## Introduction

This application is for ECEAP contractors and Play and Learn Groups. If you are not an ECEAP contractor or Play and Learn Group, you need to apply through WACompass.

Technical assistance is paid for by DCYF and is available to all applicants. If you have any questions about this application, prioritization, the spending categories, or the grant process, please contact:

* [Imagine Institute](https://imaginewa.org/)

Phone: 206-492-5249

Email:

Providers who are selected for funding must attend a special technical assistance session and pass a check for understanding about the grant process before a specified deadline in order to receive payment. DCYF will provide this technical assistance session at no charge, and at a mutually-agreed-upon time after funding decisions are finalized. Providers who do not attend the required session and pass the check for understanding will not receive payment and will give up their opportunity to receive the 2024 Early Childhood Equity Grant.

## Organization Information

I am:

|  |  |  |
| --- | --- | --- |
| Organization Name |  | Contact Name |
|       |  |       |
| Mailing Address Line 1 |  | City |  | State |  | Zip |  | Phone |
|       |  |       |  |       |  |       |  |       |

|  |  |  |
| --- | --- | --- |
| Email Address |  | Statewide Vendor Payee (SWV) Number (ECEAP contractors only) |
|  |  | **-** |

## Prioritization Questions

For questions 1-6, please answer about the children in your program. DCYF will use the information provided to prioritize awards, as described in the Early Childhood Equity Grant Manual.

1. Question 1: Are any of the children in your care Black, Indigenous, or Children of Color? Please include any children who are American Indian/Alaska Native, Asian, Black, Hispanic/Latino, Middle Eastern/North African, Pacific Islander, or multiracial. [ ]  Yes [ ]  No
2. Question 2: Are any of the children currently in your care enrolled or eligible for membership in one of the 29 federally recognized tribes in Washington? [ ]  Yes [ ]  No
3. Question 3: Are any of the children currently in your care experiencing houselessness or homelessness? *This includes any children who lack a fixed, regular, and adequate place to stay at night. They may be in sheltered situations (e.g., emergency shelter or transitional housing) or unsheltered situations (e.g., outside or in vehicles)*. [ ]  Yes [ ]  No
4. Question 4: Are you currently claiming state, tribal, or military subsidies for any of the children currently in your care? [ ]  Yes [ ]  No
5. Question 5: Are any of the children currently in your care in out-of-home care due to child welfare involvement? [ ]  Yes [ ]  No
6. Question 6: Do any of the children currently in your care speak languages other than English at home?[ ]  Yes [ ]  No

## Project Category Questions

Questions 7-17 ask about how you will use the grant funds, if awarded. Your answers will be evaluated for eligibility and completeness.

**Your project should have one of the following intended outcomes:**

* Preventing racial disparities in disciplinary action, such as suspension and expulsion
* Increasing the use of research-informed social-emotional teaching practices
* Increasing the use of culturally and linguistically responsive practices and decreasing bias in the classroom
* Offering ongoing child assessment and developmental screening
* Connecting families to services and supports that meet health, mental health, financial, or other needs
* Other: another project to incorporate inclusive practices, culturally and linguistically supportive and relevant practices, or both into early learning program design, delivery, education, training, and/or evaluation. You must describe the intended outcome of your project.

For examples of project ideas, please see the Early Childhood Equity Grant Manual, available on the DCYF website.

You should request funds for a project with one of the above goals. You can request funding related to those goals in any or all of the following categories:

* Hiring specialized staff (maximum request $100,000)
* Child care materials and experiences (maximum request $20,000)
* Office and business supplies (maximum request $10,000)
* Staff training (maximum request $50,000)
* Program evaluation and assessment tools (maximum request $10,000)
* Other services needed to complete your project activities (maximum request $20,000)
* Other materials needed to complete project activities (maximum request $20,000)

Play and Learn Host Organizations may request a minimum of $5,000 and a maximum of $30,000. ECEAP and Early ECEAP contractors may request a minimum of $5,000 and a maximum of $100,000.

Before you begin, please make sure you have an idea for a project and have a description of the programs/services you will implement that includes goals and objectives, activities, new staff members, and how the programs/services will be evaluated.

