# Infant & Toddler Care - Operating Support

## Kosciusko County Community Foundation

# **Application Instructions**

For this grant initiative, the Kosciusko County Community Foundation accepts grant applications from nonprofit and school-based childcare programs serving Kosciusko and/or Whitley counties. Grant awards will be announced approximately 6-8 weeks following each deadline. If you have any questions throughout the application process, please call the Community Foundation at 574-267-1901.

Please reach out to Alex Hall (alex@kcfoundation.org) prior to submitting your application to set up a time to discuss your proposal.

Please complete all required questions below. Completed applications and required attachments must be submitted by **4:30 p.m. on the due date** in order to be considered for funding by the grant committee.

For complete grant guidelines and submission dates, please visit https://www.kcfoundation.org/childcaregrants.

# Pre-Grant Inquiry\*

On what date did you communicate with our staff regarding your grant request?

Character Limit: 10

**Before you begin**, please take a moment to verify the contact information on your user profile. If you need to make changes, you will be given the opportunity to do so in the Contact Information sections below.

# Applicant Contact Information\*

Is your contact information at the top of this page correct?

#### Choices

Yes

No

# **Organization Contact Information\***

Is your organization's contact information at the top of this page correct?

#### **Choices**

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Yes

No

# Applicant Contact Information

Please complete the fields that need to be updated. Community Foundation staff will update your profile after the grant application deadline.

## **Applicant Prefix**

(Mr., Mrs., Ms., etc.)

Character Limit: 15

## **Applicant First Name**

Character Limit: 25

#### **Applicant Last Name**

Character Limit: 25

## **Applicant Business Title**

Character Limit: 50

## **Applicant E-mail**

Character Limit: 254

## **Applicant Phone Number**

Please format at 574-267-1901 x100.

Character Limit: 20

# **Applicant Phone Type**

Choices

Office

Cell

Home

# Organization Contact Information

Please complete the fields that need to be updated. Community Foundation staff will update the organization's profile after the grant application deadline.

# **Organization Name**

Character Limit: 150

# **Organization Phone Number**

Please format as 574-267-1901.

Character Limit: 12

# **Organization Mailing Address**

Character Limit: 100

City

Character Limit: 75

State

Character Limit: 75

Zip Code

Character Limit: 5

## Please provide the contact information for your organization's director:

#### **Director Prefix**

(Mr., Mrs., Ms., etc.)

Character Limit: 15

#### **Director First Name**

Character Limit: 50

#### **Director Last Name**

Character Limit: 50

#### **Director Business Title**

Character Limit: 75

#### **Director E-mail**

Character Limit: 254

#### **Director Phone Number**

If different from the organization's phone number provided above.

Character Limit: 20

# **Director Phone Type**

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Choices

Office

Cell

Home

# Application Cover Sheet

# **Project Name\***

Please create a short title for your grant request. This name may be altered by KCCF staff during the review process.

Character Limit: 100

## Amount Requested from KCCF\*

This amount should match the amount mentioned in the first line of the Sources of Financial Support table in the Budget Information section below.

Character Limit: 20

# Organization Type

# Organization Type\*

Please select your organization type.

#### Choices

501(c)(3) Charitable Organization Church Governmental Organization Private School Public School

# Organization Information

In this section, you will be asked to provide general information about your organization.

# History\*

Please provide a brief history of your childcare program, including when it was established.

Character Limit: 2000

#### Mission & Services\*

Please describe your organization's principal services, purpose and mission statement.

Character Limit: 2000

## Population Served by Organization\*

What population(s) and age range(s) of children does your childcare program typically serve?

Character Limit: 500

#### Affiliations\*

Please list any corporate ownership, formal affiliations or fiscal sponsors.

5

Character Limit: 2000

# Grant Proposal

In this section, you will need to provide <u>specific</u> information about the operating support you are seeking.

## Ability to Add Capacity\*

How is your organization uniquely equipped to add additional capacity to serve children ages 0-3?

Character Limit: 2000

## Strategy and Vision\*

How does adding capacity fit within your organization's strategy and vision? What are your strategic achievements to date?

Character Limit: 2000

## Preparation\*

What preparation for a new classroom has your organization already completed? Please be specific.

Character Limit: 2000

# Marketing and Promotion\*

What is your plan to create awareness or promote your additional openings for infants and toddlers?

Character Limit: 2000

#### Staff Members Involved\*

Who specifically will implement the project and what are their qualifications? Who is responsible for running the organization and making financial decisions (rates charged to families, hiring of new staff, etc.)? Please list all individuals involved and their qualifications.

Character Limit: 2000

# Input Gathered\*

Have you sought input from the families you currently serve on your organization's desire to add additional capacity to serve children ages 0-3? How have they been consulted?

