

WA Compass申请步骤指南

我们建议在将答案输入WA Compass申请之前，使用[申请预览指南](#)来准备您的答案。

提示：您可以保存申请了！如果您想保存您的答案并在以后继续修改，在任何时候，您可以向下滚动到申请的底部并点击“保存”。



然后再次点击“保存”，确认您想保存您的答案。

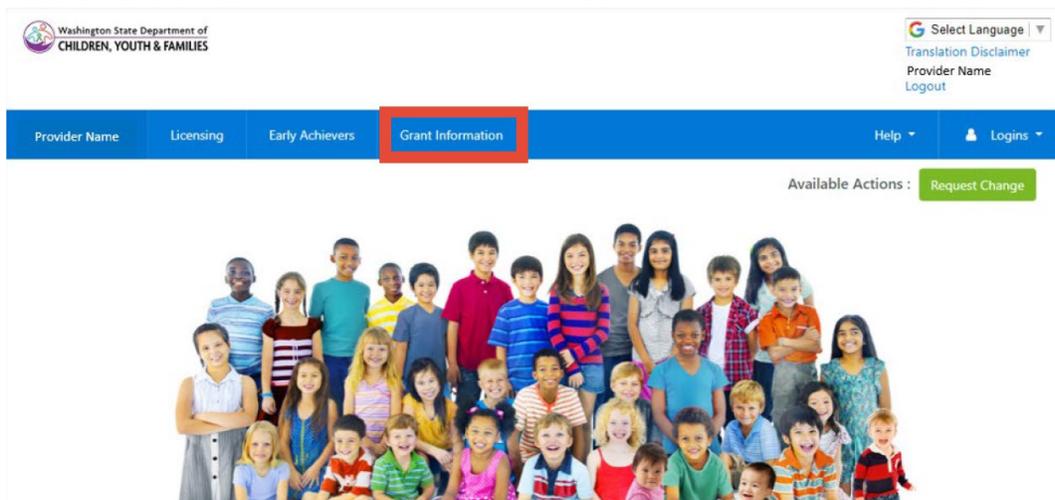
Save Application

If you save the grant without submitting it you can come back later and finish it but it will NOT be submitted for review at this time. Do you want to save the grant?

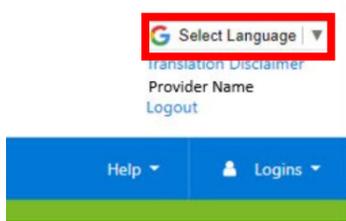


要完成申请：

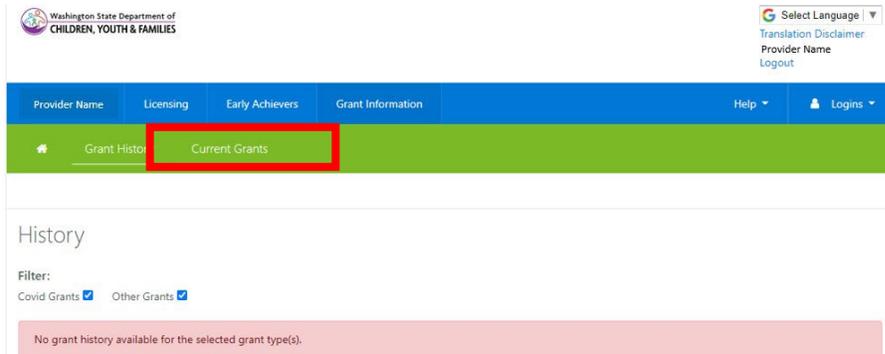
1. 登录WA Compass Provider Portal。
2. 点击“补助金信息（Grant Information）”标签。



3. 如果您想用英语以外的语言浏览网页，请选择语言：



1. 点击 "当前补助金（Current Grants）"。



2. "当前补助金（Current Grants）"显示目前所有可进行的放款，并有一个复选框显示机构是否已经申请。点击 "DCYF学前儿童教育平等补助金"。



6.在新窗口中打开进行申请。

7.阅读并回答 "优先顺序问题"。您的答案将被用来确定您补助发放的优先顺序。

8.项目问题会询问您的项目目标，您将做什么，以及如果您获得补助金，您将如何使用。您只需要填写请求资助的类别/类别的支出信息。

提示：要使文本框变大，可以用鼠标点击文本框的右下角，然后拖动来改变大小。

8. In 1-3 paragraphs, tell us what your project is. How will you use Early Childhood Equity Grant funding to make it happen? How



