# Application Guide for Employer-Sponsored Child Care Fund



Learn about the grant opportunity and find details on eligibility and allowable expenses as well as a complete list of FAQs <u>online</u>.



Applications must be submitted by Dec. 15 at 11:59 p.m. ET

## **About this Guide**

This guide is divided into two sections by application track. Understand your track and proceed to the corresponding section.



For a business/corporation employing 20 or more Indianabased employees.

Page 3





For either 1) a group of employers with 20 or more Indiana-based employees, or 2) a 501(c)(3) or 501(c)(6) community-based nonprofit applying on behalf of a group of local employers that collectively represent 20 or more Indiana-based employees. *Page 13* 

## **Employer-Sponsored Child Care Fund**

The Employer-Sponsored Child Care Fund is a \$25 million grant effort developed in partnership between the Office of Early Childhood and Out-of-School Learning and the Indiana Chamber of Commerce. The effort, which Gov. Holcomb detailed in his 2023 Next Level Agenda, aims to mobilize Indiana's business community to support the state's growing child care needs.

Grant awards provide seed funding for employers and nonprofit organizations to create or expand employer-sponsored child care benefits for Hoosier families. Funding is available to support the implementation of a range of child care benefit offerings, enabling employers and communities of all sizes to participate.

For more information, visit the Employer-Sponsored Child Care Fund webpage.

For questions or assistance with this application, please contact OECOSLDirector@fssa.IN.gov.

#### **Eligibility**

To be eligible for this opportunity, applicants must be:

- A business or corporation employing 20 or more Indiana-based employees;
- A group of employers with a total of 20 or more Indiana-based employees; OR
- A 501(c)(3) or 501(c)(6) community-based nonprofit organization (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more Indiana-based employees.

Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office.

Child care providers are not eligible to apply for this opportunity.

#### Allowable Caps

Award amounts are capped based on employer size using the chart below. Applicants that request more than their award cap will be disqualified.

# of Total IN Employees Represented by Applicant	Award Cap
1,000+	\$750,000
500-999	\$350,000
250-499	\$200,000
100-249	\$100,000
50-99	\$50,000
20-49	\$25,000



Guide for Single Employer Application

For a business/corporation employing 20 or more Indiana-based employees.

Note: Applicants must be located in Indiana and be in good standing with the Indiana Secretary of State Office



#### Step 1: Log in to Access Indiana.

To apply, visit <u>https://childcaregrants.fssa.in.gov/</u> and log in with Access Indiana.



### Step 2: Access the Grant Portal.

Once logged in, click the Employer-Sponsored Child Care Fund tile.

BuildLearnGrow	Available In Progress Completed Information Only Reporting
Forms	
User Settings	Available Forms
Need Help?	
Sign out	Employer-Sponsored Child Care Fund
	SUBMISSIONS DUE NOVEMBER 22ND, AT 11:59 PM ET
	Employer-Sponsored Child Care Fund
	20-30 MINUTES TO COMPLETE  Click on the "Employer-Sponsored
	Child Care Fund" tile



#### Step 2: Review grant eligibility and click Start Application.

Review the grant overview and eligibility requirements. If you meet all eligibility requirements, click "Start Form" to proceed.



#### Step 3: Select your application track.

Click the "Single Employer Application" tile.

ns	Application Tracks	/	Application"
eer Settings eed Help?	Select a track to begin your application.		Office of Early Childhood and Out- his 2023 Next Level Agenda, aims
gn out	Group Application	Single Employer Application	loyer-sponsored child care e benefit offerings, enabling
	Grants for a group application may be for the following two groups: • Group of Employers with a total of 20 or more employees. • Sot(C(3) or Sot(C(6) community based nonproft organizations (i.e.	Grants for a business or corporation employing 20 or more employees.	, kalen Dessenato skild ess
	community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers to collectively represent 20 or more employees.		ers of commerce, United Way
			e located in Indiana and be in



#### Have questions about eligibility?

For eligibility questions, please email <u>OECOSLDirector@fssa.in.gov</u>or contact your local <u>Child Care Resource</u> and <u>Referral agency</u>.



