



October 22, 2009

Dear Family Child Care Provider,

We are pleased to inform you of a new opportunity to enhance your family child care home. Washington County Child Care Foundation and Delaware Child Development are now taking applications for the Family Child Care Quality Enhancement & Establishment of Networks (QUEEN) grants. These \$500.00 grants that will be awarded to family child care home providers who meet eligibility requirements and agree to participate in the formation of local associations of family child care providers. The grant project includes providers from Kay, Lincoln, Logan, Noble, Nowata, Osage, Payne, Pawnee and Washington counties.

Attached you will find the application form for the grant. Providers who live in areas of existing associations are eligible as well as those who live in areas where there are no family child care home associations. Grant applications **must** be completed in their entirety and participating providers **must** be in active status with no major non-compliances or substantiated complaints in the past year. Applications **must** be postmarked no later than **Monday, November 30, 2009** in order to be considered for award.

Local Resource & Referral Specialists will be holding informational meetings to discuss the new grants in each county as follows:

- **Kay County** - Tuesday Nov 10th, Delaware Child Development, 121 E. Grand, Ponca City, 6:00 - 7:30 p.m.
- **Lincoln County** - Thursday, Nov. 12th, (call for location), 6:30 - 8:00 p.m.
- **Logan County** - Tuesday, Nov 10th, (call for location), 6:30 - 8:00 p.m.
- **Noble County** - Saturday, Nov. 7th, Perry Library, 9:15 - 10:45 p.m.
- **Nowata County** - Thursday, Nov. 12th, Nowata Public Library, 6:30 - 7:30 p.m.
- **Osage County** - Saturday, Nov. 14th, Pawhuska Library, 1:00 - 2:00 p.m.
- **Pawnee County** - Saturday, Nov. 7th, Pawnee Library (tentative - call to confirm), 12:00 - 1:30 p.m.
Saturday, Nov 7th, Cleveland Library, 2:30 - 4:00 p.m.
- **Payne County** - Thursday, Nov. 5th, (call for location), 6:30 - 8:00 p.m.
- **Washington County** - Saturday, Nov 14th, Delaware Child Dev. Training Center, Bartlesville, 10 - 11 a.m.

If you are interested in obtaining a grant for your family child care home, it will be very advantageous for you to attend the information meeting in your area. Your specialist will explain the process, requirements and be available to answer any questions you may have at that time. We look forward to working with many of you on this exciting endeavor!

Sincerely,

Debra Gibson, Coordinator, 918-337-6524
Delaware Child Development

Kay, Noble & Pawnee: Janet Lewis, 918-337-6520
Lincoln, Logan & Payne: Pam Davis, 918-337-6522
Nowata, Osage & Washington: Serenity Keeling, 918-337-6513



**Washington County Child Care Foundation
Delaware Child Development
Family Child Care Quality Enhancement & Establishment of Networks (QUEEN)
Grant Application**

Notice to Applicant: In order to qualify for this grant, you must be a licensed family child care home provider in active status and with no major non-compliances or substantiated complaints with the last year. Failure to comply with terms of grant may result in return of items and/or monies awarded.

APPLICATION INSTRUCTIONS:

- Read entire application before proceeding.
- Verify that you meet all eligibility requirement listed on page 3.
- This application must not be re-typed or altered.
- Application **MUST** be mailed (no faxes or emails).
- Please type or print legibly.
- Complete **ALL** sections of the application.
- Use the enclosed checklist to ensure that your application is complete.

Mail completed application to:

**Delaware Child Development
Resource & Referral
Attn: Provider Network Grant Application
5110 Tuxedo Blvd.
Bartlesville, OK 74006**

Phone: 918-337-6500

**APPLICATION MUST BE MAILED AND POSTMARKED
NO LATER THAN MONDAY, NOVEMBER 30, 2009.**

Applications postmarked after this date will not be accepted

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED. NO EXCEPTIONS.
AWARDEES WILL BE NOTIFIED BY MAIL NO LATER THAN MONDAY, January 11th.**



Washington County Child Care Foundation
Delaware Child Development
Family Child Care Quality Enhancement & Establishment of Networks
(QUEEN) Grant Application

GRANT APPLICATION CHECKLIST

Initial box:

- Eligibility Agreement
- Implementation Agreement
- Applicant Information Sheet
- Enhancement Description
- Enhancement Budget
- Copy of DHS Licensure

- I have enclosed all information required.**
- I confirm that I have read and meet eligibility requirements.**
- I understand that my application will not be accepted if my application is incorrect or incomplete.**

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____

R&R Coordinator Signature _____ Date _____

Executive Director's Signature _____ Date _____



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ELIGIBILITY REQUIREMENTS

- ◇ Applicant must be a DHS permitted or licensed Family Child Care Home
- ◇ Applicant must have been in business for at least one year.
- ◇ Applicant must be in active status for one year prior, during & for at least one year after the grant is awarded.
- ◇ Applicant must have no major non-compliances or substantiated complaints within the last year. Applicant agrees to enhanced technical assistance if any major non-compliances or substantiated complaints occur within one year after the grant is awarded.
- ◇ Applicant must have at least three (3) children enrolled and attending who do not live in the home during the application period and for one year following award of grant.
- ◇ Applicant must live within the Delaware Child Development Resource and Referral Service Delivery Area (Kay, Lincoln, Logan, Noble, Nowata, Osage, Pawnee, Payne or Washington county).
- ◇ Applicant must be open a minimum of nine (9) hours per day. (One year prior to application and for at least one year after award)
- ◇ Applicant must be open 12 months of the year. (One year prior to application and for at least one year after award)

