

San Francisco Office of Early Care and Education Notice of Funding Availability (NOFA) #747 - Early Learning Scholarship for Licensed Centers

Early Learning Scholarships - Licensed Center Application

* Required

Email address *

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

In order for your Center's submission to be considered a complete response package, your Center must submit both this online NOFA Application Form AND email a Projected Peak Enrollment Form for each site to Steve.Kim@sfgov.org AND HSARFP@sfgov.org by March 3, 2017 at 5:00 p.m. More details about the Projected Peak Enrollment Form is available in the Center NOFA Instructions document available at www.sfoece.org.

A. Agency Information

1. Center/Agency Name: *

2. Center/Agency Address & Zip Code: *

3. Federal Employer I.D. Number: *

4. Director's Name: *

5. Director Phone Number: *

6. Director Email Address: *

7. Administrative Address & Zip Code:

8. Administrative Fax Number:

9. Address where funding will be sent (if different from above):

10. Name and title of Program Contact (if different from Director):

11. Program Contact Phone Number:

12. Program Contact FAX Number:

13. Mailing address of Program Contact:

14. Program Contact Email Address:

15. Name and title of Fiscal Contact (if different from Director):

16. Fiscal Contact Phone Number:

17. Fiscal Contact FAX Number:

18. Mailing address of Fiscal Contact:

19. Fiscal Contact Email Address:

20. Name of person completing the application: *

21. Phone number of person completing the application: *

22. E-mail of the person completing the application: *

23. Organizational Status (check one) *

B. Site Information

Site #1

1. Site Name as listed on CCL license: *
2. Site Name Also Known As:
3. Site Street Address: *
4. Site Zip Code: *
5. Distance in miles to closest public transit stop. (For example, 0.4 miles) *
6. License Number: *
7. Type of License: *
8. License capacity: *
9. If the site has more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date: *

If you have more than one site, please enter information for your additional site(s) below. If not, please scroll to the end of this section.

Site #2

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #3

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop: (For example, 0.4 miles)

6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the site's second license:
10. Type of License for the Site's second license:
11. License Capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #4

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop: (For example, 0.4 miles)
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #5

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop: (For example, 0.4 miles)
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #6

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #7

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #8

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #9

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #10

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:

11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #11

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

Site #12

1. Site Name as listed on CCL license:
2. Site Name Also Known As:
3. Site Street Address:
4. Site Zip Code:
5. Distance in miles to closest public transit stop (For example, 0.4 miles):
6. License Number:
7. Type of License:
8. License capacity:
9. If you have more than one license, please provide the license number for the Site's second license:
10. Type of License for the Site's second license:
11. License capacity for the Site's second license:
12. Most Recent QRIS Score/Date:

C. Classroom Staff Wages

NOTE: Agencies only applying for Preschool For All funding DO NOT NEED TO COMPLETE THIS SECTION.

Part I: Please provide your agency's proposed lowest and highest hourly wage rates for FY 2017-18 for all classroom staff corresponding to the job roles and minimum education levels indicated in the table below if you are awarded the funding requested through this NOFA. If you are not a current CWAGES grantee, please also provide your agency's average hourly wage rate in this current fiscal year (July 1, 2016 to June 30, 2017) for each relevant job role and minimum education level. DO NOT include any non-classroom staff in your reported averages. For reference, this image shows the 7 job roles, minimum education levels, OECE's ELS Hourly Wage Minimum Guidelines (as discussed in the NOFA), and the three data points we ask about for each job role in the questions below.

