



Children & Families First Application for the Capacity Grant

If you are interested in applying for the Capacity Grant, please review the Capacity Grant Guidelines to determine if you meet the criteria to be considered for awarding of grant funding. Application deadline dates are located on the Children & Families First website: www.cffde.org

IMPORTANT:

- In order to apply, please complete this application in its entirety, save a copy and submit the saved/completed copy per instructions in the Capacity Grant Guidelines, by the posted deadline.
- Supporting documents are also required, in order to fully complete your application packet. The supporting documents include a “Funding Proposal Narrative” and a “Budget Summary.”
- Details about the supporting documents, and how to submit them along with this application are located in the Capacity Grant Guidelines.

If you have any questions when compiling your application, please contact Program Manager, Andrea Prettyman at (302) 233-6475 or email: andrea.prettyman@cffde.org

Capacity Grant Application

(**Complete one application per site if a multi-site program)

PROGRAM INFORMATION (Please type or print)	Application Date:	
Name of Program:		
OCCL License Number:		
Date (month/date/year) program opened:		
Street Address:		
City/State/Zip Code:		
Contact Person at Your Program:		
Telephone Number:		
Alternate Telephone Number:		
Email:		

Alternate Email <i>(If applicable):</i>	
Website <i>(If applicable):</i>	
Has your program received Capacity Grant funding previously?	(If “yes,” in what month and year was your program previously approved? _____)
Program Type <i>(check all that apply)</i>	☐ Center ☐ Family Child Level I ☐ Family Child Care Level II ☐ Large Family Child Care ☐ School Age Program
Non-Profit	
Ages Served <i>(check all that apply)</i>	☐ infants to 12 months ☐ 12 months through 35 months (toddlers) ☐ 36 months through 59 months (preschoolers) ☐ 60 months + (before/after school)
Days of Operations <i>(check all that apply)</i>	M _____ Tu _____ W _____ Th _____ F _____ Sat _____ Sun _____
Regular Hours Monday-Friday:	_____ AM/PM to _____ AM/PM
Non-Traditional Hours: Is your program open during “non-traditional” hours <i>defined as care provided during at least one of the following time blocks: 1) minimum of one hour prior to 7:00 a.m., and/or 2) until a minimum of one hour after 6:00 p.m., and/or 3) care provided on weekends</i>	If YES, describe days and hours your program is open before 7:00 am, after 6:00 pm and/or on weekends: _____
Summer Care Hours:	If closed in the summer, list time period that program is closed: _____
Application category for which grant resources and technical assistance will be used if approved: ☐ Infant and Toddlers ☐ enhance current slots ☐ add additional slots-(how many_____) ☐ English Language Learners ☐ enhance current slots ☐ add additional slots-(how many_____) ☐ Children with Special Needs ☐ enhance current slots ☐ add additional slots-(how many_____) ☐ Non-Traditional Hours ☐ enhance current slots ☐ add additional slots-(how many_____)	
DELAWARE STARS: **Program <u>must</u> be enrolled and engaged in Delaware Stars or Bridge to Stars and must be in good standing. Engagement must be Star-Level appropriate per Delaware Stars Letter of Expectations and Partnership Agreements. What is the program’s current Star Level? 	

CAPACITY & ENROLLMENT	
CENTERS and SCHOOL AGE PROGRAMS (if Family Child Care, skip to the next section)	
Total Capacity (as per license) >>	
Total Enrollment at time of application >>	
Number of infants enrolled (birth through 11 months)	
Number of 1 year olds enrolled (12 months through 23 months)	
Number of 2 year olds enrolled (24 months through 35 months)	
Number of 3 year olds through school age enrolled (36 months to 12 years)	
FAMILY CHILD CARE PROGRAMS	
Total Capacity (as per license) >>	
Total Enrollment at time of application >>	
Number of infants enrolled (birth through 11 months)	
Number of 1 year olds enrolled (12 months through 23 months)	
Number of 2 year olds enrolled (24 months through 35 months)	
Number of 3 year olds through school age enrolled (36 months to 12 years)	
Total Number of your own children present & not yet enrolled in Kindergarten	
PURCHASE OF CARE	
Purchase of Care **Program <u>must</u> accept Purchase of Care (POC) and must be in good standing with POC.	
Number of slots your program makes available for POC enrollment	
POC enrollment as % of total enrollment (your current POC enrollment divided by your current total enrollment)	
How many children in each age group, below, are enrolled under POC at time of application?	
Infants (birth through 11 months)	
1 year olds (12 months through 23 months)	
2 year olds Enrolled (24 months through 35 months)	
3 year olds through school age (36 months to 12 years)	

CACFP**Child and Adult Care Food Program (CACFP)**

Participation in CACFP is not required, but programs participating in CACFP must be in good standing.

Do you participate in CACFP?

If Yes, who is your Sponsor?

DEMOGRAPHIC DATA ON CHILDREN ENROLLED IN YOUR PROGRAM**English Language Learners**

How many children enrolled in your program speak the following language as their *primary* language at home?

SPANISH		CHINESE		CREOLE		HINDI		OTHER	
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List any other languages spoken as a primary language by children enrolled in your program:

CHILDREN WITH SPECIAL NEEDS

Total number of children enrolled who have an IFSP, IEP, 504 and/or a behavioral or mental health plan

Is program applying for the category of Children with Special Needs?

****If “No,” skip to next section**

Total number of children enrolled with an IFSP, IEP, 504 and/or a behavioral or mental health plan, for whom grant funds will be used to enhance their care. *Program must have a copy of the child’s plan on file.*

If children with special needs split time between your program and a school district program, list school districts that are also serving your enrolled children with special needs:

CHILDREN ATTENDING NON-TRADITIONAL HOURS

Total number of children enrolled who attend non-traditional hours
(see definition of non-traditional hours previously in this application, and in the Capacity Grant Guidelines)

Is program applying for the category of Non-Traditional Hours?

****If “No,” skip to next section**

Total number of children enrolled who attend non-traditional hours, for whom grant funds will be used to enhance their care

Please check all non-traditional hours that your program offers, list times, and number of children attending.

List hours as 6:00pm-9:00pm, for example:

☐ Monday	Hours: _____	# children attending: _____
☐ Tuesday	Hours: _____	# children attending: _____
☐ Wednesday	Hours: _____	# children attending: _____
☐ Thursday	Hours: _____	# children attending: _____
☐ Friday	Hours: _____	# children attending: _____
☐ Saturday	Hours: _____	# children attending: _____
☐ Sunday	Hours: _____	# children attending: _____

****In addition to this application form, in order to fully complete your application packet, a “Funding Proposal Narrative” and a Budget Summary” must be submitted. See Capacity Grant Guidelines on the Children & Families First website for further details.**

Capacity Grant Application Statement of Affirmation and Intent

I, _____, (Director/Owner/Board Chair) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge.

I will use resources from the Capacity Grant exclusively to improve the quality of care and education for the children enrolled at _____ (program or Family Child Care provider name).

_____	_____
Owner/Director/Board Chair (print)	Title

Date	