**Grant funds may not be used for:**

* Activities or materials that do not advance or inspire practices that promote inclusive and culturally responsive learning, environments, and enhanced language access
* Costs that are not explained in the project narrative (Question 9 on the application)
* Costs that are not explicitly related to the nature of the project and its goals, needs, and anticipated outcomes as described within the body of the application
* Religious activities or purposes, including worship or instruction
* Travel costs (e.g., hotels, airfare)
* Academic, professional, or vocational degrees or certificates, or classes in such programs
* Capital improvements, like major construction or renovation
* General program costs, like the basic expenses of owning and operating your business, are not allowed. This includes things like:
	+ Regular payroll costs for existing staff
	+ Costs of purchasing, owning, or maintaining a vehicle
	+ Costs associated with the space out of which you operate, like rent or utilities
	+ Insurance
	+ Other business operating costs.
	+ Federal taxes
* Raises or bonuses for existing staff
* Gifts for families

For each category that you request funding from, provide as much detail as you can. Please remember that the grant period is two years long. **You should request the amount of funding you need for the entire grant period. For complete instructions and further guidance, we recommend that you consult the** [**Application Preview Guide**](https://www.dcyf.wa.gov/sites/default/files/pdf/2024-Application-Preview-Guide%20-English.pdf)**.**

### Question 7: You may request funding for a project with one of the following outcomes. All activities you request funding for should be related to the outcome you select. What is the intended outcome of your project? You must pick one.

### [ ]  Preventing racial disparities in disciplinary action, such as suspension and expulsion

### [ ]  Increasing the use of research-informed social-emotional teaching practices

### [ ]  Increasing the use of culturally and linguistically responsive practices and decreasing bias in the classroom

### [ ]  Offering ongoing child assessment and developmental screening

### [ ]  Connecting families to services and supports that meet health, mental health, financial, or other needs

### [ ]  Other: another project to incorporate inclusive practices, culturally and linguistically supportive and

relevant practices, or both into early learning program design, delivery, education, training, and/or evaluation**. You must describe the intended outcome of your project.**

1. Question 8: If you selected other, please briefly describe the intended outcome of your project and how it helps

support culturally responsive programming so that children have access to diverse care that meets their needs.

1. Question 9: In 1-3 paragraphs, tell us what your project is. How will you use Early Childhood Equity Grant funding to make it happen? How will the project lead to the outcome you selected? Why is this a good project for your facility?

1. Question 10: If you are requesting funding to hire specialized staff, please fill out the table below with details. You can request up to $100,000 for specialized staff. If your project does not require funding to hire specialized staff, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the role you are hiring for, or other costs associated with hiring specialized staff. | Estimated cost. Enter whole dollar amounts only. For example, “25000” and not $25,000.32” | Basis for estimate – how did you arrive at the estimated cost? Example – information based on an hourly rate of pay for a proposed staff person to meet this need. Please take payroll taxes and benefits into consideration. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| TOTAL  |  |  |

***Click outside of table above total to add more rows as needed***

1. Question 11: If you are requesting funding child care materials and experiences, please fill out the table below with details. You can request up to $20,000. This includes materials that will be used by children or by staff during care of children, or activities that will be carried out with children (e.g., toys, field trips). If your project does not require funding for child care materials and experiences, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the materials or experiences. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “5000” and not $5,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

1. If you are requesting funding for office and business supplies, please fill out the table below. You can request up to $10,000. This includes materials that will be used by staff when not directly caring for children. If your project does not require funding for office and business supplies, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the office and business supplies. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “5000” and not $5,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

1. Question 13: If you are requesting funding for staff training, please fill out the table below. You can request up to $50,000. Remember that DCYF is unable to fund travel or hotel costs. If your project does not require funding for staff training, you can move on to the next question

|  |  |  |
| --- | --- | --- |
| Describe the staff training. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “25000” and not $25,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a quote or price on a website. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

14. Question 14: If you are requesting funding for program evaluation or program assessment tools, please fill out the table below. You can request up to $10,000. If your project does not require funding for program evaluation or program assessment tools, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the program evaluation or program assessment tools. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “5000” and not $5,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

