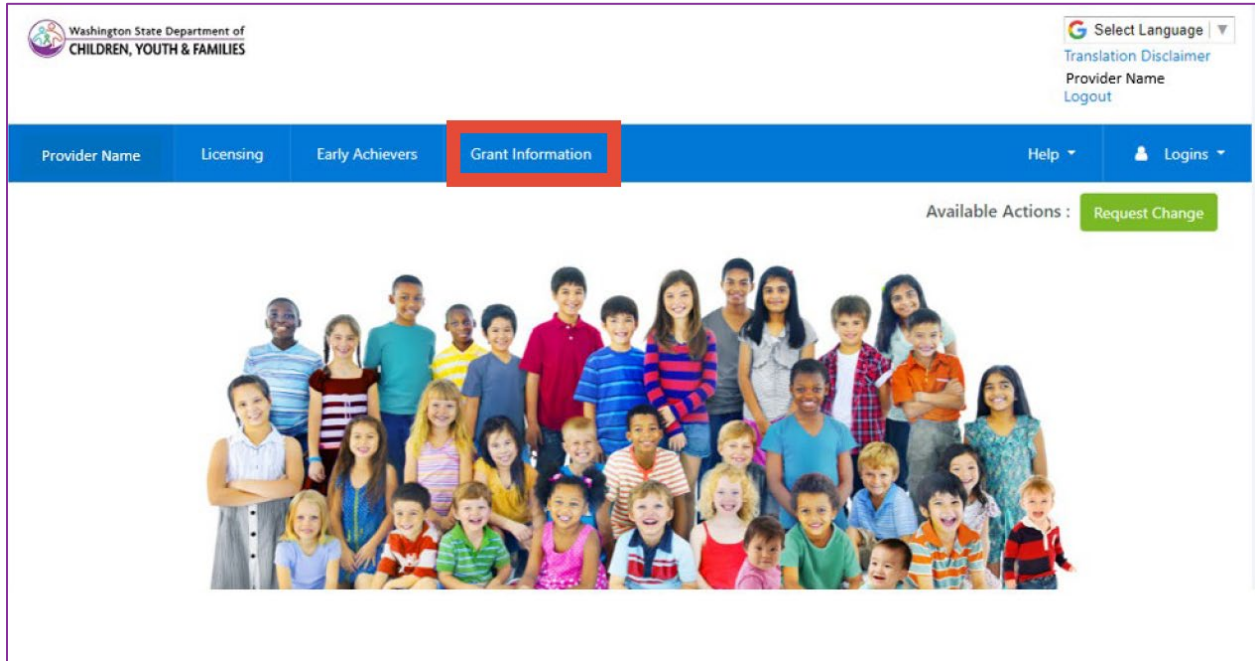


Completing a Child Care Complex Needs Fund Application in WA Compass

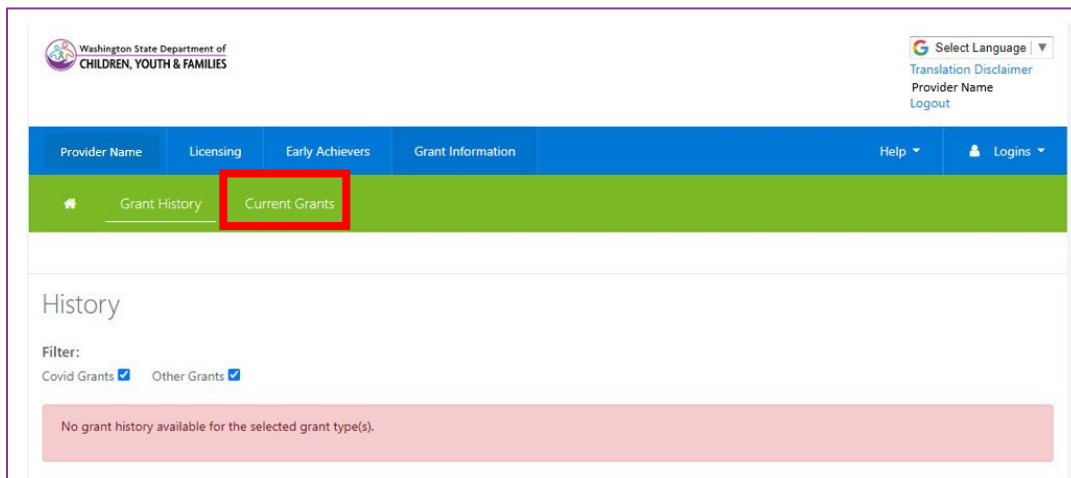
DCYF highly encourages providers to utilize our technical assistance partners to fill out the application.

