

**QUALITY CARE FOR HAWAIIAN KEIKI
2023-2024 PROVIDER QUALITY IMPROVEMENT FUNDING APPLICATION
DEADLINE TO APPLY FRIDAY 8/30/2024**

By submitting this application, you are verifying that you agree to the terms outlined below:

- 1. Programs that have a QCHK subsidized child enrolled at the time of this application will be prioritized.**
- 2. Programs that have previously received Provider Quality Improvement funding but have not met all reporting requirements will not be considered.**
- 3. Providers may request funds for Professional Development, Health and Safety Improvements and Inclusive or Culturally Relevant Activities or Materials.**

Examples (you are not limited to the examples below):

- Professional Development**
 - Hire CPR trainer to provide CPR class for staff**
 - Pay for training and travel costs for staff to attend required or relevant training.**
 - Trainings related to the Hawaiian culture/language as part of program services.**
- Health and Safety Improvements:**
 - Replace broken/unsafe equipment/toys.**
 - Repair facilities**
 - Install new equipment that will promote health/safety.**
 - Purchase adaptive equipment/materials that promote inclusion of special needs children into classroom activities.**
- Culturally Relevant Activities/Materials:**
 - Purchase equipment or materials that help to promote the Hawaiian culture.**
 - Curriculum related to Hawaiian culture/language**
 - Cultural tools/implements.**
 - Books for the children promoting the Hawaiian culture/language.**

4. Applications that do not provide adequate documentation to verify need as outlined in the application will not be considered.

5. Providers may request retroactive funding for relevant projects/activities that incurred a cost AFTER October 1, 2023. Prioritization will be given to projects that have not yet taken place, however if funds are available, completed projects will be considered as long as all verification has been provided.

6. Funds must be spent within six months from date of award notice/payment, and the Grant Expenditure Report with required documentation as outlined in

application will be due by the seventh month.

- If your project changes after award and you need to do something different with the funds, a written request must be submitted to QCHK and approved before changes to your project can take place.
 - If we are unaware of changes and your Grant Expenditure Report does not align with your proposed project, you may need to return funds for unapproved costs.
- If you are unable to expend all the funds by the deadline please reach out to us to determine if there are other options that we can support you with.
- A 30 day extension to the Grant Expenditure Report will be considered with a written request from the provider.
- Failure to submit a Grant Expenditure Report:
 - Will disqualify your program from future improvement funding
 - Provider will need to return funds to MFSS/QCHK.

THIS APPLICATION WILL ALLOW YOU TO START AND STOP YOUR APPLICATION, BOOKMARK THE LINK TO THIS APPLICATION IN YOUR BROWSER TO FIND THIS APPLICATION MORE EASILY IF YOU NEED TO STOP AND RETURN.

If you have any questions about this application please contact Darlyn Kin Choy, Provider Specialist at 808-867-9048 or darlyn@mfss.org.

*** 1. Program & Contact Information**

Contact Name	<input type="text"/>
School/Program Name (if applicable)	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. Type of Program? Licensed providers must provide a copy of current License. Providers in process of becoming licensed must provide verification from PATCH or DHS. License Exempt (non-relative) providers MUST BE CURRENTLY RECIEVING SUBSIDY FROM QCHK.

- Licensed Preschool
- Licensed Infant/Toddler Center
- Licensed Family Child Care Home
- Licensed Group Child Care Home
- Working with PATCH/DHS Licensing on becoming Licensed
- Licensed Exempt Family Child Care Home (non-relative) **MUST BE A QCHK REGISTERED PROVIDER CURRENTLY RECIEVING SUBSIDY PAYMENTS FROM QCHK.**

3. Licensed Provider - Please upload a copy of your CURRENT DHS License or verification from PATCH/DHS that you are in process of becoming licensed.

No file chosen

* 4. Number of staff employed by your program?

* 5. Current number of children enrolled in your program?

Category I. Professional Development

* 6. Professional Development - Please select what funds will be used for (check all that apply). In the next question you will need to upload verification of each of these costs.

- Training Registration Costs
- Travel Costs (air, ground transportation, hotel)
- Training Materials
- Trainer Payment
- Staff time for travel and training
- None of the above/Not requesting Professional Development funds.

* 7. How will these Professional Development funds help to improve your program?

