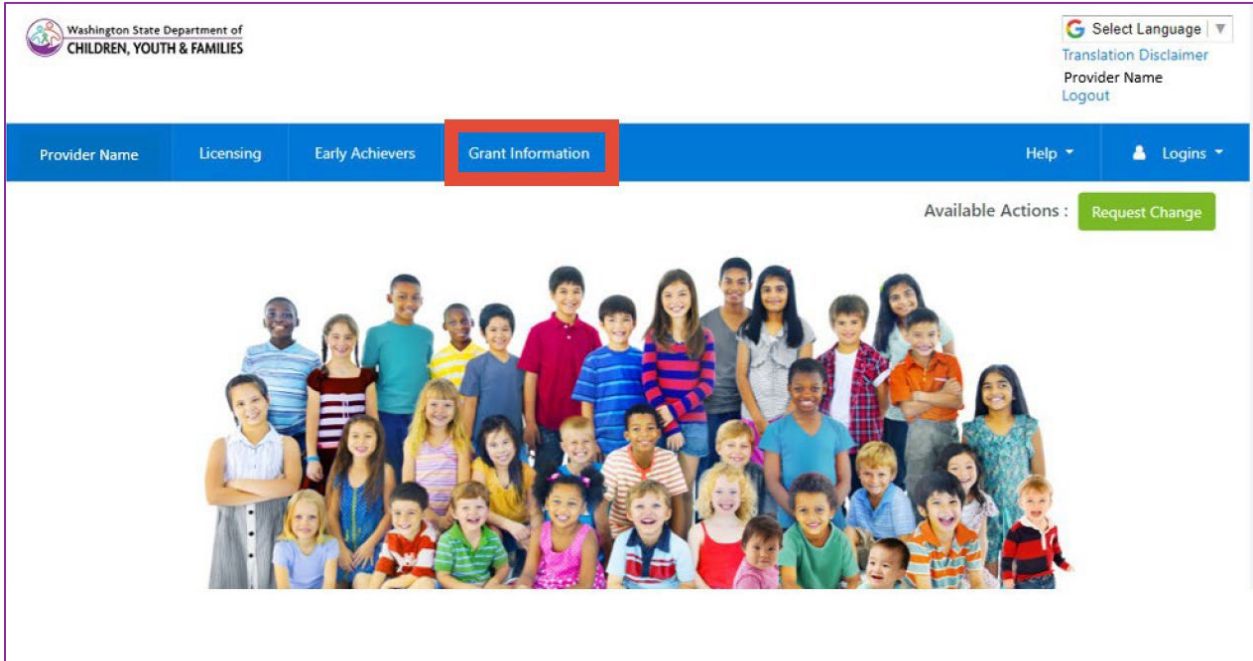


## Completing a Child Care Complex Needs Fund Application in WA Compass

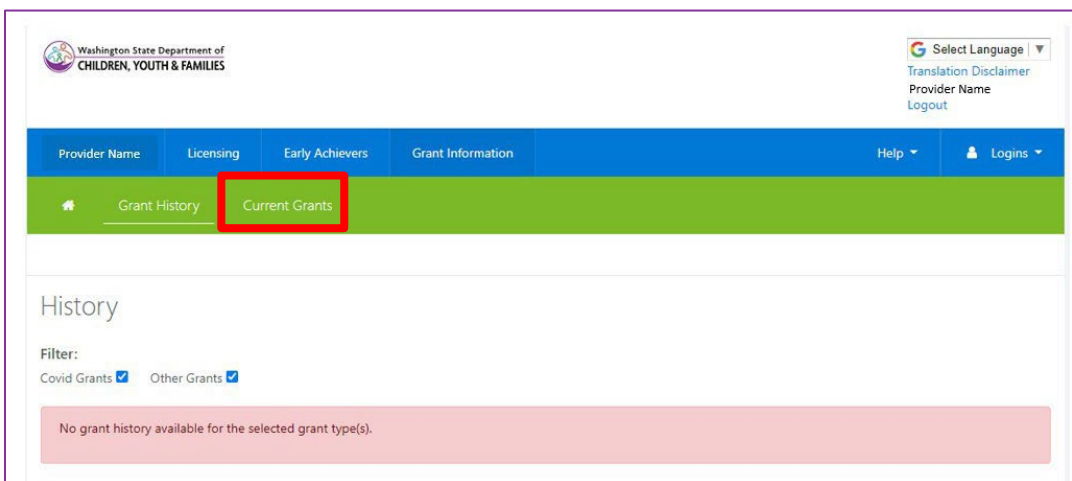
DCYF highly encourages providers to utilize our technical assistance partners to fill out the application.

