

City of La Crosse

Planning and Development

CDBG Cares Grants (Homelessness or Child Care)

Deadline: 7/7/2020

Little Angels Day Care Little Angels Day Care

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\$ 5,000.00 Requested

Submitted: 6/30/2020 7:04:13 PM (Pacific)

Project Contact

Barbara Monahan

mmonahan02@charter.net

Tel: 608-782-6464

Additional Contacts

none entered

Little Angels Day Care

619 Copeland Ave
La Crosse
Wisconsin, 54603

member/co-owner

Barbara Monahan

mmonahan02@charter.net

Telephone 6087826464

Fax 6087826440

Web

EIN 05-0528848

DUNS 968228213

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.

Federal Child and Adult Food Program's Family Income Information forms . Parents complete and submit to the center

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

You must answer this question in order to successfully submit.

-no answer-

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?*
Little Angels Day Care, LLC is located at 619 Copeland Avenue, LaCrosse, WI.

The grant money will be used to provide services for school age children for the remainder of summer 2020 and for the upcoming school year.

When the Covid-19 crisis forced the closing of schools in March 2020, many school aged children were unable to attend our center due to lack of financial hardships on our families, who were unprepared for the unexpected child care fees. The children who did remain were/are not able to pay their entire child care expenses, and Little Angels absorbed/are absorbing the costs. With the upcoming school year being very uncertain, these parents will rely on us to provide child care services at any time the schools close, or resort to on-line education. Without us, they would need to choose between caring for their children or continuing their employment.

The additional \$5000.00 funding will help greatly in providing a lower-cost child care and paying staff and other cos

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.

Little Angels Day Care, LLC is a child care business, serving children ages 6 weeks-11 years of age. We have been in business continuously since September 2002. We serve families in the greater LaCrosse area, and due to our location, we often care for children in the lower-income bracket.

We are licensed to care for up to 35 children at any one time.

We are unique because we are one of a very few licensed child care centers in North LaCrosse. We are caring for a second generation of Little Angels' families, due to our solid reputation and stable environment.

The staff have education and experience in caring for children of diverse needs, backgrounds and cultures, and many have or are attending UW-L, having a great understanding of the LaCrosse community. The center's owner, Barbara Mionahan, is also the director, and is very involved in day-to day operations since 2002. We are all very dedicated to the well-being of all the children in our care.

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

As stated in question 1, this funding would help us serve school age children throughout the year 2020 and into the year 2021 when schools are closed unexpectedly or have on-line education, or any other situation due to Covid-19. We will be able to incur the additional expenses of staffing, food and supplies and additional miscellaneous expenses, while offering child care at a rate affordable for our families.

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.

The child care center lost 48% of its enrollment in March 2020. The Economic Assistance program (through the State of Wisconsin) did continue to pay partial fees for the families(who receive this), but these parents could not afford to pay their portion of payments. Privately-funded families could not afford to pay any fees, and and those fees were absorbed by the center. Revenue then was down by 38%.

As of June 2020 several families have returned, but revenue is still down by about 25%. These families still struggling from being laid-off or down-sized in hours need to be able to bring their children to us and not worry about their fees. The center needs to stay viable and remain open to serve families in our safe, caring environment.

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="22"/>	Number of children currently enrolled in your child care or after school services
<input type="text" value="13"/>	Number of children you can potentially serve with your licensed capacity
<input type="text" value="6"/>	Number of staff members currently on your payroll
<input type="text" value="1"/>	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="42.00"/>	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="6"/>	Number of people that will be employed and directly providing services as a result of this grant
<input type="text" value="6"/>	Of total, number of employees that are from a Low-Moderate Income Households (see above)
<input type="text" value="1"/>	Of total, number of employees that are a Racial or Ethnic Minority
<input type="text" value="N/A"/>	N/A
<input type="text" value="13.00"/>	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.

<input type="text" value="5000"/>	Total grant funds requested from City of La Crosse
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28	Total Number of People Served (Children + Staff OR homeless households)
179.00	Cost per Beneficiary/Household Assisted (City funds/ total household assisted)
5,207.00	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)

Funding applied and received from the State of Wisconsin, Department of Children and Families through the CARES act. Total expected to receive: \$22000. This is helping with payroll(for children ages 6 week-5 years of age)rent, utilities, and to pay for additional cleaning, sanitizing, and PPE supplies and services,.

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.

\$5000.00. The grant funds will be used to pay for staffing and other expenses specifically for for our school-age program.

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.

May 2022	General Liability (Date i.e. Oct 2017)
50000.00	General Liability (Amount)
50,000.00	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?

In these uncertain times our staff has worked extremely hard to maintain the same high level of care that we have always offered at Little Angels. Our enrollment numbers are down because of the virus and meeting normal monthly expenses is

going to be more difficult without compromising quality of care.

Budget Summary [top](#)

Covid-19 Relief Grant Funds	Committed	Non-Committed
Staff Wages and Benefits DCF Emergency Payment Program	\$ 20,000.00	
Maintenance/ Office Supplies / Zoom Grant	\$ 1,000.00	
Rent and Utilities / Zoom grant	\$ 1,100.00	
Personal Protective Equipment / Zoom Grant	\$ 400.00	
Classroom Supplies / Zoom grant	\$ 500.00	
Paper and Kitchen Supplies / Zoom Grant	\$ 1,000.00	
3-months of rental assistance DCF Emergency Payment Program	\$ 5,640.00	
Insurance / Zoom Grant	\$ 600.00	
Playground Equipment / Zoom Grant	\$ 400.00	
Total	\$ 30,640.00	\$ 0.00

Budget Summary Narrative

The above breakdown represents this grant that we are applying for and how we would use the funds spread over two or three months of operations. We have also been approved and received funds from the Department of Children and Families Emergency Payment Program. We are using those funds to cover rent payments for three months and to also maintain staffing levels and assist with payroll expenses.

Documents [top](#)

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)



[2019 personal tax return, 2019 1120S](#)

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)



[Articles of Organization](#)

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](#)

Letters of support (optional)

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

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