



NEW CAPACITY FOR HIGH NEED AREAS
SUPPORTING CHILDREN, PRENATAL THROUGH AGE 5 YEARS AND THEIR FAMILIES

Application Form

Please complete this application form on a computer or typewriter, using the equivalent of Times New Roman or Arial font (minimum font size 11). Use the shaded fields provided to input your responses. Do not attach any additional documents not requested. Handwritten applications will not be accepted.

ORGANIZATION INFORMATION

Legal Name of Organization		Federal Tax ID or Social Security Number
Address		City, State, Zip
Telephone	Fax	Website Address
Head of Agency Name	Title	Email Address
Contact Person (if different than above)	Title	Email Address
Contact Mailing Address (if different)	City, State, Zip	Contact Direct Phone #
Board of Directors, Chair (if applicable)		
Board Chair Address (if different from above)	City, State, Zip	Board Chair Phone #

AGENCY TYPE (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> IRS 501(c) (3) not for profit |
| <input type="checkbox"/> County Governmental Agency | <input type="checkbox"/> Other Government Agency |
| <input type="checkbox"/> County or State Educational Institution | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Private Entities/ Institutions | |
| <input type="checkbox"/> Elementary School/School District | |

Other:

Number of years in operation:

Is your organization in “good standing” with applicable State of California and/or other oversight entities regulating your operation? List any required licenses below:

- YES
- NO

List required licenses: (Approx. 1 Paragraph)

If no, explain problem: (Approx. 1 Paragraph)

PROPOSAL TYPE (Check all that apply)

- Capital New Development
- Renovation

Amount Requested \$
Amount Requested \$ _____
Total Amount Requested \$

CERTIFICATION

I certify that I am authorized by the named organization to submit and sign this application and that the information contained in this application is true and accurate to the best of my knowledge and belief.

Typed Name and Title of Authorized Signature

Authorized Signature

Date: _____

Typed Name of Board of Directors Chair Person (if applicable)

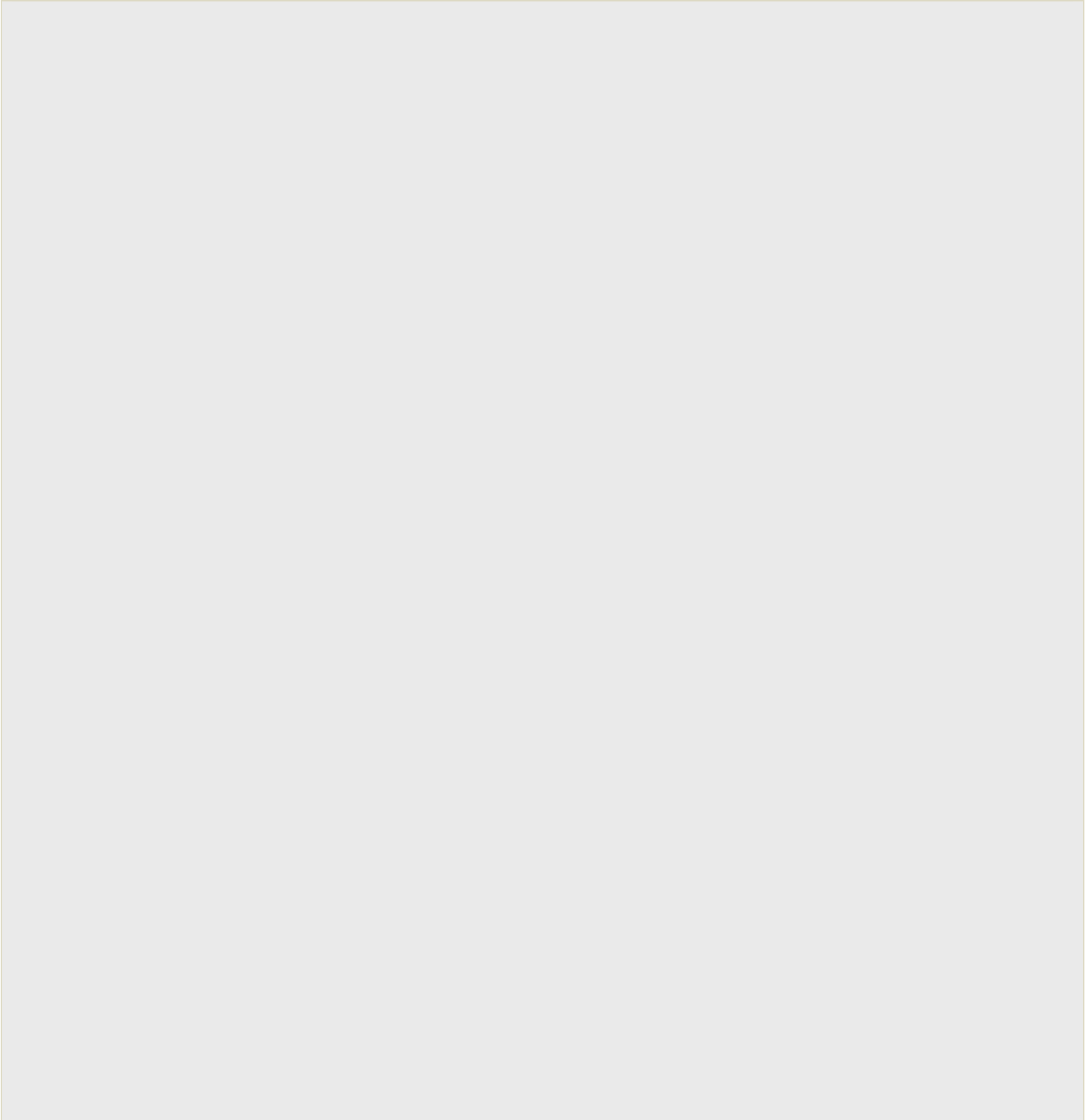
Authorized Signature, Board of Directors Chair Person

