

CHILD CARE CAPITAL INVESTMENT FUND

APPLICATION

Organizations needing assistance or clarification in responding to this application are encouraged to contact Victoria Bok, Program Manager at (617) 727-5944, ext. 106.

Date Submitted: _____

ORGANIZATIONAL INFORMATION

1. Name of Organization: _____
If not the same, Name of Organization with OCCS license: _____

2. Address: _____

3. Phone Number: _____

Fax Number: _____

E-Mail: _____

4. Contact Person: Name _____

Title _____

5. Are you a 501(c)3 non-profit organization? (NOTE: only non-profit organizations are eligible for assistance from the FUND.)

_____ Yes

_____ No

6. If this organization is a subsidiary of another corporation, please note the legal name of the parent corporation. _____

7. Do you operate a Family Child Care System?

Yes

No

If so, how many providers are under contract with your system? _____

8. Does your organization receive funding from the United Way?

Yes

No

9. How long has your organization been providing child care?

Yrs.

10. Do you provide child care only or are you a multi-service organization?

Child care only

Multi-service organization

11. Is your organization minority-managed? (A minority-managed agency is one in which the chief professional officer and/or the chief volunteer officer, and at least 50% of the Board are minorities.)

Yes

No

12. Is your organization women-managed? (A women-managed agency is one in which the chief professional officer and/or the chief volunteer officer, and at least 50% of the Board are women.)

Yes

No

13. For multi-site programs, please list the sites where child care is provided by your organization.

<i>Site Name</i>	<i>Street Address and Municipality</i>
1.	
2.	
3.	
4.	

Please put an asterisk by the site of the proposed project(s).

14. Please fill in the following grid for each site identified in #13, noting the number of slots that are currently filled in each category. Please photocopy as needed for each site.

SITE NAME: _____

<i>Program Type</i>	<i>OCCS Basic</i>	<i>OCCS Protective/ Supportive</i>	<i>Voucher</i>	<i>Community Partnership</i>	<i>Head Start</i>	<i>Private Pay</i>	<i>Other*</i>	<i>Total Slots Currently Filled</i>	<i>Total Licensed Capacity</i>
Infant									
Toddler									
Pre-School									
School Age									
TOTAL									

*Other Includes: _____

15. Please fill in the following grid for each **PROPOSED PROJECT SITE**. If your organization is proposing an expansion in the number of available slots, please prepare the grid based on expansion plans.

SITE NAME: _____

<i>Program Type</i>	<i>OCCS Basic</i>	<i>OCCS Protective/ Supportive</i>	<i>Voucher</i>	<i>Community Partnership</i>	<i>Head Start</i>	<i>Private Pay</i>	<i>Other*</i>	<i>Total Slots Currently Filled</i>	<i>Total Licensed Capacity</i>
Infant									
Toddler									
Pre-School									
School Age									
TOTAL									

*Other Includes: _____

The FUND will use the same definition of low income as the Department of Social Service. This is at or below 50% of the state’s median gross income for children without special needs and at or below 75% of the state’s median gross income for children with special needs. As of 6/99, this translates to a maximum of:

Without special needs

With special needs

\$22,344 for a family of two
 \$23,172 for a family of three
 \$27,588 for a family of four
 \$32,004 for a family of five

\$32,064 for a family of two
 \$33,252 for a family of three
 \$39,588 for a family of four
 \$45,924 for a family of five

15a. How many low-income children will be served by the **PROPOSED PROJECT SITE**?
 (NOTE: This figure should be the number of low-income children served at the site where the project will take place **only**.)

15.b What percentage of this is the total number of children to be served at the **PROPOSED PROJECT SITE**? (NOTE: To be eligible for FUND support, this percentage must be a minimum of 30%.)

16. How many (if any) children will the **PROPOSED PROJECT SITE** serve of the following special populations? (Numbers served in each category may be duplicative, i.e. a homeless African-American child should be counted in both the “minority” and “children of homeless families” categories.)

_____ Minorities
 _____ Children of Homeless Families
 _____ Children of Teenage Parents
 _____ Children with Special Needs

17. Please indicate the size of the waiting lists per site, for each proposed project site.

Site Name	Number on Waiting List			
	Infant	Toddler	Pre-school	School-Age

18. How often do you update your wait-list?
 Never ___ 0-3 months ___ 3-6 months ___ 6-12 months ___ N/A (don’t maintain lists) ___

19. When did you last update your waiting list? Date: _____

20. What is the licensing status of the proposed site?
Licensed by OCCS, date first licensed _____
OCCS License pending _____
Other _____

21. Does your agency have other accreditation?

_____ Yes
_____ No

If so, from whom? If pending, please describe.

FINANCIAL PLANNING

NOTE: If you are a multi-service organization, please make sure that your answers to questions about financial planning, loan history and litigation refer to your entire organization, not just your child care program.

22. Please check which statements your organization prepares and how often:

	<i>Monthly</i>	<i>Quarterly</i>	<i>Yearly</i>	<i>Do Not Prepare</i>
Balance Sheet				
Cash Flow Projections				
Income and Expense Statements				
Other (please specify)				

23. Who prepares these financial statements? Please state if this person is on staff or is a contractor. (Name and Title)

24. Who audits your financial statements? (Note: If your budget is over \$250,000, the FUND requires audited statements.) How often are you audited? When were you last audited?