8. Please upload (in one file) verification for EACH of the above Professional Development items you are requesting. Acceptable verification includes:

- Quotes from trainer,
 - Screen shots of training material costs from website or cart,
 - Registration information on costs from training provider,
 - Screen shots of air, hotel and ground travel costs for the dates of training and number of people attending that you are requesting for,
 - Verification of staff hourly costs in the form of staff paystubs for all staff attending training.
- Please provide a summary of total staff costs to travel and attend training, breaking down the following by staff person:
 - Staff Name
 - Staff hourly rate (verified with paystub)
 - Expected travel time to and from training destination (verified with travel verification)
 - Expected time at training (verified with registration/flyer verification)
 - Total cost per person

IF YOUR REQUEST IS FOR EXPENSES ALREADY INCURRED, PLEASE *PROVIDE RECEIPTS REFLECTING AMOUNT PAID AND DATE OF PAYMENT (MUST BE AFTER 10/1/23)* FOR THE EXPENSES YOU ARE REQUESTING FUNDING FOR.

AS WELL AS PAYSTUBS (FOR THE PERIOD WHEN THE TRAINING OCCURED) FOR STAFF WHO YOU ARE REQUESTING REIMBURSEMENT ON STAFF HOURS.

Choose File

Choose File

No file chosen

* 9. If you are awarded Professional Development funds that are not in the amount requested, will you still be able to complete your training?

- Yes we have other sources of funding that can help to support the costs of this training
- No we do not have other sources of funding that can help support the costs of this training
- None of the above/Not requesting Professional Development funds.

Category II. Health and Safety Improvements

* 10. Health and Safety Improvements - Please select what funds will be used for (check all the apply). In the next question you will need to upload verification of each of these costs.

- Repair/replace broken/damaged equipment to improve the health and safety of children's activities (replacing broken/worn equipment used by children).
- Repair/replace broken/damaged parts of facility (doors, gates, fence, sink, etc..) replacement of appliances will only be approved for programs that are participating in USDA food program.
- Purchase for the first time equipment or items to improve the health and safety of facilities (fans, air conditioner, vacuum, shade structure).
- Purchase for the first time equipment or materials that promote the inclusion of children with special needs into classroom activities.
- None of the above/Not requesting funds for health and safety.

* 11. If you are awarded Health and Safety funds that are not in the amount requested, will you still be able to complete your improvements?

- Yes we have other sources of funding that can help to support the costs of improvements.
- No we do not have other sources of funding that can help support the costs of improvements.
- None of the above/Not requesting Health and Safety funds.

* 12. How will these Health and Safety funds help to improve your program?

**SAMPLE
DO
NOT
COMPLETE**

13. Please upload (in one file) verification for EACH of the above items checked above.

Acceptable verification includes:

- Repair/replace broken/damaged equipment for children
 - Photos of damages/condition of item
 - Quote from vendor to replace/repair item (*)
 - Screenshot of item that will be purchased including source, cost and quantity.

- Repair/replace broken/damaged parts of facility
 - Photos of damages/condition of item
 - Quote from vendor to replace/repair item (*)
 - Screenshot of item that will be purchased including source, cost and quantity.
 - For appliances that need repair/replacement (stove, refrigerator) program must provide verification that they are participating in the USDA food program.

- Purchase/install for the first time equipment/items that improve the health and safety of facilities. This does not include toys/play items but is for facility improvements in the area of health and safety.
 - Quote from vendor to provide item (*)
 - Screenshot of item that will be purchased including source, cost and quantity.
 - For purchase of new appliances that you do not already have (stove, refrigerator) program must provide verification that they are participating in the USDA food program.

- Purchase of equipment or materials that promote the inclusion of special needs children in the classroom.
 - Quote from vendor to provide item (*)
 - Screenshot of item that will be purchased including source, cost and quantity.

IF YOUR REQUEST IS FOR EXPENSES ALREADY INCURRED, PLEASE PROVIDE RECIEPTS REFLECTING AMOUNT PAID AND DATE OF PAYMENT (MUST BE AFTER 10/1/23) FOR THE EXPENSES YOU ARE REQUESTING FUNDING FOR. (*)

*** We will not pay for labor on repairs/replacement/installation of items that are done by a staff of your program or a family member of a staff of your program.**

Choose File

Choose File

No file chosen

Category III. Culturally Relevant Equipment or Materials that Promote the Hawaiian Culture/Language.

