

# Ramsey County Early Childhood Academy 50/50 Match Financial Support

## Application & Agreement

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program type: (select one)

Licensed Family Child Care

Licensed Child Care Center Expansion

If licensing a Family Child Care Program, how many people over the age of 13 live in the home?:

\_\_\_\_\_

Stage of the licensing process: (select one)

Pre-application

Preparing Space

Application Submitted

Undergoing Inspections

Licensed

Other:

Capacity Coach's Name: \_\_\_\_\_

Are you currently caring for, or planning to care for children on the Child Care Assistance Program? (CCAP):

Yes

No

Undecided

Are you planning to participate in Parent Aware (MN's Quality Rating and Improvement System)?:

Yes

No

Undecided

Anticipated License Capacity: \_\_\_\_\_

Number of Classrooms/Groups (if applicable): \_\_\_\_\_

What are your proposed operating hours? (select all that apply):

- |                                    |                                      |                                    |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Day  | <input type="checkbox"/> Part Day    | <input type="checkbox"/> Full Week |
| <input type="checkbox"/> Part Week | <input type="checkbox"/> Evenings    | <input type="checkbox"/> Weekends  |
| <input type="checkbox"/> All-Year  | <input type="checkbox"/> School Year | <input type="checkbox"/> Other     |

Has your licensor visited your location?:

- Yes                       No

Licensor's Name: \_\_\_\_\_

Has the fire marshal visited your location?:

- Yes                       No

Are you aware of or anticipating any required modifications to your space?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-If yes, what is the assumed cost of the required modifications?: \_\_\_\_\_

What date do you plan to open your program? (estimate): \_\_\_\_\_

What are you hoping to spend the Ramsey County Early Childhood Academy 50/50 Match Financial Support funds on?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which regulatory authority, if any, identified these needs? (Licensor, Fire Marshal, Municipality, health department, etc.): \_\_\_\_\_

Contractor Name or Company: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

## Program Responsibilities

I understand to be eligible to apply for the Ramsey County Early Childhood Academy 50/50 Match Financial Support my program must be soon licensed or an expanding licensed child care center (creating more child care slots) in Ramsey County.

I understand that if my program knowingly submits false or fraudulent information during any part of the RCECA 50/50 Match Financial Support application process, my program will no longer be eligible for funds. Any funds distributed during the RCECA 50/50 Match Financial Support program would be required to repay a prorated amount and all appropriate parties would be immediately notified.

I understand that prior to receiving any funds, I must:

- Be actively working with a Child Care Capacity Coach
- Agree to use a licensed contractor
- Complete all required licensing trainings prior to licensure
- Create a Bill.com account for funds to be transferred to

Upon application and notification of funding award, I agree to:

- Provide active licensed child care in Minnesota for a minimum of two years to children, other than my own, from the date the program is initially licensed
- Not use funds to cover expenditures for which there is another federal, state, tribal and/or local public funding source (unless original funding source only covers partial project completion)
- Make services available to families regardless of race, color, creed, religion, national origin, sex, marital status, disability, public assistance, age, sexual orientation, or familial status
- Participate in any requested surveys and forms related to funding requirements

## Data Sharing

I understand that by signing this participation agreement, I am agreeing to allow Think Small to share information with contracted agencies for the following purposes:

- Analyze data on use of RCECA 50/50 Match Financial Support program
- Analyze effectiveness of RCECA 50/50 Match Financial Support program
- Compile and share aggregate data for reporting purposes to promote available services

## Disbursing Funds

I understand that if my program is awarded funds, they are:

- Paid after I have paid 50% of the cost
- OR reimbursed after I have paid 100% of the cost
- Paid upon receipt of invoice from licensed general contractors
- Will be paid through Bill.com account

Do you currently have a Bill.com account?:

Yes

No

If yes, what is your Bill.com PIN Number?: \_\_\_\_\_

---

Print Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Submitting Your Application

Please submit all required documents together via-

Email to: [childcarestartup@thinksmall.org](mailto:childcarestartup@thinksmall.org) with line "RCECA 50/50 Application"

Mail to: **Think Small**  
**ATTN: RCECA**  
**10 Yorkton Court**  
**St Paul, MN 55117**

Your submission must include:

- Completed application/participation agreement
- Copy of background study clearance – for all required parties
- Completed required pre-licensing trainings (Copy of Develop Learning Record with all required pre-licensing trainings "verified")
- Completed W-9
- Itemized quote from licensed contractor including description of services and anticipated – renovation cost or invoice from the property owner including lease cost

## Questions?

For questions, to request a paper copy, or support completing this application in another

language please reach out via email to:

[cjuliber@thinksmall.org](mailto:cjuliber@thinksmall.org) or [childcarestartup@thinksmall.org](mailto:childcarestartup@thinksmall.org)