We recommend using the [Application Preview and Question Guide](#) to prepare your answers before inputting them into the WA Compass application. You can save your application and return to it at a later time. Please take your time filling out the application and once you are confident you are finished, please submit. Applications that are saved and not submitted by the provider are not eligible for consideration. Once you submit your application, you cannot make any edits nor will DCYF make any edits on your behalf.

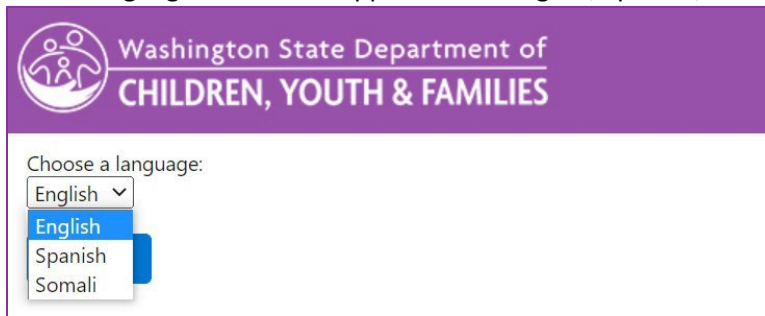
1. Log in to the [WA Compass Provider Portal](#).
2. Click on the “Grant Information” tab.



3. Select Language, if you would like to view the page in a language other than English.
4. Click “Current Grants.”



5. “Current Grants” shows all grant opportunities that are currently open, and whether or not a provider has already applied. Click on “Child Care Complex Needs Fund.”
6. Application opens in a new window.
7. Select Language to view the application in English, Spanish, or Somali.

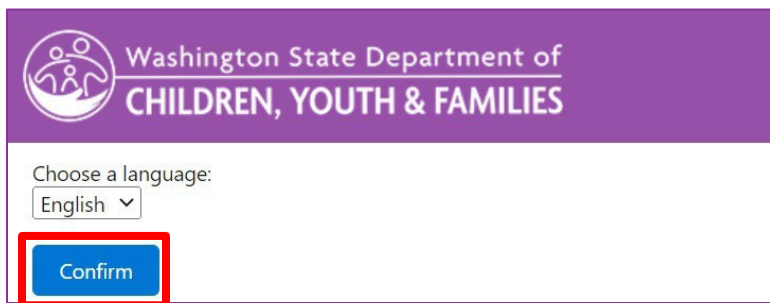


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Choose a language:

- English
- English
- Spanish
- Somali

8. Click “Confirm”.



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**CHILDREN, YOUTH & FAMILIES**

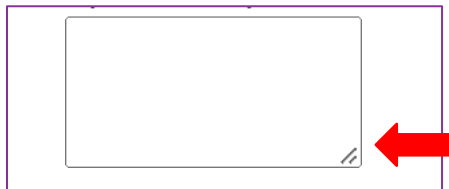
Choose a language:

- English

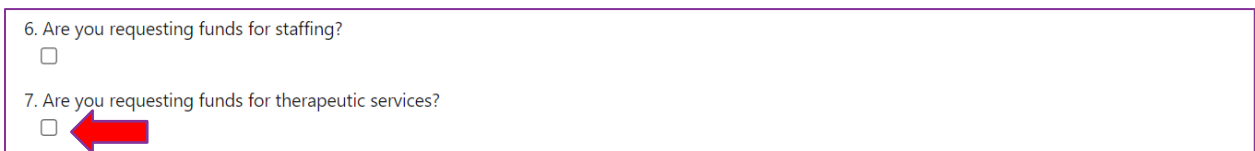
**Confirm**

9. Read and answer questions 1-5.

Tip: To make a text box bigger, click on the bottom right corner of the box with your mouse, and drag to change the size.



10. Questions 6 through 9 list the four different allowable spend categories. You do not need to request funding in all four categories. Only select the spend category/ies that you are requesting funding for. For example, if you are requesting funding for therapeutic services, select the box here first.



6. Are you requesting funds for staffing?

7. Are you requesting funds for therapeutic services?

After selecting this box, three additional questions (“sub-questions”) will appear.

For information on how responses are prioritized and/or scored, please review the [Application Scoring Guide/Rubric](#).

