

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF CHILD CARE SERVICES

910 E. Sioux Avenue

PIERRE, SD 57501-3940

PHONE: 605-773-4766

FAX: 605-773-7294

WEB: <http://dss.sd.gov/childcare/>



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January 31, 2020

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.

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. This includes indoor and outdoor equipment or manipulatives such as child-size tables and chairs, safe places to crawl and climb; etc.

Grant awards are contingent upon available funding and whether the request meets the grant criteria, see attached suggestions. We encourage you to reach out to your regional Early Childhood Enrichment (ECE) office to assist with selection of items that optimize infant and toddler development within your program.

**Maximum grant award for a child care center is \$500.00, and there is no match for this grant opportunity.** This grant does follow the health and safety grants for all other criteria including reimbursement and requiring all purchases must be made within the provider's individual contract period. 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/>.

Review and approval of applications will be on a first come, first served basis, based on the date the complete application is received. 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  
910 E. Sioux Avenue  
Pierre, SD 57501**

If you have any questions about the application process, contact Carol Bush at 1.800.227.3020, press 4, then extension 6432.

Sincerely,

Carroll Forsch  
Interim Director

## **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:**

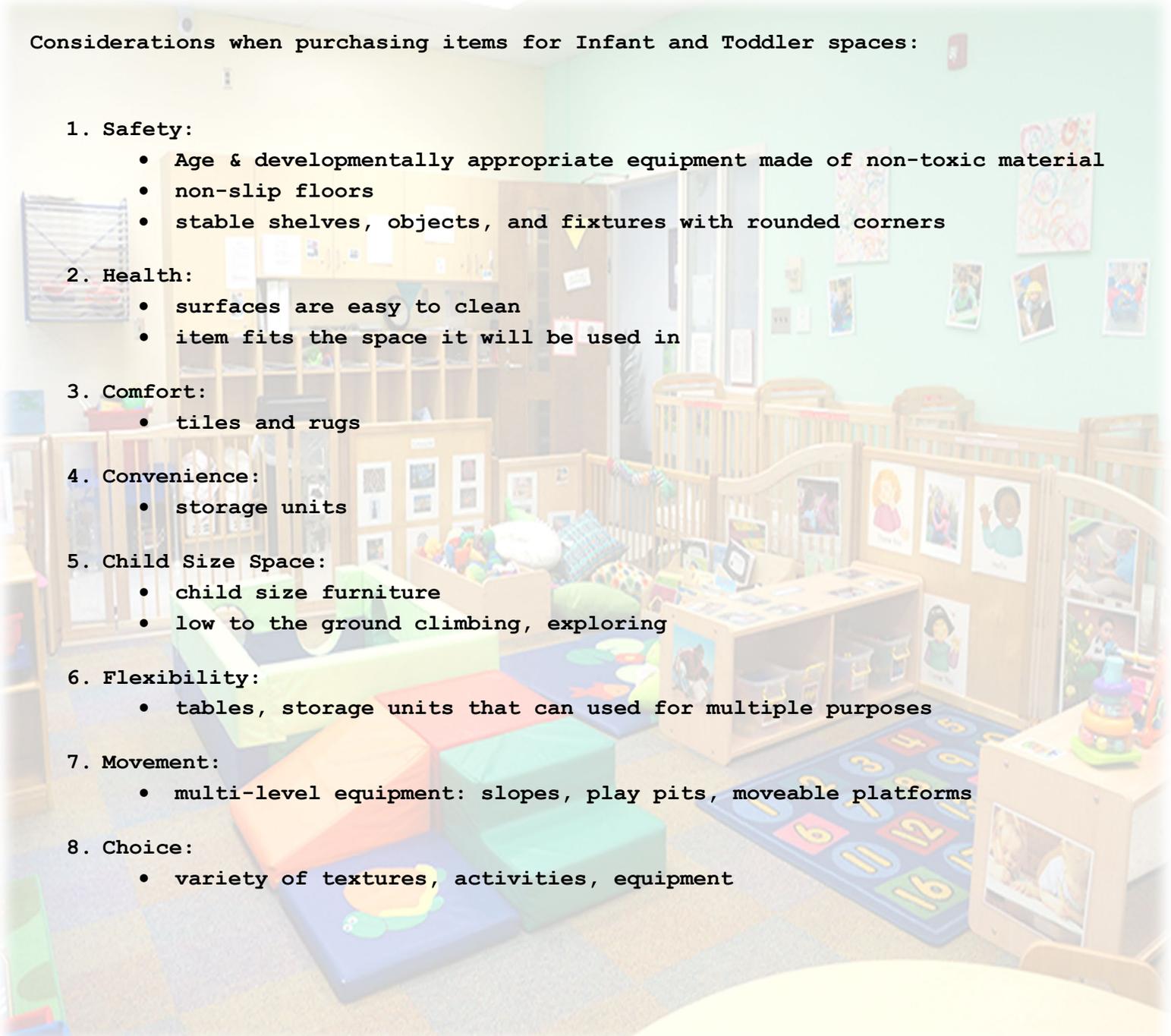
- **tables, storage units that can used for multiple purposes**

### **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

Submit before August 1, 2020

## 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: \$500

### Submission of Application

The completed and signed application and all required attachments should be mailed to the Division of Child Care Services, 910 E. Sioux Avenue, Pierre, SD 57501.

Providers may not apply more than once per calendar year.

### 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.
- 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:**

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Understanding children's development and learning at different ages is a crucial starting point in creating environments that support the development of children in care.

- The newest category of orientation training is child development including all domains. Explain how your choices for this grant purchase relate to the child development domains.

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- The SD Early Learning Guidelines were developed for early childhood professionals who nurture and support the development of young children. Explain how choices for this grant purchase relate to the SD Early Learning Guidelines.

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- Provide a summary of how each of the purchases you have requested will help enhance the care you are able to provide to infants and toddlers in your program.

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# 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.

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**Authorized Signature (Registered Provider signature)**

**Date**

### **Grant Application Checklist**

- Signed application, page 4
- Provider Number is listed on Application Form, page 1
- Pictures are attached, if applicable
- 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>➤ <b>Legal Name</b><br/>(as entered with IRS) <b>If Sole Proprietorship enter your Last, First MI</b></p> <hr/> <p>➤ <b>Business Name</b><br/>If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>➤ <b>Order Address</b> (where order should be mailed)<br/>PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ <b>Remit Address</b> (where check should be mailed)<br/>PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ <b>Exemptions</b></p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p> | <p>➤ <b>Entity Designation</b> (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><br><p>➤ <b>Taxpayer Identification Number (TIN)</b></p> <p>_____</p><br><p>➤ <b>Check Only One</b> <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 back up 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 back up 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<br>( ) |
| Signature    |               | Date (mm/dd/yy)         |

➤ **Optional Direct Deposit Information**

|   |   |  |                      |
|---|---|--|----------------------|
| Your Bank Account Number  | <input type="checkbox"/> Checking<br><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 #)                                    | <b>You must provide the previous banking information to make a change.</b> |                      |
| 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: |
|---------------|-----------------|-------|---------------------------------|