

City of La Crosse

Planning and Development

## CDBG Cares Grants (Homelessness or Child Care)

Deadline: 7/7/2020

### Kuddles N' Kisses Kuddles N' Kisses

Jump to: [Pre-Application](#) [Application Questions](#) [Budget Summary](#) [Documents](#)

**\$ 2,000.00** Requested

Submitted: 7/7/2020 4:59:00 AM (Pacific)

#### Project Contact

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#### Additional Contacts

none entered

#### Kuddles N' Kisses

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#### Owner

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Web

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DUNS 004652234

SAM Expires

### Pre-Application [top](#)

#### 1. Please select your eligibility as an applicant

*You are not a qualified applicant if your organization does not meet one of these descriptions. "Licensed" means certified by a third-party agency, like the Department of Children and Families or by the Institute for Community Alliances.*

- ☐ Homelessness Agency who is an HMIS Licensed User AND previous CDBG recipient
- ☐ Homeless agency, willing to obtain an HMIS License, and previous CDBG recipient
- ☐ For-Profit Licensed Child Care Center
- ☐ Non-profit organization, providing licensed child care services
- ☐ Non-profit organization, providing licensed school age care
- ☐ Certified family child care provider
- ☒ Licensed family care provider

#### 2. If you are a non-profit, does your organization receive an independent audit every year or independent financial review?

- ☐ We are independently audited
- ☐ We are not independently audited but have another type of independent financial review, explain more in #10
- ☒ No, we are a for-profit business that provides licensed child care
- ☐ No, please explain in #10

#### 3. Describe your organization's accounting procedures (budgeting, cash management, processing payments) and software or systems used for accounting.

*Write N/A if you are a privately owned child care business with a capacity of 35 or less students.*

N/A privately owned child care business

(KidKare software for family child care programs)

#### 4. Describe your agency's (fiscal agents) system of internal controls to prevent waste, fraud, and abuse of proposed funds. Second, describe the role of your board of directors.

*Write N/A if you are a privately owned child care business with a capacity of 35 or less students*

N/A privately owned child care business

(Privately owned child care audited by Department of Children and Families)

Western Dairyland food program  
and Youngstar)

**5. Will CDBG grant be managed in a separate or segregated account?**

*These grant funds must be tracked separately from other accounts for purposes of tracking the grant funds.*

- ☐ Yes, we are familiar with managing grant funds in a separate account
- ☒ No, we are a private organization
- ☐ Unsure, we have never managed grant funds in a segregated account before.

**6. Do you have a drug-free workplace policy?**

- ☒ Yes
- ☐ No
- ☐ No, but willing to put in place a policy.

**7. Does your agency have a non-discrimination service policy?**

- ☒ Yes
- ☐ No
- ☐ No, but willing to put in place a policy.

**8. Does your agency have written policies and procedures for the homeless program, child care, or after school care program, in which you are applying for funds?**

*Note: This is not your employee handbook, it's your "program policies". Your agency will be required to attach a copy of your policies and procedures upon completion of application.*

- ☒ Yes
- ☐ No, please explain in Question # 10.

**9. Do you track household income of people enrolled in your services? If yes, please explain how.**

N/A

**10. If you wish to explain any responses, you may also do so here.**

*You must answer this question in order to successfully submit.*

It is only necessary to track family household incomes when the child care program is ineligible for state food program funding at tier 1 rates. Presently this site is rated for tier 1 rates based on census.

**11. Are your services located in the City of La Crosse?**

*Please note that the Town of Shelby or the Town of Campbell have city of La Crosse addresses but are not in the City of La Crosse. You are not eligible to apply if you cannot answer yes to this question.*

- ☒ Yes
- ☐ No

## Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #2.

