

## Family Home Provider Child Care Financing Program Application

### Program Guidelines

The Virginia Small Business Financing Authority's (VSBA) *Child Care Financing Program* (CCFP) is designed to assist Virginia child care providers in obtaining financing for fixed asset needs and educational materials. VSBA offers direct no-interest loans to regulated child care providers for quality enhancement projects or to meet or maintain childcare standards. Funding is provided by the U.S. Administration for Children and Families through the Virginia Department of Education.

**Eligible Borrowers:** Qualified borrowers are Virginia Department of Education (VDOE) licensed or local ordinance family day homes; voluntarily registered; part of a Licensed Family Day Care System; or participating in the USDA Food Program. To be eligible to apply for assistance under the *Child Care Financing Program*, the applicant must: a) be in "good standing" with the Division of Licensing Programs of the Virginia Department of Education, b) demonstrate a reasonable assurance of repayment, and c) maintain business operations in Virginia.

**Eligible Loan Purposes:** Loan funds may be used for:

- Fixed asset purchases and quality improvements directly related to the health, safety and welfare of the children
- Equipment specifically related to the care of the children: technology, playground equipment, tricycles, resilient surfacing for playground areas, lockable cabinet for poisonous substances, cribs, cots, blankets, cubbies, books, curriculum, and infant care equipment
- Minor building maintenance, renovations, or repairs necessary to comply with health and safety standards required by the VDOE, or to meet necessary requirements for children with special needs, etc.

**Loan proceeds are used to make payments directly to vendor(s) or to reimburse borrowers for costs, supported by paid receipts, incurred after the date of written loan approval from the VSBA.**

**Ineligible Loan Purposes:** Loan funds may not be used for:

- Refinance, consolidate, or repay any existing debts
- Purchase of, or improvement to, land
- Purchase, construction, or permanent improvement of any building or facility (except repairs necessary to maintain the health and safety of the children and child care providers during work hours)
- Office equipment, office supplies, or office furniture
- Provide working capital

**Program Loan Amounts and Terms:** The maximum loan amount for Family Home Providers is \$15,000 and the maximum term is 7 years.

**Personal Guarantees:** The program requires all individuals and business entities owning 20% or more of the applicant business (including a spouse owning 5% or more when the combined ownership of both spouses is 20% or more) to provide a personal guaranty of the loan.

**Program Fees:** \$75

### Application Help

Below are descriptions to help you complete the *Child Care Financing Program Application*. If you have additional questions or need information, please contact the VSBA at 804-786-1049 or email us at [VSBA@sbsd.virginia.gov](mailto:VSBA@sbsd.virginia.gov). Additional information about this program and the other services offered by the Department of Small Business and Supplier Diversity can be found at [www.sbsd.virginia.gov](http://www.sbsd.virginia.gov).

**Business Legal Type:** Provide the legal business structure of the business as registered with the State Corporation Commission (SCC). Examples are sole proprietorship, partnerships, LLC, LLP, C Corp, S Corp, Non-Profit Corp. etc. State Corporation Commission can be found at [scc.virginia.gov](http://scc.virginia.gov).

**Annual Revenue:** Supply the last full year's revenue figure.

**NAICS:** The applicant's North American Industry Classification System code can be determined at <https://www.census.gov/cgi-bin/sssd/naics/naicsrch>.

**Business Owners:** List of all owners, officers, directors, and general partners of business and stockholders or limited partners owning 20% or more of business. Include any spouses owning 5% or more when the combined ownership of both spouses is 20% or more.

**Loan Purpose and Collateral:** Describe specifically how the loan funds will be used. The uses must meet program guidelines above. Collateral can be a lien on business or personal assets.

**Projected Job Creation:** If loan will create or save *full-time* jobs enter data based on your best evaluation. This is not a requirement of the program.

**Projected Child Care Space Creation:** If loan will create spaces enter data based on your best evaluation. This is not a requirement of the program.