Character Limit: 2000

#### Potential Barriers to Success\*

Do you foresee any potential barriers to success or alternative plans needed to ensure the success of the newly-added classroom?

Character Limit: 2000

## Collaborations & Partnerships\*

Describe any other organizations or individuals that you will collaborate or partner with to complete this project/program. Explain what role they will have (contractor, vendor, funder, collaborator, service provider, etc.)

Character Limit: 2000

#### **Project Timeline**

Please tell us the start and end date of when your organization would plan to add additional seats for children ages 0-3. It is important to note that grant awards are announced approximately 6 to 8 weeks after the deadline. Any expenses incurred prior to grant approval will not be reimbursed with grant funding.

#### Start Date\*

When do you expect to open enrollment for the newly-added classroom?

Character Limit: 10

#### **Timeline Comments**

If you need to provide additional information regarding your project timeline, please use this space.

Character Limit: 500

#### Explain the expected benefits of this project:

## County\*

Please select the primary county being served by this project.

Please note: requests that do not serve Kosciusko or Whitley counties (Indiana) will not receive funding from this grant initiative.

#### Choices

Kosciusko

Whitley

Kosciusko and Whitley Counties

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## Service to Infants/Toddlers\*

Does this project specifically serve infants/toddlers, ages 0-3?

Please note: requests that do not serve children ages 0-3 will not receive funding from this grant initiative.

#### Choices

Yes

No

#### Total Served\*

Approximately how many infants and toddlers does your organization currently serve? This should <u>not</u> include any new seats added by this request for operating support. Only current capacity should be included in this figure.

Character Limit: 3

## Total New Childcare Seats Added\*

How many new childcare seats for children ages 0-3 do you plan to <u>add</u> with support from this grant initiative? It is expected that new classrooms would add either 8 infant or 10 toddler seats (or some combination of the two).

Character Limit: 3

## Kosciusko/Whitley County Residents Served\*

Of those being served, how many are Kosciusko or Whitley County residents?

Character Limit: 3

## Age Range\*

What is the approximate age range of those being served by this project?

Character Limit: 15

## Feedback/Evaluation\*

How do you receive feedback from those that you serve or that would benefit from a grant award?

Character Limit: 1000

#### **Grant Communication:**

#### Public Relations\*

What methods will be used to communicate to your donors, members, supporters, etc. any grant support you receive from the Community Foundation?

Character Limit: 500

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# Reporting Requirements\*

Reporting will be required twice each year during the duration of the grant period. Will you fulfill this reporting requirement?

#### **Choices**

Yes

No

# **Budget Information**

# **Project Budget Summary**

# **Itemized Expenses**

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Please use this table to list the additional annual operating expenses required for the classroom that serves children ages 0-3.

	Expense Description (Combine like items on one row if more room is needed.)	Amount	Percent of Total Budgeted Expenses
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

# Total Expenses\*

This amount should equal the sum of the Itemized Expenses reported above. It should <u>also equal</u> the Total Financial Support reported below.

Character Limit: 20

# **Sources of Financial Support**

Please use this table to list the entities and organizations providing financial support related to the addition of a new classroom. This should include the amount requested from this grant initiative (line 1), fees charged to families, other grant/government support, fundraisers/donations, etc.

Type of Funding	Description of Source of Funding	Amount	Percent of Total Revenue	Is this funding Pending or Secured?
AMOUNT REQUESTED FROM KCCF				
Federal/City/State Governments				
Other Foundations (1)				
Other Foundations (2)				
Public Contributions/Donations (Specify) (1)				
Public Contributions/Donations (Specify) (2)				
Loans				

Your Organization's Contribution		
Other (1)		
Other (2)		

## Total Financial Support\*

This amount should equal the sum of the Sources of Financial Support <u>including the amount</u> requested from KCCF.

This amount should also equal the Total Expenses reported above.

Character Limit: 20

## **Budget Narrative\***

Are line-item budget calculations realistic, specific, justified and based on solid estimates? Please provide short descriptions (1-2 sentences) for each expense category.

Character Limit: 2000

## Sustaining the New Classroom\*

If awarded a grant and yearly reporting requirements are met, how will your organization **financially** sustain the newly-added classroom year after year? Please note: successful applicants can receive up to \$30,000 in year 1, which decreases to \$20,000 in year 2, and \$10,000 in year 3.

Character Limit: 2000

# Partial Funding or Denial\*

If this project receives partial funding or is denied, how will you proceed?

Character Limit: 1000

# Certification

#### Certification

The information contained in this application is for the purpose of obtaining funding from the Kosciusko County Community Foundation Community Funds on behalf of the undersigned. The undersigned understands that the information provided is true and complete and that the Kosciusko County Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Kosciusko County Community

Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

## **Electronic Signature\***

Enter your name to confirm your electronic signature.