## PROJECT SUMMARY

**1. SUMMARIZE YOUR REQUEST FOR GRANT FUNDS**

*1) What will you use this grant for? 2) Where are the services located? 3) Who will benefit and how? 4) Why are these funds important for your organization/business to receive? 5) How will the funds help you respond to or prepare for Covid-19?*

- 1) Cover the cost of additional equipment and supplies needed to prevent the spread of Covid-19
- 2) Cover the expenses of families being furloughed due to Covid-19 who wish to maintain their openings.
- 3) Maintain mortgage and utilities resulting from the lose of families who were forced to withdraw from the child care due to lose of income.
- 4) Cover expenses If the child care is closed for two weeks due to a confirmed case either by a caregiver or client.
- 5) Provide supplies to families with low income to prevent the spread of Covid-19

**2. What type of project are you applying for?**

*If your project meets more than one priority, select the best fit.*

- ☐ Housing homeless households and proving case management
- ☐ Conducting street outreach to homeless individuals
- ☒ Providing child care services for children younger than 5
- ☐ Providing school age care services (summer or after school)

## NATIONAL OBJECTIVE

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### 3. Please select which option describes how your project meets a Community Development Block Grant (CDBG) National Objective.

80% County Median Income, Household Size \$49,200 (family of 2); \$55,350 (family of 3); \$61,450 (family of 4); \$66,400 (family of 5); \$71,300 (family of 6)

- ☐ Limited Clientele: Activities will ONLY benefit homeless persons (HUD definition)
- ☐ 51% or more of enrolled children come from households that make less than the household income levels described above
- ☒ The nature of the child care services and location (low-income neighborhood) mean that 51% of the households served can be assumed to be low-income
- ☐ Children served are not low-income but this grant will help meet an Urgent Community Need
- ☐ Unsure, please explain in question #24

## ORGANIZATIONAL CAPACITY

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### 4. Please describe your organization or business and the services that you provide. How long have you been in business and how many people do you serve? What types of programs or services does your organization? What are unique aspects of your services? Describe the experience, qualifications, and background of your organization's staff and leadership.

Kuddles N' Kisses is a licensed family child care facility as of August 29, 1990. I am currently providing care for 8 children. This does not include 2 resident children whose mother is in a vital service role with the sheriffs dept. My operating hours are 6am to 6pm and I provide care 10pm to 730 am to mother of the related resident children. I have 2 credentials in Early childhood. I provide resources and counseling to enrolled families. I do provide temporary care for other vital service providers when requested and there is availability.

## NEED AND COVID-19 RESPONSE

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### 5. Please describe how this grant will help your child care business prepare for or respond to Covid-19?

*Not applicable to homeless agency applicants*

It is my intention to allow families who have been temporarily furloughed or diagnosed with covid-19 to waive the cost of child care during their absence. I will install hand sanitizers and provide daily temperature checks as well as increase cleaning of the facility. In the event that I am closed due to a confirmed case of Covid-19, I will use the funding to cover the expense of mortgage and utilities only for those periods. I fully intend to document expenses and return any unused funding.

### 6. How has Covid-19 had a negative impact on your child care business? What has been the decline in revenues (be specific)? How does supporting your child care business help the entire La Crosse community better respond to Covid-19? How does helping your business improve the health and welfare of the community?

*Not applicable to homeless agency applicants.*

Until recently families have been maintaining their openings while working from home. I have just had my first family diagnosed with exposure to Covid -19 and another family furloughed as of this week. My families are all working in vital care positions within the community, with the exception of one low income family. Our area has not seen the high rates of infection yet. I am making steps to insure the health and well being of the families enrolled and budgeting appropriately to accommodate a possible shutdown. It is my goal to remain open and provide emergency temporary care to other families within the community when there is availability, and not to negatively effect families financially who have lost employment.

### 7. How will the homeless services that you provide help the La Crosse community respond to Covid-19? Why is there an urgent need for this project, in light of the Covid-19 pandemic?

*-answer not presented because of the answer to #2-*

## PERFORMANCE METRICS

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### 8. Please enter your expected performance numbers below.

-answer not presented because of the answer to #2-

**9. Please enter numbers for each category below.**

Not applicable to homeless agency applicants. NO symbols please i.e. "#" or "%".