25. Are these statements subject to your Board's review? How frequently?

26. Are your financial statements prepared on a cash or an accrual basis?

27. What is your fiscal year? (i.e., July 1-June 30; January 1-December 31)

28. Does your organization currently have any outstanding debt with the Internal Revenue Service and/or the MA. Dept. of Revenue? If yes, please explain. Have you ever been assessed a penalty by the IRS and/or the Dept. of Revenue? If so, when?

29. Has your organization been involved in any litigation in the past year or at this time? If so, please describe.

30. Has your organization applied to other funding sources for this project? To whom? What is the status of your application(s)? Please attach any letters of support or commitment.

31. Does your organization have any previous borrowing experience? If so, please describe how much was borrowed, for what purpose and from whom. Were there any problems encountered during the course of any of these loans? Please explain.

<i>Lender</i>	<i>Amount Borrowed</i>	<i>Date Loan Began</i>	<i>Purpose/ Type of Loan</i>	<i>Interest Rate</i>	<i>Monthly Payment</i>	<i>Due Date</i>	<i>Current Balance</i>

PROPOSED USE OF FUNDS

Please provide as much information as is currently available in response to question #25 - 30 below. You do not need to have complete or final answers to these questions in order to apply to the FUND for assistance. Please attach additional pages as necessary.

32. Describe the need for capital expenditures to either increase the capacity or improve the quality of your program, and how your proposed project will address this need.

33. Please describe the project for which you seek assistance. For renovation projects, include the current physical condition. Attach whatever supplemental information you have, such as architectural drawings.

34. How has the project been planned to date? Who has participated?

35. Do you require or expect to use any technical assistance in moving forward with this project (i.e., architect, engineer, attorney, program consultant, project manager)? If so, please describe what type of technical assistance is needed. If you know the cost of this assistance, please detail this as well.

36. How has the project budget been determined? Have you received contractor estimates? If so, please attach.

37. Describe the loan amount requested. This figure should be consistent with the FUND's guidelines (per project loan maximum of \$300,000).

38. What kind of collateral will be available as security for a loan (building, land, lease, general corporate assets, etc.)?

39. Please outline the expected project timeline.

40. Please outline site conditions known at this time (i.e. zoning, historical, environmental, etc.).

41. What is your program's occupancy status. Please check all that may apply.

	Currently	Proposed
Own the building	_____	_____
rent	_____	_____
no lease	_____	_____
short term lease (< 1 year)	_____	_____
long term lease (> 1 year)	_____	_____
pay no or reduced rent	_____	_____

42. How did you find out about the Child Care Capital Investment FUND?

I certify that the information provided in this application is true and correct. I agree that my organization will cooperate with all necessary procedures to process this request. I understand that FUND staff may contact my organization's other lenders and creditors as part of the application review process, and I hereby authorize these institutions to cooperate with the FUND's review. I further agree to cooperate in any evaluation process conducted to review the effectiveness of the Child Care Capital Investment FUND, as well as any efforts to publicize the FUND.

Executive Director Signature _____

(Print or type name of Executive Director) _____

Board President Signature _____

(Print or type name of Board President) _____

Date _____

SUPPLEMENTARY MATERIALS

Please provide, as attachments or appendices, the following information **in duplicate** about your organization.

1. **Organizational Financial Information** - including:
 - current year's operating budget;
 - three most recent audited financial statements, if your organization's annual budget is over \$250,000, or if not, three certified financial statements;
 - unaudited year to date financial statement for the current fiscal year.
2. **Projected Operating Budget showing loan repayment** - Please provide an operating budget which includes a specific line item reflecting loan repayment to the FUND. For new programs/sites or major expansions, please include a three-to-five year operating budget.

If you are applying for technical assistance as the first stage of a project, you do not need to submit this budget at this time.

3. **Copy of current OCCS license.**
4. **Copy of program information (brochure, parent handbook, etc.)**
5. **Proof of 501(c) 3 Status .**
6. **Copy of other accreditation or letter stating intention to seek accreditation.**
7. **Resume of Child Care Program Director and Organization's Executive Director.**
8. **Board of Directors - list of members, including affiliations .**
9. **Total project budget, including all sources and uses of funds.** [Please include any supporting information, such as contractor estimates, letters of funding commitment, etc.]
10. **Cash flow budget, if available .**
11. **Architectural drawings, if available, or other illustrations of proposal.**
12. **Copy of lease or title.** [If renting, submit written approval from site owner.]

Please call the FUND if you require assistance on completing the above requested documentation. Remember - provide 2 copies of all requested information.

Please mail 2 copies of your completed application and 2 copies of all supplementary materials to:

Victoria Bok, Program Manager
Child Care Capital Investment FUND
c/o CEDAC
18 Tremont Street, Suite 1020
Boston, MA 02108

THANK YOU. WE'LL GET IN TOUCH WITH YOU ONCE WE HAVE PROCESSED YOUR APPLICATION.