

# Spring 2023 Orleans Parish ECHO Fund Workforce Grant Application

Welcome!

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## Overview of the ECHO Fund

The Early Childhood Opportunity Fund (ECHO) Fund is Agenda for Children's innovative grant program that seeks to increase access to high-quality early care and education for children from birth through age four by directly funding the needs of early childhood programs.

The ECHO Fund supports early learning programs in our region by investing in increased access, ingenuity, and quality for our youngest learners. Since the fund's inception in 2018, Agenda for Children has distributed over 1,000 grants amounting in over \$5.7M.

## Grant Summary

The Spring 2023 Orleans Parish ECHO Fund Workforce Grant, made possible through Louisiana Department of Education (LDOE) Community Supply Building and Access Expansion (CSBAE), Transform, and Believe! funding, intends to support Family Child Care (FCC) Providers with Academic Approval, Type III early care and education (ECE) programs with a valid license, and school-based pre-k programs that receive LA4 and/or NSECD funding through direct, one-time grants. Grants are designed to support New Orleans early learning programs who are open with children enrolled as of April 1, 2023 in providing innovative workforce incentives to their classroom educators.

More information is available on Agenda for Children's website.

## Grant Timeline

- *April 28th, 2023: LAUNCH*

- *May 12th, 2023: APPLICATION DEADLINE*
- *June 2nd, 2023: AWARD NOTIFICATION*

**The application is split into the following sections:**

<b>Section I - VERIFICATION OF ELIGIBILITY</b>	This section is designed to ensure the applicant is eligible.
<b>Section II - SITE INFORMATION</b>	This section is designed for the applicant to provide basic background information including address and funding streams received.
<b>Section III - APPROXIMATE GRANT AMOUNT</b>	This section provides additional information on approximate grant amounts based on classrooms.
<b>Section IV - GRANT REQUEST INFORMATION</b>	This section is designed to understand what the applicant is applying for and why. Applicants should be prepared to describe how they will use the grant with specific supporting documentation and potential benefits.
<b>Section V - FINANCIAL DOCUMENTATION</b>	Applicants will provide a completed W-9 (required) and a Direct Deposit Form (optional).
<b>Section VI - ASSURANCES</b>	Applicants will complete an agreement regarding their application and award receipt.
<b>Section VII - FEEDBACK (OPTIONAL)</b>	Applicants will provide feedback on their application experience.

**Application Notes**

Applicants may save their application progress to be resumed later by utilizing the "Save and continue later" function on the top right corner of the application. Applicants can view application questions in full by viewing the PDF here. Applications are only accepted via this online portal. Applications will not be accepted via email.

Application support is available via email at [ECHOfund@agendaforchildren.org](mailto:ECHOfund@agendaforchildren.org). Support is available during our regularly scheduled hours of operation (M-F, 8:30 AM - 5:00 PM).

Applicants are highly encouraged to review the grant rubric to understand how grant determinations will be made before completing their application.

## Verification of Eligibility

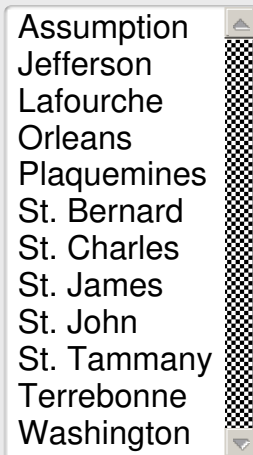
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### Page description:

**Please provide information on your site's status below.**

#### 1. In which parish is your program located? \*

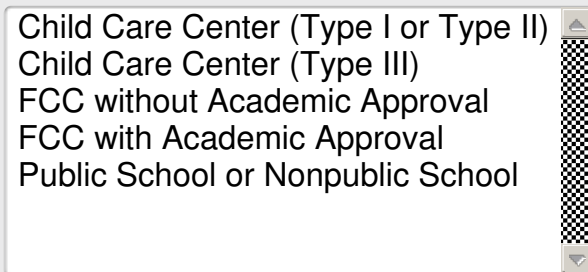
*Only sites located in Orleans Parish are eligible for this grant.*



A dropdown menu with a list of parishes: Assumption, Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Tammany, Terrebonne, and Washington. The menu is currently open, showing the list.

#### 2. Please select your provider category: \*

*Only the following provider types are eligible for this grant: Type III Centers, FCCs with Academic Approval, and School-based Pre-K programs that receive LA4 or NSECD.*



A dropdown menu with a list of provider categories: Child Care Center (Type I or Type II), Child Care Center (Type III), FCC without Academic Approval, FCC with Academic Approval, and Public School or Nonpublic School. The menu is currently open, showing the list.