Eligible Requests

Eligible items for request include, but are not limited to:

1. Resources, equipment etc for Outdoor Learning Environment improvement
2. Resources, equipment etc for enhancement of Child Growth & Development
3. Resources, equipment etc for improvement of services to children with Special Needs
4. Resources, equipment etc for expansion of services

**ALL ITEMS ARE SUBJECT TO COMMITTEE APPROVAL AND
MUST BE USED SOLELY FOR CHILD CARE PURPOSES.**

Non-Eligible Requests

1. Remodeling, home improvement or cosmetic projects
2. Caregiver salaries, bonuses, school tuition, etc
3. Operating expenses (business supplies, gas, advertising, etc.)
4. Daily consumables (diapers, food, etc)
5. Items which restrict child mobility (indoor infant swings, walkers, playpens, etc.)
6. Materials for Special events
7. Arts/crafts/activity supplies in excess of 10% of grant allocations

I hereby confirm that I have read and agree to all of the above eligibility requirements.

Provider Signature _____ **Date** _____



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GRANT IMPLEMENTATION AGREEMENT

Grant applications must be sent by hard copy per mail and must be postmarked no later than Monday, November 30, 2009. Late and/or incomplete applications will not be accepted. Awardees will be notified by mail no later than Monday, January 11th. Dispersement information will be included in the letter of notification. Grant awards up to the amount of \$500.00 will be given to selected applicants.

UNDERSTANDING

The Family Child Care Quality Enhancement & Establishment of Networks (QUEEN) Grants were created in order to accomplish two major goals:

1. **Establish Family Child Care Home Networks**
2. **Enhance & Sustain the Quality of Care in Family Child Care Homes**

In order to accomplish these goals, expectations of both providers and Delaware Child Development have been established as follows:

Initial Below:

Provider Expectations

- _____ I agree to fulfill all eligibility requirements set forth in this grant application
- _____ I agree to complete an assessment of my application with my R&R Specialist
- _____ I agree to complete a Professional Development Plan with my R&R Specialist and work with her to show progress towards my goals
- _____ I agree to visit with my R&R Specialist weekly per phone or email and meet with her in my home monthly
- _____ I agree to attend at least ten (10) local/regional network meetings or 80% of network meetings available within one year of receiving grant funding
- _____ I agree to turn in receipts of all grant purchases **within one week of purchase.**
- _____ I agree to use any and all monies obtained from this grant SOLELY for the items and purposes outlined in this contract to the betterment of childcare

Resource & Referral Expectations

- Assist grantee in completing and reviewing an assessment of the grant application
- Assist grantee in completion and implementation of Professional Development Plan
- Provide additional technical assistance and training to grantee
- Contact grantee a minimum of once per week
- Visit grantee in the home at least once per month
- Facilitate and assist with the establishment of FCCH Provider Networks

I have read and understand the expectations set forth on this page and agree to fulfill these requirements. I understand failure to do so will result in return of items and/or monies I have received.

Provider Signature _____ Date _____



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APPLICANT INFORMATION

Date _____

Provider Name _____ Social Security or FEIN #: _____ - _____ - _____

Business Name _____ Phone: (____) _____ - _____

Mailing Address _____

City _____ St _____ Zip _____

Licensure #: K8 Licensure Date _____

Licensed Capacity: _____ Desired Capacity: _____ # Vacancies _____ STAR LEVEL _____

Classification	Infants	Toddlers	Preschoolers	School-Age	Total
Age	0- 12 months	1 & 2 yr olds	3 & 4 yr olds	5 yrs & up	—
Current Capacity					
Current Total # Enrolled					
# children enrolled who LIVE IN YOUR HOME					

Number of Years in Business _____

If your capacity is less than 75%, why? _____

List any certifications, degrees or special accreditations that you have: (title, date obtained)

****ATTACH COPIES** _____

List any professional associations or memberships you have: (title, date obtained)

****ATTACH COPIES** _____

List trainings you have attended in the past 2 years: (title, date attended and # of hours)

****ATTACH COPIES OR DHS TRACKING FORM** _____

Do you have any additional funding sources other than tuition? _____ YES _____ NO

If so, list and explain purposes used for: _____

(Use back of form if more space is needed)



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DESCRIPTION OF ENHANCEMENT

1. Describe your childcare program:

2. Where do you see your program in five years?

3. Please explain why you are requesting the items listed on the Enhancement Budget Form:

4. How will the items requested enhance the quality of care you provide to the children that you serve? How will the children benefit? How will you use it in your child care?

(Use back of form if more space is needed)