Job Role	Minimum Education Level	ELS Hourly Wage Minimum Guidelines	Proposed FY 2017-18 Lowest Hourly Wage Rates (if Awarded Funding)	Proposed FY 2017-18 Highest Hourly Wage Rates (if Awarded Funding)	FY 16-17 Average Hourly Wage Rates (NOTE: Current CWAGES grantees do not need to enter this information.)
Assistant Teacher	6-11 ECE/CD units or Assistant Permit	\$14.00 or Minimum Wage			
Teacher, Co-Teacher, Head/Lead Teacher,	12-23 units or Associate Teacher Permit	\$15.78			
Teacher, Co-Teacher, Head/Lead Teacher	Teacher Permit or Unit Equivalent	\$17.53			
Teacher, Co-Teacher, Head/Lead Teacher	Master Teacher Permit or Unit Equivalent	\$19.28			
Teacher, Co-Teacher, Head/Lead Teacher	Site Supervisor Permit	\$21.04			
Teacher, Co-Teacher, Head/Lead Teacher	Program Director Permit or Unit Equivalent	\$22.79			
Site Supervisor/Assistant Director	Site Supervisor Permit	\$26.30			

Job Role #1:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #2:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #3:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #4:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #5:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #6:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):
Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):

FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Job Role #7:

Proposed FY 2017-18 Lowest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):

Proposed FY 2017-18 Highest Hourly Wage Rate for the Job Role Listed Above (if Awarded Funding):

FY 2016-17 Average Hourly Wage Rate for the Job Role Listed Above (NOTE: Current CWAGES grantees do not need to enter this information.):

Part II:

Please provide a brief description of your agency's proposed hourly wage rates for classroom staff for FY 2017-2018 if awarded the funding requested through this NOFA. Please describe how education, experience, and specialized skills are factored into wage rates. (400 words maximum)

D. Staff Benefits and Working Environment Description

NOTE: Agencies only applying for Preschool For All funding DO NOT NEED TO COMPLETE THIS SECTION.

Provide a brief description of the following types of benefits your agency proposes to provide for all classroom staff, and efforts your agency takes to create supportive working conditions for all classroom staff.

1. Classroom Staff Health and Dental Benefits. If your agency does not offer such benefits, please enter "None." (200 words maximum)

2. Classroom Staff Retirement Contribution/Benefits. If your agency does not offer such benefits, please enter "None." (200 words maximum)

3. Any other Benefits and Any Efforts to Create Supportive Working Conditions for Classroom Staff (examples include paid planning time, paid training time, education benefits, etc.). If your agency does not offer any other benefits or efforts to create supportive working conditions, please enter "None." (200 words maximum)

E. Current Funding and Tuition Rates

Part I: Please provide the amount of funding your agency currently receives from each of the following funding sources.

FY 2016-17 CDE General Child Care and Development (CCTR) Contract Amount:

FY 2016-17 CDE California State Preschool Program (CSPP) Contract Amount:

FY 2016-17 Year-to-date Local Voucher (City Child Care, ACCESS, Family and Children's Services) Funding Amount:

FY 2016-17 Year-to-date State Voucher (California Alternative Payment Program and CalWORKS) Funding Amount:

Projected FY 2016-17 Tuition/Private Payers Funding Amount:
Projected FY 2016-17 Fundraising Amount Specifically for ECE Services:
Other FY 2016-17 Funding Sources and Amounts Not Captured in the Categories Above:

Part II: Provide your most recent published monthly tuition rates, by age group. Also include the maximum number of hours of programming per month that corresponds with those rates. 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.

Infant Full-Time Monthly Tuition Rate:
Maximum Hours of Programming for Full-Time Infants for a Month with 20 days of Operation:
Infant Part-Time Monthly Tuition Rate:
Maximum Hours of Programming for Part-Time Infants for a Month with 20 days of Operation:

Toddler Full-Time Monthly Tuition Rate:
Maximum Hours of Programming for Full-Time Toddlers for a Month with 20 days of Operation:
Toddler Part-Time Monthly Tuition Rate:
Maximum Hours of Programming for Part-Time Toddlers for a Month with 20 days of Operation:

Preschool Full-Time Monthly Tuition Rate:
Maximum Hours of Programming for Full-Time Preschoolers for a Month with 20 days of Operation:
Preschool Part-Time Monthly Tuition Rate:
Maximum Hours of Programming for Part-Time Preschoolers for a Month with 20 days of Operation:

F. Narrative

NOTE: Agencies only applying for Preschool For All funding DO NOT NEED TO COMPLETE THIS SECTION.