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, and DCYF cannot 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 “Complex Needs Fund.”
6. Application opens in a new window.
7. Select Language to view the application in English, Spanish, or Somali.

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Choose a language:

- English
- English
- Spanish
- Somali

8. Click “Confirm”.

Washington State Department of
CHILDREN, YOUTH & FAMILIES

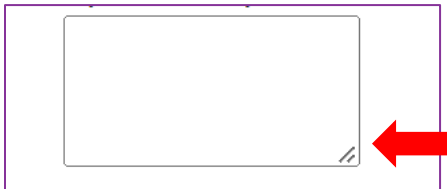
Choose a language:

- 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?

8. Are you requesting funds for facility improvements to comply with ADA accessibility requirements or behavioral needs? Examples include, but are not limited to, building ramps, widening doors, creating a quiet space, etc.*
*Major renovations are not eligible for funding. They are defined as (1) structural changes to the foundation, roof, floor, exterior, or load-bearing walls of a facility, or the extension of a facility to increase its floor area, or (2) extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change.

9. Are you requesting funds to purchase supportive and adaptive materials or equipment?

After selecting this box, three additional questions (“sub-questions”) will appear. **Your answers to these questions will be scored. For information on how responses are scored, please review the [Application Scoring Guide/Rubric](#).**

7. Are you requesting funds for therapeutic services?

Please describe how the requested funds will provide targeted care or support for children with behavioral needs, developmental delays, disabilities, or other unique needs currently participating in your program. (5 points)

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

Please provide the cost of the therapeutic service that you are applying for: (5 points)

Therapeutic Service	Estimated cost	Basis for estimate – how did you arrive at the estimated cost? B
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>

The third 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 provide the cost of the ther

Therapeutic Service	Estimate
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>

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 tha

service	Estimated cost	Basis
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>	\$ <div style="border: 1px solid gray; width: 100%;"></div>	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>

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

service that you are applying for: (5 points)

Basis for estimate – how did you arrive at the estimated cost? Example – cost information based on a professional quote or cost per	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<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.

Please provide the cost of the therapeutic service that you are applying for: (5 points)


Therapeutic Service	Estimated cost	Basis for estimate – how did you arrive a
<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"/>
<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.

11. Total Grant Amount Requested. This should be the total amount from all estimated costs above. *



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 your answer does not equal the total combined amount of your spend categories, your application will not be considered for funding.

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”.

13. 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:

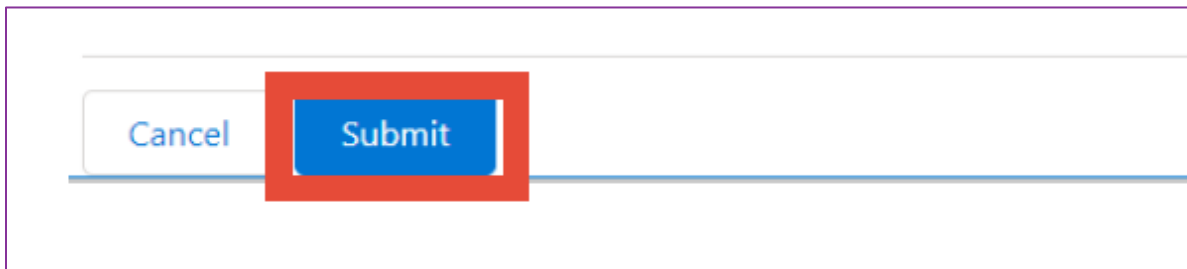
*(You must fill out all fields with a * next to them in order to submit the application.)*