#### **Step 4: Complete the Workforce and Related Child Care Needs page.**

Provide information regarding your current workforce. Applicants are encouraged to be clear and concise in their responses.

	and Related Child Care Needs	Information	Expense Categories	Request for Funding	Budget	Letters of Support	Conditions	Keview		
Workforce and	Related Ch	ild Care	Needs						Save Help	o Links 👻
Please provide information re	garding your current	workforce and th	eir related child	d care needs.						
Total number of current emp	oyees (full-time equiv	alent)								
Total number of current India	na-based employees	full-time equiva	lent)							
Estimated percentage of India	ana-based workforce v	vith children age	s 0 to 12 who m	ay need child care	e services (full-ti	me equivalent)				
Please share the methods cu	rently used to collect	and monitor you	r Indiana-base	d workforce's child	d care needs. (20	00 character lim	t)			
Describe child care benefits (	if any) you currently o	ffer to your India	na-based work	force. (2000 chara	cter limit)					
Describe the barriers that pre	vent you from offerin	g or expanding c	hild care benefi	its to meet the nee	eds of your India	ina-based workfo	rce. (2000 chara	cter limit)		



## **Step 5: Complete the Applicant Information page.**

Provide basic information regarding your company/organization and list a point of contact.

Applicant Information				
 Provide information regarding the company	<b>1</b> y/organization applying for this grant oppo	ortunity.	Save Help Links	•
Organization Legal Name .*			EIN :	
Street *			Example: 12-3456789	
Street."				
City *	County *	State *	Zip *	
Select a city	Select a county	Select a state		
If your city is not listed in the dropdown, type it and pres	is enter. If your county is not l dropdown, type it and	listed in the d press enter.		
Website				
Category *				
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# **Step 6: Select an Allowable Expense Category for your funding request.**

Carefully review the allowable expense categories and select the one in which you'd like to request funding. You may only apply under one category.





## **Step 7: Complete the Request for Funding page.**

Describe how you propose to use funding. Applicants are encouraged to be clear and concise in their responses. Responses are limited to 2,000 characters.

and Rela Child C Need	ted Information	Allowable	Request for	Budget	Letters of	Terms &	Review
	ire S	Expense Categories	Funding	·	Support	Conditions	
Request for Fu	nding						Save Help Links
Please describe how you prop	ose to use funds to ac	dress the child o	care needs of you	ır workforce.			
Please describe your propose	d uses of funds. Additi	ionally, please pr	rovide a detailed	description of he	ow the requested	l funding will be u	used to help address the unmet
Please describe the outcomes	expected to be achiev	ved through this	effort including i	mpacts on busin	ess and support	for families. (200	0 character limit)
Describe how the proposed w	o of funds holds to as	dross the shild	care people of the	workforce this a	polication reprov	contra (2000 char	ector limit)
bescribe now the proposed as	e of funds helps to ac	idress the child o	care needs of the	workforce this a	pplication repres	sents. (2000 chara	
Please describe in detail your character limit)	implementation plan	including key tir	nelines and miles	stones. Please de	scribe how you p	olan to spend all 1	funds within 12 months. (2000
Describe any partners that wi	I support the impleme	entation of your	proposed effort a	and the roles eac	h will play (2000	character limit)	
	r support the impleme	entation of your	proposed enorra	and the fotes eac	n witt play. (2000	character unity	
Please describe your plan for character limit)	how these grant funds	s will allow for a	continued and su	ustainable path t	o child care for y	our workforce aft	er the grant period ends. (2000
Please describe how you cons used to support local child-ca character limit)	idered both the streng re providers and famil	gths and needs o lies that are in vi	of your local comr ulnerable situatio	munity in develo ons (i.e. financiall	ping your propos y, geographically	ed use of funds, i , or culturally disc	including how grant funds will be enfranchised families). (2000



## Step 8: Provide your project budget.

Complete the budget template regarding your proposed use of funds. Include the total cost of implementing your project, the funds you are requesting through this opportunity and any funding you are providing. Remember, applicants must contribute at a minimum an additional 10% of the total funding request through in-kind or monetary contributions.

If awarded, grantees will be required to submit a finalized implementation plan to the state. When the finalized implementation plan is approved by the state, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.

