



## COMMUNITY SERVICES

### NOBLES COUNTY - MINNESOTA **Child Care Expansion and Capacity Grant Guidelines** **04/13/23**

#### **PROGRAM DESCRIPTION**

Nobles County is accepting applications from new and current child care providers to help increase the number of child care slots for new or expanding child care centers, licensed family providers, and developers of special family child care facilities in Nobles County. Applications are accepted on an ongoing basis, subject to available funds.

#### **GRANT ELIGIBILITY**

Child care centers, family-licensed providers, special family child care licenses, and developers of special family child care facilities are eligible to apply for the Child Care Expansion and Capacity Grant Program if they meet the following:

- (1) Located or will be located in Nobles County.
- (2) Will use the funds to create child care slots.
- (3) A 10% match is required. This match can be in-kind services (meaning work done on the project valued at or above 10% of the cost) or funding from the owner.
- (4) Have a current active license and be in good standing or be in the process of completing licensure. Applicants completing licensure should be in the final stages of the licensing process when submitting an application.
- (5) Provide or intend to provide full-time child care (at least 4 days a week and at least 8 hours per day).
- (6) No current tax liens with the Minnesota Secretary of State.
- (7) Be current on property taxes or any other obligations to Nobles County, as applicable.
- (8) Provide child care services to the public for a minimum of 36 months from the date of grant acceptance. If the 36-month minimum is not met, the grantee must make a prorated repayment of grant funds calculated by the number of months short of the 36-month minimum.

## ELIGIBLE EXPENSES

Grant funds can be used to pay for costs associated with equipment purchases, staffing expenses directly related to the expansion (such as training of new staff), and facility improvements required by licensing and/or fire safety requirements. Questions about eligible expenses can be sent to [joshua.schuetz@cedausa.com](mailto:joshua.schuetz@cedausa.com). Applicants may request amounts up to the following: \_\_\_\_\_

Provider Type	Maximum Grant Amount
Expanding Licensed Family Provider	\$3,000
New Licensed Family Provider	\$10,000
New Special Family Child Care License	\$10,000 Per License
Developer of a new Special Family Child Care Facility	\$35,000 per facility
New or Expanding Child Care Center	\$75,000 per location

## APPLICATION PROCESS:

- (1) Complete a Nobles County Child Care Expansion and Capacity Grant Application.
- (2) Submit the completed application by email to [joshua.schuetz@cedausa.com](mailto:joshua.schuetz@cedausa.com) or by mail to:  
Nobles County Community Services Attn: Joshua Schuetz  
318 Ninth Street / PO Box 189  
Worthington, MN 56187
- (3) If grant funds are awarded, the applicant will get an email notice from [joshua.schuetz@cedausa.com](mailto:joshua.schuetz@cedausa.com) along with a grant agreement to review and sign. If the applicant has no email address, the notification and grant agreement will be mailed to the applicant.
- (4) After the grant agreement is signed and returned to the County in the same way the application was submitted, the applicant may begin work on their project.
- (5) The grantee should submit invoices for eligible expenses to the county, and the county will issue a check to the grantee for the payment of the invoice. Invoices cannot be dated prior to April 2023.
- (6) At six month intervals, the grantee will provide photographs of the work performed to update the county on the progress of the project.

## **TAXABLE INCOME**

Please note that any funding received through this grant program may be subject to federal and state taxation. It is the responsibility of the recipient to consult with a tax professional and accurately report any applicable taxes to the appropriate government agency. Nobles County will send grantees a W-9 form for tax purposes.

Questions? Contact Joshua Schuetz by emailing [joshua.schuetz@cedausa.com](mailto:joshua.schuetz@cedausa.com) or by telephone at (507) 295-5285.

## **ACKNOWLEDGEMENTS**

Nobles County reserves the right to reject or modify any application or portions thereof if it feels the application does not meet the guidelines or application process requirements.

**NOBLES COUNTY - MINNESOTA**  
**Child Care Expansion and Capacity Grant Program Application**

1. Legal Business Name: \_\_\_\_\_

2. Operating Name or DBA: \_\_\_\_\_

3. Owner Name: \_\_\_\_\_  
First Name Last Name

4. Business Address: \_\_\_\_\_  
Street Address City State Zip Code

5. Email: \_\_\_\_\_ 6. Phone Number: \_\_\_\_\_

7. Years in Business: \_\_\_\_\_ 8. Minnesota Tax ID: \_\_\_\_\_

9. Are your property taxes current as of the time of application?

Yes  No

10. Do you have any current tax liens on record with the Minnesota Secretary of State?

Yes  No

11. What kind of child care business do you operate?:

- Expanding Licensed Family Provider
- New Licensed Family Provider
- New or Expanding Child Care Center
- New Special Family Child Care License
- Developer of a new Special Family Child Care Facility

12. Do you plan to own and operate your child care business for at least the next 36 months?

- Yes
- No

13. If currently licensed, what is your total number of child care slots?

\_\_\_\_\_ Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School-Age \_\_\_\_\_ Total

14. If you are a new provider, please provide a description of your start-up child care business.

15. Describe how receiving this Child Care Capacity Grant would positively impact your business.

16. List the total number of new child care slots you will create if selected to receive this grant.

\_\_\_\_\_ Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Preschool \_\_\_\_\_ School-Age \_\_\_\_\_ Total

**17. Do you have employees aside from yourself?**

Yes: Number of employees \_\_\_\_\_  No

**18. Will this grant allow you to add additional employees to your business?**

Yes: Number of employees \_\_\_\_\_  No

**19. Total Grant Amount Requested\*:** \_\_\_\_\_

\*see maximum grant amount chart in Eligible Expenses section of Program Guidelines

**20. Describe the project expenses. Please attach invoices or quotes for each expense.**

Project Expenses	Cost Estimate
<b>Total Expenses:</b>	<b>** \$ 0.00</b>

**21. List all source(s) of funding that you have secured or requested to use for the project.**

Examples: First Children's Finance Facility Revitalization Grant, Southwest Initiative Foundation grant, funds from owner, in-kind, etc.

Source of Funds	Status (secured or pending)	Amount
Nobles County Child Care Capacity Grant	pending	
<b>Total:</b> *** must equal Total Expenses** in chart above		<b>*** \$ 0.00</b>

Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**CERTIFICATION STATEMENT**

I certify that the information provided in this application is true and accurate in all material respects. I certify that I will use the funds requested under this grant only within permissible guidelines. I understand that I am responsible for paying back funds to the county if it is found that I have misrepresented the information on this application. I authorize Nobles County to utilize the information provided to determine my business' eligibility for the program. I authorize Nobles County to share my information with community partners for the purpose of additional outreach.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_