<input type="text" value="9"/>	Number of children currently enrolled in your child care or after school services
<input type="text" value="8"/>	Number of children you can potentially serve with your licensed capacity
<input type="text" value="1"/>	Number of staff members currently on your payroll
<input type="text" value="0"/>	Number of additional hires you would make if you receive the grant (mark 0 or N/A if you don't have plans to hire more staff)
<input type="text" value="18.00"/>	<b>TOTAL</b>

**STAFFING**

**10. Please answer the following questions related to staff that will be paid as a result of this grant.**

LMI Income Definition (Annual Income and Household Size) \$43,050 (household (HH) of 1) \$49,200 (HH of 2); \$55,350 (HH of 3); \$61,450 (HH of 4); \$66,400 (HH of 5); \$71,300 (HH of 6)

<input type="text" value="1"/>	Number of people that will be employed and directly providing services as a result of this grant
<input type="text" value="0"/>	Of total, number of employees that are from a Low-Moderate Income Households (see above)
<input type="text" value="0"/>	Of total, number of employees that are a Racial or Ethnic Minority
<input type="text" value="N/A"/>	N/A
<input type="text" value="1.00"/>	<b>TOTAL</b>

**11. Please describe the qualifications and resume of the case manager that will be hired as a result of this grant. Has this person already been hired? If yes, what is their background and experience, salary? If not, what will be the minimum qualifications and the salary? How many hours will they dedicate to this position and what will their caseload be?**

-answer not presented because of the answer to #2-

**12. How will data on performance be collected and tracked in the Homeless Information Services System (HMIS)? Describe how staff will be trained to use the HMIS system. Describe how individuals will be selected and prioritized to received case management and rental assistance as a result of this program.**

-answer not presented because of the answer to #2-

**13. What other sources of funding does your organization have available to support rental assistance for people served by this project? For what length of time? After the rental assistance "runs out", how will the individual continue to remain sustainably housed? How will you collaborate with other organizations on this project, be specific.**

-answer not presented because of the answer to #2-

**14. The target population that this project will serve, is likely to have many barriers to housing. This might include criminal background, drug/alcohol addiction, mental health etc. What is your organization's success with helping people overcome these barriers? What steps will you take to ensure individuals funded through this program will be successful in their housing? How will you work with the landlord and tenant to resolve any issues?**

-answer not presented because of the answer to #2-

**15. There is a low supply of quality and affordable rental housing in La Crosse. What steps will your project take to overcome these barriers?**

-answer not presented because of the answer to #2-

**16. Answer the following related to the cost per household served**

No symbols please. Total costs should match your budget. Please disregard the total that will automatically appear at the bottom.

<input type="text" value="2000"/>	Total grant funds requested from City of La Crosse
<input type="text" value="10"/>	Total Number of People Served (Children + Staff OR homeless households)
<input type="text" value="7"/>	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
<input type="text" value="2,017.00"/>	<b>TOTAL</b>

**17. Are you receiving or do you plan to apply for any other types of funding to support this homeless program or your child care center or after-school program? What is the total dollar amount and what will you use the funds for? How will you avoid duplication of benefits for the City funds and other funds that you receive?**

*You will also be asked to provide this information under the Budget Tab. The Budget tab is required for organizations requesting more than \$5000. Examples of other sources of funds are: HUD ESG, Paycheck Protection Program, DCF/Wisconsin grants, LCF)*

DCF/Wisconsin grants

The dollar amount is unknown and is determined by DCF. The application was submitted this week.

**18. What is the total dollar amount that you are requesting? What will you use grant funds for from the City of La Crosse? What will you use other funds from state/local/federal funding to pay for?**

*Please note: If you are requesting more than \$5000 in funding, you are required to complete a budget summary tab on this application. If you are requesting less than \$5000, you are not required to complete the budget summary tab.*

\$2000

Supplies necessary to maintain the childcare to prevent the spread of disease. Sanitizers, special cleaning fluids, dispensers, Gloves, masks, additional rug cleaner. Additional funding to cover the costs related to monthly building expenses and the possible need to hire additional help as well as provide temporary funding for child care costs to families who have been furloughed or unemployed due to Covid-19.

