**APPLICATION and Checklist: CHILD CARE SOLUTIONS FUND**

**Funding opportunity # FWBP-cc-24-166**

**This Application may not be marked as confidential in part or in whole.**

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| --- | --- | --- | --- |
| Bidder Name: | | | |
| Doing Business As (If Applicable): | | | |
| Address: | City: | | Zip Code: |
| Entity Type:  Local Economic Development Authority  Chamber of Commerce  501c3  501c6 | | | |
| Requested Funding Amount: | | | |
| Attach: Letter from Iowa Women’s Foundation (IWF): | | | |
| Attach: Copy of Application for Child Care Facilities: | | | |
| Describe Application and Approval Process: | | | |
| Attach: Documentation of Pledged Funds: | | | |
| Attach: Documentation of Secured Funds and Proof of Payment: | | | |
| Describe Marketing Plan: | | | |
| Describe Sustainability Plan: | | | |
| Describe Requested Funding Rationale:  For Example: Goal is 20 FT staff at additional $2/hour for 9 months ($1600/week/ 4 weeks/month) = $57,600. | | | |
| Signature: | | Date: | |