



## LICENSED CHILD CARE CENTER GRANT APPLICATION

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**Welcome to the Buell Foundation Licensed Child Care Center Application. Applications are due by 5:00 p.m., January 15, 2025, May 1, 2025, or September 2, 2025, respectively, for each grant cycle.**

Please consult the online application help guide for additional information as you work on your application.

The application will automatically save information as you enter it. You can also manually save by clicking the button at the bottom of each page. You can return to the application to continue working on it anytime before the application deadline. You can also use the “View/Print Application” button at the bottom of each page if you want to print or save the application as a PDF.

Note: We recommend grantees plan sufficient time to complete the application. Required fields are noted with an asterisk. You will not be able to submit your application until every category on the far right of the screen shows a green checkmark.

Please consult the online application [help guide](#) for additional information as you work on your application.

Contact your Program Officer with questions about the content of your application. Click on the blue comment bubble icon (under the title of most of the sections of the application) for technical questions related to the online application. **Note:** This is not a "live" chat; questions will be answered within one business day via email.

You will receive an email once your application is successfully submitted. Please check your spam folder, and then contact [grants@buellfoundation.org](mailto:grants@buellfoundation.org) ([grants@buellfoundation.org](mailto:grants@buellfoundation.org)) if you do not receive the confirmation email once you have submitted your application.

# ORGANIZATION PROFILE

## **Legal Name of Organization**

This should be the exact wording from the IRS 501(c)(3) determination letter.

## **DBA (optional)**

Doing Business As—This is the name that the organization is widely known by if different from the legal name.

## **EIN (applicant organization)**

The Employer Identification Number from the top right corner of your IRS 501(c)(3) determination letter. It is sometimes referred to as a Federal Identification Number.

## **Tax Exemption Status**

- Please choose the one that best describes your organization.
- If you selected Other as your Tax Exemption Status, please describe.

## **Office Mailing Address County**

- Select the county where your headquarters are located.

## **Office Phone**

## **Organization Email Address Organization Website**

## **Year Organization Founded**

## **Fiscal Year End (mm/dd)**

## **Organization Mission Statement**

## **Geographic Area(s) Served (e.g., counties, towns, etc.)**

## **Board of Directors List**

Include the following information for each board member:

1. Position(s) on the board (officer and committee position)
2. Occupation and name of employer and/or affiliations(s)
3. City or county of residence
4. Term end date

You can upload a document that you already have developed. If you do not have a document, use the template provided here.

## **List of Names and Qualifications of Key Staff**

Include length of service with the organization. Do not include job descriptions or resumes. You can upload a document that you already have developed. If you do not have a document, use the template provided here.

#### **Does Your Organization Use a Fiscal Sponsor?**

## **Non-Discrimination**

The Foundation is committed to providing an inclusive and welcoming environment for all our staff, grantees, beneficiaries, and vendors and does not discriminate on the basis of race, color, national and ethnic origin, religion, gender, gender expression, age, disability, marital status, and sexual orientation in any of its activities, the administration of its grants, or employment practices. The Foundation's policy is to maintain an environment free of unlawful discrimination and to comply with all applicable national, state, and local laws pertaining to nondiscrimination and equal opportunity.

The Buell Foundation's funding application includes submission of the applicant's non-discrimination policy. The Buell Foundation prioritizes partnerships with organizations and programs that are aligned with its values, including non-discrimination. If an organization's non-discrimination policies and practices are not aligned with Colorado law and the Buell Foundation, it is possible that a funding request will be declined. If a grantseeker has questions or concerns about their policies and practices related to nondiscrimination, please contact one of our program officers at 303-744-1688.

#### **Please provide your organization's non-discrimination policy.**

If you have multiple policies, for instance a parent handbook and an employee handbook, please provide both.

A non-discrimination policy is not the same as a harassment policy. If you do not have a non-discrimination policy, please enter "No non-discrimination policy" below.

**If your policy does not align with the Buell Foundation's, please provide information about why any identified classes or parties are not included.**

## **Key Contacts**

To add a new contact, DO NOT simply edit the currently listed contact. That will change the information for that person's contact record.

- To Add a new contact click the "Select Contact" button
- Then choose the "+ Add New Contact" link
- Enter the information for the person whose information is not already in the portal.

### **Grant Contact**

This is the person at your organization we should contact to discuss your application. Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete. You may enter up to two people as a grant contact.

### **CEO or Executive Director**

The CEO or Executive Director contact CANNOT be the same as the Board Officer entered below.

**Please provide a unique (not shared) email address, this contact will be asked to electronically sign any grant award documents.** Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. This contact can also be a grant contact. **Note:** All information must be included for each contact before your application will be considered complete.