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

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

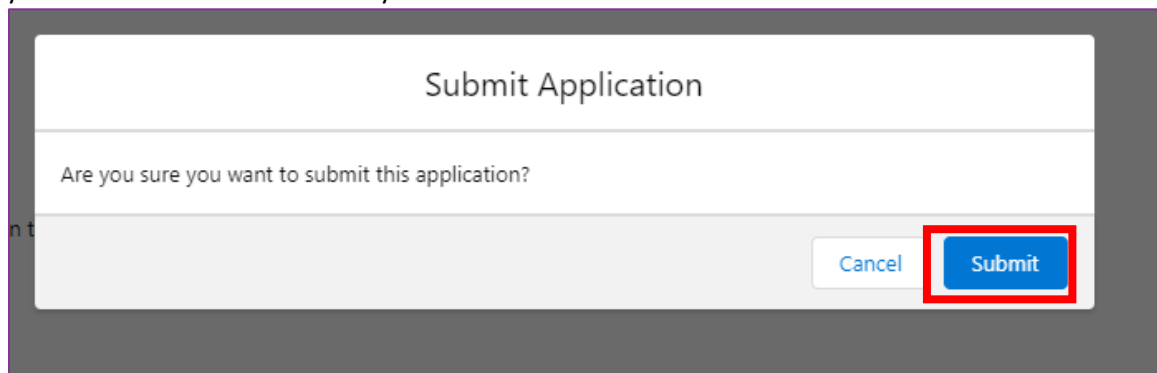
I will spend the Complex Needs Funds within one year of receiving the funds. *

14. Click “Submit.”



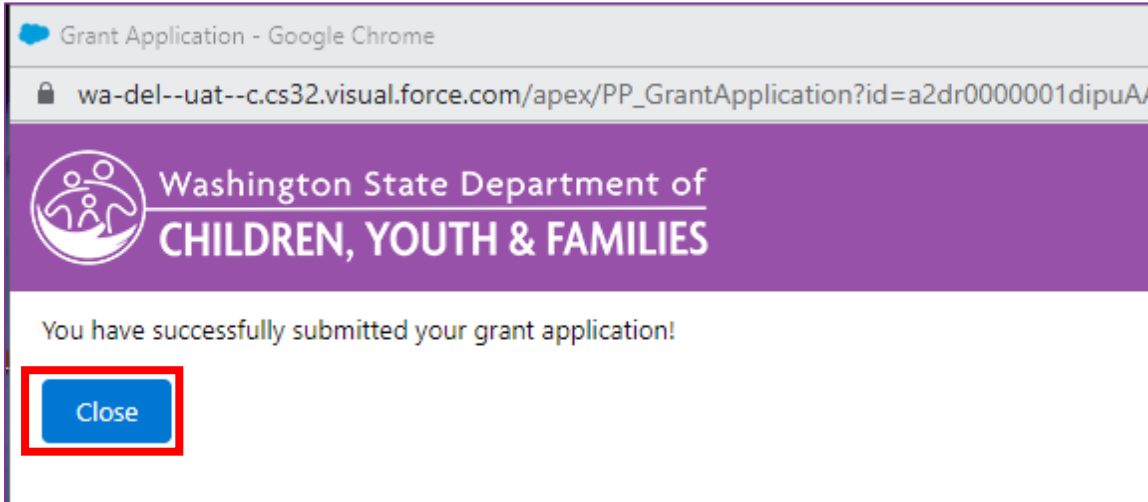
A screenshot of a web form showing two buttons: "Cancel" and "Submit". The "Submit" button is highlighted with a red rectangular border.

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.