**Government Monitoring Data:** This data is used to determine the usage of VSBA programs within the small business community. You are not required to provide this information, but are encouraged to do so. VSBA does not discriminate on the basis of this information and this information will have no bearing on VSBA's credit decision for this application. If you do not wish to provide the information a selection is provided.

**Woman-Owned, Minority-Owned, or Veteran-Owned Business:** Select yes if at least 51% of business is owned by one or more applicable categories.

**Where and How to Submit an Application:**

|                      |                                                                    |
|----------------------|--------------------------------------------------------------------|
| <b>Email:</b>        | <a href="mailto:VSBA@sbsd.virginia.gov">VSBA@sbsd.virginia.gov</a> |
| <b>Express Mail:</b> | 101 North 14th Street, 11th Floor Richmond, VA 23219               |
| <b>USPS Mail:</b>    | P.O. Box 446, Richmond, VA 23218-0446                              |

**Application Process: What to Expect from the VSBA**

Completed applications will be reviewed and the Applicant will be contacted if additional information is required. Applicants will be notified of VSBA's credit decision and if approved, the Applicant will be informed of the next steps in the process.

## Family Home Provider Child Care Financing Program Application

**Checklist of Items to provide with this Application:**

- ☐ Completed and signed copy of this Child Care Financing Application;
- ☐ Certificate of Good Standing, Certificate of Fact, or equivalent from the SCC;
- ☐ Copy of Current State License issued by the Virginia Department of Education, including licensing capacity for current enrollment and breakdown and fees by age group;
- ☐ Current tuition rate sheet;
- ☐ Copy of valid driver's license for each guarantor and/or sole proprietor;
- ☐ Business Plan
- ☐ Most recent balance sheet, cash flow statement and profit & loss statement;
- ☐ Most recent 2 years business tax returns or business financial statements of the Business;
- ☐ Most recent 2 years personal tax returns; current personal financial statements on all guarantors;
- ☐ Detailed quotes or invoices from vendors documenting eligible purchases to be financed with proceeds of loan.
- ☐ Professional Development Certificate from Child Care Aware
- ☐ Fee \$75

**Legal Name of Business:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Alternate/Cell Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Entity Type:** \_\_\_\_\_ **NAICS:** \_\_\_\_\_ **Date Business Established:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**License Type:**      ☐ VDOE Licensed                      ☐ Regulated Religious-Exempt  
                         ☐ VDOE Certified Preschool              ☐ Participant of USDA Food Program

**Annual Revenue:** \_\_\_\_\_ **Tell us about your Business:** \_\_\_\_\_

**Loan Amount Requested: \$** \_\_\_\_\_ **Collateral:** \_\_\_\_\_

**Loan Purpose:** \_\_\_\_\_

**Detailed Summary of Existing Business Debts:**

| Creditor | Original Amount | Current Balance | Loan Date | Maturity Date | Payment M, Q, A | Payment Amount | Current: Y or N | Collateral |
|----------|-----------------|-----------------|-----------|---------------|-----------------|----------------|-----------------|------------|
|          |                 |                 |           |               |                 |                |                 |            |
|          |                 |                 |           |               |                 |                |                 |            |
|          |                 |                 |           |               |                 |                |                 |            |

**Guarantor Name:** \_\_\_\_\_ **Guarantor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SSN/EIN:** \_\_\_\_\_ **SSN/EIN:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Owners:**

| Name | SSN | Address | Office Held/Title | % of Ownership |
|------|-----|---------|-------------------|----------------|
|      |     |         |                   |                |
|      |     |         |                   |                |
|      |     |         |                   |                |

## Family Home Provider Child Care Financing Program Application

**Child Care Regulatory Status**

\_\_\_\_\_ Date your Child Care Facility was: ☐ Licensed ☐ Certified ☐ Registered ☐ Approved

**VDOE inspector who monitors your Child Care Facility:**

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ Yes ☐ No Has your facility ever been investigated for a child care complaint?

