

**SPP Provider Facilities Fund Application 2024-2025**

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| **THE ORGANIZATION** |
| Organization name (indicate the name of the organization that will be receiving the funds): |
| Physical address of the organization: |
| Mailing address of the organization: |
| Telephone number of the organization: |
| **DIRECTOR INFORMATION** |
| Director name: |
| Telephone number: |
| Email address: |
| **CONTACT PERSON INFORMATION** |
| This is the person who will act as the organization’s project lead and who can best answer questions about the proposed project. DEEL will direct formal information about the proposal to this person only. |
| Contact name: |
| Telephone number: |
| Email address: |
| **LICENSING STATUS** |
| Legal registered name of the organization (if different from above): |
| Legal registered physical address of the organization (if different from above): |
| Mark the appropriate box(es) for 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 The applicant’s 501(c)(3) status is in good standing and has not been revoked in the previous calendar year.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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Upload your business license from the Washington State Department of Children, Youth, and Families (DCYF).  (*In Submittable*)  If the site is unlicensed, provide a letter that outlines how you intend to become licensed within one year. The letter should come from the Washington State Department of Children, Youth, and Families (DCYF) licensing office.  (*In Submittable*)  Upload your current state licensing inspection report of the facility’s current ADA compliance or plan for how facility will become ADA compliant (only needed if licensed).  (*In Submittable*) |
| **SITE CONTROL** |
| 1. What is the nature of the site control at the project location? You will need to verify the site control in the form of a lease or proof of ownership. Check the appropriate box and upload the required document:   Currently operating a preschool at a site owned by the applicant (*upload deed in Submittable*)  Currently operating a preschool at a site leased by the applicant (*upload lease agreement & landlord letter in Submittable*)  Site planned to be leased or purchased by the applicant (*upload lease agreement or contract*)  Other: |
| **LIST OF ALL CURRENT PROGRAM SITES** |
| List the name and address of each site currently participating in the Seattle Preschool Program or the Seattle Preschool Program Pathway.  **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:  **Name of Program 4:**  Program affiliation:  SPP  Pathway  Address:  **Name of Program 5:**  Program affiliation:  SPP  Pathway  Address: |
| **DEVELOPMENT TEAM** |
| 1. List the main team members involved in executing the project. This could include your architect, contractor, project manager, other funders, etc. 2. Team Member:   Role:   1. Team Member:   Role:   1. Team Member:   Role:   1. Team Member:   Role:   1. Team Member:   Role: |
| **PROJECT INFORMATION** |
| 1. What is the physical address of the site that will receive the renovation or construction activity: |
| 1. What are the primary goals of 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 the program’s ability to remain licensed by the Washington State Department of Children, Youth, and Families (DCYF)  Become licensed by the Washington State DCYF  Build a licensed child care facility at a new location for the program  Other: |
| 1. What is the total cost of the proposed project? 2. **$** |
| 1. What is the total funding request for the proposed project? 2. **$** |
| 1. Provide a concise description of the physical work the project will fund. Include quantification of service levels such as number of classrooms, expected licensed occupancy. DEEL will use this description as a summary to publicly describe the project. *Limit your response to 750 words.* |
| 1. Describe the community/neighborhood’s unique needs and how this fund and project would support and/or expand efforts to improve children’s outcomes and achieve SPP goals. *Limit your response to 500 words*. |
| 1. Describe the steps you have already taken to determine the feasibility and readiness of the project. The description should include, as applicable, zoning reviews, cost estimates, and licensing reviews. 2. *Limit your response to 500 words.* |
| 1. Do you have prior experience with program site renovation or construction? *Limit your response to 300 words*. |
| 1. List the date of your licensing reviews with DCYF and describe the feedback DCYF provided to you during your meeting. *This question is optional. Limit your response to 300 words*. |
| **PROJECT SCHEDULE** |
| Use the **Project Schedule** excel template (*available to download from DEEL’s Funding Webpage*) to outline the project decision points and milestones such as hiring a contractor, permitting and other architecture and engineering activities, construction dates, completion dates, etc. Next to each activity in the template, list the expected time the task takes to complete and shade the appropriate cell for the month and year the activity will be completed. To complete this project schedule, the proposal will likely need input via the project manager from conversations with the Seattle Department of Construction & Inspections (SDCI) and related parties involved in the project. |
| **PROJECT BUDGET** |
| 1. Use the **Project Budget** excel template (*available to download from DEEL’s Funding Webpage*) to list project expenditures in the appropriate column according to the fund source you anticipate will pay for the activity. Provider Facilities Funds must be allocated for specific line-item activities in each approved project. Therefore, when preparing the budget, be sure to consider which activities will be paid for with SPP Provider Facilities Funds.   Project budgets should also carry a minimum of 15% hard cost contingency. Include all soft costs such as project managers, design, permitting, insurance, etc., in the total project budget. Agencies are required to carry general liability insurance coverage as stated in their contracts for SPP or SPP Pathway preschool services. |
| **FUNDING SOURCES** |
| 1. ***Complete this section if the funding request is greater than $250,000.*** 2. Use the **Funding Sources** excel template (*available to download from DEEL’s Funding Webpage*) to describe other funding sources the agency has available to complete the project. If Provider Facilities Funds are your exclusive funding source, please state that instead. Please list both the origin/source of each individual funding stream and dollar contribution towards the project. |
| **SUPPORTING DOCUMENTS FOR PROPOSED PROJECT** |
| Attach supporting documentation that provides details of your proposed project, specifically to support the illustration of readiness. These could include a zoning analysis, a preliminary design, images of site, commitment letters, or other documents related to pre-development work.  Attachment 1:  Attachment 2:  Attachment 3:  Attachment 4:  Attachment 5: |
| **LABOR HARMONY** |
| The City values labor harmony, which means agencies work to prevent labor disputes, which may lead to work stoppages or adversely impact the ability of FEPP Levy-funded programs to achieve intended outcomes.  In your response, indicate if your agency is committed to avoiding labor disputes that disrupt services by checking the appropriate box.  ⚠️ Checking "No" to Labor Harmony is a technical compliance disqualifier and your application will not move forward to the review process.  Yes  No  If your organization has standard practices and policies that uphold this principle, such as a labor harmony agreement or a collective bargaining agreement, please upload below.  (*In Submittable*) |

**AUTHORIZED SIGNATURE OF LEAD ORGANIZATION APPLICANT: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.**

**By typing your name below, you acknowledge that you have read, understood, and agree to all of the terms and conditions in this document.**

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| Name and Title of Authorized Representative |
| *Signature of Authorized Representative and* *Date* |