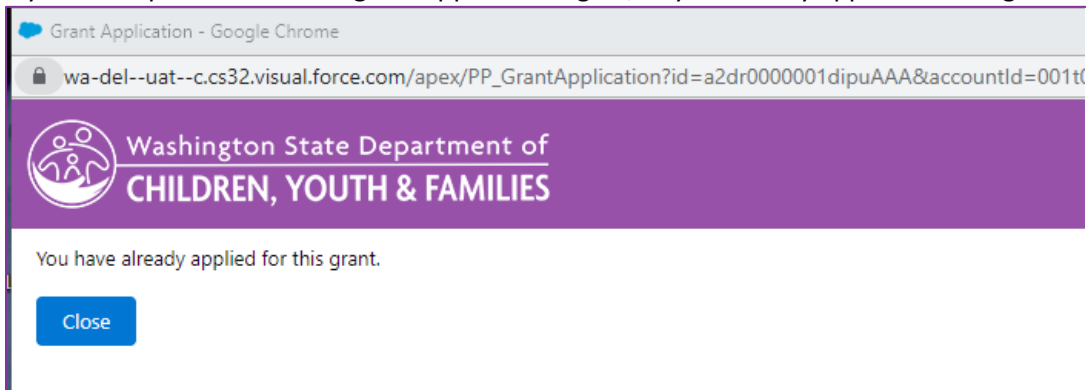


A screenshot of a confirmation dialog box titled "Submit Application". The text inside asks, "Are you sure you want to submit this application?". At the bottom right, there are two buttons: "Cancel" and "Submit". The "Submit" button is highlighted with a red rectangular border.

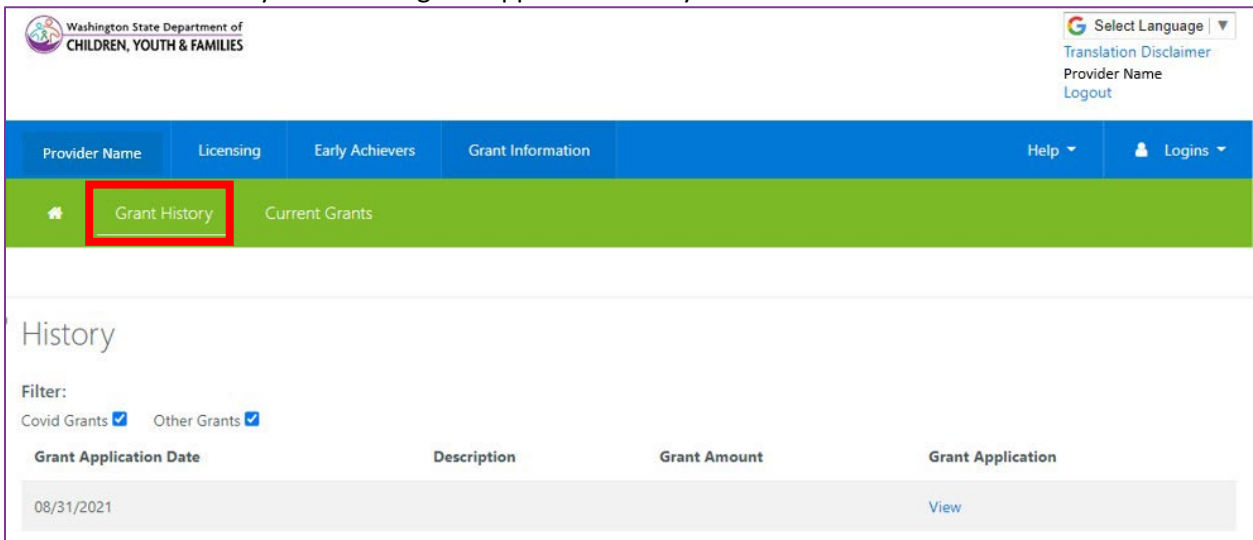
16. A Successful Submission screen will appear. Click “close.”



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. A navigation bar contains links for Provider Name, Licensing, Early Achievers, Grant Information, Help, and Logins. Below this is a green bar with links for Grant History and Current Grants. The main content area is titled 'History' and includes a filter section with 'Covid Grants' and 'Other Grants' checkboxes. A table with columns for Grant Application Date, Description, Grant Amount, and Grant Application is displayed. The 'View' button in the Grant Application column is highlighted with a red box.

Grant Application Date	Description	Grant Amount	Grant Application
08/31/2021			View

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

The screenshot shows a download menu with two options: 'Download' and 'Download as PDF'. The 'Download as PDF' option is highlighted with a red box. Below the menu is the Washington State Department of Children, Youth & Families logo and name.