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## The Terri Lynne Lokoff Child Care Foundation Child Care Center Enhancement Grant Application

The Terri Lynne Lokoff Child Care Foundation (TLLCCF) is now accepting Child Care Center Enhancement Grant Applications. Grants will be awarded to child care programs for the purpose of implementing specific changes to improve the quality of care provided to children. **Nonprofit, nonsectarian child care facilities in Bucks, Chester, Delaware, Montgomery and Philadelphia counties are invited to apply for grant awards. Grants will be funded for a period of no more than one year, unless otherwise determined by TLLCCF. Individual centers can request a grant up to a maximum of \$4,000.** If you are a member of a child care agency, the Executive Director of the agency must sign off on your application.

### Eligibility Requirements

- Must be a nonprofit, nonsectarian child care program in operation and licensed a minimum of 5 years.
- Centers must have a current Child Care License from Pennsylvania Department of Public Welfare for operating child care programs. (Note: if you have a provisional license please submit and explain).
- Centers must serve preschool age children (infant to 5 years of age).
- Child care facility must be open for a minimum of 10 hours a day, to accommodate working families.
- Child care facility must be open 12 months a year.
- National Accreditation projects must specify the area the project is addressing.
- Facilities affiliated with a religious institution/located in a religious facility must confirm that the program is a separate operation with a nonsectarian evident policy. Child care centers that include religious teachings and/or are operated by religious institutions are not eligible.

### Not Eligible

- Kindergarten and school age (i.e. before/after school) programs will not be considered.
- Employee salary, bonus or benefits
- Operating Expenses
- Special Events and Ad Books
- For profit and religious based centers

**Completed applications must be postmarked no later than December 31, 2009**

**Applications postmarked after that date will not be accepted.**

**There will be no exceptions.**



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Child Care Center Enhancement Grant Application**  
**PLEASE DO NOT STAPLE – USE ONLY PAPER CLIPS AND BINDER CLIPS**

**Application Instructions**

- Read the entire application before proceeding.
- Verify that you meet all eligibility requirements listed on the first page.
- The application must not be re-typed or altered. (Faxes or emails will not be accepted).
- Please type answers or print legibly.
- Complete the questions in Parts I, II and III of the application.
- All grant applications must be accompanied by:
  - A copy of center's current annual operating budget
  - A copy of center's current year-to-date financial statement
  - A copy of a Pennsylvania State License from Department of Public Welfare
  - A copy of 501(C)(3) designation
  - Documentation stating that a child care center is operating as an independent entity if located at a religious institution.
- Use enclosed checklist to ensure that you have included all necessary materials for consideration.

**Important Reminders**

- All entries must be in one packet postmarked no later than December 31, 2009. Entries postmarked after this date will not be accepted. **Requests for deadline extension will not be accepted under any circumstances.**

**Applications will be subject to disqualification if the guidelines listed above are not followed.**  
**Only completed applications will be considered. There will be no exceptions.**  
**Applicants will be notified no later than April 28, 2010.**

**Please submit completed Child Care Enhancement Grant Application hard copy by mail to:**

**The Terri Lynne Lokoff Child Care Foundation- EG  
Ross Corporate Center  
100 Ross Road, Suite 160  
King of Prussia, PA 19406  
Phone 610.992.1140**

**Attention: Grant & Application**



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**PART I**

Date \_\_\_\_\_ **(PLEASE PRINT)**

Name of Child Care Center \_\_\_\_\_

Name of Director \_\_\_\_\_

Name & Title of Person Applying \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

Number of years in operation \_\_\_\_\_ Licensed Capacity (DPW) \_\_\_\_\_

Is the center accredited?  Yes  No If yes, by whom \_\_\_\_\_ when \_\_\_\_\_

Are you in Keystone Stars?  Yes  No If yes, what star level \_\_\_\_\_

Please list any funding sources other than tuition. \_\_\_\_\_

	Infants	Toddlers	Preschoolers	School-age	Total
Age Range					
Current Capacity					
Current Enrollment					
Number of Groups					
Teacher-Child Ratio					
Current Number of Subsidized Children					

Note: If center is at less than 75% capacity, please explain reason(s). \_\_\_\_\_

Required teacher qualifications (i.e. Education) \_\_\_\_\_

Amount requested \_\_\_\_\_

Title of project \_\_\_\_\_

Other agencies you are requesting funding for this project \_\_\_\_\_







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**PART III.** Please provide an itemized budget for this project.

Name of Organization \_\_\_\_\_

Title of Project \_\_\_\_\_

**BUDGET FOR PROJECT**

**LIST ALL ITEM COSTS\* ASSOCIATED WITH YOUR PROJECT.  
ALL ITEMS TO BE PURCHASED MUST INCLUDE PHOTOCOPIES WITH SPECS AND PRICES.**

Item	Quantity	Cost Per Item	Total Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Project Cost			\$

**If your project costs exceed the allotted grant from TLLCCF, indicate if you have secured additional funds and the source of those funds. Please use space on the back.**

**\*Projects requiring building or installation must include complete estimates from two contractors on their company letterhead.**



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### PART IV – Data Sheet

The Terri Lynne Lokoff Child Care Foundation gathers data on populations served by the centers we support. Our intent is to be in a position to report certain metrics to the people and businesses that help to support our foundation. The data is used internally and may be reported in aggregate with that from other centers, providers and institutions. **It will not** be a determinant in grant-making decisions.

Form must be returned with your completed application form.

Facility Name						
Number of children served:						
Age range of children served						
Ethnicity; number of children served in each category	African-American	Hispanic	Asian/Pacific Islander	Caucasian	Native American	Other
Number of children served from economically disadvantaged circumstances (family income less than 200% of poverty level)						
Number of children served (not included in previous response) that are otherwise at-risk*						

\*Includes but not limited to any of the following: non-English speakers, not living with both parents, parents recently immigrated, special needs, abusive circumstance, etc.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print name \_\_\_\_\_ Date \_\_\_\_\_



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### CHECK LIST

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I have enclosed a copy of the completed application that is paper clipped and submitted in (1) envelope for consideration, which includes the following:

- Part I - Applicant Information Sheet
- Part II - Detailed Description of Program and Goals & Purpose and Amount of Grant Request
- Part III - Budget for Project Request with required photo copies and/or 2 contractor proposals
- Part IV – Data Sheet
- A copy of Pennsylvania State Department of Public Welfare License - for operating child care programs
- A copy of 501 (C) (3) designation
- A copy of center's current annual operating budget
- A copy of center's current year to date financial statement
- Documentation stating that the child care center is operating as an independent entity if it's located at a religious institution**

**Note: Verify checked items are enclosed before signing and sending application.  
Application will not be reviewed unless all necessary information is included.**

Yes, I have included all of the required information that I checked above. I have confirmed our Center meets the eligibility requirements as stated on page one. I understand that my application will not be accepted if anything has been omitted or I have not followed all of the directions.

Applicant's Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_