



Edwin M. Lee
Mayor

Revised February 7, 2017



September Jarrett
Director

**Notice of Funding Availability –#746
Early Learning Scholarships
Family Child Care (FCC) Application Instructions**

Application is DUE: 5:00 p.m., on Friday, March 3, 2017

There are two forms that need to be completed as part of your full Notice of Funding Availability Application:

1. **The NOFA Application Form** – a Word document that allows applicants to answer questions and enter information in empty fields.
2. **The Projected Peak Enrollment Form** – an Excel spreadsheet that allows applicants to enter information about their FCC in empty cells.

Both the application and enrollment forms must be submitted together using the same method. You may submit these two forms together in one of the following two ways:

1. Complete the required fields and print them out (or you can print them out and handwrite in the fields), and then hand-deliver them to the Human Services Agency Contracts Office at 1650 Mission Street, Suite 300, San Francisco, CA Attention: Steve Kim. (Note: These forms will not be accepted through the US Postal mail nor through fax.)
or
2. Fill out the forms electronically, save them as a Microsoft Word document and an Excel spreadsheet, and email them to Steve.Kim@sfgov.org and HSARFP@sfgov.org.

Both of these forms can be downloaded from www.sfoece.org. If you unable to print any of the application documents, hard copies are available at the **Human Services Agency Contracts Office, 1650 Mission Street, Suite 300, San Francisco, CA on Monday – Friday, from 8 a.m.-5 p.m.**

THE NOFA APPLICATION AND THE PROJECTED PEAK ENROLLMENT FORM MUST BE SUBMITTED AT THE SAME TIME IN ORDER TO BE CONSIDERED A COMPLETE RESPONSE PACKAGE. PLEASE CHOOSE ONLY ONE METHOD OF SUBMISSION, VIA EMAIL OR HAND DELIVERY.

A. FAMILY CHILD CARE INFORMATION

1. **FCC Name as Issued by Community Care Licensing (CCL):** Insert the Name of the Family Child Care is listed on the child care license issued by Community Care Licensing (CCL).

2. **Does your FCC Program go by another name that is different than name issued by Community Care Licensing?** Check the box “Yes” or “No.” If you check “Yes,” insert the additional name that your FCC uses.
3. **Family Child Care Owner’s Name(s):** Insert the first and last name of each owner.
4. **Street Address:** Insert the FCC street address.
5. **Zip Code:** Insert the zip code of the FCC.
6. **Indicate the distance in miles from the FCC to a public transit (bus, street car, etc.) stop:** Insert the distance in miles from the FCC to the nearest public transit stop, such as a MUNI or BART station. For example, enter 0.4 miles.
7. **Phone number of Family Child Care Owner:** Insert the business phone number of the person(s) listed in #3 above. You may also insert an alternative phone number that can be used to reach the owner(s).
8. **Fax Number of Family Child Care Owner:** Insert fax number of the person(s) listed in #3 above.
9. **E-mail of Family Child Care Owner: Do you use Email?** Check the box “Yes” or “No.” If you check “Yes,” insert the email address of the person(s) listed in #3 above.
10. **Name of person completing the application:** Insert the name of the individual filling out the application, if different than above.
11. **Phone number of person completing the application:** Insert the phone number of the individual filling out the application, if different than above.
12. **E-mail of person completing the application:** Insert the email of the individual filling out the application, if different than above.
13. **License Number:** Insert the license number issued by Community Care Licensing.
14. **Type of License:** Check the box “Small” or “Large.”
15. **How Many years Have you Been Licensed:** Indicate the total number of years you have been licensed by California Community Care Licensing
16. **Most Recent QRIS Score:** Insert the most recent QRIS composite score for your FCC. If your FCC has not been scored, enter N/S.
17. **Date of Most Recent QRIS Score:** Insert date of the score. If your FCC has not been scored, leave this blank.
18. **If your FCC does not have a QRIS Score of 3 or higher or has not been assessed yet, do you agree to actively work with the QRIS technical assistance and training (T&TA) contractor(s) to achieve a Tier 3 rating no later than June 30, 2020?** Check the box “Yes” or “No.”

