



**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:

- Minor 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:	
If a startup program, once licensed and accepting enrollment	
<input type="checkbox"/>	Participate 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: _____

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:		Business License #:	
Address:			
City:	State:	Zip:	County:
Business Representative:		Work Phone:	
E-mail Address:			
Describe the childcare needs for the 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 the childcare enrollment changes that will be made by checking a box below and providing an explanation:			
<input type="checkbox"/> Provider plans on creating additional space/classroom to expand childcare license to serve more children.			
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	
If applicable list what grants program is receiving funding from below:			

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:	Email:	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:			
Have you applied for a childcare license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Assistance		