* 14. Culturally relevant equipment or materials that promote the Hawaiian culture/language - Please select what the funds will be used for (check all that apply). In the next question you will need to upload verification of each of these costs.

- Hawaiian culture/language curriculum
- Implements/tools to teach promote the Hawaiian culture/language.
- Children's books that promote the Hawaiian culture/language.
- None of the above/Not requesting Culturally Relevant Equipment or Materials.

* 15. How will these funds for Cultural Relevant Equipment/Materials help to improve your program?

16. Please upload (in one file) verification for EACH of the above items checked above. Acceptable verification includes:

- Screen shots of items to be purchased reflecting cost and quantity
- Quote from vendors providing item

IF YOUR REQUEST IS FOR EXPENSES ALREADY INCURRED, PLEASE PROVIDE RECEIPTS REFLECTING AMOUNT PAID AND DATE OF PAYMENT (MUST BE AFTER 10/1/23) FOR THE EXPENSES YOU ARE REQUESTING FUNDING FOR.

Choose File

Choose File

No file chosen

* 17. If you are awarded funding for Culturally Relevant Equipment/Materials but not in the amount requested, will you still be able to complete your improvements?

- Yes we have other sources of funding that can help to support these costs
- No we do not have other sources of funding that can help support these costs
- None of the above/Not requesting funds for Culturally Relevant Equipment/Materials.

* 18. If you are requesting funding in more than one category, please rate the priority you would like to receive funds if we are not able to fund more than one category. (1 most important etc...)

- Professional Development
- Health and Safety
- Culturally Relevant Equipment/Materials

19. Reporting Requirements - With your award notice we will provide you a link to complete your report. Please verify below that you have read and understand the following reporting requirements:

- All funds must be expended within six months of your award notice.
- A report must be submitted to QCHK within seven months of your award notice, and must include:
 - Receipts verifying the purchases made of items submitted with your application.
 - Receipts of labor costs detailing time, rate per unit of time and total cost (**).
 - Receipts showing final training costs and verification of payment (registration, air/ground transportation, hotel, trainer costs, materials costs).
 - BEFORE and AFTER photos of items that were repaired/replaced (that verify the repair/replacement of damaged items submitted with application)
- If your project changes after award and you need to do something different with the funds, a written request must be submitted to QCHK and approved before changes to your project can take place.
 - If we are unaware of changes and your Grant Expenditure Report does not align with your proposed project, you may need to return funds for unapproved costs.
- If you are unable to expend all the funds by the deadline please reach out to us to determine if there are other options that we can support you with.
- A 30 day extension to the Grant Expenditure Report will be considered with a written request from the provider.
- Failure to submit a Grant Expenditure Report:
 - Will disqualify your program from future improvement funding
 - Provider will need to return funds to MFSS/QCHK.

- I AGREE TO THE REPORTING REQUIREMENTS AS LISTED ABOVE AND UNDERSTAND THAT FAILURE TO FOLLOW THESE REPORTING REQUIREMENTS MAY PREVENT ME FROM APPLYING FOR FUTURE PROVIDER FUNDING FROM THE QCHK PROGRAM.
- ** I UNDERSTAND THE QCHK PROGRAM WILL NOT PAY FOR LABOR COSTS PROVIDED BY PROGRAM STAFF FOR HEALTH AND SAFETY IMPROVEMENTS OR BY FAMILY MEMBERS OF PROGRAM STAFF.

20. Agreement and Acceptance:

By submitting this application you are verifying that you agree to the terms outlined in this application and understand that failure to meet these expectations may result in one or both of the following:

- Exclusion from future opportunities to receive Provider Quality Improvement funds from the QCHK program.
- Termination of your Provider Agreement and participation in the QCHK program as a child care provider approved to receive QCHK funds.

- I AGREE TO THE TERMS OUTLINED ABOVE AND UNDERSTAND THE REQUIREMENTS FOR RECEIVING QCHK PROVIDER QUALITY IMPROVEMENT FUNDS.

21. By entering your name below, you are agreeing to the terms of this agreement listed above and that you are the approved representative for your child care program.

Name of Authorized
Program
Representative:

**SAMPLE
DO
NOT
COMPLETE**