			
Please indicate your childcare size on the chart below:			
Room Size:	Spots Filled:	Spots Available:	
Infant Room Size:			
Toddler Room Size:			
3's Room Size:			
PreK Room Size:			
Family Provider Size:			
School Aged (K-6 th):			
Please indicate if any childcare enrollment changes will be made by checking a box below and providing an explanation:			
<input type="checkbox"/> Provider plans on creating additional space/classroom to meet new enrollment needs			
Describe how will this be executed:			
Child Care Provider Information			
Please indicate below if this program is currently participating in the CCQS:			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please indicate if this program is currently receiving funds from other grants or subsidies:			
<input type="checkbox"/> Grant	<input type="checkbox"/> Subsidy	<input type="checkbox"/> None	

Section IV New Child Care Program

Startup Child Care Provider Information			
Contact Name:			
Desired Provider Regulation Type:	<input type="checkbox"/> Center	<input type="checkbox"/> Licensed Family	<input type="checkbox"/> Residential Certificate
City:	State:	Zip:	County:
Phone:		Child Care Name:	
Briefly described Startup Child Care Plan:			
Startup Child Care Provider Information Cont.			
Please indicate below if you need assistance or have completed the items that follow:			
Submit application for a Child Care License	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance	Submit Documentation	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance
New Provider Training	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance	Complete Emergency Preparedness, Response, and Recovery Plan	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance
Submit required background check	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance	Onsite license inspection	<input type="checkbox"/> Completed <input type="checkbox"/> Need Assistance