Provide a brief description of the following aspects of your agency:

Responses to questions #1-3 will not be scored, but will provide OECE with context for each applicant. Responses to questions #4-7 will be scored.

1. Please describe your agency's goals and philosophy for providing ECE services, and how your agency promotes children's healthy development. (200 words maximum)

2. Please describe how funding from OECE will help your agency make progress toward the goals and philosophy you described above in #1 of this section. (200 words maximum)

3. Please list the name of the evidence-based curricula your agency currently uses. If the curricula was developed by your agency, please briefly describe it. (200 words maximum)

*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. Years of experience your agency has using an evidenced-based curricula*:

5. Please enter the years of experience your Center(s) has provided ECE services to low-income families (Low income is defined as having an income at or below 70% of the State Median Income.)
6. Please enter the years of experience your Center(s) has provided ECE services to Homeless families:
7. Please enter the years of experience your Center(s) has provided ECE services to families involved in the child welfare system:
8. Please enter the years of experience your Center(s) has provided ECE services to families that have children with identified Special Needs:
9. Please enter the years of experience your Center(s) has provided ECE services to low-income African American families:
10. Please enter the years of experience your Center(s) has provided ECE services to low-income Latino families:
11. Please enter the years of experience your Center(s) has provided ECE services to low-income English Language Learner families
12. Please enter the years of experience your Center(s) has provided ECE services to Low-Moderate income families (Income above 70% of the State Median Income and at or below 110% of Area Median Income):
13. Please describe any training, infrastructure, and/or partnerships that support your agency's efforts to deliver ECE services to OECE's Target Populations. (200 words maximum)

OECE's Target Population families are: low-income African American children, low income Latino children, low-income English Language Learners, families who are homeless, children at-risk of abuse and/or neglect or involved with the child welfare system, and children with identified special needs or disabilities. Low-income is defined as a family's income at or below 70% of the State Median Income (see Appendix D in the NOFA for more information).

14. Please describe your agency's approach to family engagement. (400 words maximum)

G. Transition Funding

Note: Transition funding is limited and OECE has sole discretion to determine amounts awarded. Only agencies applying for transition funding should complete this section.

Current OECE Funding Amount in FY 2016-17:

Please feel free to add comments after dollar amount is provided.

Projected Loss of OECE Funding in FY 2017-18 assuming Proposed ELS and PFA enrollments are fully funded:

Please feel free to add comments after dollar amount is provided.

Total Transition Funding Requested for FY 17-18:

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.

Total Transition Funding Requested for FY 18-19:

Please feel free to add comments after dollar amount is provided.

5. Briefly describe how this transition funding will support continuity of services for children currently enrolled during the next two fiscal years. (500 words maximum)

6. Briefly describe the populations of families that would benefit from the transition funding. (400 words maximum)

7. Briefly describe why your agency should be considered for this this transition funding. (400 words maximum)

H. Projected Peak Enrollment Form Please complete one of the two possible Projected Peak Enrollment Forms (both are Microsoft Excel spreadsheets available at www.sfoece.org) for each site for which you are requesting funding and submit them together electronically by email to Steve.Kim@sfgov.org AND HSARFP@sfgov.org. These forms will help OECE understand your agency's proposed peak enrollments in FY 2017-18, and which enrollments you are requesting OECE funding for. See the last section of the Center NOFA Application Instructions for more details about the Peak Enrollment Forms. Any Projected Peak Enrollment Forms for your Center's sites must be submitted together at the same time in one email to Steve.Kim@sfgov.org AND HSARFP@sfgov.org. In order for your Center's submission to be considered a complete response package, your Center must submit both this online NOFA Application Form AND email a Projected Peak Enrollment Form for each site to Steve.Kim@sfgov.org and HSARFP@sfgov.org by March 3, 2017 at 5:00 p.m.