

SECTION I: APPLICANT INFORMATION



2022 Application for the Provider Facilities Fund (Please complete your application on this document rather than a separate sheet)

Applicant (Organization) Name: Director/Owner Name: Mailing Address: Contact Phone: Email: To the best of my knowledge, all information provided in this application is true and correct. I am a current Seattle Preschool Program (SPP) or SPP Pathway provider and agree to meet City of Seattle requirements stated in this application if my project is selected. I further certify that this application has been authorized by my organization's governing body. Print Name: Signature: Date: Check the appropriate box: ☐ Organization Director ☐ Owner ☐ Board Chair Please list the names and addresses of all your programs that participate in the Seattle Preschool **Program or SPP Pathway Program.** (Attach additional sheets if necessary) Name of Program 1: Program affiliation: ☐ SPP ☐ Pathway Address: Name of Program 2: Program affiliation: ☐ SPP ☐ Pathway Address: Name of Program 3: Program affiliation: ☐ SPP ☐ Pathway Address: SECTION II: CONTACT PERSON INFORMATION (if different from above) Contact Person: Contact Phone Number(s): Proposal Application - Page 1 of 4





Email Address:

2.

	SECTION III: LEGAL STATUS (check all that apply)				
		Applicant meets all applicable business licensing requirements for its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if required by the laws of those jurisdictions.			
		Applicant is incorporated as a private non-profit corporation in the State of Washington and has been granted 501(c)(3) tax-exempt status by the United States Internal Revenue Service. The applicant's 501(c)(3) status is in good standing and has not been revoked in the previous calendar year.			
		Applicant is a public corporation, commission, or authority established pursuant to RCW 35.21.660 or RCW 35.21.7301.			
		Applicant has a fiscal sponsor and has been granted 501(c)(3) tax-exempt status by the U.S. Internal Revenue Service.			
		Name of fiscal sponsor:			
		IRS Employer Identification Number (EIN):			
SECTION IV: Project Information Please answer the following questions on this form using 11-point, single-spaced type. You may expand the space available to answer the questions, but do not exceed the word limits (where noted) for each question.					
1.		at is the physical location of the site that will receive the renovation or construction activity? lress:			
2.	Wh	at is the nature of site control for this site? Check the appropriate box:			
		☐ Currently operating a preschool at a site owned by the applicant			
		☐ Currently operating a preschool at a site leased by the applicant			
		\square Site planned to be leased or purchased by the applicant			
		□ Other:			
3. What are the primary goals for the proposed project? Check		at are the primary goals for the proposed project? Check all that apply:			
		 Expand current site and add additional service capacity to the program Number of anticipated increased slots: 			





		Address a site issue that may threaten Washington State Department of Child	the program's ability to remain licensed by the ren, Youth, and Families (DCYF)			
		Become licensed by the Washington St	ate DCYF			
		\square Build a licensed child care facility at a new location for the program				
		Other:				
		Other:				
4.		is the funding request for this proposal? Ing Request Total:				
5.	be con	ject Description (in less than 750 words). Include a general outline of the project in terms of work to completed and the benefits your program will receive upon completion. Review the eligible activities he RFI before completing this section. Please be detailed as possible about the project.				
6.	unique	munity/Neighborhood Narrative (in less than 500 words). Describe the community/neighborhood's ne needs and how this fund and project would support and/or expand efforts to improve children's omes and achieve SPP goals.				
7.	Please list members of your development team. Team roles may include project manager, architect, contractor, etc.					
	a.	Team Member:	Role:			
	b.	Team Member:	Role:			
	c.	Team Member:	Role:			
	d.	Team Member:	Role:			
	e.	Team Member:	Role:			
8.	feasibi	ect Readiness – Describe (in 500 words or less) steps you have already taken to determine the bility and readiness of the project. The description should include, as applicable, zoning reviews, estimates, and licensing reviews.				
9.	Attach	ment 1 (attach as necessary):				
	a.	· · · · · · · · · · · · · · · · · · ·	porting documentation such as zoning analysis from a			
	b.	Cost estimates – Please submit any sup	porting documents that you used to complete			
	c.	Licensing reviews – Please list the date feedback DCYF provided to you during y	of your licensing reviews with DCYF and describe the vour meeting.			





Please attach any other supporting documents related to feasibility to your application, including preliminary design, commitment letters. Use the attached form to describe all attachments on the Attachment A cover sheet.

- 10. Please complete **Attachment 2 Schedule** to outline your anticipated project schedule. List below any issues you foresee in meeting your attached timeline.
- 11. Please complete **Attachment 3 Budget** to outline your anticipated project costs. List below any issues you foresee in completing the project within your budget.
- 12. Please complete Attachment 4, if necessary, to describe other funding sources for the project.
- 13. Please complete **Attachment 5 Labor Practices and Polices** to respond to the questions below:
 - a. In your response, please indicate if your agency is committed to avoiding labor disputes that disrupt services. If your organization has standard practices and policies that uphold this principle, such as a labor harmony agreement or a collective barging agreement, please attach with your submission as a separate file (Word or PDF).
- 14. Do you have prior experience with program site renovation or construction? If so, please describe below (maximum 300 words):
- 15. Please sign that you are in agreement with the following statement:

I have reviewed the service commitment clause stated in the RFI and understand that by receiving capital funding through this RFI, I may be bound to additional commitments to the Seattle Preschool Program.

Agency Director Signature:

Print Name and Title:

Please attach these items to the application:

- 1. Proposal Application
- 2. **Attachment 1** All supporting documents such as zoning analysis, pictures of the site, preliminary design or other documents related to pre-development work (not required but highly encouraged).
- 3. Attachment 2 Project Schedule
- 4. Attachment 3 Project Budget
- Attachment 4 (if necessary) Funding Sources
- 6. Attachment 5 Labor Practices and Policies