7. Are you requesting funds for therapeutic services?



Please complete the table below for each therapeutic service that you are applying for. \*Reminder: The maximum amount you can

Name of Therapeutic Service/Type	Estimated cost. Enter whole dollar amounts only. For example, "24000" and not "\$24,000.32"	Basis for estimate – how did you arrive at the estimated cost? Example – cost information on a professional quote or cost per hour or session. Enter the total yearly cost for this service under "Estimated Cost". Do not enter only the hourly rate.
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<a href="#">+Add New Item</a>		
<b>Total:</b> \$0		

Please describe how the requested funds will provide targeted care or support for children with behavioral needs, developmental

How will adding these resources improve the quality of care for children with complex needs? (5 points)

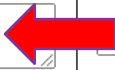
The first sub-question will ask you to list the cost of the therapeutic service(s) you are requesting. Please enter your responses into the table.

The table has three columns.

List the name or type of the therapeutic service in the first column.

Please complete the table below for each therapeutic service that you are

Name of Therapeutic Service/Type	Estimated cost. Enter dollar amounts only. For example, "24000" and not "\$24,000.32"
<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>



In the next column, list the entire estimated cost of that service. If the service you’re requesting is based on an hourly, weekly, monthly rate, please enter the estimated cost of this service for the entire grant period (one year).


**Enter a whole number only. Do not enter any text, commas, or decimals.** For amounts with change, please round up or round down accordingly. An example is provided below.

If you are requesting an item that costs \$60.97, you will enter “61”.

If you are requesting a service that will cost \$10,782.41, you will enter “10781”

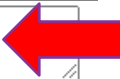
cost of the therapeutic service that

service	Estimated cost	Basis
<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>



Then enter the basis for your estimate answering the question “how did you calculate this cost?”


role	Basis for estimate – how did you arrive at the estimated cost? Example – cost information based on a professional quote or cost per hour or session. Enter the total yearly cost for this service under “Estimated Cost”. Do not enter only the hourly rate.
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>



Continue entering all of the therapeutic services you are requesting funding for. Enter one name or type of service per line. If you need additional lines on the table, click on [+Add New Item](#) at the bottom left of the current table.

PROVIDER PORTAL – HOW TO COMPLETE A COMPLEX NEEDS FUND GRANT APPLICATION

Please complete the table below for each therapeutic service that you are applying for. \*Reminder: The maximum a

Name of Therapeutic Service/Type	Estimated cost. Enter whole dollar amounts only. For example, "24000" and not "\$24,000.32"	Basis for estimate – how did you estimate cost? Example – cost on a professional quote or cost session. Enter the total yearly cost under "Estimated Cost". Do not enter an hourly rate.
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
+Add New Item 		
Total: \$0		

Once you have finished entering each service and the estimated cost, the total for this specific spend category will appear at the bottom of the table.

**Review the total in this table to make sure it shows the entire amount of funding you are requesting for this specific spend category.**

- Complete this process for each spend category you are requesting funding for.
- Question 10: Type the Total Grant Amount Requested in the text box. This answer is the total amount of funding for each spend category added together.

10. Total Grant Amount Requested (this must be the total amount from all estimated costs above. Enter a numerical value

**Enter a whole number only. Do not enter any text, commas, or decimals.** For amounts with change, please round up or round down accordingly. An example is provided below.

Example: if you requested \$10,000 for staffing and \$10,000 for therapeutic services, you will enter "20000" for this question.

Example: If the supportive/adaptive materials cost is \$10,000.50, enter "10001". If the supportive/adaptive materials cost is \$10,000.25, enter "10000".

Questions 10-13 are not scored.

- Read and agree to all terms and conditions by checking each box. Each term and condition requires a response in order to submit your application.

**Terms and Conditions:**

*(You must fill out all fields with a \* next to them in order to submit the application.)*

I certify that the information I have provided on this application is true and correct. \*

I will spend the Child Care Complex Needs Fund award on the purchases outlined in this grant application. \*

I will spend the Child Care Complex Needs Funds within one year of receiving the funds. \*

I understand that my application will be denied if I have requested funding for any disallowed costs. \*

I will report to DCYF on how I spend the Child Care Complex Needs Funds. This will include keeping receipts and document

I will complete and submit the quarterly update that DCYF sends to me. I understand this is a requirement of receiving

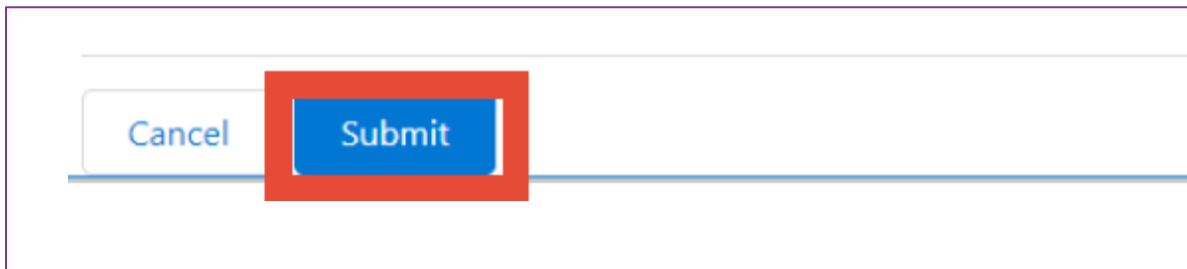
If I close my license before the one-year cycle ends, I will return any unspent grant funds to DCYF. I will still be responsib

