

Department of Planning and Community & Economic Development Community Development Division

215 Martin Luther King, Jr. Boulevard, Suite 300 Mailing Address: P.O. Box 2627 Madison, Wisconsin 53701-2627 Phone: (608) 266-6520 Fax: (608) 261-9626 www.cityofmadison.com/cdd

Child Care Community Resources Community Development Block Grant Madison Senior Center

Child Care Facilities Loan Program Application

Request Date	
Contact Name	Phone
Email	
Organization Name/Address	
Do you or your organization currently operate a regulated child program?	
YesNo	
Name/Address of Program	
Has the program or agency been issued a licensing revocation or enforcement notice in the previous 5 years? Yes No	
Have you or the organization identified an expansion location Yes No	
Does the program actively participate in YoungStar? Yes No	
Expansion Location	
Is the property or will the property be owned or leased by you or the organization?	
OwnedLeased	
Do you or your agency agree to complete annual reports on the status of the expanded capacity and staffing until the term of the loan has been completed?	
YesNo	
Is the building owned by a religious organization?YesNo	
For City of Madison Child Care Unit Date Received Received by Request Confirmation Email Date Date Information Request Meeting	



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If you currently own or lease to a regulated child care program, please provide details or describe how to intend to increase staffing levels to meet the increased capacity?

We will support staff with continuing education to make sure we are providing quality education.

If you currently operate a regulated child care facility, please describe how you intend to address any licensing violations, enforcements

We will make sure staff knows licensing rules to avoid any violations and we will provide proper training.

Please attach to this application document or in email the following documentation:

Estimated timeline for construction

A five-year business plan including

- Staff wages and benefit structure
- Plan for licensure and any prelicensing requirements
- Cost estimates for building improvements and/or construction
- Information about potential barriers to completion of the work and areas where the City of Madison can provide Technical Assistance.

For City of Madison Child Care Unit Date Received ______ Received by_____ Request Confirmation Email Date _____ Date Information Request Meeting