

## CITY OF PHILADELPHIA: CHILD CARE FACILITY FUND

### Overview

The City of Philadelphia: Child Care Facility Fund (CCFF) is operated by Public Health Management Corporation (PHMC) on behalf of the Mayor's Office of Community Empowerment and Opportunity (CEO). This initiative provides grant funds for facility renovations and technical assistance to high quality child care providers in Philadelphia seeking to improve the quality of their programs and facilities, improve their organizational business practices, and maintain licensure or certification status as defined by PA State Code and the Philadelphia City Code.

### Organizational Eligibility

- Currently licensed STAR 3 or STAR 4 operator in Philadelphia
- Long-term commitment to providing high quality child care services

### STAR 2 Eligibility

- Proof that the agency is currently receiving TA through United Way, Success by 6, or the SERK to move the site up from STAR 2 to STAR 3 within the next 12 months
- At least 65% of enrolled children that receive a subsidy
- Located in a high need area as defined by CCFF to have a shortage of high quality providers and services a high poverty population. Those areas are:
  - Castor Gardens
  - Eastwick
  - Oxford Circle
  - Southwest
  - Strawberry Mansion

### Facility Eligibility

- Minor to mid-level facility renovation project
- Not a recipient of City of Philadelphia: Child Care Facility Fund in FY17
- Provider owned property or lease in place expiring no less than 3 years from application date
- Project budget falls within the grant funding limits or proof of cash on hand for projects above grant max
- Facility must be free from city, state, federal tax liens and be current with mortgage or lease payments

### Priority Considerations for Selection

- First time City of Philadelphia: Child Care Facility Fund recipients
- Past eligible applicants not receiving funding
- STAR 4 facilities
- Facility's child care license is at risk due to facility deficiencies
- Facilities serving 50% or more children receiving subsidy (CCIS, PKC, HS, EHS, Free CACFP Status)
- Facilities offering care during non-traditional hours

**CITY OF PHILADELPHIA: CHILD CARE FACILITY FUND  
APPLICATION FOR STAR 2 COMMERCIAL CENTER AND GROUP FACILITIES**

**APPLICATION COMPONENTS**

**Section A: Primary Contact Information**

1. Name
2. Title
3. Phone
4. Email

**Section B: Agency Information**

5. Agency Name
6. Address
7. Website
8. Executive Director/Owner/CEO Name
9. Executive Director/Owner/CEO Phone
10. Legal Status (non-profit vs. for-profit)
11. EIN

**12. Attachments**

Non-profit

- a. List of Board Members
- b. Tax identification letter
- c. Signed attestation from the Board detailing their long-term commitment to providing high quality childcare in the location for which funding is requested

For-profit

- a. List of owners, including the percentage share owned by each
- b. Tax identification letter
- c. Signed attestation from Owners detailing their long-term commitment to providing high quality childcare in the location for which funding is requested

## APPLICATION COMPONENTS

### Section C: Site Information

13. Is this a multi-site agency?

a. If yes:

- i. How many sites are within the agency?
- ii. Are you applying to the Facility Fund for multiple sites?
- iii. If yes, what is the priority level do you want to assign to this site?

14. Site Name

15. Address (*see eligibility*)

16. Phone Number

17. Site MPI Number

18. STAR Level

19. Keystone STARS Specialist

20. National Accreditations

21. Site Director Name

22. Site Hours of Operation

23. Licensed Capacity

24. Current Enrollment

25. Of your current enrollment, how many children (provide number of children, not percentage):

- a. Receive Head Start State Supplemental funding?
- b. Receive Federal Head Start funding?
- c. Receive Federal Early Head Start funding?
- d. Receive CCIS funding?
- e. Qualify for Free Meals through CACFP?
- f. Total unduplicated count of children from list above:

26. Is the site owned or leased?

a. If leased:

- i. When does your current lease expire?
- ii. What are the lease provisions regarding property improvements?

b. If owned:

- iii. Are there any liens against the property?
- iv. Is property facing foreclosure?

27. Attachments

a. Proof that the agency is currently receiving TA through United Way, Success by 6, or the SERK to move the site up from STAR 2 to STAR 3 within the next 12 months.

Owned

b. Proof of ownership

c. Proof that mortgage payments are current and there are no liens on the property

Leased

d. Copy of your current lease

## APPLICATION COMPONENTS

### Section D: Financial Information

28. What are your sources of funding for this site? (check all that apply)

- Parent payments (private and copay)
- CCIS
- Federal (Head Start/Early Head Start)
- State (Pre-K Counts/Head Start Supplemental)
- City (PHL Pre-K)
- Foundation Grants
- Keystone STARS Grants
- Individual Donations and Fundraising Events
- Other (please explain)

29. Attachments

- a. Current operating budget for this site
- b. Provider's most recent financial report/review

### Section 5: Project Information

30. Please describe the facility improvement project (please attach as an additional sheet)

31. Why is this project necessary? How will this project help the facility meet/maintain high quality performance standards and/or regulations (please attach additional sheets if necessary)?

32. Will your facility be at risk for losing any of your slots if you do not receive facility improvement funding?

- a. If so, please explain why and how many slots will be at risk (please attach additional sheets if necessary).

33. Will this renovation increase your enrollment capacity?

- a. If so, please explain how and by how many slots (please attach additional sheets if necessary).

34. If the project is estimated to cost more than \$25,000 (Commercial Facility), will you be able to contribute needed funds to ensure completion?

- a. If yes, how much could you contribute?

35. Has this site previously applied for support through the Facility Fund?

- a. If yes, when?

36. Attachments

- a. Two (2) written price quotes for the requested repairs, renovations, or purchase of large appliances from contractors/renovation firms that are insured and licensed
- b. Statement of cash on hand for project match (if applicable)