If I do not comply with DCYF reporting requirements or cannot show that the funds were spent in accordance with my

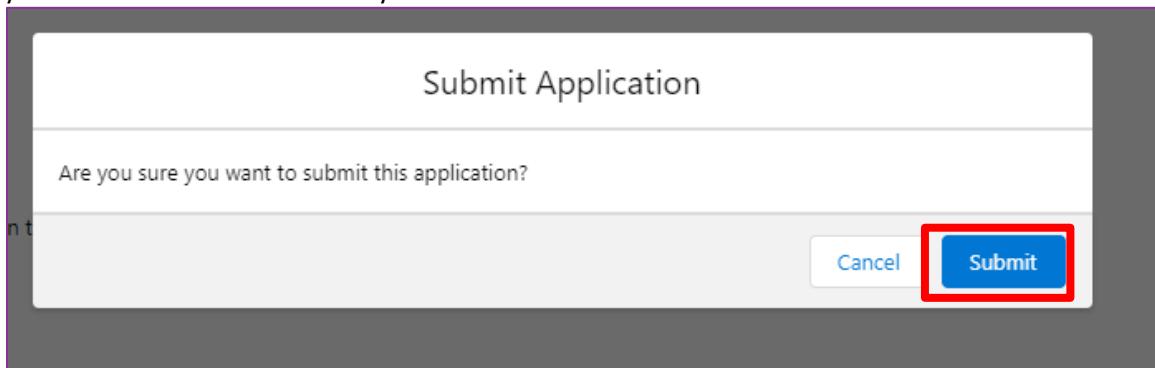
I understand that if my application is selected to receive funding, I will need to attend a special technical assistance sess  
check for understanding, I will not receive the funds. \*

I have reviewed my application and am ready to submit. I understand that once my application is submitted, I cannot m

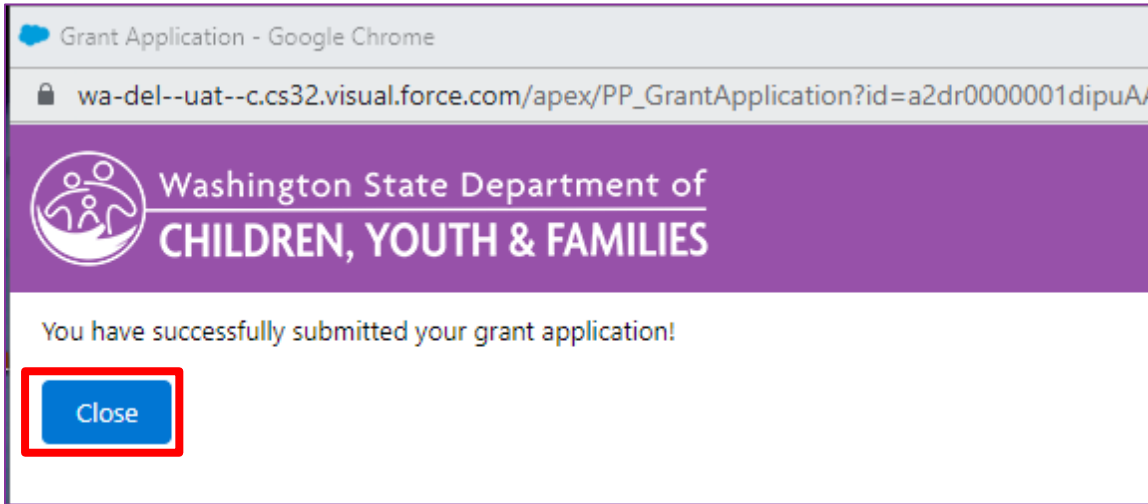
14. Click "Submit."



