



**EARLY CHILDHOOD CHILD CARE FUND (CCDF) RENEWAL APPLICATION**

**INSTRUCTIONS**

**DUE NO LATER THAN 1:00 P.M. ON MAY 15.** EMAIL THE COMPLETED FORM TO [WEBREPLYIMPRECE@DESE.MO.GOV](mailto:WEBREPLYIMPRECE@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 <b>MO</b>
		ZIP

**INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES**

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

**SECTION II – FUNDING**

AMOUNT REQUESTED FOR FY21 NOT TO EXCEED AWARD AMOUNT OF FY20	AMOUNT REQUESTED
	\$

**SECTION III – STATEMENT OF ASSURANCES**

THE APPLICATION HEREBY ASSURES DESE OF THE FOLLOWING:

- 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

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**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 FY20.
3. YOU MUST ATTACH AN ITEMIZED BUDGET FOR EACH CATEGORY OF FUNDS BEING REQUESTED. (ATTACHMENT A)

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

**DESE COMMENTS - (FOR DESE USE ONLY)**

<b>SIGNATURE OF AUTHORIZED DESE OFFICIAL</b>	<b>FUNDS AWARDED</b>	<b>DATE APPROVED</b>
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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 (AGES 3 YEARS TO 5 YEARS)
TOTAL NUMBER OF CHILDREN BEING SERVED		
NUMBER OF CHILDREN WHO RECEIVE CHILD CARE SUBSIDY		
NUMBER OF CHILDREN WHO QUALIFY FOR FREE PRICED OR REDUCED PRICED MEALS		
NUMBER OF CHILDREN WHO ARE SPECIAL NEEDS		
NUMBER OF CHILDREN WHO ARE ENGLISH LEARNERS		
NUMBER OF CHILDREN WHO ARE HOMELESS		

**SECTION VI – PROGRAM USE OF GRANT FUNDS FOR RENEWAL YEAR**

**CHECK ALL THAT APPLY**

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

**SECTION VII – PROGRAM INFORMATION**

SITE NAME			
NAME OF CONTACT PERSON		TITLE	
STREET ADDRESS		CITY	STATE <b>MO</b>
TELEPHONE NUMBER		EMAIL ADDRESS	
DATE SERVICES BEGAN ____ / ____ / ____			
HOURS/DAYS OF OPERATION _____			
PROGRAM WILL BE OFFERED (CHECK ALL THAT APPLY)			
<input type="checkbox"/> REGULAR SCHOOL SESSION <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SCHOOL BREAKS/HOLIDAYS <input type="checkbox"/> SUMMER (NON-SCHOOL DAYS)			
REFER TO CHILD CARE LICENSE			
CHILD CARE LICENSE NUMBER _____ LICENSE CAPACITY _____ EFFECTIVE DATE THROUGH ____ / ____ / ____			
ACCREDITING SOURCE			
<input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN			
ACCREDITING STATUS			
<input type="checkbox"/> WORKING ON INITIAL ACCREDITATION <input type="checkbox"/> ACCREDITED THROUGH ____ / ____ / ____			

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

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

**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 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.)

**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.)

**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.)

**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 A 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 OPERATING 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 THE ACCREDITATION PROCESS.** (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE.)

**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.)

**F. PLANNED FACILITIES**

DESCRIBE THE EXISTING PROGRAM SITE. (ALL INFORMATION MUST BE CONTAINED WITHIN THIS SPACE).



**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.**