## INSURANCE

**19. In the spaces below, provide the expiration date and amount next to each insurance instrument. If government agency, type N/A below.**

*Note: boxes below are limited to 10 characters. The following date format is required: Month (First three letters). Year (four digits). Example Nov 2014. Please disregard the total that will automatically appear at the bottom.*

Jan 2021

General Liability (Date i.e. Oct 2017)

100,000

General Liability (Amount)

100,000.00

**TOTAL**

**20. Does your Organization have any outstanding legal issues, does it have any unpaid taxes or owed debts to the City (such as water bills or property taxes) or unresolved audit findings? Has your business ever had a license revoked?**

*If so, please attach a document to this application that explains why and a copy of the audit or legal issues.*

☐ Yes

☒ No

## ACKNOWLEDGEMENT

**21. I am authorized to represent my organization. I agree that if the project does not proceed according to the established timeline, the CDBG Committee will rescind the funding. All statements made in the pre-application and application are true.**

*Pursuant to 18 USC § 1001, 31 USC § 3729, et seq., 24 CFR Part 28, false or fraudulent statements or claims are subject to up to 5 years imprisonment and civil penalties up to \$10,000 plus up to 3 times the amount of damages sustained by the Govt*

☒ Yes, I agree to these terms. All statements are true.

☐ No, I do not agree to these terms.

**22. I understand that as part of this grant, my Agency will allow City staff to accompany an HQS inspection or have City staff perform rental unit inspection to ensure it meets City of La Crosse minimum standards for being suitable environment for safe and healthy living. Landlord name/ property address shall also be released to City to ensure property is not on a chronic nuisance list or has outstanding orders to correct. This is for any beneficiary that receives rental assistance from agency, as part of this program.**

*-answer not presented because of the answer to #2-*

**23. Is there any other explanation you will like to add to any of the questions above? Is there anything else you will like to share with the Staff about the importance of these grant funds for your business or organization?**

As I have stated, I am currently preparing this business for the increased exposure to covid-19 that has not yet happened within this community. My budget is currently being reviewed and strategies implemented to provide the children and families with the necessary resources and financial assistance to survive this crisis. If I can be of any help to the community please feel free to contact me.

## Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits		\$ 2,000.00
Administrative Costs (Administrative Staff/Overhead)		
Rent and Utilities	\$ 1,700.00	
Personal Protective Equipment / Covid-19 related expenses	\$ 300.00	
Classroom Supplies		
Motel Vouchers		
3-months of rental assistance		
Other Describe: child care assistance		\$ 3,000.00
Other Describe: tax liability		\$ 1,000.00
<b>Total</b>	<b>\$ 2,000.00</b>	<b>\$ 6,000.00</b>

## Budget Summary Narrative

It is my understanding that the DCF Grant could be a maximum of \$6000. My equipment cost could be substantially higher. I am still assessing the items that will be necessary and have only begun making purchases this week. These funds will be maintained in a separate account and applied only for the purpose of Covid -19 relief. This grant is considered income and I will reserve a portion to cover the tax liability.

## Documents [top](#)

### Documents Requested \*

Copy of IRS 990 or Federal Tax Schedule C Form or personal tax return (if in-home child care business)

### Required? Attached Documents \*



[schedule c](#)

Articles of Incorporation or Business Operating Agreement (not applicable to in-home child care but required form for all other applicants. In-home child care applicants should upload a document that states Not Applicable)



[Not Applicable Letter](#)

List of Board of Directors (Required document for non-profit applicants. For private child care, need to upload a document that says not applicable.)

Completed and Signed W-9 Form



[w9](#)

[download template](#)

Letters of support (optional)

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 209320

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