Date: _____

DO NOT EXCEED THE SPACE PROVIDED FOR EACH QUESTION. ANY INFORMATION INCLUDED BEYOND THE SPACE PROVIDED, OTHER THAN SPECIFICALLY REQUESTED ATTACHMENTS, WILL NOT BE CONSIDERED

ORGANIZATION OVERVIEW

1. Provide a brief history of your organization's related qualifications. Include similar completed projects, previous experience implementing programs utilizing public funds, and sustainability (ability to stay in operation for a minimum of five (5) years). **(Approx.1 Page)**

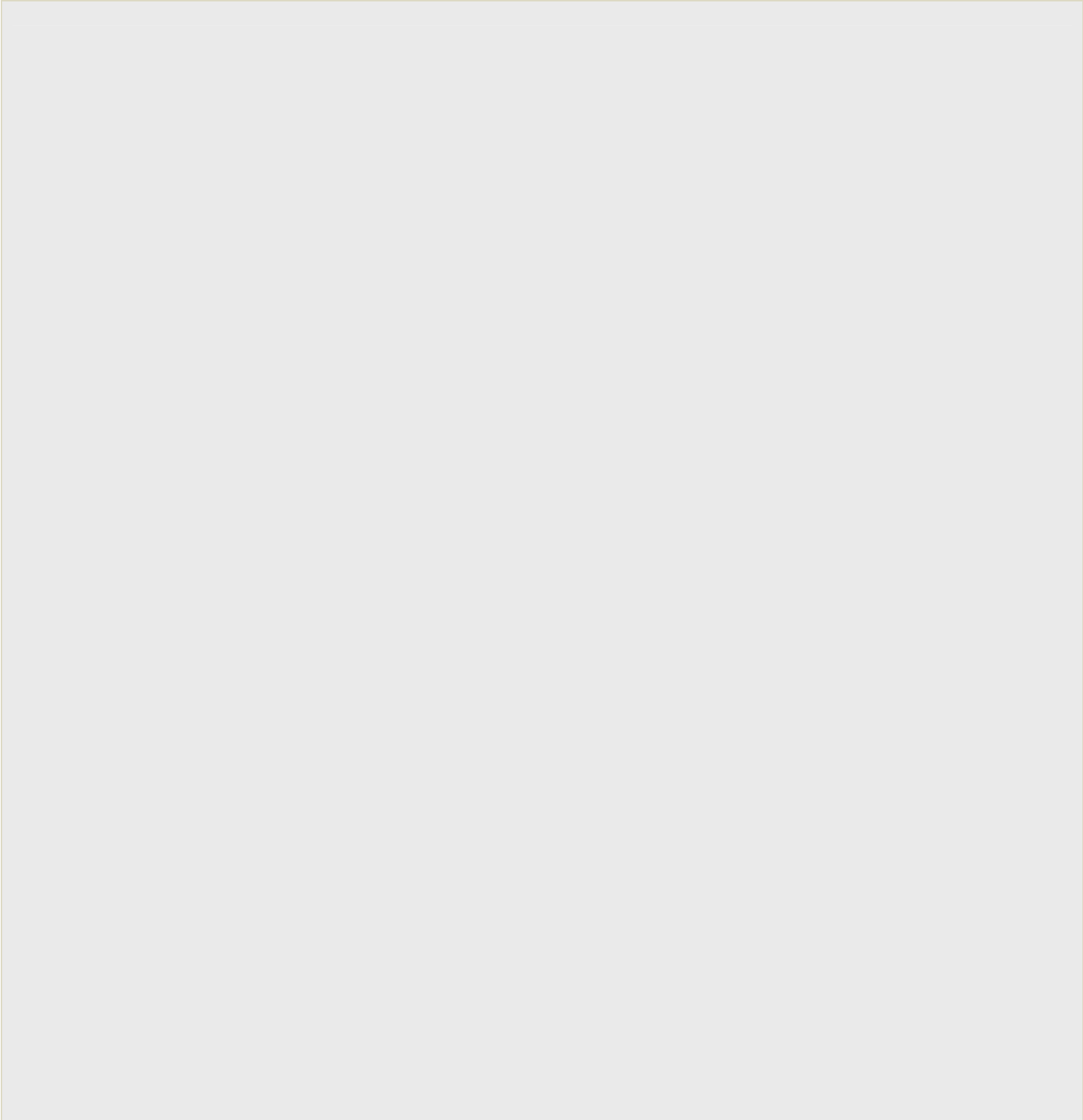


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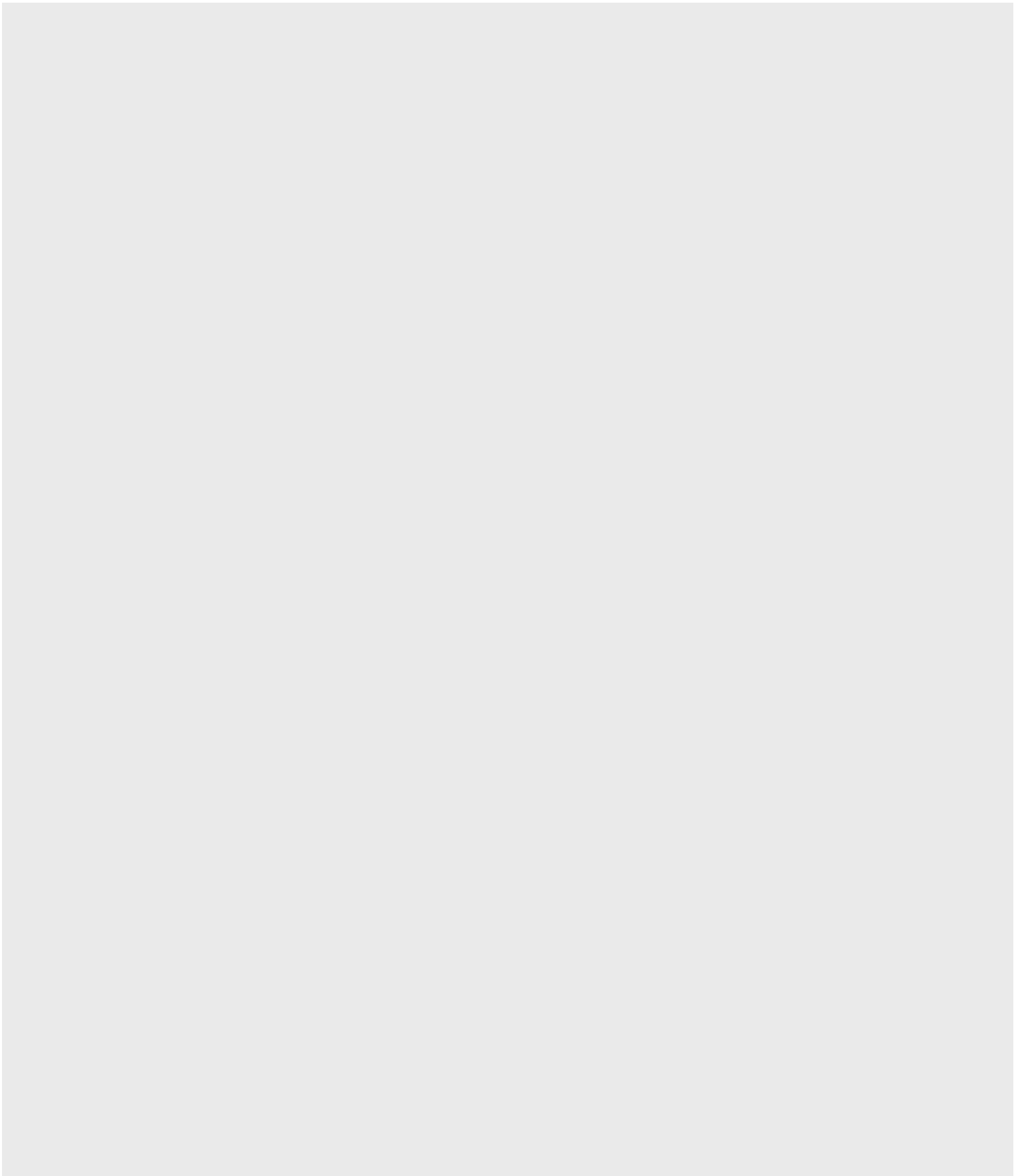
PROPOSED PROJECT – SCOPE OF WORK

2. Provide a detailed description of the proposed project. Describe your project and what you are proposing to do with the funds requested. Only complete the information for the option(s) you are applying for: Capital New Development and/or Renovation. Attach a list of requested equipment needed if applying for move-in costs. **(Approx. 2 Pages)**

