

**City of Chicago Department of Family & Support Services  
Child Care Assistance Program (CCAP) Grant Application**

**FY2019-FY2020 Child Care Assistance Program (CCAP)**

**Agency Information**

**1.**

Agency Name: (Name used for DUNS registration and grantee pre-qualification)

Common Name (DBA):

Employer / Taxpayer Identification Number (EIN, TIN):

Organizational DUNS number:

SAM Cage Code:

Business Address: (For example - Street address, City, County, State, County, Zip + 4)

**Name and Contact Information of the Person Completing this Application**

**2.**

First & Last Name (Include Suffix):

Title:

Organizational Affiliation:

Telephone Number:

Email address:

**Name and Contact Information of the Person to be Contacted for  
Program Matters involving this Application**

**3.**

First & Last Name (Include Suffix):

Title:

Organizational Affiliation:

Telephone Number:

Email address:

**State of Illinois Department of Children and Family Services State Day Care License**

**4.**

Are you a Current Licensed Day Care Provider through the Illinois Department of Children and Family Services (DCFS)?

Yes

**Please attach a current copy of your State Day Care License**

No

*To be eligible to receive CCAP payments you must be a Licensed Day*

*Care Provider through the Illinois Department of Children and Family Services. This must be provided prior to finalizing contract.*

Pending

*Please attach your current letter of extension from the Illinois Department of Children and Family Services.*

**City of Chicago Day Care License**

**5.**

Are you a Current Licensed Day Care Provider through the City of Chicago Department of Business Affairs and Consumer Protection?

Yes

**Please attach a current copy of your City of Chicago Day Care License**

No

*To be eligible to receive CCAP payments you must be a Licensed Day Care Provider through the City of Chicago Department of Business Affairs and Consumer Protection. This must be provided prior to finalizing contract.*

Pending

**City of Chicago Registered Vendor Information**

<b>6.</b>	<p>Are you a Registered Vendor with the City of Chicago in the Department of Procurement Services' iSupplier portal?</p> <p><input type="checkbox"/> Yes    Enter Vendor Supplier Code: _____</p> <p><input type="checkbox"/> No</p> <p><i>You must become a registered vendor with the City of Chicago at the time the contract is established. You can visit the link below for information on how to become a vendor:</i> <b><i><a href="https://www.cityofchicago.org/city/en/depts/dps/isupplier/login-register.html">https://www.cityofchicago.org/city/en/depts/dps/isupplier/login-register.html</a></i></b></p>
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**Illinois Department of Human Services Health, Safety and Child Development Training Requirements**

<b>7.</b>	<p>Have all Directors and Teachers completed the following Level I Tier 1 Trainings?</p> <ol style="list-style-type: none"><li>1. Child Growth &amp; Development</li><li>2. Health Issues in Group Care</li><li>3. Nutrition Issues in Group Care</li><li>4. Safety Issues in Group Care</li><li>5. CPR/First Aid Certification</li><li>6. Child Abuse &amp; Neglect/Mandated Reporter Training</li><li>7. What is CCAP? (Directors Only)</li></ol> <p><input type="checkbox"/> Yes                      Enter Agency iLearning Membership Number: _____</p> <p><b><a href="https://courses.inccrra.org">https://courses.inccrra.org</a></b></p> <p><b>Attach a copy of the Gateways to Opportunity Agency Certification Report</b></p> <p><input type="checkbox"/> No</p> <p><i>To be eligible to receive CCAP payments your Directors and teachers must have completed all the trainings in the Level 1 Tier 1 Module. <b>Please note that all teaching staff and directors must complete the trainings within 30 days after the DFSS Child Care contract is established.</b></i></p> <p><input type="checkbox"/> Some</p>
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**State of Illinois Child and Adult Food Program**

<b>8.</b>	<p>Is your program certified through the State of Illinois Child and Adult Food Program?</p> <p><input type="checkbox"/> Yes</p> <p><b>Attach a copy of your program's most recent Child and Adult Food Program Audit (Include sites).</b></p> <p><input type="checkbox"/> No</p> <p><i>To be eligible to receive CCAP payments your program must be certified through the State of Illinois Child and Adult Food Program at the time the contract is established. <b>Please note that the agency must have an established contract with the Child and Adult Food Program within 30 days after the DFSS Child Care contract is established</b></i></p>
	<p>Number of Food Service Staff on Site: _____</p>
	<p>Food Vendor Information: <b>Please attach the name, address and phone number of your program's vendor and a copy of the contract agreement.</b></p>

**Organization Overview**

**9.**

What Community Areas are you serving with your early childhood or school aged programming?  
\_\_\_\_\_

Please attach a list of the names and addresses of each site the will be included in the funded project. Sites must be in located within the city of Chicago.

Number of Teachers that will work on the funded project?

Number of Classrooms that will be included on the funded project? \_\_\_\_\_

Number of Children projected to serve?

0 to 3 years \_\_\_\_\_

3 to 5 years \_\_\_\_\_

6 to 12 years \_\_\_\_\_

**Fiscal and Administrative Overview**

**10.**

Does your agency complete background checks on all employees and volunteers?

Yes       No

*To be eligible to receive CCAP payments all employees and volunteers must have evidence that they completed and passed a background check. This will be required prior to finalizing contract.*

Has your agency received CCAP funding in the past from IAFC?

Yes     No

If yes, how much did your agency receive? \_\_\_\_\_