

## CHILD CARE ASSISTANCE GRANT APPLICATION

Agency Name: \_\_\_\_\_  
*(local branch)*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*(if different from Mailing Address)*

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fund Amount Requested: \$ \_\_\_\_\_

Arroyo Grande Business License?  Yes  No  
*(If a Child Care Center)*

If Yes, License No.: \_\_\_\_\_

Years of Operation: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Has your organization been affected by COVID-19?  Yes  No

Executive Director: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Grant Program Contact: \_\_\_\_\_  
*(if different from Executive Director)*

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program or Service Title: \_\_\_\_\_

Brief description of the proposed program or service (50 words or less):

On October 12, 2021, City Council authorized \$100,000 of funding from the American Rescue Plan Act (ARPA) received by the City to be made available for child care assistance.

To be considered as a Child Care Assistance Grant Program awardee, eligible applicants need to describe how the grant funding will allow the provider to become a State licensed child care facility, increase capacity of State licensed facility, maintain current facility offerings and/or provide premium pay to recruit, attract and retain professional child care staff. In addition, **please include the time frame in which the grant funding will be utilized.**

**PROGRAM/SERVICE INFORMATION**

**Child Care Provider Description** *(include summary of services provided):*

**Mission Statement:**

**Program or Service Summary:**

- List Age(s) of Children Served by Child Care Provider:
  
- Summary:

**How is the program or service beneficial to Arroyo Grande residents?**

Number of Arroyo Grande Residents Served: \_\_\_\_\_

- In what communities do your clients reside:

**What is the impact of the proposed program or service?**

**Describe your organizational capacity to successfully carry out the proposed activities.**

Number of Full Time Staff: \_\_\_\_\_ Number of Part Time Staff: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

- Description:

## BUDGET WORKSHEET

### PROGRAM/SERVICE PROPOSED EXPENSES

Line Item	Proposed Cost	Proposed Grant Funding Amount
Child Care Staff Salaries & Wages		
Educational Programs, Incentives & Premium Pay		
Operations/Facility Improvements and/or Expansion		
Maintenance of current programming		
State Licensing Requirements/Associated Fees		
Business Plan		
Promotion Publicity		
Other Expenses:		
1.		
2.		
3.		
4.		
<b>TOTALS:</b>		

### PROGRAM/SERVICE PROPOSED INCOME

	Cash Amount
Arroyo Grande Child Care Assistance Grant Amount Requested	
<i>Other Funding Sources:</i>	
Other Public Grants	
Private Foundations	
Other ARPA/CARES funding received (2020-2022)	
Other	
<b><i>Other Funding Subtotal:</i></b>	
<b>TOTALS:</b>	