B. FCC OWNER DEMOGRAPHIC INFORMATION

1. **Race/Ethnicity:** Check the box that corresponds to the FCC owner(s)’ race/ethnicity. If you select, “Other” please specify the race/ethnicity.
2. **Primary languages you use effectively when communicating with parents:** Check all of the box(es) that correspond to the languages you use when communicating with parents of enrolled children. If you select, “Other” please specify the language.
3. **Primary languages you use effectively when caring for and educating children:** Check all of the box(es) that correspond to the languages you use when caring for and

educating with parents of enrolled children. If you select, “Other” please specify the language.

C. PROJECTED DEMOGRAPHICS OF YOUR FCC’S PROJECTED PEAK ENROLLMENT IN FY 2017-2018

Insert the number of children, by demographic, your FCC projects to serve in 2017-18, if you are awarded the funding you request through this NOFA. Children can fall into more than one category.

D. FAMILY CHILD CARE – EARLY LEARNING SCHOLARSHIP - PROJECTED PEAK ENROLLMENT FORM FOR FY 2017-2018

Complete the appropriate version of the “PROJECTED PEAK ENROLLMENT FOR FY 2017—2018” Excel form. This form will help OECE understand your FCC’s proposed peak enrollments in FY 2017-18, and which enrollments you are proposing be funded by OECE.

- **If you are applying for Preschool for All-9 month or Preschool for All-12 month ONLY**, please use the following form: Family Child Care – Preschool for All ONLY – Projected Peak Enrollment for FY 2017-2018 (*NOFA746 ELS FCCs PFA Enrollment Form.xlsx*)
- **All other applicants**, please use the following form: Family Child Care – Early Learning Scholarship – Projected Peak Enrollment Form for FY 2017-2018 (*NOFA746 ELS FCCs Enrollment Form.xlsx*)

Electronic versions of these forms can be downloaded at www.sfoece.org. These will be downloaded as Microsoft Excel forms.

The Projected Peak Enrollment Form must be submitted with your FCC NOFA Application Form.

THE NOFA APPLICATION AND THE PROJECTED PEAK ENROLLMENT FORM MUST BE SUBMITTED AT THE SAME TIME IN ORDER TO BE CONSIDERED A COMPLETE RESPONSE PACKAGE. PLEASE CHOOSE ONLY ONE METHOD OF SUBMISSION, VIA EMAIL OR HAND DELIVERY.

Instructions for the Early Learning Scholarship – PROJECTED PEAK ENROLLMENT FOR FY 2017—2018 FORM

1. **FCC Name as Issued by Community Care Licensing (CCL):** Insert the Name of the Family Child Care as listed on the child care license issued by Community Care Licensing (CCL).

2. **Family Child Care Owner's Name(s):** Insert the first and last name of each owner.
3. **Phone number of Family Child Care Owner:** Insert the business phone number of the person(s) listed in #3 above. You may also insert an alternative phone number that can be used to reach the owner(s).
4. **QRIS Score:** If applicable, insert your FCC's most recent QRIS score. Also list the date of that QRIS assessment. If your FCC has not been scored, leave this blank.
5. **Current Peak Enrollments in FY 2016-2017 (This Year):** For each funding source in the table that applies to your FCC, indicate the CURRENT FY 2016-2017 peak enrollment numbers for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use your site's own definitions for full day, full year, part day, part year.

The funding sources include: Tuition-paying families who do not receive subsidies (Families earning above 110% of Area Median Income, for example, \$106,656 for a family of 3), Low-Moderate Tuition Paying Families who do not receive subsidies (Families earning above 70% of State Median Income at or below 110% of Area Median Income, for example, between \$42,215 and \$106,656 for a family of 3), Local Vouchers (such as ACCESS, City Child Care, Family and Children's Services), State Vouchers (such as CalWORKs and California Alternative Payment Program), Preschool for All's Preschool Plus, Preschool for All's Bridge, Preschool for All-9 Month, Preschool for All-12 Month, and other funding sources not listed above (such as Family Child Care Home Education Networks, Early Head Start, etc.). Only insert enrollment numbers for the funding types that your FCC currently serves in FY 2016-2017, and leave the rest blank.

