

City of La Crosse

Planning and Development

CDBG Cares Grants (Homelessness or Child Care)

Deadline: 7/7/2020

Coulee Children's Center, Inc.
Coulee Children's Center

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\$ 15,000.00 Requested

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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.

Coulee Children's Center prepares annual budgets which are approved by the Board and reviewed monthly. Director reviews and approves all bills prior to payment by accountant. Sage BusinessWorks software is used for all financial components of business: payroll, accounts payable, general ledger. Financial statements and explanations are reviewed monthly by the Director and Board. Annual 990 is prepared by an outside accounting firm, which also results in a review of annual financial activity.

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

Bills are reviewed by director prior to payment by accountant. COVID Grants received are tracked with detail listings of how money is spent. Board reviews financials monthly.

Our Board of Directors consists of 12 volunteers from various educational and career backgrounds. CCC's director and a teacher are on the Board as non-voting members to help relay day to day information. Our Board helps guide the procedures, policies and large picture items for the center. The board meets regularly.

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.

Coulee Children's Center has a partnership with the Child and Adult Care Food Program to help with reimbursement of food and food related supplies. As part of that program, we are required to gather Household Income Forms and update them yearly.

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

You must answer this question in order to successfully submit.

We have not been audited for 2 years due to cost consideration and small size of business operation. The Board Treasurer and accountant, both who have a robust financial background, carefully reviews the financials each month.

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?

Since the CDC has stated that the virus can live on fabric, it is required to have space between different children's materials

from home (nap items, coats etc). Our current child lockers do not provide adequate spacing between children's items. We would use these funds to purchase new child lockers to ensure appropriate distancing.

Coulee Children's Center is located on the Southside of La Crosse at 2935 East Ave S.

Coulee Children's Center has currently 92 children enrolled from 54 families ages 4 weeks-12 years of age. Our lockers will be replaced in all classrooms to help minimize the spread of COVID in the La Crosse community.

Currently, CCC does not have sufficient funds due to decrease attendance/revenue caused by the COVID-19 pandemic to purchase these items.

Having adequate storage of children's materials will help minimize the risk to families in the community.

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 providing 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

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

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.

CCC has been in existence since 1954. CCC began a child care program in 1987. We provide early learning services to children 4 weeks-12 years of age. We work with parents on any developmental questions and concerns. We strongly feel learning continues throughout the day, so we create fun family-friendly activities for at home as well. We are licensed for 125 students, but due to the teacher shortage in the area we have hit our capacity for teacher to child ratio. Currently, we serve 92 children. During the school year, we partner with the School District of La Crosse and offer 4-year-old Preschool in our building. Our Program Director is Angela Wells. She has a Master's Degree in Counseling, with an emphasis of working with At-Risk Youth. She has 17 years experience. Kesseia Lucey is our Assistant Director, with 18 years at CCC. Most of our teaching staff have over 20 years of experience in the field, with the majority of teaching holding a Bachelor's Degree in Education.

NEED AND COVID-19 RESPONSE

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

This grant would allow CCC to do our part in helping to minimize the spread of COVID-19 in our community through use of new child lockers. These lockers would have enough space for individual child materials to allow appropriate spacing.

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.

CCC lost 2/3 of our enrollment due to the COVID pandemic. This resulted in a revenue loss of 49.5K. CCC also had to eliminate our Summer School Age program due to the pandemic and social distancing requirements. This will lower revenues by \$27.5k for CCC. In addition, we are currently not at previous full-enrollment levels resulting in on-going revenue loss of \$1k a week. Our center serves many essential workers in the area. Since this group has an elevated exposure risk, to be able to properly keep child materials separated will help minimize the risk of COVID in our building. If we had to close, many families do not have available back-up care. This would result in many parents needing to stay home. This would directly impact the finance stability of their household.

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

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="92"/>	Number of children currently enrolled in your child care or after school services
<input type="text" value="125"/>	Number of children you can potentially serve with your licensed capacity
<input type="text" value="22"/>	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="239.00"/>	TOTAL

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="22"/>	Number of people that will be employed and directly providing services as a result of this grant
<input type="text" value="17"/>	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="39.00"/>	TOTAL

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.

15000	Total grant funds requested from City of La Crosse
114	Total Number of People Served (Children + Staff OR homeless households)
131.58	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
15,245.58	TOTAL

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)

We received 118,000 from the Paycheck Protection Program. This covered 2 months of payroll costs as well as utility bills. We received 44,295 thus far from DCF which will be applied for payroll. All other grants have been applied to payroll and utility costs, this grant would be used for a different purpose. Due to the large loss of income due to COVID, all of the existing grants we have received have been exhausted. Our annual budget being a non-profit is very narrow, and we have little money for 2020 to provide all the safety materials needed to help combat the spread of COVID. Without additional funds, we can not properly safeguard our children, families and employees from COVID, risking an increased exposure risk and be required to shutdown. Most of our families are middle to low income, thus living paycheck to paycheck. If we were to shut down, many would be out of work.

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.

We have requested a total of 15,000 from the City of La Crosse for new lockers for each classroom. The total estimated cost of replacement lockers for the building is approximately 17K. As noted above, other grants are being utilized for payroll.

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)
2,000,000	General Liability (Amount)
2,000,000.00	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 Govnt

☒ 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?

Due to the COVID-19 pandemic, many of our low-income families were furloughed or lost their employment. Thus eliminating their need for childcare services. Our previous percentage of low-income families was about 27% of families enrolled. Currently, we are servicing around 13% of low-income families.

Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits	\$ 157,663.84	
Administrative Costs (Administrative Staff/Overhead)		
Rent and Utilities	\$ 4,631.16	
Personal Protective Equipment / Covid-19 related expenses		
Classroom Supplies		
Motel Vouchers		
3-months of rental assistance		
Child PPE Lockers		\$ 15,000.00
Other Describe: Edit Here		
Total	\$ 162,295.00	\$ 15,000.00

Budget Summary Narrative

The PPP and DCF grants have been/are being used for payroll and utility costs. We are unsure of second or third window grants from DCF, but if received, these funds would be applied to payroll costs. The \$15k would allow CCC to take pro-active measures to help combat the spread of COVID-19 in the community.

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 *



[CCC 2019 990](#)

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)



[CCC Articles of Incorporation](#)

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

[CCC Board of Directors](#)

Completed and Signed W-9 Form
[download template](#)



[CCC W-9](#)

Letters of support (optional)

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

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