<form>         Species       Periods         Production of the produ</form>
Provide budget detail regarding your proposed use of funds. For each line, name the budget item, provide a brief description, add cost assumptions, and enter the tota funding requested. For additional direction, please see the example in failes, or the Allovable Expense Guide list in the Heip Links. Please include all project costs associated with an allowable expense category even if no funds are being requested to fund the item. Applicants must contribute at a minimum, an additional 10% of the total requested funding, either in in-faind or monetary contributions. Be sure the contribution is well commented. In kind match needs to be quantifable, and you need to determine and document a date by which it will be met. The requested funding must be positive and cannot be more than the award cap based on number of Indiana-based employees. Because you have 24.0 Indiana-based employees your ward cap is 254.000. Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval The avarded, Grantees will be required to submit a finalized implementation plan to the State. When the finalized implementation plan is approved by the State, you may compass and for up to 30% of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate the percent of your total grant request (0-30%) that you request is paid out for the receipt of approved implementation plan. Please indicate plan
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#### Step 9: Upload letters of support.

Letters of support are optional and may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click "Next" to continue.



#### Step 10: Agree to the Terms and Conditions.

Carefully review the terms and conditions by which you must abide should your application get awarded. Check the "I understand and wish to continue submitting my application" button and click "Next."





#### **Step 11: Review all application information before submitting.**

Please take a moment to review your application information one last time to ensure it accurately reflects your request. If the information is correct, click the "Finish" button to submit your application. After submission, applications may not be reopened or altered.

and Related Informa Child Care Needs	tion Expense Categories	Funding	Support	Conditions			
Review							
Workforce and Re							
Total number of current emp equivalent) 24.0 Please share the methods cu Data and systems Describe child care benefits ( None currently		Request for Fu Please describe your p address the unmet chi description of how the Please describe the ou outcomes expected to Describe how the please to use of funds helps to	inding roposed uses of funds. / Id care needs within you requested funding will I itcomes expected to be a be achieved through this iosed use of funds here only closer the other set of the set of the	Additionally, pleas r workforce. be used to help ad achieved through t is effort including i to address the overkfor	e provide a detailed description of dress the unmet child care needs: his effort including impacts on bus mpacts on business and support fo d care needs of the workforce this co bits noticity nearconstr	how the requested funding v within your workforce siness and support for familie or families. s application represents.	vill be used to help 15.
Describe the barriers that pr Integrating with other benefi		Please describe in det months. detail your implement	address the child care he ail your implementation ation plan including key	eds of the workfol plan including key timelines and mile	timelines and milestones. Please	describe how you plan to spe	nd all funds within 12
Applicant Informa Organization Name Test Company City Indianapolis Zip 46201		Describe any partners partners that will supp Please describe your p ends. these grant funds will Please describe how y funds will be used to s disenfranchised famili considered both the st	that will support the imp port the implementation ilan for how these grant allow for a continued an ou considered both the s upport local child-care p es). rengths and needs of yo	olementation of yo of your proposed funds will allow fo d sustainable path strengths and nee providers and fami ur local communit	ur proposed effort and the roles of effort r a continued and sustainable path to child care for your workforce a ls of your local community in deve lies that are in vulnerable situation is that are in vulnerable situation y in developing your proposed use	ach will play. n to child care for your workfo fter the grant period ends loping your proposed use of ( ns (i.e. financially, geographic : of funds	orce after the grant period funds, including how grant ally, or culturally
Describe your organization. ( Communications company Upload your organization's n size of your workforce. Note Employer-Sponsored Child		<b>Budget</b> Offering Tuition I	Benefits				Surdiar
		<b>item</b> Plan Set Up Cost ass Fee	Brief Description sociated with care assista set up	ince plan Cost i	<b>Budget Ass</b> s based on quote received of \$50 p through AE	u <b>mptions</b> per employee for up to 100 en ICD Bank	Request nployees \$5,000
Appicant Frimary First Name Test Email test@test.com		Contributions Item Matching funds Budget Summary Total Applicant Cor	<b>Brief Descrip</b> Matching fur , tribution (Separate from	<b>tion</b> nds the Total Funding	Budget Assumptions Financial match Request)	<b>Contribution Type</b> Monetary Total Funding Request	Funding Request \$3,000
		Portion of Req	\$3,000 uested Funds to be Comp Implementation Plan A \$1,500	pensated at the Tip pproval	ne of	s5,000 o submit	
	Revi	ew Agreement			your a	pplication	



Applications may be denied due to falsification of application information. Review your application carefully to make sure the information you provided accurately represents your program. Applications will not be reopened except under special circumstances.





