The Washington State Department of Children, Youth, and Families 2024-2025 ECEAP Complex Needs Fund (CNF) grant application period is now open for projects designed to support ECEAP classrooms to continue to support children with developmental delays, disabilities, or challenging behaviors due to complex trauma.

**HOW TO APPLY:**

1. The ECEAP Complex Needs Fund is awarded through a competitive grant process. Applying does not guarantee an eligible 0-3 ECEAP and/or ECEAP contractor will receive a grant award or the full amount that individual contractors may request.
2. Prior to applying, review the CNF applicant funding guidance (attached to the announcement email) to ensure your organization and your project qualifies. Read each question carefully and answer all aspects of the questions for your application to be qualified.
3. Contractors only need to complete **one application** for all 0-3 ECEAP and/or ECEAP sites for which they wish to receive funding. Subcontractors or sites can fill out the application, but it must be submitted to DCYF by the ECEAP contractor.
4. Do not include any deliverables or funds from your previously awarded CNF grant in the budget tables. Only enter new funding requested.
5. Email your completed application to [dcyf.eceap@dcyf.wa.gov](mailto:dcyf.eceap@dcyf.wa.gov) by February 1st, 2024 by 5:00pm PST.

Questions may be sent to: [dcyf.eceap@dcyf.wa.gov](mailto:dcyf.eceap@dcyf.wa.gov)

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Contractor Name: |  |
| Current Contract # |  |
| Email of person submitting application: |  |

**PROJECT INFORMATION SUMMARY**

1. Total new funds requested (do not include carryover in this amount): $
2. Estimated start date:
3. Estimated end date:
4. List the names of all **0-3 ECEAP** sites and corresponding provider ID number the funding will support

(*ex. School Name, 1234567*).

1. List the names of all **ECEAP** sites and the corresponding provider ID number that the funds will support.

1. Do you anticipate having carryforward funding from Complex Needs Funding this year?  YES  NO

If so, how much? $

**Note:** if contractor has carryforward funding, those funds must be spent first and the amount of carryforward will be evaluated when considering the new award request

1. If awarded, how will your organization use Complex Needs funding? (check all that apply)

Adding classroom staff or mental health professionals, or increasing current staff’s hours

Therapeutic services, mental/behavioral health consultation

Purchase supportive and adaptive materials and equipment

Adaptive curriculum

Professional development to provide teacher coaching and training

Filling unique transportation needs

Staff travel

What needs and behaviors do you and your teachers observe in the classroom that this funding could support? Please check all applicable situations.

A child that leaves the classroom.

A child harms themselves or others, such as throwing chairs, punching, biting with repetition.

A child requires intensive communication supports with a Picture Exchange Communication System or technology-based communication.

A child requires physical assistance to move between areas of the classroom due to mobility needs.

Other: (*please describe below*)

1. Identify the following:

|  |  |
| --- | --- |
| Number of classrooms CNF will support: |  |
| Number of children CNF will serve: |  |
| Number of *existing part-time*staff positions CNF will fund: |  |
| Number of *existing full-time*staff positions CNF will fund: |  |
| Number of *new part-time*staffpositionsCNF will fund: |  |
| Number of *new full-time*staff positions CNF will fund: |  |

\***Note**: CNF funding may only be used for staffing that directly supports children with complex needs.

**PROJECT SCOPE OF WORK**

1. Please give a detailed description of your project. Clearly explain your project goals. Provide the specific issue or need the project will address and the relevance to children with complex needs. If your scope involves several separate tasks (e.g., staffing, supportive supplies, adaptive curriculum, unique transportation needs, and equipment), please describe them individually, including dates by which you expect to accomplish the task.

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1. Briefly describe current programs and services for children with complex needs, and and explain why this funding is essential for your program.

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1. How will the Complex Needs Fund support your site to address equity, inclusion, and culturally relevant programming?

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**FINANCIAL INFORMATION**

1. Provide a breakdown of your budget by expense category for this project. If the contractor is not requesting funding for a cost category, type 0 or leave blank. If the contractor is applying for funds for ECEAP and/or 0-3 ECEAP, separate the funds into the appropriate category.

