



EARLY CHILDHOOD CHILD CARE FUND (CCDF) RENEWAL APPLICATION

INSTRUCTIONS

DUE NO LATER THAN 1:00 P.M. ON MAY 15, 2018. MAIL THE COMPLETED FORM TO EARLY LEARNING, MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102-0480 OR EMAIL TO ANGIE.KOETTING@DESE.MO.GOV.
QUESTIONS: CONTACT EARLY LEARNING AT 573-751-2095.

SECTION I – PROJECT INFORMATION

DISTRICT NAME	SITE NAME	DUNS NUMBER	COUNTY-DISTRICT CODE
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LEAD AGENCY AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE	EMAIL ADDRESS	TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE MO
		ZIP

INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES

CONTACT NAME	TITLE
ORGANIZATION/ENTITY NAME	STREET ADDRESS
CITY	STATE MO
	ZIP
EMAIL ADDRESS	TELEPHONE NUMBER
	FAX NUMBER

SECTION II – FUNDING

AMOUNT REQUESTED FOR FY19 NOT TO EXCEED AWARD AMOUNT OF FY18	AMOUNT REQUESTED \$
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SECTION III – STATEMENT OF ASSURANCES

THE APPLICATION HEREBY ASSURES DESE THAT

- A. THE SCHOOL DISTRICT WILL MAINTAIN SUCH RECORDS AND PROVIDE SUCH INFORMATION AS MAY BE NECESSARY FOR FISCAL AND PROGRAM AUDITING AND WILL PROVIDE DESE ANY INFORMATION IT MAY NEED TO CARRY OUT ITS RESPONSIBILITIES UNDER THE FEDERAL GRANT.
- B. THE SCHOOL DISTRICT WILL COMPLY WITH FEDERAL GUIDELINES FOR THIS GRANT.
- C. THE SCHOOL DISTRICT WILL USE FUNDS RECEIVED UNDER THIS GRANT ONLY TO SUPPLEMENT THE LEVEL OF FUNDS THAT IN ABSENCE OF THIS GRANT WOULD HAVE BEEN AVAILABLE FROM OTHER SOURCES AND NOT TO SUPPLANT SUCH FUNDS.
- D. FAILURE TO MEET THE REQUIREMENTS SET FORTH BY THIS GRANT WILL FORFEIT ELIGIBILITY TO RECEIVE GRANT AWARD.

THE DISTRICT, THROUGH ITS AUTHORIZED REPRESENTATIVE, FULLY UNDERSTANDS THE ASSURANCES AND THE RESPONSIBILITY FOR COMPLIANCE PLACED UPON THE ORGANIZATION BY THE ASSURANCES. THE ORGANIZATION WILL REFUND DIRECTLY TO DESE ANY UNUSED OR MISUSED FUNDS. ANY SIGNIFICANT REVISION OF THE APPROVED APPLICATION WILL BE REQUESTED IN WRITING BY THE GRANTEE PRIOR TO THE ENACTMENT OF THE CHANGE.

SIGNATURE (SUPERINTENDENT OR AUTHORIZED REPRESENTATIVE)	PRINT NAME	TITLE	DATE
SIGNATURE (COMMUNITY PARTNER – IF APPLICABLE)	PRINT NAME	TITLE	DATE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email: civilrights@dese.mo.gov.

SECTION IV – BUDGET INFORMATION

INSTRUCTIONS:

1. ALL NUMBERS **MUST** BE ROUNDED TO THE NEAREST DOLLAR. MAKE CERTAIN ALL FIGURES AND CALCULATIONS ARE CORRECT.
2. MAXIMUM GRANT AWARD IS NOT TO EXCEED THE AWARD AMOUNT IN FY18.
3. YOU MUST ATTACH AN ITEMIZED BUDGET FOR EACH CATEGORY OF FUNDS BEING REQUESTED. (ATTACHMENT A)

	6100 CERTIFICATED STAFF	6150 NONCERTIFICATED STAFF	6200 EMPLOYEE BENEFITS	6300 PURCHASED SERVICES	6400 MATERIALS & SUPPLIES	6500 CAPITAL OUTLAY	TOTAL
3512 EARLY CHILDHOOD INSTRUCTION							
4000 FACILITIES ACQUISITION & CONSTRUCTION							
GRAND TOTAL							

DESE COMMENTS - (FOR DESE USE ONLY)

