



The SDC CHILD CARE PROGRAM is geared towards increasing child care by providing matching funds to new or expanding center or group facilities throughout communities in Stark County, further emphasizing our mission of creating a better place to live, work and grow.

PROGRAM GOALS

- Encourage existing child care facilities to expand child care capacity
- · Increase capacity of child care available
- · Improve quality of care and child care services provided

PROGRAM REQUIREMENTS

Minimum Requirements:

To be eligible for funding, a proposed project must meet all the following minimum requirements:

- **Private Funds Leveraged:** The applicant must leverage a minimum of one dollar (\$1.00) of private funds for every dollar (\$1.00) of SDC Child Care Program funds requested.
- Compliance with Applicable Laws: Applicants shall comply with all applicable local, state and federal laws and codes. All construction work shall comply with applicable local, state and federal building codes.
- Child Care Licenser Support: Applicants shall obtain a letter of support from the Stark County Child Care Licenser. The Stark County Child Care Licenser shall indicate in the letter the level of child care license obtained.
- Municipality Support: Applicants shall obtain a letter of support from the municipality within the jurisdiction of the project. The municipality shall indicate in the letter the applicants project has the correct zoning.
- **Project Completion:** Projects must begin within six (6) months of the approval and be completed within twelve (12) months of approval. Extensions may be requested depending on the scope of the project.

TERMS AND CONDITIONS

Minimum standards shall include the following:

- SDC Child Care Program funds are subject to availability of program funds but shall not exceed \$100,000.
- SDC Child Care Program funds are available up to \$1,000 per child as a dollar for dollar match not to exceed \$30,000 for group and \$100,000 for center.
- Applicants will be required to sign a Child Care Program Business Incentive Agreement guaranteeing the project will be completed according to the details included on the application and approved by SDC Board of Directors.
- · Funds will be paid in a lump sum at the end of the project as a reimbursement of costs incurred.
- The interest-free loan will be pro-rated and forgiven over the course of 5 years contingent upon project completion. Applicant must also maintain a valid license for the number of children or greater specified at the time of the application approval. Any building owner or store proprietor/tenant with lease authority or authorization from the owner may apply for funding. Tenants must have a minimum of five years remaining on their lease. Subject building must be correctly zoned.
- SDC reserves the right to cancel the Child Care Program Business Incentive Agreement in the event of failure to comply with this agreement.

www.starkdev.com · team@starkdev.com · (701) 225-5997 · 103 1st Ave. West, Suite 101, Dickinson, ND



| FOR INTERNAL USE ONLY | | | | | |
|-----------------------|-----------------|--|--|--|--|
| Date Approved/Denied | Date of Funding | | | | |
| BND Number | | | | | |

APPLICATION FOR ASSISTANCE

Please complete and return to: Stark Development Corporation, 103 1ST Ave. West, Suite 101, Dickinson, ND 58601 or team@starkdev.com. For more information, call (701) 225-5997. Applications will be reviewed at Stark Development Corporation's Board of Directors Meetings. Meetings are the third Tuesday of every month; applications must be submitted 10 days prior.

| BUSINESS INFORMATION | | | | | |
|---|----------------------------|---|---------------------------|--|--|
| Business Name | | | | | |
| Business Mailing Address | City | | State | ZIP Code | |
| Street Address | City | | State | ZIP Code | |
| Project Address | City | | State | Zip Code | |
| Parent Company (if any) | | | | | |
| Street Address | City | | State | ZIP Code | |
| Date Business Established | Federal Ta | Federal Tax ID # | | | |
| Ownership Structure Sole Proprietorship | Contact Pe | Contact Person Title | | | |
| ☐ Partnership ☐ Public Corporation ☐ Limited Liability Corporation | Title | | | | |
| Other (please describe) | Email Add | Email Address | | | |
| Website | Phone Nur | Phone Number | | | |
| Is your business currently a member of Stark Development Corporation? Yes No | Is the Sma | Is the Small Business Development Center involved? Yes No | | | |
| What percentage of business income comes from following | ' | | | | |
| Dickinson % Other In-State % | | Outside | of North Dakota % | | |
| Current Number of Full Time Average Hourly Wage ² Equivalent Employees (FTE's) ¹ | Av | Average Hourly Benefits ³ | | Average Hourly Compensation (Wage Plus Benefits) ⁴ | |
| ¹ Full time equivalent employees (FTE's) work 32 hours per week or greater. The exceptio hours per week or greater to be considered an FTE. Please round job numbers to the ne | | position is filled by two peopl | e. In this instance each | person needs to work 20 | |
| 2 Wage includes wages, salary, bonuses and commissions. | | | | | |
| Benefits include health, disability, life and retirement benefits or insurance premiums particles benefits such as housing allowance and transportation expense. | aid by the employe | er; an employee's share of pa | yroll taxes paid by the e | mployer; and other fringe | |
| Wage plus benefits. | | | | | |
| FINANCIAL AND PROJECT INFORMATION | | | | | |
| | Public Purpose | | | | |
| | | Assisting Community Development | | | |
| | | ncreasing Tax Base | | | |
| Other (please describe) | Indirectly Crea | Directly Creating Employment Opportunities Indirectly Creating Employment Opportunities Through Increased Economic Activity | | | |
| | Job Retentio Other (please | n | tumites imough me | eased Economic Activity | |
| Amount of Stark Development Corporation Funds Requested | | | | | |
| Tanasant of Stark Development corporation Funds Requested | | | | | |
| Total Project Cost | Owners Fo | uitv | · | <u> </u> | |

| Estimated Project Completed Date | | | | | |
|---|----------------|---|---------------------------------|--|--|
| Description of Project | | | | | |
| Source and Use of Funds | | | | | |
| | | | | | |
| How will this project benefit the community? (if applicable) | | | | | |
| Project Goal Create Jobs Retain Jobs Neither Create or Retain Number of jobs (FTE's) to be Created or Retained Retained | | nter 0 for number of jobs, wage, benefit and compensation goal Average Hourly Benefits Ave | s) erage Hourly Compensation | | |
| Financial Institution | | Contact Person | | | |
| Phone Number | | Email Address | | | |
| Accountant Firm | | Contact Person | | | |
| Phone Number | | Email Address | | | |
| Attorney Firm | | Contact Person | | | |
| Phone Number | | Email Address | | | |
| DOCUMENTS REQUIRED WITH APPLICATION If PACE or Flex PACE include Bank of North Dakota Exhibit A payment schedule with proposed loan and interest buy-down Business Operations Management Plan Existing and Planned Facilities Previous 3 years and projected 3 years of financial statements | | | | | |
| Be advised as per North Dakota open records law that a subject to N.D.C.C. § 44-04-18.4 pertaining to confident | | | | | |
| By submitting this application, you may be required to following the approval of your request per requirement | | | elopment Corporation | | |
| The undersigned says applicant is duly authorized to ve with the statement contained herein and that the same the right to use the results of the report in published refunded project. | e are true in | substance and in fact. Stark Developmen | t Corporation reserves | | |
| APPLICANT SIGNATURE | | | | | |
| Applicant Signature | Applicant Prin | ted Name | Date | | |
| | | · | · | | |