

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

If a startup program, once licensed and accepting enrollment					
☐ Participate in Child Care Quality System (CCQS)					
☐ Be eligible to receive Division of Workforce Services (DWS) funds					
☐ 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:					

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

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
Business Plan
Business Partner and Childcare Contract agreement

Section I Regional and Child Care Needs

Please	indicate your region:
	Bridgerland (Box Elder County, Cache County, Rich County)
	Eastern (Carbon County, Daggett County, Duchesne County, Emery County, Grand County, San Juan
	County, Sanpete County, Sevier County, Uintah County)
	Mountainland (Juab County, Summit County, Utah County, Wasatch County)
	Northern (Davis County, Morgan County, Weber County)
	Wasatch Front (Salt Lake County, Tooele County)
	Western (Beaver County, Garfield County, Iron County, Kane County, Millard County, Piute County,
	Washington County, Wayne County)
Explain	n 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:			Busine	ss License #	:	
Address:			<u>I</u>			
City:	State:		Zip:		County:	
Business Representative:			Work Phone:			
E-mail Address:			ı			
Please indicate (if any) addition	nal Employe	er bel	ow:			
Business Name:			Busine	ss License #	:	
Address:			I			
City:	State:		Zip:		County:	
Business Representative:			Work Phone:			
E-mail Address:			1			
Describe the childcare needs for the business and the number of employees it will impact below:						
Please provide the	following bu	ısines	s partne	er 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 #:	☐ Center	□Licensed Family	☐ Other		
City:	State:	Zip:	County:		
Phone:	Email:	Child Care Name:			
	Child Care Prov	ider Information			
Please indicate the child below and providing an		nges that will be made by	checking a box		
Provider plans on commore children.	 Provider plans on creating additional space/classroom to expand childcare license to serve more children. 				
Describe how will this be ex	xecuted:				
Child Care Provider Information					
Please indicate below if this program is currently participating in the CCQS:					
☐ Yes ☐ No					
Please indicate if this program is currently receiving funds from other grants or subsidies:					
☐ Grant	☐ Subsidy	□ No	ne		
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			☐ Licensed Family		☐ Residential Certificate	
Regulation Type:						
City:	State:		Zip:		County:	
Phone:		Email:	mail: Chile		Care Name:	
Briefly described	l Startup Cl	nild Care Pl	an:			
Startup Child Care Provider Information Cont.						
Please indicate below if you need assistance or have completed the items that follow:						
11				☐ Yes		
Have you applied for	or a childcare	iicense!			□ No□ Need Assistance	