

OREGON CHILD CARE START-UP GRANT

Initial Application

The Early Learning Division has created this grant opportunity to help address the critical shortage of Child Care in Oregon. The Research Institute at Western Oregon University is administering this grant with the purpose of increasing the number of child care slots by helping programs to expand their operations and facilitating the opening of new child care businesses. These funds can be used for a wide array of expenses related to program start up or expansion. The amount of funding available for programs depends on the individual needs of the program and how it will increase the supply of child care. Start-up family child care programs can apply for up to \$15,000 and start-up center-based programs can apply for up to \$45,000. Existing programs that are expanding may not qualify for the full amount and will have to submit a detailed budget to justify the request. Funding is limited and this grant opportunity will end on May 31, 2023 or until funds run out.

Examples of what funds could be used for:

- Expenses related to starting a child care business i.e. fees, equipment, building modifications.
- Expenses of additional classrooms or locations.
- New equipment to allow serves to additional age groups where there is a high need (i.e. infants).
- Expenses related to changing license types and/or hiring staff to serve more children.
- Initial rent or lease payments.
- Building or upgrading playgrounds.
- Renovating bathrooms for safety, sanitation, or child accessibility.
- Accessibility improvements such as ramps, rails, automatic doors.
- Training, professional development, or educational materials.
- Furnishings, equipment, or supplies related to business start-up, expansion, and operations.
- Computers, software, printers, or other technology related to business functions.
- Services such as management, accounting, marketing, and transportation.

Qualified applicants include:(Please note that School District, Head Start, and other federal/state funded programs may not be eligible).

- Certified Center programs
- Certified Family programs
- Registered Family programs
- Unlicensed programs that could become licensed
- Those interested in starting a licensed child care business.

If you are interested in applying for funding, please complete and return this initial application. If your initial application is accepted, you will be contacted and sent a funding application package.

<hr/> Your Name (first, last) or name of program: <hr/>			<hr/> Date: <hr/> ()		
<input type="checkbox"/> Not Licensed or NA			<input type="checkbox"/> Cell		
<hr/> Program License #			<hr/> Phone #		
			<input type="checkbox"/> Work		
			<input type="checkbox"/> Home		
<hr/> Director/Provider Name if different:			<hr/> Email Address		
Mailing address:			Physical Address: <input type="checkbox"/> Check if same as mailing		
<hr/> Street Address			<hr/> Street Address		
<hr/> City	<hr/> State	<hr/> Zip	<hr/> City	<hr/> State	<hr/> Zip
			<hr/> County (of physical location)		

A. Information For Programs Not Yet In Operation (if in operation, skip to B)					
1. What type of program are you wanting to open?	<input type="checkbox"/> Registered Family <input type="checkbox"/> Certified Family		<input type="checkbox"/> Certified Center <input type="checkbox"/> Not Sure		
2. How long have you been working on opening?	<input type="checkbox"/> Haven't started yet <input type="checkbox"/> 1-6 months		<input type="checkbox"/> 6-12 months <input type="checkbox"/> More than a year		
3. Are you working with your local Child Care Resource & Referral?	<input type="checkbox"/> Yes Name of person working with: <input type="checkbox"/> No				
4. What issues or barriers have you faced so far? (check all that apply)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Not understanding the process <input type="checkbox"/> Not having the information I need <input type="checkbox"/> Finding a location <input type="checkbox"/> Getting required permits <input type="checkbox"/> Preparing space <input type="checkbox"/> Navigating the licensing process </div> <div style="width: 50%;"> <input type="checkbox"/> Hiring qualified staff <input type="checkbox"/> Getting required training <input type="checkbox"/> Marketing <input type="checkbox"/> Getting loans <input type="checkbox"/> Higher costs <input type="checkbox"/> Hiring contractor <input type="checkbox"/> Lack of education <input type="checkbox"/> Other, List: </div> </div>				
5. Would receiving grant funding assist with overcoming any of these barriers in question 4?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones: (list)				
6. Will this be the sole income earned in your household?	<input type="checkbox"/> Yes, I'm the sole income for the household <input type="checkbox"/> No, I'm an essential secondary income for the household <input type="checkbox"/> No, I'm a supplemental income for the household (I can make ends meet without it)				
B. Information For Programs Currently in Operation Information (skip if you completed section A)					
1. What type of program are you operating?	<input type="checkbox"/> Registered Family <input type="checkbox"/> Certified Family <input type="checkbox"/> Certified Center		<input type="checkbox"/> Recorded <input type="checkbox"/> Regulated Subsidy <input type="checkbox"/> Other: _____		
2. What would your plans be to increase capacity? (check all that apply)	<input type="checkbox"/> Open a new site <input type="checkbox"/> Change license type <input type="checkbox"/> Make changes to space		<input type="checkbox"/> Hire more staff <input type="checkbox"/> Serve a high need age group (i.e. infants) <input type="checkbox"/> Other: _____		
3. Does this program serve families receiving DHS ERDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
C. Capacity Increase Information					
Check the age groups your program currently serves or could serve if able to open or expand. Then enter the number of children currently enrolled in each group. Enter 0 if the program is not open. It is okay to estimate the "If Funded" portion.					
	# of Children			# of Children	
Check Groups Served	Current	If Funded	Check Groups Served	Current	If Funded
<input type="checkbox"/> 6 weeks – 17 months			<input type="checkbox"/> 4 year olds		
<input type="checkbox"/> 18 months – 35 months			<input type="checkbox"/> 5 year olds		
<input type="checkbox"/> 3-year olds			<input type="checkbox"/> 6-12 year olds		
D. Languages served in program (Check all that apply)					
<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Other: _____	
E. Applicant's preferred language (Check all that apply)					
<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Chinese/Mandarin <input type="checkbox"/> Other: _____	