## For either:

- 1. A group of employers with 20 or more Indianabased employees, or
- A 501(c)(3) or 501(c)(6) community-based non-profit (i.e., community foundations, chambers of commerce, United Way agencies, coalitions, etc.) applying on behalf of a group of local employers that collectively represent 20 or more Indiana-based employees.

Note: All entities included in the application, including lead applicants and supporting partners, must be located in Indiana and be in good standing with the Indiana Secretary of State Office



#### Step 1: Log in to I-LEAD.

To apply, visit <u>https://childcaregrants.fssa.in.gov/</u> and log in with Access Indiana.



## Step 2: Access the Grant Portal.

Once logged in, click the Employer-Sponsored Child Care Fund tile.

BuildLearnGrow	Available In Progress Completed Information Only Reporting
<ul> <li>➡ Forms</li> <li>֎ User Settings</li> <li>Ø Need Help?</li> </ul>	Available Forms
[♂ Sign out	Employer-Sponsored Child Care Fund SUBMISSIONS DUE NOVEMBER 22ND, AT 11:59 PM ET
	Employer-Sponsored Child Care Fund Click on the "Employer-Sponsored Child Care Fund" tile
	S 20-30 MINUTES TO COMPLETE



## Step 2: Review grant eligibility and click Start Application.

Review the grant overview and eligibility requirements. If you meet all eligibility requirements, click "Start Form" to proceed.



#### **Step 3: Select your application track.**

Click the "Group Application" tile.



?

#### Have questions about eligibility?

For eligibility questions, please email <u>OECOSLDirector@fssa.in.gov</u>or contact your local <u>Child Care Resource</u> and <u>Referral agency</u>.



## Step 4: Complete the Workforce and Related Child Care Needs page.

Provide information regarding the workforce you seek to support. Applicants are encouraged to be clear and concise in their responses.

Workforce and Related Child Care Needs	Applicant Information	Allowable Expense Categories	Request for Funding	Budget	Letters of Support	Terms & Conditions	Review
Workforce	and Rela	ted Chil	d Care N	eeds		Save	Help Links 🔻
Provide information r Total number of empl	egarding the wor oyers represente	xforce your app d	lication seeks to	support.			
Please list the employ of each employer. If y on why you are apply	yers involved in tl our application r ing as a group an	nis grant propos epresents a gen d your shared o	al. If your applica eral employer gro bjectives. (2000 c	ation involves a oup, (e.g., all em :haracter limit)	specific group of ployers in a coun	employers, provid ty or a specific trac	e the legal names Je), provide detail
Total number of curre	ent employees rep	presented acros	s involved emplo	yer group (full-t	ime equivalent)		
Total number of curre	ent Indiana-basec	employees rep	resented across i	involved employ	er group (full-tim	e equivalent)	
Estimated percentage	e of Indiana-base	l workforce with	n children ages 0	to 12 who may n	eed child care se	rvices (full-time ed	quivalent)
Please share the met	hods currently us	ed to collect an	d monitor your In	ndiana-based wo	orkforce's child ca	re needs. (2000 ch	aracter limit)
Describe child care bo	enefits (if any) cu	rently offered b	oy employers repi	resented in this	application. (2000	) character limit)	/
Describe current barr character limit)	iers that prevent	employers from	offering or expa	nding child care	benefits to meet	the needs of the v	vorkforce. (2000



## **Step 5: Complete the Applicant Information page.**

Provide basic information regarding your company/organization and list a point of contact. This information should reflect the lead applicant.

Needs	Categories	Request for Budget Funding	Letters of Support	Terms & Review Conditions	
Applicant Inform	nation			Save Help Li	nks 🔻
Provide information regarding t	he company/organization	applying for this grant or	portunity.		
For a company/organization wit	h a main office outside of	Indiana, ensure Indiana s	specific details are ent	ered below.	
Organization Legal Name				EIN	
				Example: 12-3456789	
Street					
City <u>*</u>	]	County <u>*</u>	State <u>*</u>	Zip <u>*</u>	
Select a city	upp it and proce onter	Select a county	Select a state		
n your city is not listed in the dropdown, t	ype n and press enter.	n your county is not listed in the dropdown, type it and press ente	r.		
Website					
Category <u>*</u>					
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# **Step 6: Select an Allowable Expense Category for your funding** request.

