

Facility Improvement Grant Program for Childcare Facilities

The Improvement Grant for Childcare Facilities program is designed to help meet our workforce needs for childcare in the Lisbon ND area. By helping improve our current facilities and helping them attain certain needs, we will help give them the tools to increase the capacity of the facility and help give incentives to new childcare facilities.

This program is for licensed childcare facilities. The two types of facilities that we currently have in Lisbon are Licensed In-home and Licensed Group/center facilities. Each application will be turned into the STAR Committee, they will review all applications and send the recommendation to the City Council.

To be eligible for this program the following requirements are required:

- A. Businesses must be in the City Limits of Lisbon or within 10miles.
- B. The business must be a North Dakota licensed childcare provider and must provide proof.
- C. Business must be up to date on all City Utility Bills and Property Taxes.
- D. Improvements will need to acquire a building permit from the City of Lisbon.
- E. Businesses will need to provide quotes or receipts of purchases.
(if possible, please purchase locally)
- F. More priority will be given to a facility that proves these changes will increase capacity.

To complete the application process, you will need to fill out the attached application form, the facility improvement form, and all supporting documentation. If you have any questions about the application process, please you can reach out to the Economic Development Director, Kristina Dick, or any of the STAR Committee member.

Bonnie Mattson - Chairman
Ben Gemar – Council Representative
Kristina Dick – Economic Development Director
Julie Johnson
Karlie Qual
Crystal Lind
Tara Gillispie
Lee Falk

APPLICATION FOR CHILDCARE: Facility improvement Grant

APPLICANT INFORMATION

Name of Applicant:

Phone:

Cell:

E-mail:

City:

State:

ZIP Code:

How many families do you serve as of today?

GROUP INFORMATION

Name of Group

Mailing Address of Group

City:

State:

ZIP Code:

Phone:

Cell:

E-mail:

Tax ID of Group:

How will the project meet the priorities of this program:

Would these upgrades increase the total of children you can serve, if yes, How many? _____

Would you consider a portion of the request to be in the form of a zero 0% loan? _____

FUNDING INFORMATION

Amount of funding request:

Do you have other funding needs:

Yes

No

If yes what are the other needs:

Appropriation of funds:

	Supplies:	\$
	Safety Items:	\$
	Activity Items:	\$
	Facility Updates; (if eligible)	\$
	Total:	\$

**Any other comments that
may help committee:**

APPLICANTS SIGNATURE

Star USE ONLY

Facility Improvement Request Form

Supplies

<u>Items</u>	<u>Requested Amount</u>	<u>Notes:</u>
<u>Indoor Gates</u>		
<u>Restroom Improvements</u>		
<u>Sleeping Equipment</u>		
<u>Child Size Equipment</u>		
<u>Entry Shelving/Hooks</u>		

Safety Items

<u>Items</u>	<u>Requested Amount</u>	<u>Notes:</u>
<u>AED's</u>		
<u>Fire Extinguishers</u>		
<u>Repair Outdoor Items</u>		
<u>First Aid Kits</u>		
<u>Smoke Detectors</u>		
<u>Infant Monitors</u>		
<u>Door Locks / Gates Locks</u>		

Activity Equipment

<u>Items</u>	<u>Requested Amount</u>	<u>Notes:</u>
<u>Outdoor Items</u>		
<u>Indoor Infant Play Items</u>		
<u>Educational Toys / Games</u>		
<u>Educational Books</u>		

Facility Updates (In-home facilities not eligible)

<u>Items</u>	<u>Requested Amount</u>	<u>Notes:</u>
<u>Wall/Paint Repairs</u>		
<u>Flooring Repairs</u>		
<u>Door Repairs/ Replacements</u>		
<u>New/ Extend Fence</u>		
<u>Interior / Exterior Safety Lighting</u>		
<u>Land Acquisition to expand</u>		

Other items to be reviewed:

<u>Items</u>	<u>Requested Amount</u>	<u>Notes:</u>

Total Requests: _____

Please included quotes/estimations of work to be completed