

2022 SEEDS Family Child Care Learning Home Grant: Application Process

*****IMPORTANT NOTE: This document is for preparation purposes only.** Providers are strongly encouraged to review this document before you begin your online application in Survey Monkey. We advise applicants to prepare responses to all required application items in advance. The application platform will not allow you to save your responses to part of the application so that you can come back to finish at a later date/time.

You must complete the full application without closing Survey Monkey or refreshing your browser.

All applications must be submitted electronically using the following link.

<https://www.surveymonkey.com/r/2022SEEDSFCCLH>

DECAL will not accept emailed or mailed applications. Deadline to submit applications is June 1, 2022.

SEEDS FCCLH Grant Application Items

Eligibility

1. Are you a licensed Family Child Care Learning Home?
 - a. If yes, please enter the program license number.
2. Does your Family Child Care Learning Home currently have 2 or 3 Quality Rated stars?
 - a. If yes, what is your current star rating?
 - b. What date was your star rating received?
3. Is your Family Child Care Learning Home in good standing with DECAL?

Note: Applicants must be able to answer "yes" to item #1, #2, and #3 to be eligible for a SEEDS grant. If you answered "no" to any of the above questions, you should not proceed further with the application. If you have questions, please contact PSSinfo@decalfga.gov.

Program Information

4. Program Legal Name:
5. Doing Business As Name:
6. Program Location (street address, city, county, zip)
7. Mailing Address (if different from program location provided in item #6)

Contract Signatory Information

The Contract Signatory must be an officer or representative vested with the powers to commit the organization to a binding agreement if the grant is awarded. The contract signatory (CEO, COO, CFO, President, Sole Proprietor, School Superintendent) who has apparent authority or legal authority for the program/company/school system/etc. applying for the grant must sign the grant agreement if the grant is awarded.

Person authorized to sign contract:		Title:	
Mailing address of contract signatory:			
City:	County:	State:	Zip:
Phone Number:			
E-mail Address:			
Credential:			

Child Enrollment

Please tell us about the children in your care by providing the information requested below:

Child Information	Number of Children
Infants (Zero to 12 months)	
Toddlers (12 – 36 months)	
Preschoolers and Pre-K (3- to 4- year-olds)	
School-Aged Children (5 year-olds and older)	
How many children in your program receive CAPS funding?	
How many children with disabilities are currently enrolled in your program?	
How many dual language learners are currently enrolled in your program?	

Current Practices

1. What strategies do you use to build relationships with the children and families enrolled in your program?-Please provide an example for each strategy listed.
2. Summarize your program’s daily schedule and routines. How do the children in your care spend the day?
3. What strategies do you currently use to address challenging child behavior? Please provide an example for each strategy listed.
4. What strategies do you use to support children in your care both socially and emotionally? Please provide an example for each strategy listed.

Commitment/Application of Skills and Strategies

1. What do you hope to gain from this grant experience?
2. If selected for this grant, how will you incorporate the skills and strategies you learn to benefit children in your care beyond the grant period? Please provide specific examples.

Assurances

Please indicate your agreement with each statement by checking the box next to the items below.

I agree:

- I have internet access and can attend virtual meetings and trainings.
- I have read the grant guidelines and agree to fully participate in SEEDS. Specifically, I agree to:
(a) attend four Saturday Institute sessions that will occur over the course of the grant, (b) receive weekly coaching from an Inclusion and Behavior Support Specialist, and (c) participate in evaluation activities such as observations.
- All information provided in this application is true and accurate. I understand that falsifying information reported will result in automatic termination of the grant agreement.
- I understand that all information contained within this application, as well as documentation required as a DECAL fiscal agent, is considered public information and will be included in the program's permanent file and is subject to Open Records request(s).
- I will conduct my business with financial integrity and fiscal responsibility including, but not limited to, compliance with state and federal tax requirements, compliance with rules and regulations of the Secretary of State's office, the State Department of Audits, and other state agencies, as applicable, and appropriate settlement of employee and other financial obligations.

Signature and Today's Date