

ECHO Orleans Facilities Fund Pilot Grant Application

Background Information

Please answer the following questions about the applicant and the applicant's business.

Applicant Contact Information:*

First Name:: _____

Last Name:: _____

Center Name:: _____

Job Title:: _____

Phone Number:: _____

Email Address:: _____

Applicant Address:*

Address Line 1:: _____

Address Line 2:: _____

Program City:: _____

Program Zip:: _____

In what parish is your program located?*

Only sites located in Orleans Parish are eligible for this grant.

Assumption

Jefferson

Lafourche

- Orleans
- Plaquemines
- St. Bernard
- St. Charles
- St. James
- St. John
- St. Tammany
- Terrebonne
- Washington

Please select your provider category:*

Only Type III Child Care Centers and Family Child Care Centers are eligible for this grant. If you operate a Type III Center that is affiliated with a school-based program, please select Type III Center.

- Child Care Center (Type I or Type II)
- Child Care Center (Type III)
- Family Child Care Center
- Public School
- Nonpublic School

License Number:* **(LOGIC – TYPE III PROVIDERS ONLY)**

How long has your program been in operation?*

Please provide a center summary. In your response, please include who founded your center, how it started, and the center's philosophy/values regarding serving children.*

How long have you been in your current role?*

Are you of Hispanic, Latino, or Spanish Origin?*

Yes

No

How do you identify?*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multiracial

Other - Write In: _____

What is your gender?*

Male

- Female
- Non-binary
- Other - Write In: _____
- Prefer not to say

Please select and list any programs you have participated in that have supported your development as a business owner or leader in the early learning space. This could include business development programs, incubators or other business-related programs which have supported your business growth.*

- Business coaching from For Providers By Providers
- 10,000 Small Businesses by Goldman Sach
- GoodWork Network (now GoBe)
- Propeller
- Idea Village
- SBA
- Agenda for Children's small business pilot
- LELA Fellowship
- NAC credential
- Other - Write In: _____
- None of the above

Is your program currently open and operating?*

- Yes
- No

Grant Request

For which grant are you applying?*

Seed Grants for Type III Centers licensed to serve fewer than 50 children and Family Child Care Centers (Up to \$20K)

Grow Grants for Type III Centers (currently serve less than 50 children that demonstrate a plan to expand to at least 50 seats and centers currently licensed to serve at least 50 children - Up to \$50k)

How will you use grant funds?*

In 500 characters or less, tell us how you plan to use the funds. Are you applying for play equipment (what kind, for what age?), safety improvements (ramps, exit signage), ADA-compliant upgrades (what kind? why?) credentialing, or professional development? Other? Be as specific as possible.

What is your planned budget?*

Please provide an estimate of the cost of each of the item/services that you plan to use the funds to purchase.

	Description (Items/Purpose)	Amount (\$)
Cosmetic and Minor Structural Improvements	_____ _____ _____	_____ _____ _____
Accessibility Improvements	_____ _____ _____	_____ _____ _____
Furniture and Fixtures	_____ _____ _____	_____ _____ _____
Safety Improvements	_____ _____ _____	_____ _____ _____
Signage	_____ _____ _____	_____ _____ _____
Play Equipment	_____ _____ _____	_____ _____ _____

How will these funds help to support your business?*

What are your current operational challenges, what are your goals for your business now and in the future, and how will this money help you get to your goal?

If applying for cosmetic or minor structural improvements, please provide a copy of a deed, mortgage, or documentation from the landlord that improvements are allowable for the center.

Optional: Please share information about any challenges you've experienced in trying to open a program, expand your current program, or make improvements.

We are asking this information solely to inform our future technical assistance, grant programs and partnerships. Sharing information about your challenges will help us to make sure that future opportunities meet community needs and set everyone up for success.

Your answer to this question will not be used to evaluate your grant application in any way.

Center Information

The following questions are about your center. You will need your staffing chart, seat chart, and hiring plans to answer the questions.

