

United Way of the Yampa Valley (UWYV) 2026 Pre-School and/or Ages 0-5 Childcare Tuition Assistance or Fee Discount Program Grant Application

This application is for preschool and/or ages 0-5 years childcare providers applying for a grant to fund a tuition assistance or fee discount program. Note that grants are only considered for preschools and ages 0-5 childcare providers able to work towards a Colorado Shines rating greater than 1. In addition, UWYV funds only 1 year grant requests for these programs.

Our objective is to provide tuition assistance and fee discounts to children of low-income families and households, as well as children of households in difficult situations where they lack the resources to send their children to childcare or pre-school. UWYV funding is intended to supplement Universal Pre-K, First Impressions, and other sources of funding where feasible, but there may be instances where a family does not qualify for these programs. Executive Directors of UWYV sponsored agencies do not need to contact Jennifer Bruen for approval if household incomes fall below 400% of the Federal Poverty Level (FPL), or if they deem the household’s circumstances sufficiently dire that they are worthy of support. For example, UWYV will support instances where a family appears to have income in excess of the threshold for tuition assistance, but one of the parents is not providing legally obligated child support or has recently lost their job. Briefly document these circumstances in your annual report submitted at the completion of the grant.

Please note that word count limits noted in the different sections shown below are provided for guidance only. You may use more or less text at your discretion.

Organization Name and General Information

- Employer Identification Number (EIN):
- Organization legal name:
- Organization AKA or DBA name:
- Website:

Pre-School and/or Childcare Program Name and Amount Requested (up to \$15,000 per program)

How many pre-school or ages 0-5 childcare programs are included in this application?

In the table below, list by name each of the programs that you’re asking UWYV to fund, check the box for each county where a program will be active, and input the dollar amount by program that you’re requesting for each year. (We expect that these will be the programs you previewed in your pre-qualification meeting. If you did not participate in a pre-qualification meeting, please contact Jennifer Bruen for information, as our application has changed.)

Amount by Program				
	Routt	Moffat	Rio Blanco	Amount Requested
Program Title 1				\$
Program Title 2				\$
Etc.				\$
Etc.				\$

Total Amount				\$
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Applicant Contact Information

- Contact name:
- Contact title or position:
- Contact telephone number: Telephone extension:
- Contact email address:
 - Is the contact person listed above also the executive director of the organization? If not, please provide their name:
 - Executive director name:

Mailing Address of check, if funded

- Mailing address:
- Mailing address line 2:
- Mailing city:
- Mailing state:
- Mailing zip code:

Physical Address for the Organization's Main Office

- Physical address:
- Physical address line 2:
- City:
- State:
- Zip code:

Organization Overview

Organization and Program Leadership

Please tell us about the people that lead your organization and one or more of the key people that will lead the programs you are applying for. Include short biographies together with relevant certifications and professional affiliations for only those people instrumental to leading the program(s) for which you are applying for funding.

(Optional) Other Staffing Information (100 word max. recommended)

Provide additional information concerning important pending staffing changes and staffing concerns, if any.

Program Information (Complete this section for each program for which funding is requested.)

Program title 1:

- Is this a new program (yes or no)? If no, how long has this program been in existence?
- Did the United Way of Yampa Valley fund this program last year (yes or no)?
- Provide your current Colorado Shines level and state the level you expect to have by the end of the 2026-2027 school year (summer 2027). Briefly discuss future plans you may have to increase your Colorado Shines level. (100 words max. recommended)
- Tell us about your program and the families of the children you serve. Describe the key challenges and issues facing the families and children you serve. Describe approaches you plan to employ to support children of low-income households. (250 word max. recommended)
- Provide the days of the week and hours of the day you operate. Do you operate during the summer?

- Do you provide meals and/or snacks?
- How many children are you licensed to serve and what is your current actual and planned capacity? Please estimate the number or percentage of children in your program that live in each county the UWYV serves (Moffat, Rio Blanco, Routt).
- How many children do you expect will benefit from UWYV's pre-school tuition assistance or childcare fee discounts, as appropriate for your program? How many or what percentage of this number do you expect will be children from ALICE or working low-income households (below 400% of the Federal Poverty Level)? Note that we understand that you may not have a full picture of the number of children you will serve next year, but we encourage you to estimate these numbers as best you can using 2025-2026 data and other information.
- If you are a pre-school, please describe how you will coordinate UWYV tuition assistance with Universal Pre-K, First Impressions, and other funding sources to assist families of 3 and 4-year old children? (250 words max. recommended)

(Optional) Additional Program Information: (250 word max. recommended)

Provide any additional information that you wish to convey about this program, the need, and the children it serves. You may also share success stories that highlight the strength of your program. For the case of success stories, you may also simply refer us to discussions incorporated in your grant report if you received a grant last year. If you mention someone (even if not by name) in a way that might identify them to others, and/or provide a picture, please indicate whether that person gives permission to UWYV to share their story publicly.

Program Budget

What is the total annual operating cost of your program?

Organization Financial Statements and Budget Information

- What is the operating budget for your organization for the current fiscal year?
- Please upload your current fiscal year budget.
- If you have independently audited financial statements, please upload your most recent audit here.
- If you do not have independently audited financial statements, or if your most recent audit was two or more years ago, please also upload the following:
 - o Most recent fiscal year-end profit and loss statement
 - o Most recent and prior fiscal year financial position (balance sheet)
- Please upload your most recent 990 tax return.

Material Concerns

Looking forward, are there any items in the budget, financial statements or operational status that may raise **material** concerns about your organization's financial or operational health? Materiality is defined as follows: *Information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements (IASB Framework)*. (Yes or no) If yes, please explain. (300 words max. recommended)

Application Certification**Agreement and Signature of the CEO or Executive Director**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge. I agree to report next year on the performance of programs funded by UWYV.

Signature of the Executive Director/CEO:

Title:

Date: