



Bowman County

Childcare Provider Matching Program

The Childcare Provider Matching Program exists to incentivize new, in-home group facilities or increased capacity in existing facilities.

Guidelines:

- New childcare startups and existing remodels that directly increase capacity are eligible for a 1:1 match not to exceed \$5,000 in matching funds.
- Program funding available up to \$1,000 per increased child capacity not to exceed \$5,000.
- Eligible items: fixtures, furniture, equipment, construction, related build out costs, permit compliance related costs.
- Approval is required prior to project start date.
- All receipts must be submitted prior to reimbursement.
- Project must be a licensed (or in process of licensing) childcare facility through the state of ND.
- Providers who receive match dollars must remain in operation for a minimum of 2-years from application date. Failure to do so will result in a pro-rated return of grant dollars to the BCDC Growth Fund.
- New and existing providers who receive startup assistance through the match grant program are ineligible for the annual assistance grant for two years of licensed operation.

Terms and Conditions:

- Program was funded through BCDC Growth Fund. Childcare Match Program funds are subject to availability of program funds and shall not exceed \$15,000 for the 2022 Fiscal Year.
- Applicants are required to have a minimum of one meeting with a Small Business Development Center Business Advisor before funding is approved.
- Applicants will be required to sign a Business Incentive Agreement guaranteeing the project will be completed according to the details included on the application and approved by BCDC 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 2 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 two years remaining on their lease. Subject building must be correctly zoned.
- BCDC reserves the right to cancel the Business Incentive Agreement in the event of failure to comply with this agreement.
- Applicant must maintain a valid license for the number of children or greater specified at the time of the application approval. A yearly verification will be sent for two years and must be returned.

About BCDC's Growth Plan

In 2021, BCDC made a capital transfer into a fund that will be dedicated to diversifying the local economy, supporting small businesses, recruiting and retaining workforce, creating and maintaining jobs, and expanding the local tax base.

Program Budget \$15,000



CHILDCARE PROVIDER MATCHING PROGRAM

Application Form



GENERAL CONTACT INFORMATION			
Business Name:			FOR INTERNAL USE ONLY
Owner Name:			Date App Received:
Physical Address:			Date to Fund:
Mailing Address:			Date to Board:
City:	State:	Zip:	Date Board Approved:
Work Phone:	Cell Phone:		Funding Amount Approved: \$
Email:			Form 641:
Federal Tax ID #:		Date Business Established:	
<input type="checkbox"/> Licensed <input type="checkbox"/> In Process of Licensing <input type="checkbox"/> Not Licensed			
Funding Request: \$		Approval Needed by:	

PERSONAL INVESTMENT INFORMATION	
Startup or Expanding Funds Source Name:	Total Anticipated Investment:
	\$
	\$
	\$
	\$
Total:	

Total amount to be invested in the business: \$ _____

Please give a brief description of your business: _____

Current capacity: _____

Additional capacity that will be gained by obtaining this grant: _____

How will you sustain increased capacity? _____

Detailed scope of project (Please attach additional pages including pictures, estimates, and description of project): _____

CHILDCARE PROVIDER MATCHING PROGRAM CHECKLIST OF REQUIREMENTS	
<input type="checkbox"/> Childcare Provider Matching Program Application	<input type="checkbox"/> IRS W-9 Form
I hereby declare that all the above provided information is correct and accurate to the best of my knowledge.	

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All receipts must be submitted prior to reimbursement.