**2022 *Inclusive Futures* Capital Grant Program**

**Application Form**

**Instructions**

Please review the eligibility requirements in the RFP to confirm your eligibility for this grant. If eligible, prepare your application using this Word document. After you have prepared your answers, please submit your application online using the link below:

[*https://www.surveymonkey.com/r/InclusiveFutures2022*](https://www.surveymonkey.com/r/InclusiveFutures2022)

The submission deadline for completed online applications is **4PM on May 18, 2022**. Please note that you must submit your application online.

We encourage you to submit your application several hours in advance of the deadline, in case of any technical difficulties. You should be able to stop and re-start your online submission as long as you use the same computer and browser, but to caution against any loss of information, we suggest uploading everything online all at once.

If you have questions about the application, please reach out to Kira Wilke at Children’s Investment Fund, via kwilke@childrensinvestmentfundma.org or 617-727-5944, ext. 140.

**Eligibility Questions**

*These questions will be asked of you online:*

1. Is your organization a nonprofit 501(c)3?

Yes / No

1. Does the project site provide EEC-licensed, center-based care?

*The*project site*refers to the site where the proposed work is to be done.*

#### *Please note that family child care programs, for-profit centers, public schools, and municipal sites are not eligible for these funds.*

Yes / No

1. Is the project site located in the city of Boston?

#### *This includes: Allston/Brighton, Back Bay/Beacon Hill, Charlestown, Chinatown, Dorchester, Downtown, East Boston, Fenway/Kenmore, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, South Boston, South End, and West Roxbury*

Yes / No

#### Does the project site provide full-day, year-round early childhood education and care and/or out-of-school time programming year-round (including summers)?

Yes / No

#### Is at least 25% of the project site’s enrollment comprised of low-income children?*Defined as at least 25% of the site’s enrollment comprising of children receiving Department of Early Education and Care child care subsidy or attending a Head Start slot, as of April 29, 2022 or a later date.*

Yes / No

1. Do you own or lease the project site?

Own / Lease

#### If you lease, is your lease term at least 5 years or more (through August 2027)?

Yes / No

**Organizational Information**

*You will be required to complete these fields in the online form:*

1. Organization’s Name:
2. Organization’s Address:
3. Executive Director/CEO

Name:

Title:

Telephone:

Email:

1. Chief Fiscal Officer

*(or if no fiscal person on staff, name of person/agency who prepares your financials)* Name:

Title:

Telephone:

Email:

1. Primary Contact Person for this Application

*(if different than Executive Director/CEO)*

 Name:

Title:

Telephone:

Email:

1. Is your organization led by people of color?

*(defined as an agency in which the chief executive officer AND at least 50% of the Board are people of color)*

Yes / No

1. Name of Project Site *(where the proposed work is to be done)*:
2. Project Site Address:

Street Address:

Neighborhood (city of Boston):

Zip Code:

1. Title of Proposed Project:
2. Amount Requested (must be between $50,000 - $100,000): $\_\_\_\_\_\_\_\_\_

**Request Details**

*Please answer every question below. Type your answers in Word, then upload this section (pages 4 – 7) as an attachment online. Please keep your answers as brief as possible.*

**Organization and Site Profile**

1. Please give a very brief overview of your organization’s history, services offered, population served, and philosophy.
2. Are you currently serving children and/or staff with disabilities (which could involve mobility challenges or non-mobility challenges)? How many individuals?
3. Have you ever hired a consultant to do an accessibility assessment of your facility? Have you ever had a Capital Needs Assessment (CNA) done? *If yes, please upload any reports as attachments to the application.*
4. Has the facility undergone any other renovation in the past 3 years that required a permit? If yes, please describe the work done and the total cost.

**Project Description**

1. Please describe the accessibility problem that you are trying to solve. What is the challenge you face?
2. How do you plan to fix the accessibility problem at your site? Describe your proposed solution.
3. What direct benefits will the project have on the inclusivity of your program, for children and staff? Describe any additional benefits.

**Project Team and Timeline**

1. Who will manage the project?
2. List any consultants helping with this project. Please include the contact person, company name, and whether they are a minority-owned business/ minority business enterprise (MBE). MBEs can be certified through the state’s Supplier Diversity Office, the City of Boston’s supplier diversity database, or are self-certified or certified through a different source.

If you solicited quotes from any MBE vendors, please also list them here.

Architect: [ ]  MBE

Real Estate Development Consultant: [ ]  MBE Project Manager: [ ]  MBE

General Contractor: [ ]  MBE
Other Consultant or Vendor: [ ]  MBE

1. What is the proposed timeline for the project? How long will it take to do the work?

**Hazmat and Environmental Testing**

1. If you are disrupting drywall, flooring, or other interior surfaces at your site, you may need to conduct a hazardous materials assessment if you are awarded the grant. If you are disrupting outside soil as part of your proposed project, you may need to conduct a Phase 1 Environment Site Assessment or transaction screen if awarded the grant.

