



Dear Child Care Provider,

The Department of Social Services, Division of Child Care Services (CCS) is pleased to announce a new grant opportunity focused on enhancing infant and toddler care environments.

Grant Funding is intended to help with the purchase of high-quality items in supporting the development of infants and toddlers in your regulated child care program.

Grant awards are contingent upon available funding. You are encouraged to reach out to your regional Early Childhood Enrichment (ECE) office to assist with selection of items that optimize infant and toddler development.

Maximum grant award for a family provider is \$1,000.00, and there is no match required. The application and more information related to the terms of this grant opportunity can be found on the CCS website at: <https://dss.sd.gov/childcare/>.

A complete application consists of: a signed application, at least one bid/verification of cost for each requested item, verification of liability insurance, and a completed W-9 form. Mail all documents to:

**Child Care Services
3900 W Technology Circle, Ste. 1
Sioux Falls, SD 57106**

If you have any questions about the application process, contact Abby Roderick at 605-367-5444 ext. 1000439 or email abby.roderick@state.sd.us

Sincerely,

Abby Roderick

Program Specialist

Quality Infant and Toddler Environments:

Children under 3 learn through continuously exploring and interacting with their environment, which includes the emotional climate of a child care setting as well as the physical space.

Babies and toddlers need safe spaces for quiet and active play (both inside and outdoors), safe spaces for sleeping, and spaces to interact one-on-one with individual caregivers.

Within the environment they need toys and activities selected primarily for individual interests and abilities.

The regional Early Childhood Enrichment programs can provide assistance in choosing items that would best enhance your program for the infants and toddlers in your care. Their contact information can be found at:

<https://dss.sd.gov/childcare/educationalopportunities/sites.aspx>

Considerations when purchasing items for Infant and Toddler spaces:

1. Safety:

- Age & developmentally appropriate equipment made of non-toxic material
- non-slip floors
- stable shelves, objects, and fixtures with rounded corners

2. Health:

- surfaces are easy to clean
- item fits the space it will be used in

3. Comfort:

- tiles and rugs

4. Convenience:

- storage units

5. Child Size Space:

- child size furniture
- low to the ground climbing, exploring

6. Flexibility:

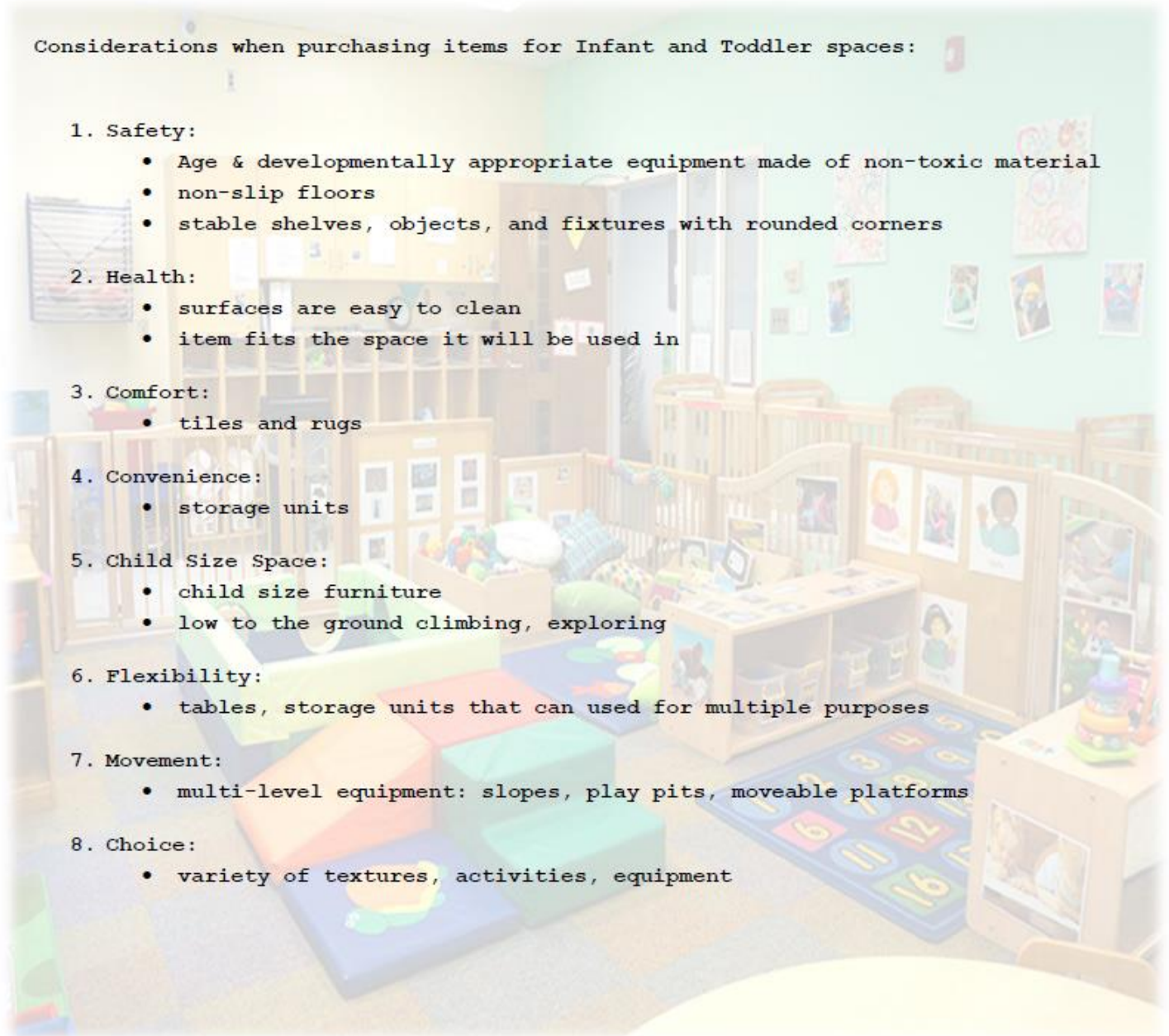
- tables, storage units that can be used for multiple purposes

