



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

Please attach pertinent background information to this application. You may attach additional pages, if needed.

ORGANIZATION PROFILE			
Organization Name: Early Learning Coalition of Broward, Inc.		Today's Date: 2/12/19	
Organization Leader: Renee Jaffe		Title: CEO	
Mailing Address: 6301 NW 5th Way Suite 3400	City: Fort Lauderdale	State: Florida	Zip: 33309
Phone Number: 954-377-2188		Email Address: RJaffe@ELCBroward.Org	
Website: http://www.elcbroward.org/		Tax ID: 31-03018	
Total number served by organization in last calendar year: <u>14,272(SR)</u> Of which, <u>380</u> were Margate residents.			
Total number of Margate residents projected to be served in next calendar year: <u>484</u>			
Organization Description: As you know the Early Learning Coalition of Broward County, a 501(c)(3) non-profit organization, is the State designated administrator of all publicly-funded early child care and education programs in Broward.		Organization Information (Please indicate which of the following criteria your organization meets): <input checked="" type="checkbox"/> Tax Exempt status under Internal Revenue Code 501(c)3, 501(c)4, or 501(c)6. Please include copy of your notification letter and most current Form 990 if your organization is required to file this document. <input type="checkbox"/> Not a private Foundation as defined under Internal Revenue Code 509.4. <input type="checkbox"/> Volunteer Board of Directors is the governing body. <input type="checkbox"/> Independent audit is performed each year. If so, please include last completed audit. <input type="checkbox"/> Annual budget is approved by the Board of Directors. Please include. <input type="checkbox"/> Registered with Charity Navigator.	

ABOUT THE FUNDING REQUEST	
Funding Request: \$1,000	Total Budget/Cost for Special Event: 100,729,327
% of funding request used to provide services: 100%	% of funding request for administration: 0%
<p>Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable):</p> <p>The City's match dollars will enable low income parents in Margate to keep their job, while ensuring their children are safe and prepared for success in school and life. Margate's match contribution will also help draw down over \$47 million in Federal funding that is allocated to the ELC for its administration of the Federal Child Care Block Grant.</p>	



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Please provide a needs statement (Why do you need the requested funds?):

Last year, we were able to serve 380 children and their families who live in Margate to access quality child care programs. The average subsidy per child per month is \$276, an annual average of \$3,312 per child per year. Additionally, 44 childcare centers which operate in the City of Margate receive these ELC subsidy payments directly, which amounts to over \$3,543,757 annually. Unfortunately, this is only a small percentage of the total number of families who have requested child care. There are currently 104 children on the waitlist residing in the City of Margate.

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:

The program allows parents, who are either working or attending school and who are at 150% of the federal poverty level, to access affordable child care at a licensed facility of their choice.

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:

Our partnership benefits families as well as the child care business community, providing economic support to the City of Margate and Broward County as a whole. Investment in quality early child care and education provides the foundation for all children to succeed in school and in life as productive members of their communities.

Demonstrate how you will evaluate your results. These measures need to be directly related to the need and expected outcome:

The ELC supports a Program and Fiscal Monitoring plan that includes regular and frequent communication with, and technical assistance to, childcare providers through on-line monitoring of monthly client and service data, monthly analysis of attendance and billing, annual site visits and verification of County licensing status. The State Office of Early Learning is also responsible for monitoring and evaluating overall ELC program and fiscal compliance, that provider payments are made in a timely manner and that ELC adheres to all applicable regulatory requirements. Regular meetings with childcare providers ensure open communication about any changes in rules, requirements, policies or other matters that impact service provision so that providers are knowledgeable and well-informed.



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Please list other sources and amounts being requested from other agencies:

The \$1,000 requested from the City of Margate for the 2019/2020 fiscal year will be used to meet a portion of the required 6% Local Match (other local match funders include the Children's Services Council, United Way and other municipalities).

Has your organization received funding from the City of Margate in the past? ☐ Yes ☒ No
If yes, please indicate the amount and the year:

ACCORDING TO RECORDS, ELL RECEIVED \$5,000 CONTRIBUTION
ON 3/2/18. CDC

(Agency) Early Learning Coalition of Broward, Inc. agrees to assure compliance with all
applicable federal, state, and local laws and regulations, including but not limited to:

Civil Rights Act of 1964
Section 501 of the Rehabilitation Act of 1973
Title IX of the Education Amendments of 1975
Age Discrimination Act of 1975
Section 654 of OBRA of 1981
ADA of 1990
HIPPA of 1996

This application must be signed by the applicant's authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose. Please note that reports of service delivery and expenditures of any funds may be required.

I certify that the above information is true and accurate

Authorized Representative (Printed): Renee Jaffe Date: 2/12/19
Authorized Representative (Signature): Renee Jaffe Date: 2/12/19

This application and its content are considered a public record in accordance with Florida Statutes Chapter 119. If you believe any information on this application is exempt from public records in accordance with Florida Statutes Chapter 119, please provide an explanation and attach to this application.

OFFICIAL USE ONLY		
Date Received: <u>2/20/19</u>	Application Reviewed By: <u>CC</u>	
Amount Approved by City Commission:	Date Approved:	Account #