

## Community Funded ECEAP Provider Application

Senate Bill [5107](#) provides the framework for more high-quality early learning opportunities statewide. This legislation allows local governments, school districts, institutions of higher education and nonprofit organizations to contribute local and private funds to the Department of Children, Youth, and Families (DCYF) in order to expand access and eligibility in the Early Childhood Education and Assistance Program (ECEAP).

Organizations interested in providing Community Funded ECEAP (CFE) should submit this form via email to ECEAP at [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov). An ECEAP representative will contact you to discuss next steps.

Organization Name:	Funder ( <i>if same organization funding from existing, resources, please indicate</i> )
Mailing Address:	Mailing Address:
City:	City:
State:	State:
Zip Code:                      County	Zip Code:
Contact person:	Contact person:
Phone:	Phone:
Email:	Email:

Applicants must be a public or private organization including, but not limited to school districts, educational service districts, community and technical colleges, private businesses, local governments, or nonprofit organizations (per [RCW 43.216.515](#)). Sectarian organizations must comply with all ECEAP requirements including classrooms and classroom practices free of any religious symbolism and no religious activities in the curriculum. This does not preclude children or families from sharing their traditions.

Type of Organization	Type and Number of Slots funded (check all applicable)
<p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-sectarian</li> <li><input type="checkbox"/> Sectarian</li> <li><input type="checkbox"/> School district</li> <li><input type="checkbox"/> Educational Services District</li> <li><input type="checkbox"/> Community or Technical College</li> <li><input type="checkbox"/> Local Government</li> <li><input type="checkbox"/> Private Business - Child Care</li> <li><input type="checkbox"/> Private Business - Other</li> <li><input type="checkbox"/> Non-profit organization - Child Care</li> <li><input type="checkbox"/> Non-profit organization - Other</li> <li><input type="checkbox"/> Tribal organization</li> <li><input type="checkbox"/> Other, describe</li> </ul> <p><b>Briefly describe the organization's experience and the systems currently in place to provide infrastructure for Community Funded ECEAP services that meet the requirements of the <a href="#">ECEAP Contract</a>, including the ECEAP <a href="#">Performance Standards</a>,</b></p>	<p><b>Slot Models and Expectations:</b> DCYF intends to monitor, build capacity and support slots for children for comprehensive ECEAP health, nutrition, family support, and preschool education services for these ECEAP models:</p> <p><input type="checkbox"/> <b>Working Day Community funded ECEAP</b> with a minimum of 2,370 classroom hours per year, at least ten hours per day, five days per week, year-round.</p> <p><input type="checkbox"/> <b>School Day Community funded ECEAP</b> with a minimum of 1,000 classroom hours per year, average of five and a half to six and a half hours per class session, over at least 30 calendar weeks. Classes may be four or five days per week throughout the school year.</p> <p><input type="checkbox"/> <b>Part Day Community funded ECEAP</b> with a minimum of 360 classroom hours per year, three hours per class session over at least 30 calendar weeks throughout the school year.</p> <p><b>Total number of slots</b></p>
	<b>CFE Funding Duration</b>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> One year</li> <li><input type="checkbox"/> Two to three years</li> <li><input type="checkbox"/> Three to five years</li> <li><input type="checkbox"/> Over five years</li> </ul>