Center Information:*

Center Name:: _____

Address Line 1:: _____

Address Line 2:: _____

Program City:: _____

Program Zip:: _____

How many locations do you currently operate?* (LOGIC – TYPE III PROVIDERS ONLY)

Have you previously expanded to a second facility?*

Yes

No

Other - Write In: _____

How many total positions does your center have?*

Please include all positions in your reported number, regardless of whether or not someone is currently employed within the position or the position is vacant.

What is your your averaged employee salary calculated hourly?*

How many positions are currently vacant?*

Do you plan to hire any employees in the next year?*

Yes

No

How many employees do you plan to hire in the next year?* (LOGIC – QUESTIONS ONLY FOR PROVIDERS WHO SELECT THEY ARE HIRING EMPLOYEES IN THE NEXT YEAR)

How many of these new employees will be in new positions?* (LOGIC – QUESTIONS ONLY FOR PROVIDERS WHO SELECT THEY ARE HIRING EMPLOYEES IN THE NEXT YEAR)

How many of these new employees will be entering currently-unfilled positions?* (LOGIC – QUESTIONS ONLY FOR PROVIDERS WHO SELECT THEY ARE HIRING EMPLOYEES IN THE NEXT YEAR)

What is your licensed capacity?* (LOGIC – TYPE III PROVIDERS ONLY)

How many children does your site currently serve?*

Did you complete the October 1st 2022 Child Count through NOEEN?*

Yes

No

Please provide a count of your enrolled by funding source children below:*
(LOGIC – ONLY FOR PROVIDERS WHO DID NOT COMPLETE CHILD COUNT)

	Publicly-Funded	Private Pay
Infants		
One-Year-Olds		
Two-Year-Olds		
Three-Year-Olds		
Four-Year-Olds		

Please provide a count of your enrolled children by demographics below:* **(LOGIC – ONLY FOR PROVIDERS WHO DID NOT COMPLETE CHILD COUNT)**

	Asian	Black /African-American	White/Caucasian Non-Hispanic	Hispanic	Pacific Islander	Indigenous/ Native-American	Multiracial	Other/Not Listed
Infants								
1s								
2s								
3s								
4s								

How many vacancies do you have by age configuration?*

_____ Infants

_____ One-Year-Olds

_____ Two-Year-Olds

_____ Three-Year-Olds

_____ Four-Year-Olds

Are any of these vacant seats actively in the process of being filled? If so, how many?*

_____ Infants

_____ One-Year-Olds

_____ Two-Year-Olds

_____ Three-Year-Olds

_____ Four-Year-Olds

Do you currently serve or plan to serve English Language Learners, families needing nontraditional hour care or children with disabilities?*

Yes

No

What services do currently offer or plan to offer?* **(LOGIC – ONLY FOR PROVIDERS WHO SELECT YES TO THE PREVIOUS QUESTION)**

Financial Information

We understand that sharing financial information with third parties can be concerning. The purpose of the following questions is to better understand your financial picture so that we can ensure we are providing the right services to support your growth and sustainability. The only people who will have access to your financial information are the Agenda staff and the team who will be reviewing and scoring applications. Your financial information will not be used for any purpose beyond this application. If you do not have a profit-loss statement or balance sheet, please provide the 6 most recent bank statements from your business banking account.

What was your revenue in 2021?*

What were your expenses in 2021?*

Please provide the dates of your fiscal year.*

Fiscal Year Begins (MM/DD/YYYY)::

Fiscal Year Ends (MM/DD/YYYY)::

What is your revenue year-to-date (as of 11/30/22)?*

What are your expenses year-to-date (as of 11/30/22)?*

If you are currently operating at a loss (expenses are greater than your revenue) please provide an explanation.

Attach your profit and loss statement for 2021 and your year-to-date here. If you do not have a profit and loss statement, please provide the last 6 months of statements from your business bank account.*

Financial Documentation

54) Please download, complete, and upload a W-9 form for your site. You can download this form by [clicking here](#). Upload this file by clicking "Browse" below.*

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55) If you wish to receive funds via Direct Deposit, please download, complete, and upload a Direct Deposit form for your site, You can download this form by [clicking here](#). Upload this file by clicking "Browse" below.

If you do not complete this form, you will be sent a check to the address provided in your application.

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