Character Limit: 250

## Permission to Share Request\*

Do we have permission to share this request with other funders, including donors who advise funds held by the Community Foundation?

#### Choices

Yes

Nο

## **Publicity Agreement\***

For publicity purposes, my organization's identity may be revealed.

#### Choices

Yes

No

# **Authorization Signature**

Two authorization signatures are required to submit this application. The signature indicates that the person has reviewed the grant request and agrees to its submission.

To complete this section, download the **Grant Authorization Signature Form** and complete the top section of the form using responses from this application, collect the appropriate signatures, and upload the completed form below.

Please note that the person providing their authorization will depend on the type of organization, as indicated on the form.

Grant Authorization Signature Form (Fillable PDF)

# **Authorization Signature Form Upload\***

Please upload your completed Authorization Signature Form.

File Size Limit: 2 MB

# 501(c)(3) Attachments

## Charitable organizations must upload the following documents:

(accepted formats include: PDF and Word)

- IRS Determination Letter
- Board of Directors list with names and town/city of residence that denotes who holds officer positions
- Staff list with names and town/city of residence
- Financial Documents

# Private School Attachments

#### Private schools must upload the following documents:

(accepted formats include: PDF and Word)

- IRS Determination Letter
- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

## School Name\*

Please select your school from the drop down list below.

If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

#### Choices

Greater Warsaw Cooperative Preschool
Lakeland Christian Academy Association
Lakeland Christian Academy Association - Primary School
Lakeland Christian Academy Association - Secondary School
Sacred Heart Catholic School
Other

#### **Other School Name**

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If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

## Government & Church Attachments

## Churches and Governmental Organizations must upload the following documents:

(accepted formats include: PDF and Word)

- Board of Directors list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

## Public School Attachments

## Schools must upload the following documents:

(accepted formats include: PDF and Word)

- School Board list with names and town/city of residence
- Staff list with names and town/city of residence
- Financial Documents

#### School Name\*

Please select your school from the drop down list below. Please note - most school-based childcare programs are listed in the drop down menu below.

If your project will impact students at multiple schools within the same school corporation, please select the school corporation.

#### **Choices**

Akron Elementary School

Claypool Elementary School

Edgewood Middle School

Eisenhower Elementary School

**Gateway Education Center** 

Harrison Elementary School

Jefferson Elementary School

Lakeland Early Learning Academy

Lakeview Middle School

Leesburg Elementary School

Lincoln Elementary School

Little Cats Early Learning Center

Madison Elementary School

Mentone Elementary School

Mentone Kindergarten Readiness Center

Milford Elementary School

North Webster Elementary

Pierceton Elementary

Syracuse Elementary

Tippecanoe Valley High School

Tippecanoe Valley Middle School

**Tippecanoe Valley School Corporation** 

Warsaw Area Career Center

Warsaw Community High School

**Warsaw Community Schools** 

Warsaw Early Learning Academy

Washington STEM Academy

Wawasee Community School Corporation

Wawasee Early Learning Center

Wawasee High School

Wawasee Middle School

Whitko Career Academy

Whitko High School

Whitley County Consolidated Schools

Other

#### **Other School Name**

If you selected "other" from the drop down list, please enter your school name below.

Character Limit: 50

# IRS Determination Letter

#### IRS Determination Letter\*

File Size Limit: 2 MB

# **Board List**

#### **Board List**

This may be your Board of Directors, School Board, City/Town Council, etc. Please show which individuals are officers and what their positions are (President, Vice President, Treasurer, Secretary, etc.).

File Size Limit: 2 MB

## Staff List

#### Staff Member List\*

If your organization has a large number of employees, please only include those who will be working on this particular project. If your organization does not have any paid staff, please upload your board list again.

File Size Limit: 2 MB

## Financial Documents

## Annual Budget\*

Please upload your annual budget for your entire childcare program's operations.

If the childcare program is only a part of your operational budget (i.e., a childcare program based within a public school system), please only upload the operating budget for the childcare program.

File Size Limit: 5 MB

#### Internal Financial Statements\*

Please upload a copy of your organization's most recent Statement of Activities (Income Sheet) and Statement of Financial Position (Balance Sheet).

File Size Limit: 6 MB

#### Form 990

Please upload a copy of your organization's most recent 990. If your organization does not file a 990 or 990-EZ, please skip this question.

File Size Limit: 6 MB

Not sure which internal financial statements to include? Examples of a Statement of Activities and a Statement of Financial Position can be found on our website at https://kcfoundation.org/community-funds/.

# Additional and Supporting Documentation

## **Additional Supporting Documentation**

Please upload supporting documentation that you have. Examples of such documents might be quotations, photos, letters of support, executive summaries, etc. related specifically to this project.

File Size Limit: 5 MB

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