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

**APPLICATION FOR STAR 2, 3 & 4 CHILD CARE FACILITIES**

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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. Executive Director/Owner/CEO Name |
| 1. Executive Director/Owner/CEO 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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| **APPLICATION COMPONENTS** |
| **Section C: Site Information** |
| 1. Facility Type (Residential/Commercial) |
| 1. Is this a multi-site agency? |
| 1. If yes: |
| 1. How many sites are within the agency? |
| 1. Are you applying to the Facilities Fund for multiple sites? |
| 1. If yes, what is the priority level do you want to assign to this site? |
| 1. Site Name |
| 1. Address |
| 1. Phone Number |
| 1. Site MPI Number |
| 1. STAR Level |
| 1. Keystone STARS Quality Coach |
| 1. National Accreditations |
| 1. Site Director Name |
| 1. Site Hours of Operation |
| 1. Licensed Capacity |
| 1. Current Enrollment:   Infants –  Toddlers –  Preschool –  **Total –** |
| 1. Of your current enrollment, how many children (provide number of children, not percentage): |
| * 1. Receive Head Start State funding? |
| * 1. Receive Early Head Start funding?   2. Receive PreK Counts funding?   3. Receive PHLpreK funding? |
| * 1. Receive CCIS funding? |
| * 1. Qualify for Free Meals through CACFP? |
| * 1. **Total unduplicated count of children from list above:** |
| 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 City of Philadelphia tax delinquencies against the property? |
| * + 1. Is the property facing foreclosure? |
| 1. Attachments | |
| a. Current Certificate of Compliance  b. Proof that the site is currently receiving TA through the ELRC to move the site up from STAR 2 to STAR 3 within the next 12 months or participating in a quality improvement initiative, such as EQUIP (*if STAR 2)*  *Owned*   * 1. Proof of ownership   2. Proof that mortgage payments are current and there are no tax liens on the property | |
| *Leased*   * 1. Copy of your current lease   2. Written landlord approval for renovation (if applicable) | |

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| **Section D: Financial Information** |
| 1. 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 (Current PHL PreK provider) * City (Prospective PHL PreK provider – received prequalified letter for FY22) * Foundation Grants * Keystone STARS Grants * Individual Donations and Fundraising Events * Other (please explain) |
| 1. Attachments |
| * 1. Current operating budget for this site   2. Agency's most recent audited financial statements (or financial report if no audit is available, Schedule C for FCCH provider) |

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| **APPLICATION COMPONENTS** |
| **Section E: Project Information** |
| 1. Please describe the facility improvement project, detail the costs and anticipated time it will take to complete once started (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, maintain best practices in health and safety protocols, and/or regulations (please attach additional sheets if necessary)? |
| 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). |
| 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). |
| 1. If the project is estimated to cost more than $25,000 (Commercial Facility) or $12,500 (Residential Facility), will you be able to contribute needed funds to ensure completion?    1. If yes, how much can you contribute? |
| 1. Has this site previously received for support through the Facilities Fund?    1. If yes, when? |
| 1. Attachments |
| * 1. Completed CCFF Project Budget Template   2. Two (2) comparable written price quotes for the requested repairs, renovations, or purchase of large appliances from contractors/renovation firms that are insured and licensed in Philadelphia   3. List of permit(s) required for the requested renovation (*if applicable*)   4. City of Philadelphia Contractor License for the selected contractor(s)   5. Statement of cash on hand for project match *(if applicable)* |