

Fall 2022 Orleans ECHO Fund Seat Augmentation for Children with Disabilities Grant Application

Verification of Eligibility

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 with Academic Approval are eligible for this grant.

- Child Care Center (Type I or Type II)
- Child Care Center (Type III)
- Family Child Care Center without Academic Approval
- Family Child Care Center with Academic Approval
- Public School

Nonpublic School

License Number (LOGIC – TYPE IIIs ONLY):*

Is your program currently open and operating?*

Yes

No

Site Information

Program Name:*

Program Website or Facebook:

Total Enrollment:*

Number of Publicly-Funded Enrolled:*

Program Contact Information:*

Address Line 1:: _____

Address Line 2:: _____

Program City:: _____

Program Zip:: _____

Program Phone:: _____

Applicant Contact Information:*

Title: _____

First Name: _____

Last Name: _____

Applicant Phone:: _____

Applicant Email:: _____

Please select all funding sources your site receives below:*

B-3

CCAP

City Seats

Early Head Start/Head Start

LA4

NSECD

Tuition

Other - Write In: _____

None of the Above

What methods of financial assistance has your site received?*

LaCAP Grants

- Main Street Grants
- ECHO Grants
- Other - Write In: _____
- None of the Above

Please select any of the following partnerships from which your site has previously received or currently receives resources for children with disabilities.*

Resources may include material resources, such as toys or specialized equipment, as well as technical assistance, coaching, group workshops and direct provision of specialized services, such as speech therapy.

- Archdiocese
- Early Head Start
- Head Start
- NOLA-PS
- EarlySteps
- Child Find
- TIKES at Tulane
- Other - Write In: _____
- None of the Above

Please describe the resources for children with disabilities you receive from the identified partnerships.* (LOGIC – ONLY FOR THOSE WHO SELECTED THEY RECEIVE RESOURCES)

Grant Request

Describe the needs of the child/children to be addressed by this grant. *Do not include personal identifiable information in your response.**

Please select the category that best applies to the child/children described.*

- Exceptional physical or medical needs
- Exceptional cognitive needs
- Exceptional behavioral or emotional needs
- Other - Write In: _____
- None of the above

**Are you applying for this grant to support a child/children that have needs not covered in the categories above? If so, please provide additional information.*
(LOGIC – ONLY FOR THOSE WHO SELECTED –OTHER – WRITE IN OR NONE OF THE ABOVE IN PREVIOUS QUESTION)**

Does the child/children described have designated IEPs and/or IFSPs?*

- Yes
- No

- () Some do, some do not
- () In progress
- () Other - Write In (Required): _____ *

What steps have been taken to address the needs of the child/children described to date?

Please include any community partnerships leveraged to address the needs of the child/children described.

Please provide any supporting documentation to help verify the needs of the child/children described, if possible. *All personal identifiable information must be redacted from documentation submitted.*

Grant Request Amount:*

Sites may request between \$1,000 and \$20,000

Describe your grant request. In your response, please outline any gaps between the resources your site has available (including external partnerships) and the needs of the child/children described.*

Example: "The TIKES team recommended we offer a quiet space in the classroom with sensory materials and fidgets for a child with sensory sensitivities, but we currently don't have the resources to purchase needed materials."

"The child's medical provider has recommended that a child receive at least two hours of occupational therapy each week, but they are only eligible for 30 minutes per week of OT from the school district, so we will use the funding to pay for additional therapy."

Grant requests must be no fewer than 100 words.

Select which grant categories/priorities you intend to use the grant money for.*

Select all that apply.

- Professional development related to serving children with special needs
- Part-time staff/teacher(s) to provide extra classroom support
- Materials and equipment (ex. special needs chairs, sensory materials, ramps)
- Technical assistance
- Reimbursements for services paid for by program since July 1, 2022 or to close expense gap on future services (i.e. prior to July 1, 2023)
- Evaluation services
- Other - Write In (Required): _____ *

Please provide a proposed breakdown of funding, if awarded.*

- _____ Professional development related to serving children with special needs
- _____ Part-time staff/teacher to provide extra classroom support
- _____ Materials and equipment (ex. special needs chairs, sensory materials, ramps)
- _____ Technical assistance
- _____ Reimbursements for services paid for by program since July 1, 2022 or to close expense gap on future services (i.e. prior to July 1, 2023)
- _____ Evaluation services
- _____ Other

Please provide any supporting information regarding your proposed breakdown of funding (quotes, links to materials desired, etc.).*

Example: "We have made a wish list on Amazon of the materials needed, linked here."

"We have a quote from an occupational therapy provider confirming the amount needed for services, linked here."

How will these grant funds, if awarded, meet the specific needs of the child/children described?*

What steps have you taken to ensure the proposed expenses are appropriate to address the needs of the child/children described and are aligned with the least restrictive environment in accordance IDEA laws?*

Example: "We have consulted with the child's family and medical provider, as well as TIKES, to ensure the materials requested are most appropriate for the child."

What is your proposed plan and timeline for implementation of resources secured by grant funds, if awarded?*

Example: "Once materials are received, it will take our team approximately two weeks to implement their use through setting up classroom space and training our teachers on their use."

"An occupational therapy provider will be available to begin supporting the child at our site by March 1st, 2023."

Does your grant request have the potential to benefit future children?*

What challenges do you anticipate in utilizing this funding, if awarded?*

What is the minimum amount required to meet your grant request as outlined?*

If you were to receive an amount that is less than your grant request, would you still be able to utilize the funding? If so, how?*

How many people will be impacted by the grant?*

The number of people reached is used only for our internal grant reporting purposes and your answers here will not impact whether you receive this grant or how large your grant is.

Number of teachers impacted:: _____

Number of children impacted:: _____

Is there any additional information you would like to provide our review team not covered by the questions included in this application?

Financial Documentation

Should you be awarded this grant, our team will need the following information to release funding to your site. Please complete the following paperwork so that our team can distribute funds in a timely manner.

- [W-9](#)
- [Direct Deposit Form](#)

38) 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.*

39) Please download, complete, and upload a Direct Deposit form for your site, if you wish to receive funds via Direct Deposit. 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.