6. **Projected Peak Enrollments in FY 2017-2018 (Next Year) THAT WILL NOT BE INCLUDED IN YOUR FUNDING AGREEMENT:** Please indicate your FCC's projected peak number of unduplicated enrollments by funding type you anticipate serving in FY 2017-2018. These enrollments will not be included in your Funding Agreements, but FCCs will receive City funding when eligible families enroll. Therefore, these enrollments are not calculated and shown in the "Total Requested Quality Grant and ELS/PFA Funding Amount" box. Each child may only be entered into one of the categories listed in Section 6 and Section 7. To view the rates for the ELS funding types, please look for the same color table on the Rates tab. Enter these projections by funding type for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use OECE's definitions for full day, full year, part day, part year, which are reflected in on page 5 of the NOFA.

The funding types include: Local Vouchers for families earning at below 70% of the State Median Income) which are called Early Learning Scholarship-City (Voucher), State Vouchers (such as CalWORKs and California Alternative Payment Program) for which OECE will provide an enhanced rate using ELS-Gap funding, and Local Vouchers for low-moderate-income families which will be called Early Learning Scholarship-(Moderate)

for families earning above 70% of the State Median Income and at or below 110% of the Area Median Income (for example, between \$42,215 and \$106,656 annually for a family of 3), Tuition Paying Families who do not need an ELS scholarship, and other funding sources not listed above that may qualify for ELS-Gap funding (such as Family Child Care Home Education Networks, Early Head Start, etc.). For definitions of these OECE funding types, please refer to pages 4-7 in the NOFA.

- 7. Projected Peak Enrollments in FY 2017-18 THAT WILL BE INCLUDED IN YOUR FUNDING AGREEMENT: The information you enter in this table will be used to generate a “Total Requested Annual Quality Grant and ELS/PFA Funding Amount” to be included in your Funding Agreement. Each child may only be entered into one of the categories listed in Section 6 and Section 7. To view the rates for the ELS and PFA funding types, please look for the same color table on the Rates tab.**

Please insert your FCC’s projected peak enrollments in FY 2017-2018 by funding type for infants, toddlers, and preschoolers for full day, part day, full year, and part year. Peak enrollment is the highest enrollment in any month for the year. Infants are defined as children ages 0 to 24 months, toddlers are more than 24 months and less than 36 months, and preschoolers are ages 3-5. Use OECE’s definitions for full day, full year, part day, part year, which are reflected on page 5 of the NOFA.

For ELS-City (Reserved), indicate the projected number of unduplicated enrollments you are proposing be assigned (contracted) at your site in FY 2017-2018.

If you are a current Preschool For All 9-month or Preschool For All 12-month contractor, indicate the projected number of unduplicated PFA enrollments for 4-year olds you anticipate serving in FY 2017-2018, and the appropriate teacher permit level using the drop down menu (or if handwritten, by writing it in). To access the drop down menu, click your mouse in Cell 50J. Once the small square in the right-hand bottom corner appears, click on it and click on one of the following four choices: Teacher, Master Teacher, Site Supervisor, and Program Director. This selection of teacher permit will determine which Preschool for All rates are used to calculate Total Requested PFA Funding Amount. If you are completing the form by hand, please write one of the following four teacher permits for the teacher in the PFA classroom in the row below the “PFA 12 Month” row in the appropriate box: Teacher, Master Teacher, Site Supervisor, and Program Director. Use the PFA rate for the appropriate teacher permit to calculate your Total Requested PFA Funding Amount, and enter the dollar amount (or add it to the projected ELS funding amount) in the “Total Projected ELS and/or PFA Annual Funding Amount” box. For more detail, please refer to page 7 of the NOFA. If you are not a current PFA 9-month or 12 month contractor, you are not eligible for Preschool for All funding.

