PO Box 502
Hillsboro, ND 58045
hedc@rrv.net
www.growhillsborond.com

CHILD CARE GRANT & LOAN PROGRAM APPLICATION

Please complete and submit this form with all required supporting documents.

Name of Business			Daycare License #, if available
First Name	Last Name		
Address	City	State	Zip
Telephone Number	Email Address		

Type of Business (Check Only One)

☐ Profit ☐ Non-Profit ☐ Public Early Childhood Facility

Type of License (Check Only One)

☐ Licensed Family Child Care
☐ Licensed Group Child Care
☐ Licensed Child Care Center
☐ Multiple License
☐ Licensed School-Age Program
☐ Licensed Preschool

Current/Projected Number of Employees

Current Number		Projected Number After Project Completion	
	Number of Full Time Employees		Number of Full Time Employees
	Number of Part-Time Employees		Number of Part-Time Employees

Current Number of Children Enrolled in Provider's facility _____

Will the number of positions for children with disabilities or with low-income status be increased due to the grant?

☐ Yes ☐ No

If yes, please estimate the increased number of children to be enrolled with disabilities or with low-income status _____

Grant Request

☐ Equipment ☐ New Building/Building Acquisition ☐ Building Renovation

Amount Requested:_____

Provide a brief description of the project and use of the funds (attach additional page if necessary). Please provide sources of other funds used for projects, if applicable.

Mail/email and submit an original of the completed application with **ALL** supporting documents listed below to:

Hillsboro EDC
PO Box 502
Hillsboro, ND 58045
hedc@rrv.net

Please check and include the following required supporting documents to this application:

- Letter from either a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor confirming that the facility does not have a history of violations and/or corrective actions.
- Bids for the work to be done
- Letters of support from the community, if applicable
- If loan funds requested, provide tax returns or Profit and Loss Statement that shows repayment capacity.

If a history of violations and /or corrective actions exist, facilities will need to provide:

- A three year "Early Childhood Service History" from either a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor.
- An explanation of changes that have been made to correct the violations and a letter from a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor confirming that corrective action has taken place.

Certification:
I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accurate accounting records. I further certify that the applicant represents a child care provider within the state of North Dakota and is in compliance with all local, state and federal laws and regulations. I also further certify that the applicant is in good financial standing and has no delinquencies on existing government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the Hillsboro Economic Development Child Care Grant and faith-based provider federal guidelines, if appropriate.

Due to the nature of the organization, if the project is not completed by _____, the grant amount paid to recipient organization must be repaid to Hillsboro Economic Development. Loan terms include a 5-year repayment with interest fixed at the Bank of North Dakota base rate. (http://bnd.nd.gov/pdf/base_rate_history.pdf)
Scheduling variances will be heard on a case-by-case basis.

Name (Please Print)	Title
Authorized Signature (Child Care Provider)	Date

For Hillsboro EDC Use Only		
☐ Approved ☐ Denied	Amount Requested	Amount of Grant
Authorized Signature	Title	Date