### **Financial Contact**

This is the person who will receive and process grant funds for your organization. The Financial contact can also be the CEO and/or grant contact. Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete.

### **Board Officer**

This CANNOT be the same person listed as the CEO or Executive Director contact above. The Board Officer can be a Grant contact or financial contact. Please provide a unique (not shared) email address, this contact will be asked to electronically sign any grant award documents. Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete. You may enter up to two people as a Board Officer.

### **Fiscal Sponsor Contact**

Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete. You may enter up to two contacts at your fiscal sponsor.

### **Fiscal Sponsor CEO or Executive Director**

The Fiscal Sponsor CEO or Executive Director contact CANNOT be the same as the Fiscal Sponsor Board Officer entered below. **Please provide a unique email address, this contact will be asked to electronically sign any grant award documents.** Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete.

### **Fiscal Sponsor Financial Contact**

This is the person who will receive and process grant funds at your fiscal sponsor. We will contact this person to provide ACH payment information if a grant is awarded. The Fiscal Sponsor Financial Contact can be the Fiscal Sponsor contact, Fiscal Sponsor CEO or Executive Director, or Fiscal Sponsor Board Member. Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** All information must be included for each contact before your application will be considered complete.

### **Fiscal Sponsor Board Officer**

This CANNOT be the same person listed as the Fiscal Sponsor CEO or Executive Director contact above. **Please provide a unique email address, this contact will be asked to electronically sign any grant award documents.** Click the "Select Contact" button below to either select a contact already in the system or to create a new contact. **Note:** all information must be included for each contact before your application will be considered complete. You may enter up to two people as a Board Officer.

## **FISCAL SPONSOR INFORMATION**

**Name of Fiscal Sponsor Organization EIN (Fiscal Sponsor)**

**Please attach the following documents:**

**Memorandum of Understanding or the contract between your organization and your fiscal agent/ fiscal sponsor**

**Attach your Fiscal Sponsor's operating budget for the current fiscal year**

Please include revenues and expenses in the budget. Maximum number of attachments allowed: Four

**Fiscal Sponsor's Current (year-to-date) Financial Statements**

These are generally financial statements reviewed at your Fiscal Sponsor's most recent board meeting. In some cases, the fiscal sponsor's year-to-date financial statements are the same as their most recent year-end statements. Please provide statements from within three months of application date.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement)

**Fiscal Sponsor's Year-end Financial Statements**

Include your Fiscal Sponsor's most recent fiscal year-end financial statements, audited if available. If the fiscal sponsor has an audit, but it is not available for the most recent fiscal year-end, also include the most recent audit.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement)
3. Most Recent Audit (optional)

### **Board of Directors List for the fiscal agent/fiscal sponsor**

Include the following information for each board member:

1. Position(s) on the board (officer and committee position)
2. Occupation and name of employer and/or affiliations(s)
3. City or county of residence
4. Term end date

You can upload a document that you already have developed. If you do not have a document, use the template provided here.

## **ABOUT YOUR REQUEST**

### **Total Grant Request**

This is the total amount requested.

### **How are you planning to use the funds you are requesting?**

- If you are a **licensed child care center**, please choose “Licensed Child Care” even if you are planning on requesting general operating or program support for your center.
- If you are a **licensed child care center** and plan to ask for **funds for an additional program**, such as home visitation, parenting education, etc., please choose “Both Licensed Child Care & Another Program.”

### **Name of Program or Project**

Tell us the name of the project(s) or program(s) for which you are seeking funding.

### **What type of support are you seeking for your Licensed Child Care program? Briefly describe what requested grant funds would be used for.**

In one or two sentences, describe at a high level what the grant will be used for. (You will have an opportunity to provide more detailed information later in the application.)

If you are seeking funding for more than one program or purpose, provide each program name and note the requested amount for each. Be sure to note any one-time requests that are outside of typical funding (e.g., technical assistance, materials, etc.).

*Suggested word limit: 150 maximum*

## MORE ABOUT YOUR ORGANIZATION AND PROGRAMS

**Provide a brief history of your organization**

*Suggested word limit: 250 maximum*

**Provide a brief description of the organization's current programs. Include:**

- Program name
- Population served
- Numbers served
- Expected results

*Suggested word limit: 250 maximum*

### Number of Employees

**Full-Time Staff   Part-Time Staff**

**Describe the organization's overall approach to evaluation, including how the organization measures impact. In this section, you may choose to discuss the following:**

- How the organization incorporates findings from its evaluation efforts or its experience to inform its future direction and improve its programming.
- How often staff and/or the board and/or program participants engage in evaluation-related activities.
- The relationship the organization has to formal research or evaluation efforts, linkages with colleges, universities, and/or evaluators, if appropriate.