SIGNATURE OF AUTHORIZED DESE OFFICIAL	FUNDS AWARDED	DATE APPROVED
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**REPLACE
THIS PAGE
WITH A COPY
OF THE
ITEMIZED BUDGET**

SECTION V – ENROLLMENT INFORMATION (ALL INFORMATION PERTAINS TO THE EARLY CHILDHOOD PROGRAM FOR WHICH THE GRANT IS INTENDED)

	INFANT/TODDLER (6 WEEKS TO 3 YEAR OLDS)	PRESCHOOL (3, 4 & 5 YEAR OLDS)
1. TOTAL NUMBER OF CHILDREN CURRENTLY BEING SERVED AT THIS SITE.		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY ARE LOW INCOME CHILDREN		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY ARE SPECIAL NEEDS CHILDREN		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY ARE HOMELESS CHILDREN		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY ARE ENGLISH LANGUAGE LEARNERS (ELL) CHILDREN		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY CHILDREN ARE RECEIVING CHILD CARE SUBSIDY		
OF THE TOTAL NUMBER OF CHILDREN BEING SERVED, HOW MANY CHILDREN QUALIFY FOR FREE PRICED AND REDUCED PRICED MEALS		

SECTION VI – PROGRAM USE OF GRANT FUNDS FOR RENEWAL YEAR

CHECK ALL THAT APPLY

- ENHANCE THE QUALITY OF CHILD CARE SERVICES
- ASSIST IN CONTINUING TO MEET LICENSING REQUIREMENTS
- ASSIST IN MEETING EARLY CHILDHOOD ACCREDITATION (MISSOURI ACCREDITATION OR NAEYC)
- MINOR REMODELING
- PURCHASE OF EQUIPMENT
- PROGRAM MATERIALS
- CURRICULUM IMPLEMENTATION AND TRAINING
- ACTIVITIES OR PURCHASES WHICH WILL INCREASE THE QUALITY OF CHILD CARE
- PROFESSIONAL DEVELOPMENT FOR PROGRAM STAFF
- OTHER (SPECIFY) _____

SECTION VII – PROGRAM INFORMATION

A. IF APPLICABLE, PROVIDE THE NAME AND ADDRESS OF THE OUTSIDE AGENCY OR ORGANIZATION (MUST BE NOT-FOR-PROFIT) THAT ADMINISTERS, OR WILL ADMINISTER THE PROGRAM. ATTACH A COPY OF THE LETTER OF AGREEMENT OR CONTRACT BETWEEN THE DISTRICT AND THE NOT-FOR-PROFIT AGENCY. (ATTACHMENT B)

CONTACT PERSON		ORGANIZATION/ENTITY NAME	
STREET ADDRESS		CITY	STATE MO
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

B. WILL THE PROGRAM BE LOCATED ON THE SCHOOL SITE YES OR NO

DISTRICT NAME			
STREET ADDRESS		CITY	STATE MO
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

C. DATE SERVICES BEGAN OR WILL BEGIN _____ / _____ / _____

D. HOURS/DAYS OF OPERATION

E. THE PROGRAM WILL BE IN SESSION DURING

CHECK ALL THAT APPLY

REGULAR SCHOOL SESSION YEAR ROUND

SCHOOL BREAKS/HOLIDAYS SUMMER (NON-SCHOOL DAYS)

F. ACCREDITING SOURCE

MISSOURI ACCREDITATION

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

G. ACCREDITING STATUS

WORKING ON INITIAL ACCREDITATION

ACCREDITED THROUGH _____ / _____ / _____

**REPLACE
THIS PAGE
WITH A COPY
OF THE
LETTER OF AGREEMENT
OR CONTRACT BETWEEN
THE DISTRICT AND
THE NOT-FOR-PROFIT**

**REPLACE
THIS PAGE
WITH A COPY
OF YOUR
CURRENT
ACCREDITATION
CERTIFICATE**

**REPLACE
THIS PAGE
WITH A COPY
OF YOUR
CURRENT
CHILD CARE
LICENSE**

SECTION VIII – PROGRAM NARRATIVE

A. DEFINE THE NEED

PROVIDE A NARRATIVE DESCRIPTION OF HOW THE CCDF GRANT WILL CONTINUE TO ENHANCE THE EARLY CHILDHOOD PROGRAM FOR THIS YEAR. INCLUDE INNOVATIVE OR CREATIVE APPROACHES OR SERVICES BEYOND THE NORMAL CHILD CARE PROGRAM, INCLUDING ENHANCEMENTS SUCH AS PARENT INVOLVEMENT, PARENT EDUCATION, INCLUSION OF CHILDREN WITH SPECIAL NEEDS, CARE FOR INFANT/TODDLER AGES, AND TEEN PARENT PROGRAMS. DESCRIBE HOW THE PROGRAM WILL MEET THE SPECIFIC NEEDS OF WORKING PARENTS WHO LIVE IN THE AREA TO BE SERVED. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE.)