If yes, please select the category of complaint:

- |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Administration<br><input type="checkbox"/> Care of Children<br><input type="checkbox"/> Physical Health<br><input type="checkbox"/> Physical Plant/Physical Environment and Equipment<br><input type="checkbox"/> Programs | <input type="checkbox"/> Record Keeping Responsibilities<br><input type="checkbox"/> Special Care Provisions and Emergencies<br><input type="checkbox"/> Special Service<br><input type="checkbox"/> Staff Qualifications and Training/Personnel<br><input type="checkbox"/> Staffing and supervision |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Date of Complaint(s): \_\_\_\_\_

**Please provide copy(s) of the finding/disposition of the complaint(s).**

☐ Yes ☐ No Is your facility on "enforcement watch" or pending closure?

☐ Yes ☐ No Does your facility have an outstanding licensing violation?

☐ Yes ☐ No Within the last 24 months has your facility had a licensing violation?

**Certification as a Small Business:**

1. ☐ Yes ☐ No Does the business have 250 or less employees?
2. ☐ Yes ☐ No Does the business have less than \$10,000,000 in annual gross revenues over each of the last three fiscal years?
3. ☐ Yes ☐ No Does the business have less than \$2,000,000 in net worth?
4. ☐ Yes ☐ No Is the business currently operating in Virginia?

**Background Data:** Answer the following questions and provide comments on questions answered "yes"

1. ☐ Yes ☐ No Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business ever been convicted of any criminal offense, other than minor motor vehicle violations?
2. ☐ Yes ☐ No Has the business or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business file or been adjudicated as bankrupt?
3. ☐ Yes ☐ No Is the business or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business involved in any pending lawsuits?
4. ☐ Yes ☐ No Does the business or any guarantors owe past due federal, state, or local taxes of any nature?
5. ☐ Yes ☐ No Is the Applicant, if a sole proprietorship, and all guarantors U.S. citizens or legal permanent residents?

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

☐ Yes ☐ No Are you a current or past VSBFA Customer?

**How did you learn about the VSBFA or this Loan Program?**

- |                                                                                         |                                                                                |                                                     |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> SBSD Website<br><input type="checkbox"/> VSBFA Marketing Event | <input type="checkbox"/> Bank Referral<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Economic Development Staff |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|

**Current Employment and Projected Job Creation and/or Retention:**

\_\_\_\_\_ Number of Permanent Full-Time positions currently existing in Virginia  
 \_\_\_\_\_ Number of New Permanent Full-Time positions to be Created in Virginia as a result of this Financing  
 \_\_\_\_\_ Number of Permanent Full-Time positions in Virginia Saved as a result of this Financing  
 \$ \_\_\_\_\_ Average Hourly Wage Rate

## Family Home Provider Child Care Financing Program Application

**Projected Child Care Capacity:**

\_\_\_\_\_ Number of Existing Child Care Spaces  
\_\_\_\_\_ Number of Existing Spaces Saved as the result of this Financing  
\_\_\_\_\_ Number of Spaces Created as a result of this Financing

**Government Monitoring Data:** ☐ I do not wish to provide this information

**Sex:** ☐ Female ☐ Male

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Woman-Owned Business:** ☐ Yes ☐ No

**Minority-Owned Business:** ☐ Yes ☐ No

**Veteran-Owned Business:** ☐ Yes ☐ No

**Race:** ☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

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**Authorization and Certification:**

Applicants and Guarantors authorize the VSBFA to investigate all credit history, obtain credit reports, bank references, and any other information required to process this application and as it deems necessary. The undersigned hereby certifies that all information provided in support of this application is true to his/her best knowledge, and is submitted for the purpose of obtaining financial assistance from the VSBFA.

Because the VSBFA is a political subdivision of the Commonwealth of Virginia all information submitted with this application may be subject to a Freedom of Information Act request.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Guarantor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guarantor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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