Carefully review the allowable expense categories and select the one in which you'd like to request funding. You may only apply for one category.



#### **Allowable Expense Categories**

Eligible applicants may request funding to expand or implement a wide range of employer-supported child care benefits, empowering them to choose what is most appropriate for their workforce or local employer community. More information is available in the Allowable Expense Guide, which outlines how funds may work across individual, group or community-wide employer efforts, and provides detail for allowable and unallowable expenses. Requests can be made in ONE of the following categories. Select the allowable expense category that applies to your application.

Save

Help Links 👻

\* Carefully review the allowable expense categories below and select the one in which you'd like to request funding. You may only select one category.

#### Sponsoring Dependent Care Assistance Plans (DCAPs)

DCAPs are flexible spending accounts, like accounts used for healthcare costs. Employers and employees can contribute to these accounts, setting aside up to \$5,000 annually in pretax household income for child care expenses.

#### Providing On-site or Near-Site Child Care

Companies may choose to offer custom on-site or near-site child care programs for individuals or groups of employers. Companies provide space and contract with a child care provider to operate the program. Employers often choose to subsidize tuition costs for priority employee groups and may decide to make a portion of seats available to the broader community.

#### **Establishing Priority Waitlist Partnerships**

As an alternative to on-site child care, employers may partner with local child care programs to establish priority access for employees at specified programs. In this model, child care programs offer waitlist and placement services to employers.

#### **Offering Tuition Benefits**

Employers may also offer child care tuition benefits to employees, sharing the cost of care with employees (often using a sliding scale model). In this model, employers set the parameters for how and where employees can use tuition benefits (e.g., child care tuition discounts offered for families enrolling in licensed, high-quality care programs) while still providing families with a broad range of choices to decide the programs best for them.

#### **Reserving Seats in Local Child Care Programs**

Employers may partner with local programs to reserve seats for exclusive access by priority employee groups. In this model, the company pays enrollment costs for vacant seats to ensure their availability when needed. This benefit is common in companies facing high turnover in specific roles.

#### **Providing Backup Care Options**

Sick days, holidays and school breaks create one-off challenges for parents trying to balance home and work demands. Some employers provide backup care services for employees through partnerships with local child care and out-of-school time partners. Typically, employees receive a certain number of days (or credits) for use in approved partner programs in the case of emergency or short-term coverage needs.

#### **Community Infrastructure Investments**

Employers invest in a shared fund (generally operated by a local nonprofit organization) to support child care infrastructure costs such as increasing communitywide child care capacity (i.e., creation of a new child care program), expanding shared services that increase provider sustainability, investing in early care and education workforce programs/services, etc. Fund investment contributions are not an allowable expense.

#### TriShare Programs

In a TriShare benefit program, the cost of an employee's child care is shared equally among the employer, the employee and the local community with coordination provided regionally by a TriShare facilitator hub, generally a nonprofit intermediary organization. Participating employers set investment parameters and determine how many child care slots employees can be offered. Employees of participating employers sign up for the program and make contributions through payroll deduction.





## **Step 7: Complete the Request for Funding page.**

Describe how you propose to use funding. Applicants are encouraged to be clear and concise in their responses. Responses are limited to 2,000 characters.

		-O-			- O
and Related Information Child Care Needs	Expense Funding Categories	Buaget	Support	Conditions	Keview
Request for Funding				Save	Help Links 🔻
Please describe how you propose to use	funds to address the child car	e needs of your v	vorkforce.		
Please describe your proposed uses of fu to help address the unmet child care nee	nds. Additionally, please prov ds within your workforce. (200	ide a detailed de 10 character limit	scription of how )	the requested fun	ding will be used
Please describe the outcomes expected t character limit)	o be achieved through this eff	ort including imp	pacts on busines	and support for f	amilies. (2000
Describe how the proposed use of funds	helps to address the child car	e needs of the wo	orkforce this app	lication represents	. (2000 character
Please describe in detail your implement within 12 months. (2000 character limit)	ation plan including key timel	ines and milesto	nes. Please desc	ibe how you plan	to spend all funds
Describe any partners that will support th	ne implementation of your pro	oposed effort and	I the roles each v	vill play. (2000 cha	racter limit)
Please describe your plan for how these s	grant funds will allow for a cor	ntinued and susta	ainable path to c	hild care for your v	vorkforce after the
grant period ends. (2000 character limit)					
Please describe how you considered both including how grant funds will be used to geographically, or culturally disenfranchi	n the strengths and needs of y support local child-care prov sed families). (2000 character	our local commu iders and familie limit)	nity in developin s that are in vulr	g your proposed u erable situations (	se of funds, i.e. financially,
Back Next					



