

# Seward Childcare Provider Startup Assistance Program Application



## Program Description

Childcare Provider Startup Assistance Program is administered by Happy Youth Programs and Educational Resources (HYPER) to increase the licensed childcare opportunities for Seward Families.

## Program funds can be used for the purposes of Start Up Funds:

- New programs to become fully registered/licensed through the State of Alaska; or programs that have become registered/licensed within 6 months of grant application.
- State and local business licenses fee
- Licensing compliance such as balance of funds needed for fencing, egress windows, indoor/outdoor equipment, materials, etc.
- Business equipment such as a computer, printer, and/or software to manage business logistics.
- Education and trainings to meet required hours for licensing through the State of Alaska.

## Program Funds cannot be used for the following:

- Liability or home/renter's insurance
- Non-childcare specific items for the program

It is a reasonable expectation that purchases including shipping and handling are covered as part of the awarded funds. If awarded these funds, grantees will purchase the approved items and then submit the receipts for reimbursement or choose to have granting organization make the purchase and have the materials shipped directly to the program.

## Awardee Requirements

- Meet twice monthly with HYPER Program Developer for first 6 months following award
- Meet monthly with HYPER Program Developer for 6 months following the first 6 months

Director Name \_\_\_\_\_ Date \_\_\_\_\_

Facility Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name of Child Care Licensor (if known) \_\_\_\_\_

## Facility Type: (Please check)

In Home (up to 8 children)     Group (up to 12 children)     Center (13 or more children)

1. Have you ever been licensed before?     Yes     No

If so, when? \_\_\_\_\_

Why did you discontinue providing care? \_\_\_\_\_  
\_\_\_\_\_

2. Are you currently caring for children?     Yes     No

If yes, please describe your program and ages being served: \_\_\_\_\_  
\_\_\_\_\_

3. If you are a new provider, what has prompted you to open a childcare? \_\_\_\_\_  
\_\_\_\_\_

4. Will you purchase items and request reimbursement?     Yes     No

5. Will you request grantor program to purchase items and ship to the program?     Yes     No

**Please initial the following statements:**

- I agree to work with the HYPER Program Developer throughout this process. This includes, but is not limited to:
- Together, create a timeline for the licensing application approval if appropriate.
- Together, create a training plan for the first year of operation.
- I agree to be an active participant in regularly scheduled meetings with the HYPER Program Developer.
- I agree I must become licensed within 6 months of receiving this grant.
- I agree that if I do not complete the licensing process or do not receive an approved license, any amount awarded must be repaid in full to HYPER within 3 months.
- I agree that upon receiving these grant funds I will remain open for one year from the initial approval date. If the program closes before that date, any amount awarded must be repaid in full within 3 months of closure.
- I agree that I have read and completed the full grant application, including the list of purchase. Incomplete applications will not be considered.
- I understand and agree that I am indemnifying HYPER and their fiscal agent Seward Prevention Coalition in any liability/responsibility in the operation of items received through this grant. HYPER and their fiscal agent Seward Prevention Coalition is not responsible for any incident that may occur during delivery, construction, or day to day operations of the Facility/Program which received the grant.
- I understand that once signed, this application is the grant contract and HYPER will indicate the total amount awarded and provide me a copy.

**Fill out the table provided:**

See example below. Please attach any additional documentation to verify cost (e.g. construction estimate, pictures, etc.)  
Please attach additional pages as needed.

| Item                          | How will this item benefit your program                           | # of Items | Cost/Item       | Total           |
|-------------------------------|---|------------|-----------------|-----------------|
| <i>Examples: Nap Mats</i>     | <i>Provide a comfortable, safe place for the children to rest</i> | <i>6</i>   | <i>\$25.00</i>  | <i>\$150.00</i> |
| <i>State Business License</i> | <i>Allow legal operation of business</i>                          | <i>1</i>   | <i>\$100.00</i> | <i>\$100.00</i> |
|                               |   |            |                 |                 |
|                               |   |            |                 |                 |
|                               |   |            |                 |                 |
|                               |   |            |                 |                 |
|                               |   |            |                 |                 |

**TOTAL AMOUNT REQUESTED**   
*(including any costs on additional pages attached)*

**If not initialed above and signed below your grant will be returned and/or denied, and funds may not be awarded.**

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

FOR HYPER USE ONLY

Congratulations! Your application has been received and approved by the Board.

Total Amount Awarded \$ \_\_\_\_\_

HYPER Program Developer Signature \_\_\_\_\_ Date \_\_\_\_\_