



Dear Child Care Provider,

Grants are available through the Department of Social Services, Child Care Services (CCS) to enhance 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 licensed 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 group family daycare is \$2,000, 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, complete risk assessment questionnaire, complete FFATA form, verification of liability insurance, business is registered with SD Secretary of State, 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 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 used for multiple purposes

7. Movement:

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

8. Choice:

- variety of textures, activities, equipment

Licensed Group Family Day Care Infant & Toddler Grant Application

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 licensed 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: \$2,000.

Submission of Application

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

Providers may apply once per fiscal year (October-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;
- W-9 form, FFATA form, and Risk Assessment Questionnaire

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

Licensed Group Family Day Care Infant & Toddler Grant Application Program Information

Name of Child Care Program			
Provider License Number			
Facility Address			
City/Zip Code			
County			
Mailing Address (if different)			
City/Zip Code			
Contact Person for Grant		Title	
Owner Name, if different			
Contact Email Address			
Contact Phone Number			
Total Grant Request	\$		

- Length of time as a licensed 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? _____

- 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.

- 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.

Licensed Group Family Day 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: \$2,000 Group Family Day 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- \$2,000 maximum award, whichever is less.</i>				\$

Step 2:

Attach at least one bid for any contracted labor or item(s) to be purchased. Please check that the item(s) and/or bid(s) amounts match the worksheet above.

Licensed Group Family Day Care Infant & Toddler Grant Application Terms of Agreement

I hereby apply for an Infant & Toddler Grant from the Office of Child Care Services 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 my approved items and complete and send in the Final Grant Report & Reimbursement Form, 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 with the Final Grant Report & Reimbursement Form.
- 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 or licensed 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 or licensed 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 (owner of facility)

Date

Grant Application Checklist

- Provider License Number is listed on Application Form
- Signed application
- Bids
- Other documentation verifying need, if applicable
- Completed W-9
- Completed Risk Assessment Questionnaire
- Business is registered with the South Dakota Secretary of State
- Completed FFATA form
- A copy of liability insurance
- A copy of vehicle insurance, if providing transportation



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:

1. The number shown on this form is my correct taxpayer identification number, AND
2. 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.
3. 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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Risk Assessment Questionnaire - DSS Subrecipients

Subrecipient Name:	
Program Name(s):	
Grant Period(s):	

1. Eligible to Conduct Business with the State (answering yes to any of these questions results in ineligibility to receive funds)	Yes/No
Is your entity on the federal debarment list (www.sam.gov)?	No
Is your entity on the Bureau of Administration's debarment list (boa.sd.gov)?	No
Is your entity not in good standing with the SD Secretary of State (sos.sd.gov)?	No

2. Amount	
**Amounts less than \$100,000 only complete sections 1. through 6.i.	
Amount of your award (If award amount is unknown, an estimated award amount should be used.)	\$0.00

3. Funding of Entity	
What percentage of funding would this grant be for the entity in comparison to the entity's total funding?	0%

4. Accounting System	Automated	Manual	Combo
Type of accounting system used by the entity	No	No	No

5. Program Complexity	
Check all that apply	
<input type="checkbox"/> Numerous programmatic requirements and/or must strictly adhere to regulations <input type="checkbox"/> Matching funds or Maintenance of Effort are required	<input type="checkbox"/> Various types of program reports are required <input type="checkbox"/> The entity further subcontracts out the program

6.i. Entity Risk (Questions Must Be Answered for All Grants)	Yes/No
a. Is your entity receiving an award for the first time from the State?	No
b. Will your entity be receiving funds prior to expenses being claimed?	No
c. Does a conflict of interest exist between the applicant and Department issuing the grant?	No
d. Does the program leader have more than 3 years of experience in managing the scope of services required under this program?	No
e. Does your entity's financial and programmatic staff who will oversee this grant have more than one year prior federal grant award experience?	No
f. Has your entity been in business for less than 3 years?	No
g. Does your entity anticipate subcontracting or subgranting the grant onto other entities?	No
h. If applicable, is there any indication that your entity may have difficulty meeting the required match?	No