SECTION VIII – PROGRAM NARRATIVE (CONTINUED)

B. COLLABORATIVE EFFORTS

LIST ALL COLLABORATIVE EFFORTS USED IN PLANNING AND IMPLEMENTING THIS PROGRAM. FULLY EXPLAIN HOW COLLABORATIVE EFFORTS WILL ENHANCE THE QUALITY OF THE PROGRAM FOR THIS YEAR. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE.)

SECTION VIII – PROGRAM NARRATIVE (CONTINUED)

C. PROGRAM GOALS AND OBJECTIVES

PRESENT A CONCISE STATEMENT DESCRIBING THE INTENDED PURPOSE, GOALS, AND OBJECTIVES FOR THIS PROGRAM YEAR. BRIEFLY STATE HOW THE GRANT FUNDS WILL BE USED TO MEET THESE GOALS AND OBJECTIVES. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE.)

Empty space for program goals and objectives.

SECTION VIII – PROGRAM NARRATIVE (CONTINUED)

D. IMPLEMENTING THE PLAN

DESCRIBE HOW THE PROGRAM WILL BE IMPLEMENTED AND INCLUDE A TIMELINE. GIVE SPECIAL ATTENTION TO COMMUNITY AND PARENT INVOLVEMENT, PUBLICITY AND RECRUITMENT. PROVIDE A SAMPLE SCHEDULE OF THE DAILY ROUTINE AND ACTIVITY CHOICES FOR CHILDREN. DEMONSTRATE TIMELINE AND EVALUATION FOR ON-GOING STAFF TRAINING AND PROFESSIONAL DEVELOPMENT. SHOW HOW THIS ENHANCES CARE AND AVAILABILITY. THE PLAN INCLUDES PROGRAM AVAILABILITY SUCH AS TO OPERATE YEAR ROUND, INCLUDING THE SUMMER MONTHS, BREAKS, HOLIDAYS (EXCEPT LEGAL HOLIDAYS), INCLEMENT WEATHER, TEACHER CONFERENCES, AND OTHER DAYS WHEN SCHOOL MIGHT NOT BE IN SESSION. **THIS SECTION ALSO NEEDS TO ADDRESS THE PLANS FOR IMPLEMENTING THE ACCREDITATION PROCESS. THE NARRATIVE NEEDS TO INCLUDE A TIMELINE OF ACTIVITIES RELATED TO THE PROGRAM WORKING TOWARD AND BECOMING ACCREDITED.** (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE.)

SECTION VIII – PROGRAM NARRATIVE (CONTINUED)

E. LONG RANGE PLANS AND EVALUATION

DESCRIBE HOW THE PROGRAM WILL BE FUNDED BEYOND THE GRANT AWARD PERIOD. INDICATE LONG-RANGE PLANS FOR FISCAL VIABILITY INCLUDING SPECIFIC SOURCES FOR FUNDS. PLEASE LIST FEE SCHEDULE AND SCHOLARSHIP GUIDELINES. DESCRIBE HOW THE PROGRAM WILL BE EVALUATED TO ENSURE HIGH QUALITY. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE.)

Empty response area for the Long Range Plans and Evaluation section.

SECTION VIII – PROGRAM NARRATIVE (CONTINUED)

F. PLANNED FACILITIES

DESCRIBE THE EXISTING PROGRAM SITE, INCLUDING DIMENSIONS, AVAILABLE EQUIPMENT, WHERE THE PROGRAM IS LOCATED IN THE BUILDING, AND ALL OTHER ROOM ACCESSED. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE, **SEE ATTACHED** IS NOT ACCEPTABLE).

**REPLACE THIS PAGE
WITH A COPY OF ALL
POSITION
DESCRIPTIONS FOR
STAFF THAT WORK
DIRECTLY WITH CHILDREN IN THE
PROGRAM, INCLUDING
MINIMUM
QUALIFICATIONS AND
EXPERIENCE REQUIRED.**

**REPLACE THIS PAGE
WITH A RESUME FOR
THE PROGRAM
ADMINISTRATOR/DIRECTOR.**