**2021 Application for the Provider Facilities Fund**

***(Please complete your application on this document rather than a separate sheet)***

**Section I: APPLICANT Information**

Applicant (Organization) Name:

Director/Owner Name:

Mailing Address:

Contact Phone: Email:

To the best of my knowledge, all information provided in this application is true and correct. I am a current Seattle Preschool Program (SPP) or SPP Pathway provider and agree to meet City of Seattle requirements stated in this application if my project is selected. I further certify that this application has been authorized by my organization’s governing body.

Print Name:

Signature: Date:

Check the appropriate box:  Organization Director  Owner  Board Chair

**Please list the names and addresses of all your programs that participate in the Seattle Preschool Program or SPP Pathway Program.** *(Attach additional sheets if necessary)*

Name of **Program 1**:

Program affiliation:  SPP  Pathway

Address:

Name of **Program 2**:

Program affiliation:  SPP  Pathway

Address:

Name of **Program 3**:

Program affiliation:  SPP  Pathway

Address:

**SECTION II: CONTACT PERSON INFORMATION (if different from above)**

Contact Person:

Contact Phone Number(s):

Email Address:

**SECTION III: LEGAL STATUS (check all that apply)**

Applicant meets all applicable business licensing requirements for its organization. *Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if required by the laws of those jurisdictions.*

Applicant is incorporated as a private non‑profit corporation in the State of Washington and has been granted 501(c)(3) tax-exempt status by the United States Internal Revenue Service. The applicant’s 501(c)(3) status is in good standing and has not been revoked in the previous calendar year.

Applicant is a public corporation, commission, or authority established pursuant to RCW 35.21.660 or RCW 35.21.7301.

Applicant has a fiscal sponsor and has been granted 501(c)(3) tax-exempt status by the U.S. Internal Revenue Service.

* Name of fiscal sponsor:
* IRS Employer Identification Number (EIN):

**SECTION IV: Project Information**

Please answer the following questions on this form using 11-point, single-spaced type. You may expand the space available to answer the questions, but do not exceed the word limits (where noted) for each question.

1. What is the physical location of the site that will receive the renovation or construction activity? Address:
2. What is the nature of site control for this site? Check the appropriate box:

Currently operating a preschool at a site owned by the applicant

Currently operating a preschool at a site leased by the applicant

Site planned to be leased or purchased by the applicant

Other:

1. What are the primary goals for the proposed project? Check all that apply:

Expand current site and add additional service capacity to the program

Address a site issue that may threaten the program’s ability to remain licensed by the Washington State Department of Early Learning

Become licensed by the Washington State Department of Early Learning

Build a licensed child care facility at a new location for the program

Other:

Other:

1. What is the funding request for this proposal?

Funding Request Total:

1. Project Description (in less than 750 words). Include a general outline of the project in terms of work to be completed and the benefits your program will receive upon completion. Review the eligible activities in the RFI before completing this section. Please be detailed as possible about the project.

1. Community/Neighborhood Narrative (in less than 500 words). Describe the community/neighborhood’s unique needs and how this fund and project would support and/or expand efforts to improve children’s outcomes and achieve SPP goals.

1. Please list members of your development team. Team roles may include project manager, architect, contractor, etc.
   1. Team Member: Role:
   2. Team Member: Role:
   3. Team Member: Role:
   4. Team Member: Role:
   5. Team Member: Role:
2. Project Readiness – Describe (in 500 words or less) steps you have already taken to determine the feasibility and readiness of the project. The description should include, as applicable, zoning reviews, cost estimates, and licensing reviews.
3. **Attachment 1** (attach as necessary)**:** 
   1. Zoning review – *Please attach any supporting documentation such as zoning analysis from a licensed architect*
   2. Cost estimates – *Please submit any supporting documents that you used to complete*
   3. Licensing reviews – *Please list the date of your licensing reviews with DCYF and describe the feedback DCYF provided to you during your meeting.*

Please attach any other supporting documents related to feasibility to your application, including preliminary design, commitment letters. Use the attached form to describe all attachments on the Attachment A cover sheet.

1. Please complete **Attachment 2** **– Schedule** to outline your anticipated project schedule. List below any issues you foresee in meeting your attached timeline.
2. Please complete **Attachment 3 – Budget** to outline your anticipated project costs. List below any issues you foresee in completing the project within your budget.
3. Please complete **Attachment 4**, *if necessary*, to describe other funding sources for the project.
4. Please complete **Attachment 5 – Labor Practices and Polices** to respond to the questions below:
5. In your response, please indicate if your agency is committed to avoiding labor disputes that disrupt services. If your organization has standard practices and policies that uphold this principle, such as a labor harmony agreement or a collective barging agreement, please attach with your submission as a separate file (Word or PDF).
6. Do you have prior experience with program site renovation or construction? If so, please describe below (maximum 300 words):
7. Please sign that you are in agreement with the following statement:

*I have reviewed the service commitment clause stated in the RFI and understand that by receiving capital funding through this RFI, I may be bound to additional commitments to the Seattle Preschool Program.*

Agency Director Signature:

Print Name and Title:

**Please attach these items to the application:**

1. Proposal Application
2. **Attachment 1** **–** All supporting documents such as zoning analysis, pictures of the site, preliminary design or other documents related to pre-development work *(not required but highly encouraged).*
3. **Attachment 2 –** Project Schedule
4. **Attachment 3** **–** Project Budget
5. **Attachment 4** (if necessary) **–** Funding Sources
6. **Attachment 5** **–** Labor Practices and Policies