**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: |