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**CITY OF PHILADELPHIA: CHILD CARE FACILITY FUND**

**STAR 2 RESIDENTIAL FAMILY AND GROUP FACILITIES APPLICATION**

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| **APPLICATION COMPONENTS** |
| **Section A: Primary Contact Information** |
| 1. Name |
| 1. Title |
| 1. Phone |
| 1. Email |
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| **Section B: Agency Information** |
| 1. Agency Name |
| 1. Address |
| 1. Website |
| 1. Owner/Operator Name |
| 1. Owner/Operator Phone |
| 1. Legal Status (non-profit vs. for-profit) |
| 1. EIN |
| 1. Attachments |
| *Non-profit*   * 1. List of Board Members   2. Tax identification letter   3. 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*   1. List of owners, including the percentage share owned by each 2. Tax identification letter 3. Signed attestation from Owners detailing their long-term commitment to providing high quality childcare in the location for which funding is requested |

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| **Section C: Site Information** |
| 1. Site Name |
| 1. Address (see eligibility) |
| 1. Zip Code |
| 1. Phone Number |
| 1. Hours of Operation |
| 1. Site MPI Number |
| 1. STAR Level |
| 1. Keystone STARS Specialist |
| 1. National Accreditations |
| 1. Licensed Capacity |
| 1. Current Enrollment |
| 1. Of your current enrollment, how many children (provide number of children, not percentage): |
| * 1. Receive Head Start State Supplemental funding? |
| * 1. Receive Federal Head Start funding? |
| * 1. Receive Federal Early Head Start funding? |
| * 1. Receive CCIS funding? |
| * 1. Qualify for Free Meals through CACFP? |
| 1. Is the site owned or leased? |
| 1. If leased: |
| * + 1. When does your current lease expire? |
| * + 1. What are the lease provisions regarding property improvements? |
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| 1. If owned: |
| * + 1. Are there any liens against the property? |
| * + 1. Is property facing foreclosure? |
| 1. Attachments |
| * 1. 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*   1. Proof of ownership 2. Proof that mortgage payments are current and there are no liens on the property |
| *Leased*   1. Copy of your current lease |

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| **Section D: Financial Information** |
| * 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) |
| 1. Attachments |
| * 1. Current operating budget for this site   2. Provider's most recent financial report/review |
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| **Section 5: Project Information** |
| 1. Please describe the facility improvement project (please attach as an additional sheet) |
| 1. 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)? |
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| 1. Will your facility be at risk for losing any of your slots if you do not receive facility improvement funding?    1. If so, please explain why and how many slots will be at risk (please attach additional sheets if necessary). |
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| 1. Will this renovation increase your enrollment capacity?    1. If so, please explain how and by how many slots (please attach additional sheets if necessary). |
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| 1. If the project is estimated to cost more than $12,500 (Residential Facility), will you be able to contribute needed funds to ensure completion?    1. If yes, how much could you contribute? |
| 1. Has this site previously applied for support through the Facility Fund?    1. If yes, when? |
| 1. Attachments |
| * 1. Two (2) written price quotes for the requested repairs, renovations, or purchase of large appliances from contractors/renovation firms that are insured and licensed   2. Statement of cash on hand for project match (if applicable) |