

C4K Early Learning Quality and Capacity

Application / Approval Process



The Communities for Kids initiative is a multi-year planning and implementation initiative that was created in response to community requests for assistance with shortages of high-quality early childhood care and education programs.

Application Process:

1. Complete application.
2. Requests of \$1000.00 or more for minor renovations must have two job cost estimates accompanying the application. Allow one month for approval after application has been submitted.
3. Upon approval, fill out the fund's agreement form, include receipts and invoices for purchased items. Incomplete, unsigned paperwork will be held or returned.

Eligibility for Child Care Centers and Family Child Care Homes:

- Enrolled in Step Up to Quality and have a plan to achieve Step 2 or higher within 12 months, and/or nationally accredited.
- Implementing or planning to implement social-emotional curricula such as Pyramid Model, Second Step, etc.
- Programs must have a contract (or be willing to obtain a contract) with the Nebraska Department of Health and Human Services to provide care for families on child care subsidy and must be serving at least one child (or be willing to serve children) on subsidy
- Have a strong leadership in the community to lead planning and implementation efforts and to speak to early childhood policy issues.

Processing Procedure:

- Application returned to earlychildhood@bcchp.org
- This is reimbursement-based funding.
- All applications requesting \$300 or less may be processed by the Early Childhood Coordinator. All applications requesting more than \$300 will be reviewed/approved by the Buffalo County Community Partners Early Childhood Collaborative.
- Grant Cycle runs from October 1, 2021-September 20, 2022
- **Deadline:** All applications must be submitted by 5:00 p.m. on August 1, 2022.



Communities for Kids
nebraskachildren



Quality and Capacity Support Funds Application

Date: _____

Name of Facility: _____

Address of Facility: _____

Facility Contact Name(s): _____

Funds will be used for (short description of Quality/Capacity items purchased):

Amount Requested: _____

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