#### Step 8: Provide your project budget.

Complete the budget template regarding your proposed use of funds. Include the total cost of implementing your project, the funds you are requesting through this opportunity and any funding you are providing. Remember, applicants must contribute at a minimum, an additional 10% of the total funding request through in-kind or monetary contributions.

If awarded, grantees will be required to submit a finalized implementation plan to the state. When the finalized implementation plan is approved by the state, you may be compensated for up to 30% of your total grant dollar request at the time of receipt of the approved implementation plan.



## Step 9: Upload letters of support.

Letters of support are optional and may include letters from senior executives, child care providers or other businesses supporting the plan. If you do not wish to include any letters of support, click "Next" to continue.



#### Step 10: Agree to the Terms and Conditions.

Carefully review the terms and conditions by which you must abide should your application get awarded. Check the "I understand and wish to continue submitting my application" button and click "Next".





#### Step 11: Review all application information before submitting.

Please take a moment to review your application information one last time to ensure it accurately reflects your request. If the information is correct, click the "Finish" button to submit your application. After submission, applications may not be reopened or altered.

Workforce Applicant Allowable and Related Information Expense Child Care Categorie: Needs	Request for Budget Letters of Terms & Review Funding Support Conditions
Review	
Workforce and Related	Child Care Needs
Total number of employers represented	Tatal aumhar af auranat amalaunan — Tatal aumhar af auranat Indiana.
3	Request for Funding
Estimated percentage based workforce with	Please describe your proposed uses of funds. Additionally, please provide a detailed description of how the requested funding will be used to help address the unmet child care needs within your workforce.
0 to 12 who may need services (full-time equ 60.0	will use the funds for fullion benefits Please describe the outcomes expected to be achieved through this effort including impacts on business and support for families.
Please list the employ	Would like to see more reliable child care for employees Describe how the proposed use of funds helps to address the child care needs of the workforce this application
employers in a county objectives.	represents. Workforce needs more child care
Partner 1 Partner 2 Please share the meth Data and systems	Please describe in detail your implementation plan including key timelines and milestones. Please describe how you plan to spend all funds within 12 months. Will nut a clan incenter
Describe child care be Not currently offered	Describe a pain together Describe any partners that will support the implementation of your proposed effort and the roles each will play. Parter 1 and 2 will provide support
Describe current barri of the workforce.	Please describe your plan for how these grant funds will allow for a continued and sustainable path to child care for your workforce after the grant period ends.
Integrating into currer	Will continue funding after the grant period Please describe how you considered both the strengths and needs of your local community in developing your
	propose use or tunos, including now grant runos will be used to support tocat child-care providers and ramilies that are in vulnerable situations (i.e. financially, geographically, or culturally disenfranchised families). We understand our employees needs
Applicant Infc Organization Name	
Test Company	Budget
Indianapolis	Offering Tuition Benefits
46201	Item         Brief Description         Budget Assumptions         Funding Request           Plan Set         Cost associated with care         Cost is based on quote received of \$50 per employee for
organization existed, Communications com	Up Fee assistance plan set up up to 100 employees through ABCD Bank \$5,000 Contributions
Upload your organizat This form will be used	Item Brief Description Budget Assumptions Contribution Type Funding Request Matching funds Matching funds Financial match Monetary \$3,000
2023-10-19-16_43_49.pr	Budget Summary Total Applicant Contribution (Separate from the Total Total Funding Request Funding Request) \$5,000 \$5,000
Applicant Prin	Portion of Requested Funds to be Compensated at the Time of Implementation Plan Approval
First Name Test	יועכ, ול
Email test@test.com	Review Agreement Click to submit



Applications may be denied due to falsification of application information. Review your application carefully to make sure the information you provided accurately represents your program. Applications will not be reopened except under special circumstances.