Do not put any carryforward funds in these tables. The tables are for new award requests only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Category** | **Funds Requested ECEAP** |  | **Funds Requested  0-3 ECEAP** |
| Staff Salary |  |  |  |
| Staff Fringe benefits |  |  |  |
| Indirect |  |  |  |
| Travel (staff travel) |  |  |  |
| Contracted Mental Health/Behavioral Consulting |  |  |  |
| Unique Transportation Needs |  |  |  |
| Professional Development |  |  |  |
| Curriculum |  |  |  |
| Supportive materials and equipment |  |  |  |
| **Total CNF Requested** | **$0.00** |  | **$0.00** |

Cost Breakdown and Justification: The totals in the tables below should match the amounts in the cost category table above.

1. List the staff expected to be funded by CNF. Identify if the position will be full or part time and if it’s for a new or currently employed staff. Staff listed in this table must be providing support directly to children with complex needs. The opportunity to enter contracted staff is further down in the application*.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title/Expertise hired for** | **New**  **or Current staff** | **Full**  **or**  **Part time** | **Funds request (wages/benefits)** |
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| **Total** | | | $0.00 |

1. If you filled in the question 2 table, please answer the following question. If your application is funded to help pay for staffing, do you have a maintenance stability plan in place to keep staff employed after the CNF grant funding has been spent down? Please explain your plan. **Note:** this funding cannot replace existing, sustainable funding, but may replace or supplement unreliable funding. Applicants are not guaranteed a CNF grant each year.

1. In the table below, list the title of the professional development or training you are requesting funding for.

The type column is used to identify if the professional development will be in-house training, out-of-house training, online, coaching, or hired outside professional. Next, identify the number of staff expected to attend. The cost will be the total expense per training and may include registration costs, training materials, or hiring an outside professional to conduct the training.

**Note:** Do not put the cost of staff wages into the cost for the training. Staff wages will go into the staffing table above. If you expect the training to only cost staff time covered by CNF, still identify the training but leave the cost at $0.00.

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| --- | --- | --- | --- |
| **Title of the Professional Development/Training** | **Type** | **Number Expected to Attend** | **Cost** |
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| **Total** | | | **$0.00** |

1. Describe the request for unique transportation needs, list the cost and the number of children expected to use the service.

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| --- | --- | --- |
| **Description of the Unique Transportation Need** | **Number of Children** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | | $0.00 |

1. If your organization intends to use Complex Needs Funds to contract with a mental health or health consultant, identify job title, cost, and explain the expertise they will provide to children with complex needs.

|  |  |  |
| --- | --- | --- |
| **Job Title of Consultant** | **Short Description of Consultant Expertise** | **Funds request (wages/benefits)** |
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| **Total** | | $0.00 |

1. Describe the adaptive curriculum, equipment, staff travel, supportive material, and other purchases of the grant proposal with their associated cost. Add a short description as it relates to children with complex needs. You can add more rows if needed.

|  |  |  |
| --- | --- | --- |
| **Items/Service** | **Short Description** | **Cost** |
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| **Total** | | $0.00 |

**GENERAL TERMS AND CONDITIONS**

**The DCYF ECEAP Complex Needs Fund must be spent by June 30th, 2025 and within the project scope described above.**

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| --- | --- |
| Agree | I certify that the information I have provided on this application is true and correct. |
| Agree | I will spend the Complex Needs Fund award on the purchases outlined in this grant application and follow ECEAP Service Contract requirements when making purchases. |
| Agree | I agree to follow my ECEAP service area contract with using the Complex Needs Fund |
| Agree | I understand that I will need to track Complex Needs Fund purchases separately and submit required Contract deliverables documenting purchases made with this fund. |
| Agree | If my ECEAP contract is terminated before the grant cycle ends, I will return any unspent grant funds to DCYF. I will still be responsible to provide reporting and receipts to DCYF detailing funds I did spend, regardless of open or closed status. |
| Agree | If I do not comply with ECEAP Service Contract requirements or cannot show that the funds were spent in accordance with my application, I am in violation of the terms of the Complex Needs Fund and I will return the grant funds to DCYF. |

**SUBMIT APPLICATION**

Email your completed application as part of the ECEAP Integrated RFA process to [dcyf.eceap@dcyf.wa.gov](mailto:dcyf.eceap@dcyf.wa.gov) by **5:00 p.m. PST on February 1, 2024.**

Anticipated award announcement March 2024. If awarded, an adjusted budget may be requested.