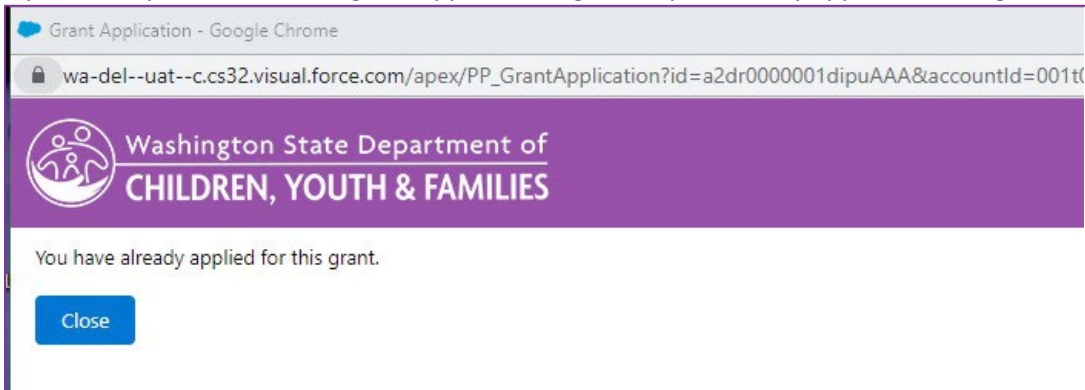
15. Click "Submit" again if you are sure you are ready to submit. Once you click submit, your application is final and you will not be able to make any edits.



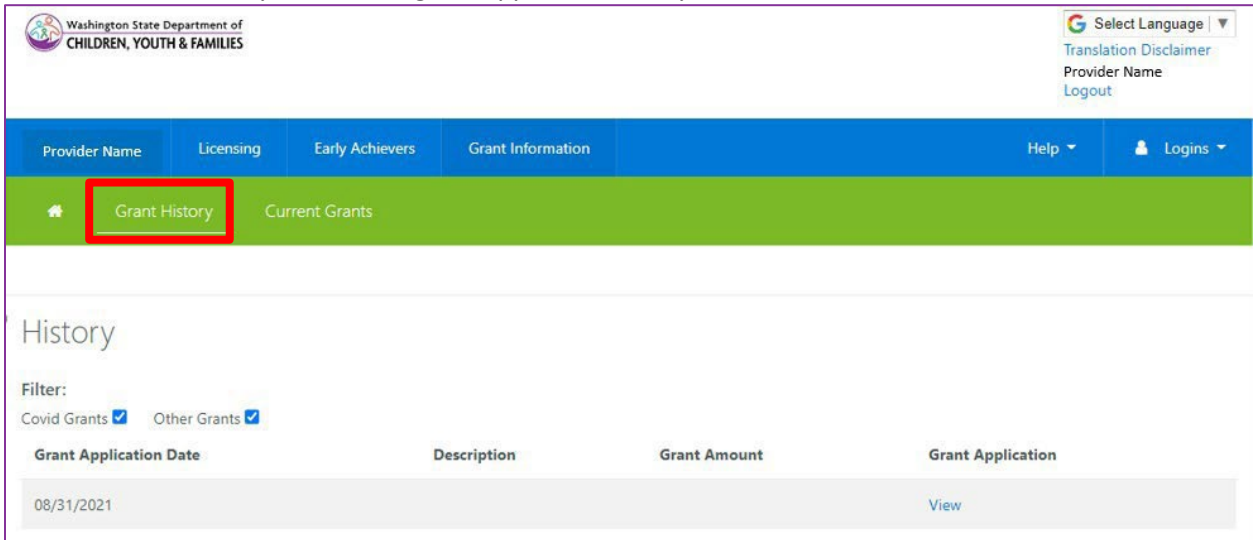
16. A Successful Submission screen will appear. Click “close.”



a. If you attempt to click on the grant application again, a “you already applied” message will appear.



17. Click on “Grant History” to see the grant application that you submitted.



18. Click “View” to open a PDF of the submitted grant application.

The screenshot shows the Washington State Department of Children, Youth & Families Provider Portal. The header includes the department logo and name, a language selection dropdown, and links for Translation Disclaimer, Provider Name, and Logout. The navigation bar contains tabs for Provider Name, Licensing, Early Achievers, Grant Information, Help, and Logins. Below the navigation bar, there are tabs for Grant History and Current Grants. The main content area is titled "History" and includes a filter section with checkboxes for Covid Grants and Other Grants. A table displays grant application information with columns for Grant Application Date, Description, Grant Amount, and Grant Application. A red box highlights the "View" button in the Grant Application column for the entry dated 08/31/2021.

Grant Application Date	Description	Grant Amount	Grant Application
08/31/2021			<a href="#">View</a>

19. Click “Download as PDF” to save a copy of your application.

The screenshot shows the Washington State Department of Children, Youth & Families Provider Portal. The header includes the department logo and name. The main content area displays two download options: "Download" and "Download as PDF". A red box highlights the "Download as PDF" button.