Only provide enrollment numbers for the funding types that your FCC would like to serve, and leave the rest with 0’s.

The Annual Quality Grant Funding Amount is automatically calculated using the projected enrollment information you provide and is based on the Annual Quality Grant funding formulas listed on the ELS Reimbursement Rates-FCC tab. If you are completing the form by hand, please multiply the appropriate Annual Quality Grant Amount by the number of ELS-Reserved, State and Local Voucher children you are projecting to serve in FY 2017-18 and enter it in the purple box next to the Annual Quality Grant Funding Amount.

The Total Projected ELS and/or PFA Funding Amount is automatically calculated using the projected enrollment information you provide and the appropriate rates from the ELS Reimbursement Rates-FCC tab of the Excel file. If you are completing the form by hand, please multiply the appropriate ELS Rates in the ELS Reimbursement Rates-FCC tab by the corresponding number of children you are projecting to serve in FY 2017-2018 and enter it in the box next to Total Projected ELS and/or PFA Annual Funding Amount. For example, if you project serving 2 full day, full year infants with State Vouchers (ELS-Gap), multiply the ELS Gap Rate amount of \$4,286 by 2 and write in the total (\$8,572).

The Total Requested Annual Quality Grant and ELS/PFA Funding Amount to be Included in Funding Agreement is calculated by adding the Annual Quality Grant Funding Amount to the Total Projected ELS and/or PFA Annual Funding Amount. If you are completing the form by hand, please add the Annual Quality Grant Funding Amount to the Total Projected ELS and/or PFA Funding Amount and enter it in the box next to The Total Requested Quality Grant and ELS/PFA Funding Amount.

The Projected Funding for State Voucher Enrollments is automatically calculated using the projected State Voucher enrollment information you provide in Section 6 and the appropriate Early Learning Scholarship-Gap funding amounts from the ELS Reimbursement Rates-FCC tab of the Excel file. The Projected Funding for Local Voucher Enrollments is automatically calculated using the projected Local Voucher enrollment information you provide in Section 6 and the appropriate Early Learning Scholarship Reimbursement Rates from the ELS Reimbursement Rates-FCC tab of the Excel file. If you are completing the form by hand, you do not need to fill in the Projected Funding for State Voucher Enrollments or Projected Funding for Local Voucher Enrollments. Note: These two projections are not included in your Total Requested Annual Quality Grant and ELS/PFA Funding Amount because enrollment for these programs are based on parental choice and therefore funding cannot be assigned to a particular provider. Rather, these are estimates of the additional funding an FCC may earn serving State/Local funded voucher enrollments under the new Early Learning Scholarship program.

- 8. Projected Enrollment Exceeds Licensed Capacity** If your total projected enrollment for FY 2017-2018, exceeds your total licensed capacity, please provide a brief explanation. If it does not, leave this table blank.

9. **Brief Explanation** If you want to provide a brief explanation for any of the information you have entered in this sheet, please provide a brief explanation. If you do not, leave this cell blank.

Instructions for the Family Child Care – Preschool for All ONLY – PROJECTED PEAK ENROLLMENT FOR FY 2017—2018 FORM

1. **FCC Name as Issued by Community Care Licensing (CCL):** Insert the Name of the Family Child Care is listed on the child care license issued by Community Care Licensing (CCL).
2. **Family Child Care Owner’s Name(s):** Insert the first and last name of each owner.
3. **Phone number of Family Child Care Owner:** Insert the business phone number of the person(s) listed in #3 above. You may also insert an alternative phone number that can be used to reach the owner(s).
4. **QRIS Score:** If applicable, insert the score your FCC’s most recent QRIS score. Also list the date of that QRIS assessment.
5. **Current Peak PFA Enrollments in FY 2016-17 (This Year):** For the funding source that applies to your FCC (either Preschool for All- 9 month or Preschool for All-12 month, indicate the CURRENT peak PFA enrollment numbers for 4 –year olds. Note that PART DAY – PART YEAR is defined as providing services for less than 5 days a week (e.g., 3 days out of 5), however each proration will be unique to each site depending on their program year schedule. Peak enrollment is the highest enrollment in any month for the year.
6. **Projected Peak PFA Enrollments to Determine Annual Funding Amounts in FY 2017-18 (Next Year):** The information you enter in this table will be used to generate a Total Annual Requested PFA Funding Amount for FY 2017-2018. Indicate the projected number of unduplicated PFA enrollments for 4-year olds you anticipate serving in FY 2017-2018 with either Preschool for All-9 Month or Preschool for All- 12 Month funding. Note that PART DAY – PART YEAR is defined as providing services for less than 5 days a week (e.g., 3 days out of 5), however each proration will be unique to each site. Peak enrollment is the highest enrollment in any month for the year. For definitions and rates associated with Preschool for All, please refer to pages 5-7 in the NOFA.