Has your organization ever conducted a hazmat or environmental study at the project site? Please tell us when, and if there were any findings. Please also attach any relevant documents to this application.

**Budget**

1. Using the chart below, please provide a budget for the facility improvement project that shows all proposed costs. Costs should match the contractor bids or product descriptions you submit with the application.

*Note: You can include costs for consultant fees incurred since January 1, 2022, for example if you paid an architect to draft plans.*

|  |  |  |
| --- | --- | --- |
| Name of Vendor Supplying Quote | Description | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL: |  |

1. Using the chart below, please show the sources of revenue for the expenses above.

*Notes: If you are planning to have the grant cover all of the costs, enter the total amount under “Inclusive Futures Capital Grant Program – this grant.” If the total cost exceeds the $100,000 grant cap, enter information about what additional sources of funding would cover the additional amount. The total amount should match the total noted in question #12 above.*

|  |  |
| --- | --- |
| Funding Source | Amount |
| Inclusive Futures Capital Grant Program – *this grant* |  |
| Other funding – *please specify here* |  |
| Other funding – *please specify here* |  |
|  |  |
| TOTAL: |  |

1. If awarded, will this grant cover all the costs needed for your project? If not, what other sources of funding will make up the difference? Please be as specific as possible. Please note that any additional funding sources must be committed and in-hand, not pending, at the time of this application.
2. Does your organization have audited financial statements from the past three years? *(Please note, you only need to submit the most recent year of audited statements)*
3. Did your organization experience a deficit over **any** of the prior three fiscal years? If so, how did your organization address this issue?
4. Over the past three years, did your audits or management letters indicate any significant findings, material weaknesses, or deficiencies? If so, what is the nature of these findings, and how has your organization addressed them?
5. Please describe any financial situations that we should be aware of.

**Enrollment**

1. Please enter enrollment information for the project site as of April 29, 2022, or any date after that might be more convenient for you. Please count one slot as an individual child in this chart, even if that child attends part-time. If enrollment exceeds licensed capacity because of part-time children, please add a note here.

To use this chart in Word, double click on the chart to use the embedded Excel form. If you are having trouble with doing this electronically, you may hand-write the numbers and upload it as a PDF online at the end of the attachments section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Site Enrollment as of \_\_\_\_\_\_\_\_\_\_\_\_\_(enter date)** |  |  |  |
|  |  |  |  |  |  |

**Attachments**

*Please prepare to upload the following attachments online. Please note that each attachment must not exceed 16MB and only the following file types are supported: PDF, Word, PNG, JPG, and JPEG. You will not be able to upload anything in Excel. You are limited to a total of 20 uploads, so please note where we suggest combining documents into one PDF.*

* **Request Details** narrative questions and charts (page 4 – 7 of this document), as a Word document
* **501(c)3 status** verification letter from the IRS, including your federal identification number and the legal name of the organization
* One year of your most recent **audited financial statements** (for your Fiscal Year 2021)
* **Management letters** (addressed to the Board of Directors) for the past three fiscal years, as issued by your auditors. Please combine all management letters into a single PDF. If your auditors do not generate separate management letters, please upload a statement to that effect.
* Most recent, board-approved **operating budget** for the current fiscal year in progress – for the program site AND the overall agency if applicable. Please note that you will need to upload this budget as a Word or PDF document; Excel will not be allowed.
* For the current fiscal year, provide the year-to-date internal **balance sheet**. Please note that you will need to upload this budget as a Word or PDF document; Excel will not be allowed.
* For the current fiscal year, provide the year-to-date internal **profit/loss statements.** Please note that you will need to upload this budget as a Word or PDF document; Excel will not be allowed.
* Copy of current **EEC license** in good standing for the project site
* List of your current **Board of Directors**, with names, titles, and organizational affiliations
* At least one of the following **Site Control Documents**:
	+ Executed Deed
	+ Executed Site Control Agreement with Public Agency
	+ Executed Lease with at least a 5-year term (through August 2027). Please also submit written approval from site owner to address the proposed needs.
* **Conceptual plans or specifications** created by a design or engineering professional. Please upload a single file that does not exceed 16MB in size.
* **Cost estimate(s)** prepared by a qualified professional(s) for the full scope of work proposed. Please combine all quotes into one PDF. Please note:
	+ Each estimate should include the company name and date of estimate
	+ Each estimate should break out the cost of materials, labor, profit and overhead
	+ One cost estimate per area of work is required. If you are able to collect two or three cost estimates for each area of work (to show competitive pricing), your proposal will be more competitive and help inform the reasonableness of the pricing.
* **Photo(s)** of space(s) requesting improvement. Please attach a Word or PDF document will all photos included.
* If project includes the purchase of furniture, fixtures, and/or equipment, please attach the **product descriptions and costs**. Please upload one combined PDF file.
* If you have done **hazmat testing or environmental testing** at your site, please attach copies of your hazmat report, Phase 1, Transaction Screen, or other applicable report.
* If you have done a recent **accessibility assessment or Capital Needs Assessment**, please attach the report.