Johnson County Empowerment/Early Childhood Iowa Area Quality Improvement Program Application FY27

Name

Business/Program Name

Phone Number

Email

Address

City

Zip

County

Need Language Support? Email QIP@iowa4cs.com

Je, unahitaji msaada wa lugha? Tuma barua pepe kwa QIP@iowa4cs.com
Besoin d'une assistance linguistique ? Envoyez un e-mail à QIP@iowa4cs.com
هل تحتاج إلى مترجم باللغة العربية الرجاء راسلنا عبر البريد الإلكتروني :- QIP@iowa4cs.com
¿Necesita apoyo lingüístico? Envíe un correo electrónico a QIP@iowa4cs.com

Eligibility Requirements

- Programs must be Licensed Child Care Centers, Registered Child Development Homes, or Early Childhood Public Partner *(ie: library)* programs located in Johnson County Iowa.
- Early Childhood Public Partners (*ie: libraries)* are only eligible to apply for EC-PBIS implementation supports
- Grants will be distributed on a priority basis to those who have not received this funding in the last two years.

Duties and Responsibilities

- Participants must meet eligibility requirements listed above.
- Applicants must be providing services to families with children prenatal through age 5 that reside within Johnson County.
- A verified quote must be provided for items of interest for grant.

- Participation in JCE/ECIA Quality Improvement grant requires sent documentation or a possible site visit conducted by the JCE/ECIA Director or board member, proving service was utilized to fidelity.
- CCR&R and/or CCNC may consult on recommendations.
- Once application is received, 4Cs will confirm eligibility.
- If approved for JCE/ECIA Quality Improvement grant, applicants will receive an approval letter/email with the award amount from 4Cs.
- Participants must report outputs and outcomes as defined in this application.
- Participants must follow allowable listed items and utilize consultation/education information if necessary.
- Approved items may be purchased (once officially notified of award) starting after February 1, 2027 and all final receipts must be submitted by June 15, 2027.
- Participants will have up to fifteen (15) days after receiving JCE/ECIA Quality Improvement grant approval letter/email to confirm participation in the program.
- JCE/ECIA Quality Improvement grant cannot be used to reimburse for another grant program. Participants may not receive federal dollars from another program and then submit those items for JCE/ECIA Quality Improvement grant funding. JCE/ECIA is not liable if participants submit reimbursement paid by other federal funds.
- Participants must work with 4Cs to complete reimbursement documents before expenses will be reimbursed.
- Payment will be issued within sixty (60) days of submission of all completed documents.
- I understand that if I no longer provide qualifying services, I must contact 4Cs and I will no longer qualify to participate in this program.

I have read the Duties and Responsibilities section of this application. I understand that I may cancel my participation at any time during the process by submitting a written request. I also agree to submit documentation by the assigned deadline or forfeit the funding.

Signature:_____Date: _____

1. **Project Summary:** Give an overview of your proposed project. Explain how the project will improve program quality, strengthen services, and/or support children's access to high-quality early care and education. Refer to the FY27 QI Allowable and Non-Allowable Expenditures document at www.iowa4cs.com.

Project Summary:

My proposal will help directly support (select one or more):

☐ Secure & nurturing learning environment
☐ Secure & Nurturing families
☐ Healthy Children
☐ Safe & Supportive Communities
☐ Children who are ready to succeed in school

2. **Requested Budget:** Provide a specific, itemized budget identifying each requested purchase, service, or material. Include brand names, links, photos, and/or other details sufficient to identify each item, along with verified quotes. List the total amount requested and any additional funding sources and amounts, if applicable.

   Maximum request: $4,999.

3. Reporting Data:

- I am a … (mark one)
  ☐ Registered Child Development Home
  ☐ Licensed Child Care Center
  ☐ Early Childhood Public Partner *(i.e.: library)*

- Total number of children ages 0-5 impacted in your program: _____

- Number of children served by age (age as of Sept 15, 2026):
  Prenatal: _____
  0–1 (0–11 months): _____
  1–2 (12–23 months): _____
  2–3 (24–35 months): _____
  3–4 (36–47 months): _____
  4–5 (48–59 months): _____
  5–6 (60–71 months): _____

Return completed application to: qip@iowa4cs.com or
4Cs, Attn: Laura Lage
1500 Sycamore Street
Iowa City, Iowa 52240

319-338-7684