In Row 30, you must choose the appropriate teacher permit for the PFA classroom setting in the drop down menu. To access the drop down menu, click your mouse in Cell 30C. Once the small square in the right-hand bottom corner appears, click on it and click on one of the following four choices: Teacher, Master Teacher, Site Supervisor, and Program Director. This selection of teacher permit will determine which Preschool for All rates are used to calculate Total Requested PFA Funding Amount. If you are completing the form by hand, in the row below “PFA 12 Month” please write in one of the following four teacher permit levels for the teacher in the PFA classroom: Teacher, Master Teacher, Site Supervisor, and Program Director. Use the PFA rate for the appropriate teacher qualification to calculate your Total Requested PFA Funding Amount, and enter the dollar amount. For more detail, please refer to page 7 of the NOFA.

Total Annual Requested PFA Funding Amount is automatically calculated using the projected enrollment information and teacher permit information you provide and is based on the Preschool for All rates listed on the PFA Rates tab in the Excel file. If you are completing the form by hand, please multiply the appropriate Preschool for All rates listed on the PFA Rates tab by the corresponding number of children you are projecting to serve in FY 2017-18 and enter it in the box next to Total Requested PFA Funding Amount.

7. **Projected Enrollment Exceeds Licensed Capacity** If your total projected enrollment for FY 2017-2018, exceeds your total licensed capacity, please provide a brief explanation. If it does not, leave this table blank.
8. **Brief Explanation** If you want to provide a brief explanation for any of the information you have entered in this sheet, please provide a brief explanation. If you do not, leave this cell blank.

NOTE: The Total Annual Requested Funding Amounts are either automatically calculated in the electronic version of the form or calculated by the applicant if they are handwriting the form. Totals may be adjusted by OECE to ensure consistency with the guidelines outlined in the NOFA.

E. FCC STAFF WAGES (DO NOT COMPLETE THIS SECTION IF ONLY APPLYING FOR PRESCHOOL FOR ALL FUNDING.)

1. **Do you currently have one or more paid employees?** , Check the box “Yes” or “No.” If you checked “No” please skip to Section F.
2. If you checked “Yes” to the question above, insert the number of paid employees.
3. If you checked “Yes” to question #1 in this section, write a brief description of your FCC’s proposed hourly wage schedule for classroom staff for FY 2017-18 if awarded the funding requested through this NOFA. Please describe how education, experience, and specialized skills are factored into wage rates. (400 words maximum)
4. If you checked “Yes” to question #1 in this section, write a brief description of the health and dental benefits your agency proposes to provide for all paid staff if awarded the funding requested through this NOFA. If your FCC does not offer such benefits, please enter “None.” (200 words maximum)
5. If you checked “Yes” to question #1 in this section, write a brief description of the retirement contribution and/or benefits, if any, your FCC proposes to provide for all paid staff if awarded the funding requested through this NOFA. If your FCC does not offer such benefits, please enter “None.” (200 words maximum)
6. If you checked “Yes” to question #1 in this section, write a brief description of any other benefits or any efforts, if any, your FCC plans take to create supportive working conditions for all paid staff if awarded the funding requested through this NOFA. If your

FCC does not offer any additional benefits or is not planning any such efforts, please enter "None." (200 words maximum)