6.II. Entity Risk (Questions Must Be Answered for 100,000 or Larger Grants)	Yes/No
a. Does your entity have prior experience with similar programs?	
b. Does your entity maintain policies which include procedures for assuring compliance with the terms of the award?	
c. Does your entity have an accounting system that will allow you to completely and accurately track the receipt and disbursements of funds related to the award?	
d. If applicable, does your entity have a system in place which can track employee time spent on multiple programs?	
e. If applicable, does your entity have a procurement system or procedures in place that meet the minimum federal requirements for procurement?	
f. If applicable, does your entity have a property management system that meets the minimum federal requirements for equipment management?	
g. If applicable, does your entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?	
h. Has your entity been audited in the past 3 years? (select N/A if has been in business for less than this amount of time)(Per 2 CFR 200.501, this is required for all entities who receive over \$750,000 in federal funds annually.)	
i. If your entity received over \$750,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501.	
j. Did your entity have one or more audit findings in their last single audit regarding program non-compliance and/or significant internal control deficiency?	
k. Are there currently any unresolved audit issues?	
l. Does your entity intend to claim use of personal property as an expense?	
m. Did your entity have any of the below items within the past year?	
<i>Examples of other items:</i> (1) having new or substantially changed systems or software packages, i.e. accounting, payroll, reporting, technology, administration; (2) turnover in personnel, i.e. business, award management, program; (3) external risks including: economic conditions, political conditions, regulatory changes & unreliable information; (4) loss of license or accreditation to operate program; (5) new activities, products, or services; (6) organizational restructuring; (7) where indirect costs are included, does the organization have adequate systems to segregate indirect from direct costs.	
<u>If yes, please explain:</u>	

I declare and affirm that all the information listed above is to the best of my knowledge and belief and is in all things true and accurate.

Name: _____

Date: _____

South Dakota Department of Social Services
SUB-RECIPIENT INFORMATION FFATA REQUEST FORM
Federal Funding Accountability and Transparency Act (FFATA)
 (To Be Completed By Sub-recipient)

Business Name: _____

Unique Entity ID Number (SAM.gov) _____

Tax ID Number: _____ Parent Entity Tax ID Number: _____

Physical Street address: (Not PO Box) _____

City: _____ State: _____ Zip+4: _____

Entity Email Address: _____

Contact Person: _____ Title _____

Phone Number: _____ Email Address: _____

Is the sub-recipient a: Non-profit entity Foreign entity For-profit entityDo you have a Federally-negotiated indirect cost rate? Yes No Rate: _____Did your entity receive over \$750,000 in federal funds from DSS and other sources combined in the last year? Yes NoDid your entity have an audit finding in the last single audit regarding program non-compliance and/or significant internal control deficiencies? Yes No*Please answer the following sections as required:***Part A: Transparency Act**

- I. In the preceding fiscal year did you receive 80% or more of annual gross revenues in federal awards? Yes No
 (if Yes, see question II.; if No, skip to Part C)
- II. Did you receive \$25,000,000 or more in annual gross revenues in federal awards? Yes No
 (if Yes, see question III.; if No, skip to Part C)
- III. Does the public have access to information about the compensation of senior executives of your entity through periodical reporting to the SEC? Yes No
 (if Yes, skip to Part C; if No, and questions I. and II. were answered Yes, then you are required by the Transparency Act to provide the information required in Part B*)

Part B: (If Applicable*)

If qualifications were met in part A, the Transparency Act requires us to provide the names and total compensation** of the five most highly compensated officers. Please attach a list of this information to this form or complete the information below.

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

**Total compensation is defined as cash and noncash value earned by the executive during the past fiscal year including the following: salary & bonus, award of stock, stock options, and stock appreciation rights. Earnings for services under non-equity incentive plans, change in pension value, above market earnings on deferred compensation and other compensation > \$10,000.

Part C: Certification

I certify that to the best of my knowledge that all information on this form is correct.

Signature_____
Date