

Early Childhood Education Hope Pathways Sub-Grant Application

This application is to request funds to strengthen and support our ECE center's capacity and quality to apply for the next Keystone STARS level. It is expected that funding will be used to strengthen the organization's leadership, technology, curriculum, programming, and administrative capacity.

Complete all 5 parts of the application. Incomplete applications will not be considered.

Application deadline: March 28, 2025, 11:59pm

Center Name:	Name of Director:	
Center Address:		
	Email Address:	
Philadelphia, PA 19		
EIN #:		
	Phone Number:	
Name of Owner:		
Owner Email Address:		
Owner Phone Number:		
DHS License	Keystone Stars Level Rating	
□ Yes; #		
🗆 No	$\Box 2$	
Organizational Type (choose all that	Identify the population of children	
apply)	enrolled in program:	
\Box Child Care Center	% of African American or Black:	
Educational Service Center	% of Caucasian or White	
\Box Family Childcare	% of Hispanic or Latino	
\Box Group Childcare	% of Other	
Number of Employees:	Identify any additional funding streams	
	that support your center.	
How many are lead teachers?	\Box Source 1:	
	\Box Source 2:	
How many are teacher assistants?	\Box Source 3:	

Part 1: Applicant General Information



TA Needed:	Are you a bilingual center?
🗆 English	🗆 Yes
🗆 Spanish	🗆 No
% of staff who speak Spanish:	

Part 2: Staff Information

Select the option that best describes the Director's education credentials.	Select the option that best describes the education credentials of the lead
Select all that apply.	teacher(s).
□Bachelor's Degree in early childhood	\Box 100% have an Associate's or Bachelor's
education or another related field	Degree in early childhood education or other related field
\Box Bachelor's Degree in an unrelated field	
□Associate's Degree in early childhood education or another related field	□75% have an Associate's or Bachelor's Degree in early childhood education or other related field
\Box Associate's Degree in an unrelated field	□50% have an Associate's Degree or Bachelor's Degree in early childhood education
	or other related field
	25% have an Associate's or Bachelor's Degree in early childhood education or other related field
	□0% - 24% of Lead Teachers have an Associate's Degree or Bachelor's Degree in early childhood education or other related field?
	% have at least a CDA
	% are enrolled in an accredited Institution of Higher Education
Does the Director hold a PA Directors	Does any staff need to complete a CDA
Credential (PDC) Program?	program?
□Yes	□Yes
	□No
□Not Required	



Part 3: Sub-Award and Technical Assistance (TA):

Which areas do you expect to address with sub-award and Technical Assistance?				
Please mark all that apply.				
□ Business operations: Funding and Finance Management, Marketing & Media, Grant				
Operations & Management, Performance Reviews				
Program Development: Early Childhood Program Curriculum or Other				
□ Technology assistance/implementation				
□ Leadership Development				
Professional Development of Staff				
Parent and Community Engagement				
\Box Assessment and Evaluation				
□ Other:				
Purpose of Request [1/2 page minimum]				
 Provide an overview of the purpose of your request as it relates to increasing capacity and quality to apply for the next Keystone STARS level. 				
• Summarize the intended goals and how the funds would help achieve your goals.				
Statement of Need: [1 page minimum]				
 State your need the sub-award would be addressing and how it was determined. Include the challenges the center faces and how the sub-award and Technical Assistance grant will assist in overcoming these challenges and needs. Outcomes: [1/2 page minimum] 				
 Explain the benefits to your ECE center if awarded the sub-award and Technical Assistance. 				

Key Staff: Identify key staff who will assist as it relates to the implementation of the goals of this sub-award and Technical Assistance grant.

Staff Person	Position/Role	Qualifications



Part 4: Project Budget: The total request should not exceed \$11,000

Line Item Description	Amount	Line Item Explanation (Narrative)
Personnel (including fringe benefits)		
Travel and Mileage		
Supplies and Materials		
Equipment		
Contracted Services (Consultant and Professional Services)		
Training Costs		
Events		
Total Amount Requested		



Part 5: Application Agreement:

By my signature, I am authorizing an application on behalf of our ECE Center. I am aware that an application does not guarantee funding. If awarded, I understand that we will sign a Memorandum of Understanding with respect to the requirements of this grant.

Signature (authorized signer for the ECE Center) Title: ______

Date