提示：如果您需要更多的行来输入您的预期支出，请点击表格左下方的+添加新项目。

and experiences. 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.	How much will this cost?	Describe how you arrived at that cost.	Actions:
<input type="text"/>	\$0 <input type="text"/>	<input type="text"/>	<input type="button" value="- Remove"/>
<input type="text"/>	\$0 <input type="text"/>	<input type="text"/>	<input type="button" value="- Remove"/>
<input type="text"/>	\$0 <input type="text"/>	<input type="text"/>	<input type="button" value="- Remove"/>
<input type="text"/>	\$0 <input type="text"/>	<input type="text"/>	<input type="button" value="- Remove"/>
+Add New Item			
Total: \$0			



一旦您输入了每项服务和估计费用，这个特定支出类别的总计将出现在表格的底部。请检查总计金额，以确保它显示了特定支出类别申请的全部数额。

10.完成您申请补助的每个类别。

11.此申请关于申请的总金额，即每个支出类别的资金的总和。例如:如果您申请1,000美元用于办公和商业用品支出，90,000美元用于雇用专业人员支出，那就在此问题中输入91,000美元。

12.最后需要问您使用技术援助的经验（如果适用）。这些问题仅用于汇报，不会用于评估您的申请。

13.阅读并同意所有的条款和条件，勾选每个方框。每个条款和条件都需要回复，以便提交申请。

14.点击“提交”确认您已准备好提交申请，然后再次点击“提交”。



*If I close my license before the two-year cycle ends, I will return or closed status. **



*If I do not comply with DCYF reporting requirements or cannot sh grant funds to DCYF. **



Cancel

Save

Submit



SmartSheet申请步骤指南

我们建议在将答案输入WA Compass申请之前，请先使用[申请预览指南](#)来准备您的答案。

提示：学前儿童教育平等补助金申请有多个版本。下面是SmartSheet应用程序的说明，其专门针对ECEAP/早期 ECEAP承包商和智趣启蒙小组主办组织。

您将无法保存申请，无法保存后再修改。

1. 点击我们网站上的申请链接。
2. 输入机构的基本信息。

Organization Information

Today's Date *

I am *

Organization Name *

Name of ECEAP Contractor or Play and Learn Host Organization

Mailing Address 1 *

Mailing Address 2 (Optional)

City *

State *

Zip Code *

Phone *

Email Address *

Statewide Vendor Payee (SWV) Number

3. 阅读并回答优先级问题。您的答案将被用来确定资助计划的优先次序。

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

4.项目问题会询问您的项目目标，您将做什么，以及如果您获得补助金，您将如何使用。您只需要填写您申请资助的类别/类别的支出信息。您对这些问题的回答必须符合 [Application Preview Guide](#) 上的要求。

7. 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? *

- a. Preventing suspension and expulsion
- b. Increasing the use of research-informed social-emotional teaching practices
- c. Increasing the use of culturally and linguistically responsive practices and decreasing bias in the classroom
- d. Offering ongoing child assessment and developmental screening
- e. Connecting families to services and supports that meet health, mental health, financial, or other needs
- f. 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.

5.完成您申请补助的每个支出类别。

6.此申请关于申请的总金额。即每个支出类别的资金的总和。例如:如果您申请1,000美元用于办公和商业用品支出，90,000美元用于雇用专业人员支出，那就在此问题中输入91,000美元

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. ECEAP contractors may request up to \$100,000. Play and Learn Host Organizations may request up to \$30,000. *

Please enter a numeric value only.

example: 72000

7.最后询问您使用技术援助的经验（如果适用）。这些问题仅用于汇报，不会用于评估您的申请。

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

8. 阅读并同意所有的条款和条件，勾选每个方框。每个条款和条件都需要回复，以便提交申请。

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.

Agree: I certify that the information I have provided on this application is true and correct *

9. 点击 "提交"。

Submit