When you get to the end of this box press tab to get to the second page



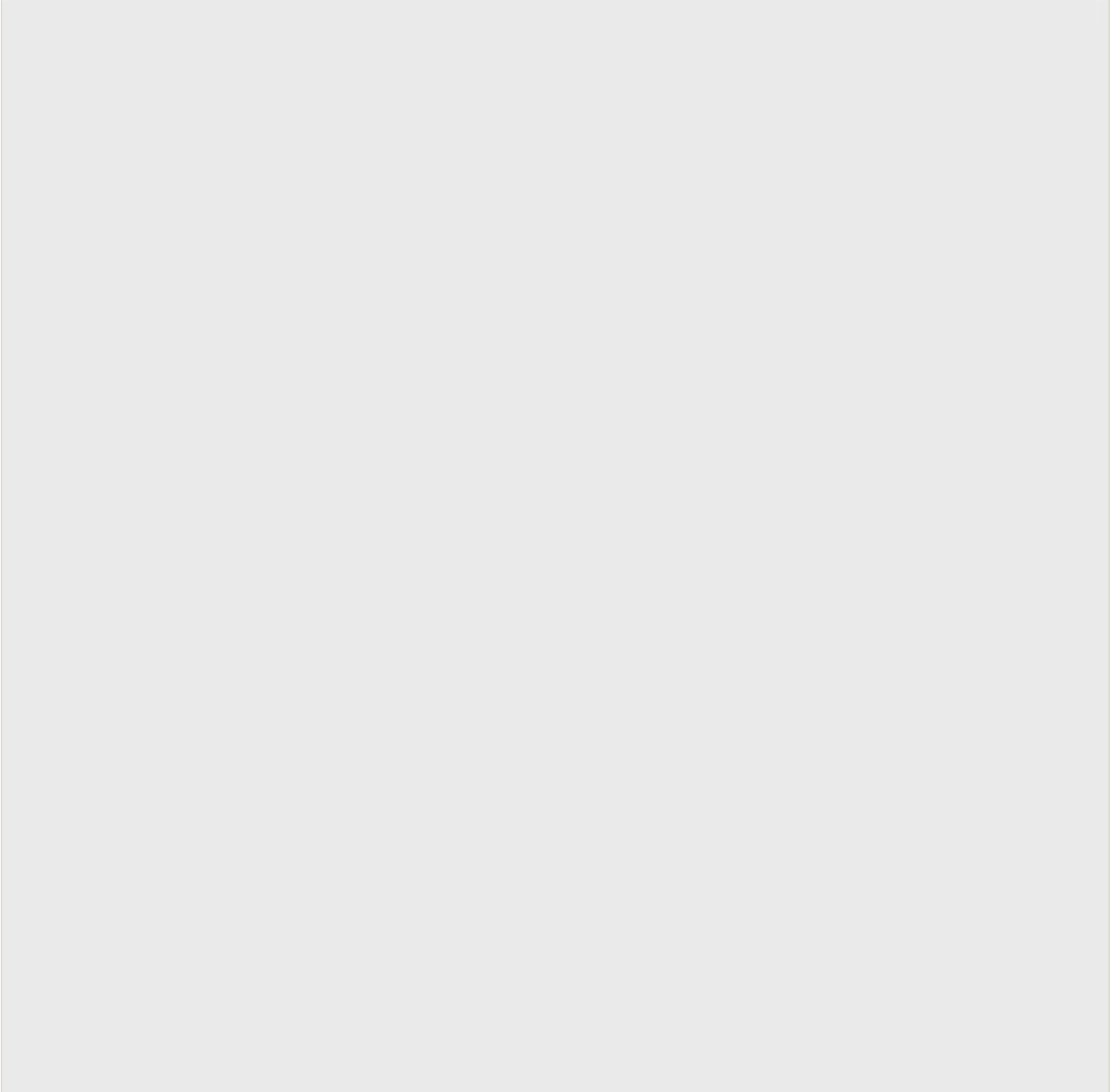
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HIGH NEED AREAS

3a. Describe the needs of the population anticipated to be served including economic indicators, ethnicities and any special needs. Please provide the number of infant/toddler and preschool children you currently serve (if applicable) and the number of new spaces to be created with this project. Please describe the need for additional spaces at this site. Attach a waiting list if your agency currently maintains one. **(Approx. 1 Page)**



3b. Check the boxes of zip codes you anticipate serving on the zip code table below:

