



**FUND FOR SUSTAINING QUALITY APPLICATION COVERSHEET**  
**Cohort 2**  
**Application due October 31, 2018**

<b>APPLICATION CHECKLIST: Did you complete and include?</b>
SECTION 1: Narrative
SECTION 2: Attachments
<u>Question 1: Organizational Attachments</u> (Combine into one PDF document)
<u>Question 2: Financial Attachments</u> (Combine into one PDF document)
<u>Question 3: Strategic Planning Attachments</u> (Combine into one PDF document)
<u>Question 4: Staffing Attachments</u> (Combine into one PDF document)
<u>Question 5: Enrollment Attachments</u> (Combine into one PDF document)
<u>Question 6: Serving Low-Income Attachments</u> (Combine into one PDF document)
<u>Question 7: Commitment to High-Quality Attachments</u> (Combine into one PDF document)

<b>PROVIDER INFORMATION</b>			
<b>Legal Entity Name:</b>			
<b>Legal Entity Address:</b>			
<b>Contact Person:</b>			
<b>Contact Phone:</b>			
<b>Contact Email:</b>			
<b>Provider Website Address:</b>			
<b>Provider Type:</b>	For-Profit Not-for-Profit	<b>Provider Type:</b>	Single Site Multi-Site
		<b>If multi-site, how many sites?</b>	
<b>How many years has your organization provided child care services?</b>		<b>Does your organization provide services other than child care?</b> If yes, please describe other services in application question 1.c.	Yes  No
<b>Please indicate if your program has received any of the following supports in the past or present:</b>	<input type="checkbox"/> Fund for Quality Award <input type="checkbox"/> Child Care Facilities Fund <input type="checkbox"/> PHLpreK <input type="checkbox"/> Success By 6, United Way of Greater Philadelphia and Southern New Jersey		

<b>SITE LOCATION INFORMATION-if project covers multi-sites, only list contact if different from above</b>			
<b>Site Location Name:</b>			
<b>Location Address:</b>			
<b>Contact Person:</b>		<b>Position:</b>	
<b>Contact Phone:</b>			
<b>Contact Email:</b>			
<b>Current STAR Level:</b> List number of sites at each STAR level if multi-sites			

<b>Enrollment Information-</b> If project covers multi-sites, please enter consolidated numbers to the best of your ability. Site level information will be gathered in the Narrative Section.			
<b>Licensed Capacity</b>	<b>Current Enrollment</b>		
<b>Enrollment by Care Level:</b>	<b>Care Level</b>	<b>Number of Children</b>	<b>Number of Classrooms</b>
	Infant		
	Toddler		
	Preschool		
	School-age		
<b>Enrollment by Funding Source</b>	<b>Funding Source</b>	<b>Number of Children</b> duplicate count if child funded by multiple sources	<b>Approximate % of total enrollment</b>
	Private Pay <input type="checkbox"/> check box if includes school age children		
	Receiving CCIS subsidy <input type="checkbox"/> check box if includes school age children		
	Enrolled in Head Start		
	Enrolled in PreK Counts		
	Enrolled in PHLpreK		
	Other (please specify) _____		
<b>Does your organization serve any of these populations of children?</b>	<b>Population (☑)</b>	<b>Number of Children</b>	<b>Approximate % of Total Enrollment</b>
	<input type="checkbox"/> Medically Fragile		
	<input type="checkbox"/> Special Needs/ Developmentally Delayed		
	<input type="checkbox"/> English Language Learners		
	<input type="checkbox"/> Behavioral/ECMH Needs		
	<input type="checkbox"/> Other (please specify) _____		

<b>Staffing information-</b> if project covers multi-sites, please enter consolidated information to the best of your ability			
<b>Leadership/Senior Staff Grid</b>	<b>Name</b>	<b>Position</b>	<b>Years in current position</b>
<b>Staff Qualifications</b> Enter the number of staff in each category	<b>Degree/Credential</b>	<b>Number of Staff Completed</b>	<b>Number of Staff Currently Enrolled</b>
	High School/GED		
	CDA		
	PA Director Credential		
	AA in ECE/equivalent degree OR related field		
	AA other		
	BA/BS in ECE/equivalent degree OR related field		
	BA/BS other		
	MA/MS in ECE/equivalent degree OR related field		
	MA/MS other		
	PhD in ECE/equivalent degree OR related field		
	PhD other		
<b>Staff Benefits</b> Please indicate all benefits offered to qualifying staff	<input type="checkbox"/> Paid time off (PTO)		
	<input type="checkbox"/> Full or partial paid health insurance		
	<input type="checkbox"/> Full or partial paid retirement plan		
	<input type="checkbox"/> Full or partial paid life insurance		
	<input type="checkbox"/> Full or partial paid dental insurance		
	<input type="checkbox"/> Reduced child care fees		
	<input type="checkbox"/> Tuition assistance (participation in T.E.A.C.H. or other)		
	<input type="checkbox"/> Paid to attend staff meetings and/or training		
<input type="checkbox"/> Service awards or bonuses			