# **Interagency Plan Implementation Committee (IPIC)**

# **Capital New Development Grant Application**

Completed applications accepted on a rolling basis through May 1, 2018

***Provider Information***

**Organization name:**

**Business address:** **Zip:**

**Executive Director:**

**Main Contact:**   **Title:**

**Telephone:** **Fax:**

**Web Site:** **Email:**

***Project Overview***

**Name of center / site seeking funding:**

**Project Address:**   **Zip:**

**Number of Classrooms:**   **Annual ECE Program Operating Budget:** $

**Amount of grant funding requested:** $ **Date when funds are needed:**

**Proposed indoor sq. ft. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed play yard sq. ft. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## *Population and Operations*

**Types of Services:** Full time FT (over 6.5 hours a day) Part Time PT (under 6.5 hours a day) Both FT & PT

**Hours of Operation: Opening time:**   **Closing Time:**

**Yearly operational days:**

**Facility Information:** Rent: date lease expires: Own

**Program Participation:**  SF SEED C-WAGES ACCESS/City Child Care/FCS

SFC3 (SF Child Care Connection) NAEYC Accredited PFA Funded

**Do you serve children with Special Needs?**  Yes (Number: ) No

**Is this site enrolled at the desired capacity?**  Yes No (If not, please explain)

**Complete both sections below regarding how total slots are/will be funded and total proposed capacity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Slots by Payment or Subsidy Type*** | # |  | ***Program Capacity*** | ***Licensed*** | ***Enrolled*** |
| Head Start: |  |  | Number of infant slots (0 to 18 months): |  |  |
| State Contract: |  |  | Number of toddler slots (19 to 35 months): |  |  |
| Vouchers: |  |  | Number of preschool slots (3 to 5 years): |  |  |
| Private Pay: |  |  | Number of school-age slots (5-13): |  |  |
| Other low/mod income or subsidy eligible1: |  |  | **Total number of child care slots:** |  |  |
| Preschool for All |  |  |  |  |  |

1Definition of low to moderate income: Area Median Income. (See AMI table below)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Size | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Annual Income | $101,700 | $114,150 | $126,850 | $136,950 | $147,150 | $157,250 | $167,400 |

Source: HUD Income Limit Chart 2017 (110% AMI)

## *Required Attachments*

1. Attachment A. – Detailed Project Budget completed (see attached form);
2. Attachment B. – Project Impact (see attached form)
3. A brief description of the project for which you are seeking funding;
4. Copy of child care license(s);
5. Copy of lease or deed of trust;
6. If applicable, approval from property owner for renovation or construction work to be done;
7. Proof of 501C(3) non-profit status or letter from 501C(3) fiscal sponsor (if applicable)
8. Operating budget outlining current revenue and expenses, and copies of most recent audit (2 years may be requested depending on the term of the grant)
9. Agencies new to providing early care and education are to include a business plan
10. Before photos of the areas for which you are seeking funding and appendix to projected budget
11. Site Evaluation(when applicable) – Feasibility analysis that includes physical characteristics of the property relevant to your project such as zoning, land use, building code, licensing requirements, title inspection (if taking ownership of a new site), soils, geological and environmental reports;
12. Conceptual Design(for major renovation or construction) – Site plan, floor plans, building elevations, work write-up with detailed specifications, building design summary, and preliminary estimate of probable development costs;
13. Construction timeline; and
14. 3 bids for construction costs – all bids must include Contact Information (name, address and phone number) and license or professional certification number;

Note: If application is approved, an Insurance Certificate with your agency identified as additional insured including workers compensation and professional liability insurance will be required from the Contractor.

##### Certification and Permission

I certify that the information provided in this application is true, complete and correct. I give permission to Low Income Investment Fund/Child Care Facilities Fund to share information contained in my application with the local resource and referral agencies, the Children's Council of San Francisco, Wu Yee Children's Services, Community Care Licensing, the City of San Francisco and other entities as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name |  | Title |  |

**Applications should be mailed directly to**

**Human Services Agency – Office of Contract Management**

**1650 Mission Street, Suite 300 ♦ San Francisco, CA 94103 Attn: Elizabeth Léone, GB16**

**Please direct questions to**

**Liz Winograd, Senior Program Officer, Child Care Facilities Fund**

**Phone: (415) 489-6127 ♦ ewinograd@liifund.org ♦ Fax: (415) 772-9095**

***~ Funded by the City and County of San Francisco ~***

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**Attachment A – Detailed Project Budget**

List proposed expenses

|  |  |  |
| --- | --- | --- |
| **Expense** | **Vendor** | **Cost** |
| ***Example:*** |  |  |
| Demolition | ABC contract | $10,000.00 |
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| **Expense** | **Vendor** | **Cost** |
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| Total |  |  |

Attach another Sheet of Paper if Necessary.

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**Attachment B – Project Impact**

The proposed project will meet the following objective below.

Please provide best estimates accordingly:

Applicant must increase the number of early care and education slots in the Eastern Neighborhoods area development site as identified in the grant (20% of total program slots must serve children from low/moderate income households)

\_\_\_\_\_\_\_\_\_ Number of additional infant slots that will be created

\_\_\_\_\_\_\_\_\_ Number of additional toddler slots that will be created

\_\_\_\_\_\_\_\_\_ Number of additional preschool slots that will be created

\_\_\_\_\_\_\_\_\_ Number of additional low/moderate income slots that will be created

\_\_\_\_\_\_\_\_\_ Projected % of children served in whole program from low/moderate income households

\_\_\_\_\_\_\_\_\_ Number of staff jobs that will be created

$\_\_\_\_\_\_\_\_ Total revenue that will be increased