#### 3. Does your site receive LA4 and/or NSECD funding? \*

- Yes
- No

4. License Number: \*

5. Site Code: \*

6. Is your program currently open and operating? \*

Yes

No

7. What date did your site close? \*

8. What date do you anticipate reopening? \*

9. Why is your site closed? Please provide as much detail as possible. \*

**Page description:**

**Please provide basic background information for your site below.**

**10. Site Name: \***

**11. Site Address: \***

Address Line

1:

Address Line

2:

City:

Zip:

**12. Applicant Contact Information: \***

First  
Name:

Last  
Name:

Job Title:

Phone  
Number:

Email  
Address:

13. Program Website or Facebook:

14. Number of Classrooms in the Early Childhood Portal on April 15, 2023:\*

*Please note that for school-based pre-K providers only, only classrooms that receive LA4 and/or NSECD funding are eligible. Classrooms that do not receive these funding streams should not be included in this count for these providers.*

15. Please select all funding sources your site receives below: \*

- B-3
- CCAP
- City Seats
- Early Head Start/Head Start
- LA4
- NSECD
- Title I
- Private Pay/Tuition
- Other - Write In

- None of the Above

**The ECHO Fund Spring 2023 Workforce Grant will provide grants of approximately \$800 per eligible classroom that is open in the EC Portal as of April 15, 2023.**

Programs can apply for grants that will support expenses that will directly benefit and incentivize early learning program educators, including, but not limited to:

- start-up costs for expanding or offering new benefits to educators, such as 401k accounts, life insurance, flexible spending accounts, etc.
- employer match contributions to educator 401k accounts
- transportation vouchers for educator travel to and from work
- child care vouchers or scholarships for educators' children
- conference attendance

Grant funds may be used to offer one-time bonuses, though we encourage programs to prioritize innovative ideas that will yield long-term benefits.

**Applicants should note that this grant may not be used for anything that does not directly and solely benefit classroom educators.**

**Please provide supporting information for your request below.**

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

- Transportation vouchers for educator travel to and from work
- Child care vouchers or scholarships for the educator's children
- Conference attendance
- Start-up costs for offering new benefits to educators, such as 401k accounts, life insurance, flexible spending accounts, etc.
- Employer match contributions to educator 401k accounts
- One-time bonuses, stipends, or other supplemental pay
- Other - Write In

17. Describe your grant request: \*



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

Please provide an estimate of the cost of **each of the item/services** that you plan to use the funds to purchase. **Applicants should provide as much detail as possible.**

	Description (Items/Purpose)	Amount (\$)
Transportation vouchers for educator travel to and from work	<input type="text"/>	<input type="text"/>
Child care vouchers or scholarships for the educator's children	<input type="text"/>	<input type="text"/>
Conference attendance	<input type="text"/>	<input type="text"/>
Start-up costs for offering new benefits to educators, such as 401k accounts, life insurance, flexible spending accounts, etc.	<input type="text"/>	<input type="text"/>
Employer match contributions to educator 401k accounts	<input type="text"/>	<input type="text"/>
One-time bonuses, stipends, or other supplemental pay	<input type="text"/>	<input type="text"/>
Other (Please include details in description)	<input type="text"/>	<input type="text"/>

19. Please provide any supporting information/documentation from regarding your proposed breakdown of funding, such as quotes from partnering organizations or proof of existing benefits amounts.

Browse...

20. Please outline the steps required to utilize these grant funds.\*

*Please include information such as purchases needed, timeline for distribution, trainings or orientations required, etc.*

21. By when do you anticipate your staff will have received the benefits of the use of grant funds as described in your application? \*

22. How many people will be impacted by the grant?\*

Number of teachers  
impacted:

23. How will the proposed incentives funded by this grant benefit your educators? \*

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

## Financial Documentation

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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.**

25. 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. \*

Browse...

26. 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.

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## Assurances

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Page description:

**Please sign the assurances below.**

27. By signing below, I am verifying that:

- All of the information I have provided is truthful and accurate.
- If awarded this grant, I agree to complete the close-out grant reporting requirements, which includes providing receipts, scans of checks, and potentially photographs to document my expenses within the timeframe requested.
- I understand that, if awarded this grant, I can only use funds for the requested and approved items.

\*

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Sign name using mouse or touch pad

Signature of

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## Application Feedback (Optional)

Page description:

**Please provide our team with feedback on your application experience so we can continue to improve.**

28. How long did it take you to complete this application?

29. Are there any parts of the application that you found challenging or difficult?

30. Did you find the information provided prior to filling out this application to be useful?

31. What suggestions do you have for our team to improve the application experience?

**Thank You!**

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**Thank you for submitting your application. You will receive a confirmation email with a copy of your submission. Our team will be in touch regarding our award determinations.**