“This project is made possible by funding the Nebraska Department of Health and Human Services received through Nebraska Legislative Bill 1014: appropriation of funds allocated to the State of Nebraska from the federal

Coronavirus State Fiscal Recovery Fund pursuant to the federal American Rescue Plan Act of 2021, 42 U.S.C. 802.”

Child Care Capacity Building Opportunity

**Proposal Summary Form *(Required to be completed in entirety)***

|  |  |
| --- | --- |
| Applicant Information (please select one): | Individual  Organization/Entity |
| Applicant Name: | Click or tap here to enter text. |
| Geographic Area:  (ie. Community Name or County Name) | Click or tap here to enter text. |
| How many capacity expansion projects would be supported through these funds?\*:  \*If asking for funds for multiple projects, please list how many projects | Click or tap here to enter text. |
| Proposed Project (please select one): | Renovation  New Construction  Other: Click or tap here to enter text. |

# Please indicate which of the funding specifications this proposal fulfills:

# (may select more than one if there is more than one project)

|  |  |
| --- | --- |
| **New/not yet licensed program**  ***(please also select from below which license type***  ***below)***  Family Child Care Home I  Family Child Care Home II  Child Care Center  **\*Please list number of child care slots to be created by the new/not yet licensed program:** \_Click or tap here to enter text. | **Current license expanding**  ***(please also select from below which type of expansion will be occurring)***  Child Care Home I to a Family Child Care Home II  Expanding license from a Family Child Care Home I to a Child Care Center  Expanding license from a Family Child Care Home II to a Child Care Center  **\*Please list number of child care slots that**  **expanding from (enter number) \_\_\_\_\_to \_\_\_\_\_** |

|  |  |
| --- | --- |
| **Fiscal Sponsor Contact Information for Project:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Contact Information for Person Submitting RFP:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact Information for Person to Send Acceptance/Denial**  **Info to: (leave blank if same as person submitting RFP):**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  | | --- | --- | | **Project will increase**  **licensed capacity by:** | **Maximum Contract Amounts** | | *2-12 children* | *Up to $50,000* | | *13-24 children* | *Up to $135,000* | | *25-50 children* | *Up to $200,000* | | *51-75 children* | *Up to $250,000* | | *75+ children* | *Up to $300,000* | | **Total ARPA Funds Requested (from chart to the left/to be**  **spent by June 30, 2024):**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total overall cost of expansion project(s)\*:**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*This is the overall cost of the development or expansion project(s). |