

City of La Crosse

Planning and Development

## CDBG Cares Grants (Homelessness or Child Care)

Deadline: 7/7/2020

### Jeri's Little Jems Jeri's Little Jems

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

**\$ 2,000.00** Requested

Submitted: 6/29/2020 8:22:02 AM (Pacific)

#### Project Contact

Jeri VerHagen

[jverh59@hotmail.com](mailto:jverh59@hotmail.com)

Tel: 6087811326

#### Additional Contacts

none entered

#### Jeri's Little Jems

1629 Prospect St  
La crosse, WI 54603

#### Owner

Jeri VerHagen

[jverh59@hotmail.com](mailto:jverh59@hotmail.com)

Telephone 6087811326

Fax

Web

EIN 32-0364670

DUNS

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

#### 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

#### 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.**

No.

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

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

I am a private licensed child care daycare run by only me since 1995. I don't have any employees or an employee handbook. My grandson is the one that does all my online work for me.

**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. This grant is used for helping relieve financial stress for parents who are struggling paying their daycare and other bills, Cleaning supplies, New reading and educational materials as well along with new play equipment . 2. In home Daycare in La Crosse, WI. 3. The kids and parents will be benefiting from this, The parents will be able to focus on other bills and don't have to worry about paying their daycare till they financially can and the kids will have new play equipment and toys 4. I have some parents struggling with daycare and bills so with this grant this will help them relieve financial burden. 5. I will be able to buy more cleaning supplies in bulk.

### 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

### 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.

I have been in business for 2001, I am licensed for 8 kids, Daycare services. My qualifications are trained in CPR and youngstar, WECA, Early Childcare training.

## 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*

I will be using this for cleaning supplies and updating new play equipment for the children.

### 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.*

I have been having a hard time getting cleaning supplies, I have seen some revenues decrease due to some parents who are having a hard time paying their bills including childcare.

### 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"/>	6	Number of children currently enrolled in your child care or after school services
<input type="text"/>	8	Number of children you can potentially serve with your licensed capacity
<input type="text"/>	1	Number of staff members currently on your payroll
<input type="text"/>	N/A	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"/>	15.00	<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"/>	0	Number of people that will be employed and directly providing services as a result of this grant
<input type="text"/>	0	Of total, number of employees that are from a Low-Moderate Income Households (see above)
<input type="text"/>	0	Of total, number of employees that are a Racial or Ethnic Minority
<input type="text"/>	M/A	N/A
<input type="text"/>	0.00	<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"/>	2000	Total grant funds requested from City of La Crosse
<input type="text"/>	6	Total Number of People Served (Children + Staff OR homeless households)
<input type="text"/>	0	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
<input type="text"/>	2,006.00	<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)*

n/a

### 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

## 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 2001 General Liability (Date i.e. Oct 2017)

N/A General Liability (Amount)

0.00 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?

I couldn't find the amount I am insured for but I pay \$46 a month

## Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits		
Administrative Costs (Administrative Staff/Overhead)		
Rent and Utilities		
Personal Protective Equipment / Covid-19 related expenses		
Classroom Supplies		
Motel Vouchers		
3-months of rental assistance		
Other Describe: Edit Here		
Other Describe: Edit Here		
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

## Budget Summary Narrative

N/A

**Documents Requested \***

Required? **Attached Documents \***

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



[Schedule C Form](#)

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)



[In-home child care applicants should upload a document that states Not Applicable](#)

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  
[download template](#)



[W-9 Form](#)

Letters of support (optional)

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

Application ID: 208226

Become a [fan of ZoomGrants™](#) on Facebook  
Problems? Contact us at [Questions@ZoomGrants.com](mailto:Questions@ZoomGrants.com)  
©2002-2020 GrantAnalyst.com. All rights reserved.  
"ZoomGrants" and the ZoomGrants logo are trademarks of GrantAnalyst.com, LLC.  
[Logout](#) | [Browser](#)