F. NARRATIVE (DO NOT COMPLETE THIS SECTION IF ONLY APPLYING FOR PRESCHOOL FOR ALL FUNDING.)

1. Write a brief description of your FCC's goals and philosophy for its ECE services, and how your FCC promotes children's healthy development. (200 words maximum)
2. Write a brief description of how funding from OECE will help your FCC make progress toward the goals and philosophy you described above in #1 of this section. (200 words maximum)
3. Enter the name of the evidence-based curricula your FCC currently uses. If your FCC developed the curricula, please briefly describe it. (200 words maximum) *Note:* An evidence-based curricula aligns with either the California Department of Education [Infant/Toddler Learning & Development Foundations](#), California Department of Education [California Preschool Curriculum Frameworks \(Volumes 1-3\)](#) (if serving preschool-age children), or the [Head Start Early Learning Outcomes Framework: Ages Birth to Five](#).
4. Enter the years of experience your FCC has using an evidenced-based curricula.
5. In the table enter the following information for your FCC:
 - a. Years of experience serving low-income families. Low-income is defined as families with incomes at or below 70% of the State Median Income. For information about the income levels, refer to Appendix C of the NOFA.
 - b. Years of experience serving homeless families. Homeless is defined as: A family in San Francisco experiencing homelessness on the streets, or a homeless family staying in other temporary settings. Some San Francisco homeless families will be staying outside of San Francisco with children in a San Francisco Unified School District or San Francisco Early Care and Education program. This definition is subject to change.
 - c. Years of experience serving families involved in the child welfare system.
 - d. Years of experience serving families that have children with identified Special Needs.
 - e. Years of experience serving low-income African American families.
 - f. Years of experience serving low-income Latino families.
 - g. Years of experience serving low-income English Language Learner families.
 - h. Years of experience serving low-moderate Income families. Low-moderate income families are defined as those who earn above 70% of the State Median Income and at or below 110% of the Area Median Income.
6. Write a brief description of any training, infrastructure, and/or partnerships that support your FCC's efforts to deliver ECE services to OECE's Target Populations. OECE's Target Populations include homeless families, families involved in the child welfare system, families that have children with identified Special Needs, low-income African American families, low-income Latino families, low-income English Language Learner families. (200 words maximum)
7. Write a brief description of your FCC's approach to family engagement. (200 words maximum)

G. CURRENT TUITION RATES

1. In the table, if applicable, insert your FCC's most recent published monthly tuition rates for infants, toddlers, and preschool-age children for full time and part-time. If you charge weekly rates, calculate your weekly rate into a monthly rate by multiplying your weekly rate times 4.3. Please use OECE's definitions of age groups: Infants are defined as children ages 0 to 2 years old, toddlers are more than 24 months to less than 36 months, and preschoolers are ages 3-5. If your FCC does not serve one of the age groups or does not offer full time or part-time, please leave those cells blank. . Also insert the maximum hours of programming available for a month with 20 days of operation for each age that corresponds to the monthly tuition listed.

H. TRANSITION FUNDING (ONLY AGENCIES APPLYING FOR TRANSITION FUNDING SHOULD COMPLETE THIS SECTION.)

1. In the table enter the following information for your FCC:
 - a. Current OECE Funding Amount in FY 2016-17 and any comments.
 - b. Projected Loss of OECE Funding in FY 2017-18 assuming Proposed ELS and PFA enrollments are fully funded and any comments
 - c. Total Transition Funding Requested for FY 17-18 and any comments. *Note: NOTE: Transition Funding is a one-time amount, which can be divided over two years. Therefore, applicants can request different amounts of transition funding to be paid in FY 17-18 and in FY 18-19. For example, if the total requested/approved Transition Funding amount is \$15,000 applicants can request \$10,000 in FY 17-18 and \$5,000 in FY 18-19.*
 - d. Total Transition Funding Requested for FY 18-19 and any comments
2. Write a brief description of how your proposed transition funding will support continuity of services for children currently enrolled during the next two fiscal years. Please also describe the population of families that would benefit from transition funding.(500 words maximum)