****



**CAPACITY GRANT APPLICATION SUPPLEMENT**

As part of Capacity Grant Application Packet, this Application Supplement, must be completed. It includes a Funding Proposal Narrative and a Budget Summary. This document be submitted along with the Capacity Grant Application.

Please review the *Capacity Grant Guidelines* on the Children & Families First website for details about how to apply, as well as the application deadline dates: [www.cffde.org](http://www.cffde.org)

Capacity Grant Technical Assistants (TAs) are available to support you with the completion of your application packet. (see Section #6 of the *Capacity Grant Guidelines* for further details on TA support)

If you have any questions when compiling your application materials, please contact Program Manager, Andrea Prettyman at (302) 233-645 or email: andrea.prettyman@cffde.org

-------------------------------------------------------------------------------

|  |  |
| --- | --- |
| **Name of Program** |  |
| **Contact Person/Applicant** |  |
| **Phone Number** |  |
| **Email** |  |

**Funding Proposal Narrative**

Please complete the following sections. \*\*The text boxes will “lengthen” as you continue to type within them, to allow you to fully complete your response.

|  |
| --- |
| **Introduction of Program**--Brief description of provider/organization’s history, programming and any unique features.  |
| Response: |
| **Goals and Objectives**—Your proposal for your program’s improvement plan as it is tied directly to one or more of the “Target Areas” outlined in Section #1 of the *Capacity Grant Guidelines*. * Explain which of the Capacity Grant Target Areas you are applying for (can be more than one)
* Provide clear, measureable goals and objectives as they relate to your identified Target Area(s).
* Explain how the Capacity Grant funds may support your strategies for increasing slots or enhancing care in your identified Target Area(s).
* If you know of general categories of resources (materials, personnel, professional development) that your program needs, please describe. A Capacity Grant TA will be assisting you with completing a more specific Resource Request List prior to your Application Packet being presented for consideration of funding.
* Describe other funding sources, if any, that you will use to enhance or expand your program to meet the stated goals.
 |
| Response: |

**Budget Summary**

**Revenue & Expenditures**

Please complete the Budget Summary chart below, with the amounts reflecting the budget totals for **one program year (can be a calendar year or a fiscal year)**. You may find it helpful to refer to figures from your IRS Schedule C. The Budget Summary provides the Capacity Grant Advisory Committee with a better understanding of the fiscal sustainability of your program.

Optional: You can also include a copy of your program’s current approved annual budget in addition to this Budget Summary. This is optional but may be helpful toward the committee’s funding decision.

|  |
| --- |
|  **REVENUE (INCOME)** |
|  **INCOME CATEGORIES** | **AMOUNTS** **(current program year; can be calendar or fiscal year)** |
| **Parent Fees** (tuition, supply fees, registration & related fees) |  |
| **Purchase of Care** (POC) |  |
| **CACFP** (Food Program) |  |
| **Tiered Reimbursement** |  |
| **Fundraisers** |  |
| **Other** *(private resources, loans, in-kind donations)* |  |
|  **Total Annual Income >>** |  |

|  |
| --- |
|  **EXPENDITURES (EXPENSES)** |
|  **EXPENSE CATEGORIES** | **AMOUNTS** **(current program year; can be calendar or fiscal year)** |
| **Personnel** (salary, benefits, employer share of FICA, Medicare & state taxes ) |  |
| **Operating Supplies/Consumables** (ex: food, curriculum & assessment materials, craft materials, office supplies) |  |
| **Equipment** (ex: furniture, technology, classroom materials—purchase and maintenance of) |  |
| **Space/Facility** (rent, lease, mortgage, utilities, facility maintenance inside & outside) |  |
|  **Professional Development for Staff**  |  |
| **Additional Expenses that may be generated**--as a result of requesting funding (*ex: if you are requesting funds to add infant slots or expand into evening care, what additional expenses may result?)* |  |
|  **Total Annual Expenses>>** |  |