Demographic Information

You may choose not to provide demographic information and it will not affect your participation status.

☐ Decline to answer questionnaire

1. Which of the following describes your racial or ethnic identity? Check all that apply.	
<input type="checkbox"/> Native American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis <input type="checkbox"/> Indigenous Mexican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Native American (please list) _____	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Micronesian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander (please list) _____
<input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic - Central American <input type="checkbox"/> Hispanic - Mexican <input type="checkbox"/> Hispanic - South American <input type="checkbox"/> Other Hispanic (please list) _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> African (Black) <input type="checkbox"/> Caribbean (Black) <input type="checkbox"/> Other Black (please list) _____
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (please list) _____	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other Middle Eastern (please list) _____
	<input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White (please list) _____
2. Which of the following describes your gender?	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (please list) _____ <input type="checkbox"/> Choose not to reply	

Participation Agreement/ Memorandum of Understanding (MOU)

Oregon Child Care Start-Up Grant

1. Data about program participation will be collected for reporting purposes and shared with the Oregon Early Learning Division. All data shared with the Oregon Early Learning Division will be confidential and non-identifiable.
2. Participants may be asked to complete surveys, do phone interviews or attend a focus group.
3. Information related to participation in this grant will be shared with local Child Care Resource and Referral (CCR&R) agencies.
4. Any funds received are to be used for the purpose of expanding the capacity of a current child care program or opening a new child care program. Funds may not be used for the following:
 - Capital improvements (purchase of land, construction of new facilities, construction of additions to a home).
 - Religious materials.
 - Personal use not related to program improvements.
5. The following actions could result in a programs suspension or removal from grant participation:
 - Intentionally providing false information on any documents.
 - Failure to adhere to professional conduct with grant staff or CCR&R staff.
 - Misuse of funds.
6. Participation in this grant may be terminated at the discretion of the Early Learning Division.

By agreeing to participate, I will:

1. Provide accurate information about my program on all documents.
2. Use funds as specified.
3. Adhere to any applicable timelines.
4. Attend any required orientations or trainings.
5. Work to fulfill the purpose of the grant by adhering to any plans or budgets I have submitted.
6. Keep any receipts for items that grant funds were used to purchase for a period of 7 years in case of an audit.
7. Accept children and families on Employment Related Day Care.
8. Provide full-day/full-year child care.
9. Work to get licensed before June 30, 2023.
10. Report any changes that may affect program participation and/or eligibility within 10 business days; including changes in staffing, capacity, enrollment, licensing status and compliance, investigations, address, and program closure.

By signing below, I verify that the information submitted is accurate and agree to the above:

Program Name

License # (if applicable)

Signature

Printed Name

Title of grant applicant

Date

Send this form to:

Western Oregon University
The Research Institute/Child Care Start Up Grant
345 N Monmouth Ave
Monmouth, OR 97361

Questions?
Email: startup@wou.edu
Phone: Nathan Winegardner (503) 838-9261