7. Movement:

- multi-level equipment: slopes, play pits, moveable platforms

8. Choice:

- variety of textures, activities, equipment



Registered Family Child Care Infant & Toddler Grant Application

Deadline to Apply: June 30, 2024

Information/Instructions

Quality based Infant & Toddler Grant

The Division of Child Care Services is offering funding specific to improving the care of infants and toddlers in child care programs. This grant opportunity is focused on supporting quality indoor and/or outdoor environments for infants and toddlers. The grant funding is available to help state registered programs purchase items such as child-size tables and chairs, climbers, blocks, counting and sorting toys, etc. Consumable items do not qualify. Items purchased prior to the approved grant application are not eligible for grant funding.

Minimum/Maximum Grant Allowed

- Minimum grant award is \$150
- Maximum grant award: \$1,000

Submission of Application

The completed and signed application and all required attachments should be mailed to the Child Care Services, 3900 W Technology Circle, Suite 1, Sioux Falls SD 57106.

Providers can apply once per federal fiscal year (October to September).

Required attachments:

- At least one bid/verification of each items cost, including tax and shipping;
- 'Before' pictures are required to help justify the need, when applicable;
- Verification of liability insurance; and
- Verification of vehicle insurance if you provide transportation.

No Guarantee of Award

Awards are contingent on available funds and whether or not the request meets grant criteria. It is possible that only a portion of your grant request will be approved. If this occurs, the Award Letter you receive will specify which portions of the grant request have been funded.

If grant application is approved:

- You will receive an Award Letter, a Contract, and a Final Grant Report & Reimbursement Form. Please submit your receipts and Final Grant Report as soon as possible but no later than the end date of your contract.
- Purchases must be made within the start and end dates of the contract you receive. Any purchases made outside those dates will not be reimbursed.
- If funded, you will be required to pay for the costs of the approved project up front and CCS will reimburse the cost after the reimbursement form and receipts are received.
- The final reimbursement will be based the actual receipts submitted or the grant award provided by the State, whichever is less. The submitted receipts or invoices must be dated and indicate each specific item purchased.

Grant Repayment

Repayment of the grant will be required if you do not continue to provide regulated child care for **one** year from the award date. Repayment will be pro-rated based on registration end date and date of the grant award.

Keep this page for your records

Registered Family Child Care Infant & Toddler Grant Application Program Information

Name of Child Care Provider	
Provider Registration Number	
Home Address	
City/Zip Code	
County	
Mailing Address (if different)	
City/Zip Code	
Total Grant Request	\$ _____

- Length of time as a registered child care provider _____
- Total number of children enrolled in your care: _____
- Total number of infants (birth up to age 1) in your care: _____
- Total number of toddlers (1yr up to age 3) in your care: _____
- Are you currently serving children on Child Care Assistance? Yes No
- If so, how many are currently in your care? _____

Registered Family Child Care Infant & Toddler Grant Application Project Description

The Division of Child Care Services encourages applicants to contact the regional Early Childhood Enrichment Program if they need help completing this section of the application.