If the organization does not attempt to measure impact in any way, provide an explanation as to why not.

*Suggested word limit: 250 maximum*

### Evaluation results (optional)

Provide the organization's most recent evaluation results, relevant to this request.

**Describe the challenges facing the organization in the next one to three years.**

If applying for program or project support, also include the challenges facing the program or project for which funding is requested.

*Suggested word limit: 250 maximum*

**Describe the opportunities facing the organization in the next one to three years.**

If applying for program or project support, also include the opportunities facing the program or project for which funding is requested.

*Suggested word limit: 250 maximum*

**Are you currently a funded partner of the Buell Foundation?**

## **Interim Report**

Please describe the progress made toward the current grant's goals and the impact the grant has had on the organization, specific funded program, and/or community.

Use this space to tell us how you are progressing in your current grant period. Include notable successes or challenges to your organization, or funded program, to date as well as any lessons learned and resulting changes.

*Suggested word limit: 250 maximum.*

Have currently awarded funds been fully spent?

Is your organization on track to fully spend down the current grant by the end of the contract date?

Please contact your Program Officer at 303-744-1688 to discuss options for the remaining funds from this grant.

## **LICENSED CHILD CARE INFORMATION**

**How many total child care centers do you operate? Please provide information about your child care centers.**

Download the following template file, complete the table, and upload the completed document below.

**How many child care sites do you have at each quality rating level?**

- Number of Colorado Shines Level 1 Sites
- Number of Colorado Shines Level 2 Sites
- Number of Colorado Shines Level 3 Sites
- Number of Colorado Shines Level 4 Sites
- Number of Colorado Shines Level 5 Sites

**Do you have any sites with other accreditations?**

### **Child Care Capacity**

**Are you licensed to serve infants?**

If you answered yes, please answer the organization capacity questions that will appear below.

**Are you licensed to serve toddlers?**

If you answered yes, please answer the organization capacity questions that will appear below.



### **Are you licensed to serve preschoolers?**

If you answered yes, please answer the organization capacity questions that will appear below.

## **Staffing**

**How many child care staff are employed by the organization/center?**

- Directors
- Teachers
- Assistants
- Other
  - *Please describe the positions included in Other*
- How many vacant positions do you currently have?
- Do you have strategies in place to help retain staff?

## **Curriculum**

**What is/are the primary early childhood curriculum/curricula used in your classrooms? Select any add-on curriculum/curricula and/or other programming used.**  
Check all that apply.

**Please name and describe all the add-on curricula that you selected.**

If you selected Other, please specify.

## **Assessment**

**What child developmental growth and learning assessments are used in the classroom? What are key outcomes and learnings from the last assessment timeframe?**

*Suggested word limit: 150 maximum*

**Have your staff been trained in the assessments?**

## **Family Engagement**

**Describe how you engage families throughout the year in their child's learning. What wraparound supports/services are provided to families?**

*Suggested word limit: 250 maximum*

## **Tuition Assistance**

**Describe your approach to serving families with low incomes.**

*Suggested word limit: 250 maximum*

**Does your center participate in any of the listed funding programs? Please check all that apply.**

- Colorado Child Care Assistance Program (CCCAP)
- Universal Preschool Program (UPK)
- Early Head Start
- Head Start
- Other (e.g., Denver Preschool Program (DPP), Summit County's Right Start, etc.). *Please list.*

**What percent of families enrolled in your program have low incomes as defined by the Buell Foundation in the downloaded document above? [More information here.](#)**

**Are tuition assistance or scholarships available to families?**

**How do you determine the level of tuition or scholarship assistance?**

*Suggested word limit: 150 maximum*

**What percentage of families receive tuition assistance? Attach tuition assistance structure and/or sliding scale.**

## ATTACHMENTS

**Attach your Program Budget(s) for the current fiscal year**

Program budgets should include both revenues and expenses.

### **Current (year-to-date) Financial Statements**

These are generally financial statements reviewed at your most recent board meeting. In some cases, the organization's year-to-date financial statements are the same as your most recent year-end statements. Please provide statements from within three months of application date.

1. Statement of Financial Position (balance sheet)
2. Statement of Activities (income and expense statement)

### **Year-end Financial Statements**

Include the most recent fiscal year-end financial statements.

1. Statement of Financial Position (balance sheet)
2. Statement of Activities (income and expense statement)

### **Does the organization have a financial audit?**

If additional documentation or follow-up information is needed to complete your grant application, your assigned Program Officer will reach out with a detailed request. **These items need to be received by the Buell Foundation one month after the initial deadline for your request to be considered for funding: January cycle: February 15; May cycle: June 1; September cycle: October 1.**