15. Question 15: If you are requesting funding for other services, please fill out the table below. You can request up to $20,000. This includes other services needed to complete your project (e.g., translation services). If your project does not require funding for other services, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the other services needed. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “2000” and not $2,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

16. Question 16: If you are requesting funding for other materials, please fill out the table below. You can request up to $20,000. This includes materials that do not fit into any of the above categories that are necessary to complete your project (e.g., educational materials for families). If your project does not require funding for other materials, you can move on to the next question.

|  |  |  |
| --- | --- | --- |
| Describe the other materials needed. | Estimated cost, including shipping/handling and tax. Enter whole dollar amounts only. For example, “2000” and not $2,000.32” | Basis for estimate – how did you arrive at the estimated cost? Include cost information such as a product listing on a website or catalog. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

***Click outside of table above total to add more rows as needed***

17.Question 17:How much total funding are you requesting? Please check to make sure your answer equals the total amount requested in the tables above. Licensed or certified providers may request up to $100,000. FFN providers may request up to $2,000.

      *Please enter a numeric value only.*

**Technical Assistance Questions**

 Questions 18-20 ask about your experience accessing technical assistance, if applicable. Technical assistance information is collected for reporting purposes and will not be used to evaluate your application.

18. Question 18: Did you receive any assistance in filling out the grant application? This information is collected for reporting purposes and will not be used to evaluate your application. [ ]  Yes [ ]  No

19. Question 19: If you received assistance, who provided you with that assistance? Please select all that apply.

[ ]  The Imagine Institute

[ ]  Family member

[ ]  Friend

[ ]  Another provider

[ ]  Assistance that I paid for

[ ]  Other

20. Question 20: Do you have any feedback on the assistance you received? Is there anything you want to tell DCYF about why you did or did not access assistance?

## General Terms and Conditions

The DCYF Early Childhood Equity Grant must be spent within two years of award and within the
project scope described above. DCYF reserves the right to use information about your project proposals in a non-identifying way.

|  |  |  |
| --- | --- | --- |
| [ ]  | Agree | I certify that the information I have provided on this application is true and correct |
| [ ]  | Agree | I will spend the Early Childhood Equity Grant funds, if awarded, on the purchases outlined in this grant application. |
| [ ]  | Agree | I will spend the Early Childhood Equity Grant within two years of the date that the funds were received. |
| [ ]  | Agree | *I will report to DCYF on how I spend the Early Childhood Equity Grant. This will include keeping receipts and documentation from all purchases made with this grant money, and also completing and submitting reports every 6 months using a survey that DCYF will provide.* |
| [ ]  | Agree | I understand that DCYF may ask me to provide these receipts for purchases made with money from this grant, and if I cannot provide these receipts and documentation when asked, I will be required to repay part or all of the grant money to the State of Washington. |
| [ ]  | Agree | If I close my license before the two-year cycle ends, I will return any unspent grant funds to DCYF. I will still be responsible to provide reporting and receipts to DCYF detailing funds I did spend, regardless of open or closed status. |
| [ ]  | Agree | *If I do not comply with DCYF reporting requirements or cannot show that the funds were spent in accordance with my application, I am in violation of the terms of the Early Childhood Equity Grant and I will return the grant funds to DCYF.* |
| [ ]  | Agree | If I do not comply with DCYF reporting requirements or cannot show that the funds were spent in accordance with my application, I am in violation of the terms of the Early Childhood Equity Grant and I will return the grant funds to DCYF. |
| [ ]  | Agree | *I understand that my application will be denied if I have requested funding for any disallowed costs.* |
| [ ]  | Agree | I understand that if my project is selected to receive funding, I will need to attend a special technical assistance session and pass a check for understanding about the grant process before I receive any money. DCYF will provide this session at no cost to me. If I do not attend the technical assistance session and pass the check for understanding, I will not receive the funds. |
| [ ]  | Agree | *I have reviewed my application and am ready to submit. I understand that once my application is submitted I cannot make any changes to my answers.* |