<b>Early Achievers Information</b>	<b>Does DCYF license the site for child care?</b>
<p>Is the organization currently participating in Early Achievers?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><input type="checkbox"/> If yes, DCYF license number: _____</p> <p><input type="checkbox"/> If not licensed for child care, does this site qualify for a licensing exemption?</p> <ul style="list-style-type: none"> <li>○ If yes, please attach the signed exemption form.</li> </ul>
<b>Developmental Screening and Quarterly Child Development Assessment.</b>	<b>Staff Hiring and Professional Development</b>
<p>Will you be able complete developmental screenings and assessments, train staff in the administration, collection, and reporting of Teaching Strategies GOLD® data, and use data to refine services to children and families.</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <ul style="list-style-type: none"> <li>○ <i>If yes, please attach a plan (100 word max.)</i></li> <li>○ <i>If no, and support is needed, please explain in an attachment.</i></li> </ul>	<p><input type="checkbox"/> I/we have human resources policies for recruitment, selection and training of qualified staff.</p> <p><input type="checkbox"/> I/we plan to recruit and prepare staff in a timely manner for service provision.</p> <ul style="list-style-type: none"> <li>○ Please attach a plan (100 word max.)</li> </ul>
	<b>Technical Assistance</b>
	<p>Do you need technical assistance and support?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<b>Recordkeeping and Reporting</b>	<b>Cultural Relevance</b>
<p>Do you have experience and expertise entering data into the Early Learning Management System and/or other data systems?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <ul style="list-style-type: none"> <li>○ If you need technical support, please explain the type and level of support.</li> </ul>	<p>Briefly describe your organization’s experience and expertise providing services that are culturally relevant to your community, including outreach to potential families, staff recruitment, education services, health services coordination and family support. (150 words max.)</p>
<b>Check All Current Fiscal Management Practices</b>	<b>Staffing</b>
<p><input type="checkbox"/> Fiscal staffing</p> <p><input type="checkbox"/> Fiscal internal control practices</p> <p><input type="checkbox"/> Accounting system established</p> <p><input type="checkbox"/> Cost allocation methodology</p> <p><input type="checkbox"/> Inventory management</p> <p>If none of the above exist, or some are missing, please attach fiscal management plan.</p>	<p><input type="checkbox"/> I/we have an organizational chart including staff names, titles and Community Funded ECEAP staff roles.</p> <p><input type="checkbox"/> I/We are in the process of building the structure (plan attached)</p> <p><input type="checkbox"/> We need support to develop an organizational chart</p>
<b>Lead Teacher</b>	<b>Family Support Staff</b>

<ul style="list-style-type: none"> <li>• Enter the number of current preschool lead teachers _____</li> <li>• How many of your current preschool lead teachers meet <i>one</i> of the following ECEAP qualifications: _____ <ul style="list-style-type: none"> <li>○ An associate or higher degree in early childhood education or DCYF equivalent; or</li> <li>○ A valid Washington State Teaching Certificate with an endorsement in Early Childhood Education (Pre-K-Grade 3) or Early Childhood Special Education</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Enter number of current staff in a family support or similar role (see ECEAP performance standards C-208): _____</li> <li>• How many of your current family support staff meet <i>one</i> of the following qualifications: _____ <ul style="list-style-type: none"> <li>○ An associate or higher degree in adult education, human development, human services, family support, social work, early childhood education, child development, psychology, or another field directly related to their job responsibilities or DCYF equivalent; or</li> <li>○ A DCYF-approved credential from a comprehensive and competency-based Family/Social Service training program that increases knowledge and skills in providing direct services to families; or</li> <li>○ A Home Visitor Child Development Associate (CDA) Credential from the Council of Professional Recognition.</li> </ul> </li> </ul>
<b>Contracting Capacity</b>	
List contracts or grants the Applicant has managed during the last five years that relate to the Applicant's ability to perform ECEAP services. Click or tap here to enter text.	<div style="text-align: center; background-color: #e6e6fa; padding: 5px;"><b>Acknowledgement</b></div> <input type="checkbox"/> I/we acknowledge that all information provided is accurate and true.
<b>CFE Implementation Start Date</b>	
<input type="checkbox"/> In a few months <input type="checkbox"/> Next school year <input type="checkbox"/> -----( put start month/year)	<b>Application Submitted By</b>
	Name of Applicant Organization's Authorized Representative: Applicant signature: _____ Title: _____ Date: _____
Application Review: _____ Date received: _____ Entered in ELMS <input type="checkbox"/> Comments: _____ Application approved <input type="checkbox"/> Denied <input type="checkbox"/> COMMUNITY FUNDED - ECEAP Approval: _____ Date approved: _____	