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> None | | | |
| <input type="checkbox"/> 92254 | <input type="checkbox"/> 92282 | <input type="checkbox"/> 92236 | <input type="checkbox"/> 92230 |
| <input type="checkbox"/> 92543 | <input type="checkbox"/> 92274 | <input type="checkbox"/> 92570 | <input type="checkbox"/> 92571 |
| <input type="checkbox"/> 92201 | <input type="checkbox"/> 92240 | <input type="checkbox"/> 92536 | <input type="checkbox"/> 92583 |
| <input type="checkbox"/> 92553 | <input type="checkbox"/> 92544 | <input type="checkbox"/> 92220 | <input type="checkbox"/> 92225 |
| <input type="checkbox"/> 92509 | <input type="checkbox"/> 92548 | <input type="checkbox"/> 92276 | <input type="checkbox"/> 92507 |
| <input type="checkbox"/> 92505 | <input type="checkbox"/> 91752 | <input type="checkbox"/> 92503 | <input type="checkbox"/> 92551 |
| <input type="checkbox"/> 92501 | <input type="checkbox"/> 92557 | <input type="checkbox"/> 92539 | <input type="checkbox"/> 92530 |
| <input type="checkbox"/> 92241 | <input type="checkbox"/> 92234 | <input type="checkbox"/> 92223 | <input type="checkbox"/> 92880 |
| <input type="checkbox"/> 92504 | <input type="checkbox"/> 92567 | <input type="checkbox"/> 92555 | <input type="checkbox"/> 92253 |
| <input type="checkbox"/> 92882 | <input type="checkbox"/> 92582 | <input type="checkbox"/> 92203 | <input type="checkbox"/> 92879 |
| <input type="checkbox"/> 92320 | <input type="checkbox"/> 92532 | <input type="checkbox"/> 92545 | <input type="checkbox"/> 92585 |
| <input type="checkbox"/> 92549 | <input type="checkbox"/> 92595 | <input type="checkbox"/> 92506 | <input type="checkbox"/> 92211 |
| <input type="checkbox"/> 92591 | <input type="checkbox"/> 92586 | <input type="checkbox"/> 92508 | <input type="checkbox"/> 92596 |
| <input type="checkbox"/> 92881 | <input type="checkbox"/> 92264 | <input type="checkbox"/> 92563 | <input type="checkbox"/> 92587 |
| <input type="checkbox"/> 92562 | <input type="checkbox"/> 92584 | <input type="checkbox"/> 92270 | <input type="checkbox"/> 92883 |
| <input type="checkbox"/> 92592 | <input type="checkbox"/> 92239 | <input type="checkbox"/> 92561 | <input type="checkbox"/> 92518 |

QUALITY SERVICES

4. a. Provide a clear description of the quality components included in the physical environment (indoor and/or outdoor) proposed in this application for children ages 0-5. Include methods/tools that will be used to assess environmental quality. **(Approx. 1 Page) answer on page 8 in space provided**
- b. Provide a clear description of the quality services to be provided for children ages 0-5. Include your ECE philosophy, staffing qualifications and ratios, curriculum model(s), methods/tools for quality assessment. Attach your program brochure if available.

(Approx. 1 Page) answer on page 9 in space provided

Responses for both a.) and b.) should be based on meeting quality criteria and/or indicators as stated in Early Childhood Environment Rating Scale (ECERS), Infant-Toddler Environment Rating Scale (ITERS), and/or National Association for the Education of Young Children (NAEYC) Accreditation standards. Applicants are expected to demonstrate quality above the minimum Title 22 requirements.

4a.)

A large, empty rectangular area with a light gray background, intended for the user to provide their answer to question 4a. The area is bounded by a thin black line.