Please describe the project or items you are requesting funds for in as much detail as possible.

Project Description:

- Please explain how your choices for grant purchases will increase the quality of care in your program for infants and toddlers?

- How do your requested items related to the SD Early Learning Guidelines learning domains?

- How will the requested items enhance your ability to care for infants and toddlers in your program?

Registered Family Child Care Infant & Toddler Grant Application Budget Worksheet

If funded, you will be required to pay for the costs of the approved project up front. The final reimbursement will be based the actual receipts submitted or the grant award provided by the State, whichever is less.

Maximum Award: \$1,000 Family Child Care

Step 1:

Enter the projects/items requested to help improve the quality of care for infant and toddlers in your care

Quality-Related Expenses <i>Enter description of project/item</i>	Quantity	Cost per item	Shipping & tax cost	Total Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL COST:				\$
TOTAL GRANT REQUEST: <i>Enter Total Cost -OR- \$1000 maximum award, whichever is less.</i>				\$

Step 2:

Attach at least one bid for any contracted labor needed on this project. Attach at least one bid/verification of cost for each item(s) to be purchased. Please check that the item(s) and/or bid(s) amounts match the information on your worksheet above.

Registered Family Child Care Infant & Toddler Grant Application Terms of Agreement

I hereby apply for an Infant & Toddler Grant from the Division of Child Care Services (CCS) to assist financially in improving the quality of the infant and toddler care in my child care program.

If awarded funding, I understand and agree to the following terms and provisions:

- Grant funds must be spent for only the approved items in the amount specified, as defined on my Award Letter.
- If my program needs have changed, I will contact Child Care Services; I understand that I will not be reimbursed if I make substitutions without prior approval.
- I understand that I will not be reimbursed if I purchase an item outside of the Grant Award begin or end date, as defined on my Award Letter.
- I will only purchase items approved in the Grant Award letter and complete and submit the Final Grant Report & Reimbursement Form to CCS, by the Grant Award end date.
- I understand that I will be paid on a reimbursement basis, after I provide verification of project completion and documentation of expenditures on the Final Grant Report & Reimbursement Forms.
- I understand that I will be obligated to repay all or a portion of the compliance grant I receive if I do not continue to provide registered child care for one year from the award date. Repayment of the grant will be required within the following increments if I terminate my registered family child care program (based on termination date from the date of the grant award):
 - If grantee provides child care for less than 6 months 100% of the Grant Award
 - If grantee provides child care for 6 – 12 months 50% of the Grant Award

Signature:

I certify that the information I have provided in this application is true and correct, to the best of my knowledge.

Authorized Signature (Registered Provider signature)

Date

Grant Application Checklist

- Signed application
- Provider Number is listed on Application Form
- Bids are attached
- Completed W-9 is attached
- Other documentation verifying need is attached
- Grant application has been reviewed and is complete
- A copy of liability insurance and if vehicle insurance, if providing transportation, is attached



Substitute W-9

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<p>➤ Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</p> <hr/> <p>➤ Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>➤ Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ Exemptions</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>	<p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company - Individual</p> <p><input type="checkbox"/> Limited Liability Company - Partnership</p> <p><input type="checkbox"/> Limited Liability Company - Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)</p> <p>➤ Taxpayer Identification Number (TIN)</p> <p>_____</p> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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➤ **Certification**
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date (mm/dd/yy)

➤ **Optional Direct Deposit Information**

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (9-digit ABA #)	Name on Bank Account
THIS IS A:			
<input type="checkbox"/> new direct deposit <input type="checkbox"/> change of existing (providing old banking information required to change existing)			
Old Bank Account Number	Old Routing Number (9-digit ABA #)	You must provide the previous banking information to make a change.	
Required e-mail address (Please make this LEGIBLE)			
If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at http://bfm.sd.gov/vendor . We will NOT share your email address with anyone or use it for any purpose other than communicating remittance information.			

Information below to be completed by the State Agency. Vendor Number required for any new vendors added to SDAS.

State Agency:	Agency Contact:	Date:	Vendor Number assigned by SDAS:
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