



## **Family Child Care Startup Grant Guidelines**

**Purpose:** Becker County believes that quality childcare = children who are better prepared for school = an educated workforce = a stronger economy. To increase the need for additional childcare, Becker County has approved \$100,000 in funding to provide startup grants for new family childcare providers.

### **Startup Grant Amount**

You can apply for up to \$10,000. If awarded the grant you will be reimbursed only on allowable expenditures: one reimbursement request up to \$5,000 (receipts required) for operational months 1-3 and one reimbursement request up to \$5,000 (receipts required) for operational months 3-6. We are requesting that you save and aggregate your receipts into two requests as referenced above to simplify the administration of this program.

### **Eligibility**

- Reside in Becker County
- Be in the process of becoming licensed
- Is a new licensed provider (less than 6 months of operation)
- Care for a minimum of 5 full time equivalent of children (not including your own children)
- Must remain in business for a minimum of 30 months providing direct childcare services; any less than the program minimum, then a prorated claw back of grant funds would be calculated based on the number of months short of the program minimum requirements of 30 months.

### **Eligible Startup Costs**

Improvements such as: fire doors from garage to house, egress windows, handrails, fire extinguishers, outdoor fence/climbers, water testing, first aid kits, fingerprinting, equipment and materials from each of the required categories, outdoor climbers and resilient surfaces, etc. Family/Group Family Day Care: See Appendix A (p. 4-9) Mn

Rules: FAMILY/GROUP FAMILY DAY CARE: 9502.0415 ACTIVITIES AND EQUIPMENT.

### **Ineligible Expenses**

Grants are **not allowed** to be spent on items considered to be part of the cost of doing business. This includes:

- Accounting and legal fees
- Advertising
- Banking service charges
- Cleaning
- Food
- Insurance
- Licenses
- Taxes
- Rent or Mortgage
- Transportation
- Utilities
- Home Improvements unless required by licensing

### **Acknowledgements**

Grantee accepts responsibility for complying with this agreement's terms and conditions and will exercise full control over the grant and the expenditure of grant funds.

Grantee accepts they have that legal authority to execute the agreement and accept the grant funds on behalf of the applicant. Becker County reserves the right to discontinue, modify or withhold any payments to be made under this grant award or to require a total or partial refund of any grant funds, if, in Becker County's sole discretion, such action is necessary.

Grantee agrees to indemnify and hold harmless the County, its directors, officers, and employees, for any funds it receives under this grant that the federal government, the State, or the County determines was not used for eligible expenditures and, therefore, must be repaid. Within 30 days of receipt of written notice and demand from the County for any such funds, grantee shall repay such funds to the County.

Grantee's deposit, negotiation or endorsement of a check will constitute its agreement to the terms and conditions set forth above. However, for Becker County's files, please have the enclosed copy of this agreement reviewed and signed where indicated by an

authorized officer of Grantee and then returned to the County. Grantee may wish to have this agreement reviewed by legal counsel.

**Application Deadlines:**

Applications are on an ongoing basis, subject to available funds.

**Required Documents**

- Signed Application
- Signed W-9 Form
- Copy of License-operating 6 months or less. If you are in the process of becoming licensed, indicate on application.

**Option to Receive Grant Payment via ACH**

If you would like your check directly deposited into your bank account, please fill out and include attached ACH form on page 6 of this application. Please note that if you request the ACH option, your first check will still be mailed to you (warrant check) until you become fully initialized into the County system.

**Application Process**

A panel will review all applications submitted for funding. You will be notified if your application was approved or denied.

**Questions or Help With the Application or for On-Going Navigational Assistance**

Contact Tammy Anderson by phone at 218-205-7176 or by email at Acorns2oakconsulting@gmail.com

## **Family Child Care Startup Grant Application**

### **Applicant Information:**

Name \_\_\_\_\_  
                               First                               Middle                               Last

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Child Care Business Name \_\_\_\_\_

1. Have you started the licensing process?

\_\_\_\_\_ Yes my application was submitted? \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ No (please explain) \_\_\_\_\_

\_\_\_\_\_ I am already a licensed provider as of \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Do you have previous experience, training or education relevant to the childcare industry?

3. Provide a brief description of your childcare business including days and hours of operation, number and ages of children you will be licensed for?

4. When do you anticipate your childcare program will be licensed and operational?

5. Why would this grant be helpful?

6. What do you anticipate using the grant funds for (we understand that your answer and needs may change as you go through the licensing process and have begun to operate your business)

7. Total grant amount requested \$\_\_\_\_\_

Note: It is understood that there may be expenses that have not yet been determined or for which you have not received an estimate – we are simply asking for your best grant estimate at this time up to \$10,000.

8. Is there anything else you would like us to know?

By signing and submitting this grant agreement, the business owner agrees to be subject to random audit by Becker County for accuracy. If it is determined that false or misleading information is provided on the application, the Business will be required to repay Becker County the entire grant amount.

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Signature Date

Please mail completed applications to:

Shannon L. Jemelka  
Becker County Human Services  
712 Minnesota Ave  
Detroit Lakes, MN 55501



Mary E. Hendrickson  
 Becker County Auditor-Treasurer  
 915 Lake Avenue  
 Detroit Lakes, MN 56501-3403  
 (218) 846-7311

- New Setup
- Change
- Cancel

**AUTHORIZATION FOR AUTOMATIC DEPOSIT OF VENDOR PAYMENTS**

Vendor Information

Payee/Vendor Name			
Street Address	City	State	Zip Code
Contact Name		Contact Phone #	
Email Address for Remittance Notification <b>(Required)</b>			

Banking Information

Type of account (check one)	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution Name	Financial Institution Address
Routing Number	Account Number

I, the undersigned, authorize Becker County, Detroit Lakes, MN, to deposit payments directly to the account indicated and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account or to reverse any transaction that is in error. This authorization will remain in force until Becker County receives written notice of cancellation from the vendor and the County has reasonable time to act upon it.

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

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

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

Attach or scan a voided check to this form and mail/email to:

Becker County Auditor-Treasurer  
 Attn: ACH  
 915 Lake Avenue  
 Detroit Lakes, MN 56501-3403  
 Phone: (218) 846-7311 Email: auditor@co.becker.mn.us

<i>Office Use Only:</i>	
Becker County Vendor #:	_____
Received:	_____
Effective:	_____
Completed By:	_____