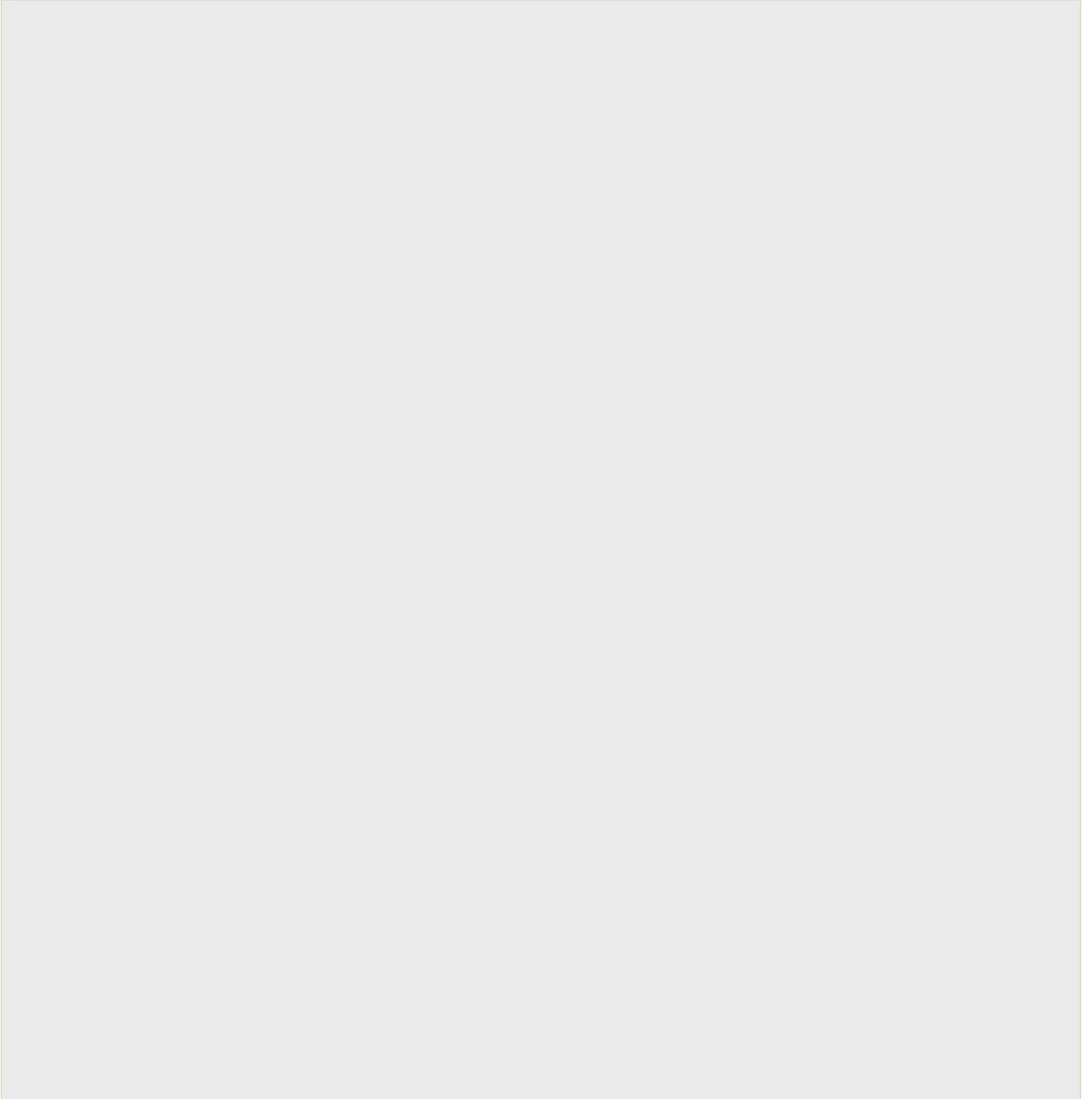
4b.)

A large, solid grey rectangular area that occupies most of the page, intended for the user to provide their answer to question 4b.)

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TIME LINE

5. Provide a specific timeline when key tasks will be accomplished for each of the proposal types (Capital New Development and/or Renovation) for which you are applying. If you are applying for funds for both capital new development and renovation, you must respond with a specific timeline within the space provided. **(Approx. 1 Page)**



BUDGET AND BUDGET NARRATIVE FORMS

6a. Complete the MS Excel Budget Form

6b. Complete the MS Budget Narrative Form.
The Budget is on tab 1 and the Narrative is tab 2.

ADDITIONAL ITEMS REQUIRED

Please submit the required items below with your application:

1. Site Evaluation Plan (If applicable)
2. Any current Child Care License(s), (If applicable)
3. Proof of control of site (ownership/deed of trust or 5 year lease with written owner approval)
4. Proof of waiting list
5. Program brochure (if available)
6. List of equipment requested for move-in costs (if applicable)