



Louisiana Alliance Focused on Redefining Communities Everywhere

Early Childhood Partnership Provider Application

This application is designed for providers seeking to partner with **LAFORCE (Louisiana Alliance Focused on Redefining Communities Everywhere)** to expand access to high-quality early childhood seats through the Diverse Delivery/Microcenter Programs. *Our mission is to eliminate systemic barriers to early childhood education and caregiver support which enables us to strengthen families, elevate educators, and ensure every child has the opportunity to thrive.*

Provider Information

Provider Name: _____

License # _____ **License Type** _____ **Site Code** _____

Years in Operation: _____ **Current Star Rating:** _____

Location:

Street Address _____

City/State/Zip _____

Primary Contact:

Name _____

Phone (____) _____ **Email** _____

Secondary Contact:

Name _____

Phone _____ **Email** _____

Enrollment Capacity (Anticipated Open Seats by Age)

- Infants (up to 15 months): _____
- One-Year-Olds: _____
- Two-Year-Olds: _____
- Three-Year-Olds: _____
- Four-Year-Olds: _____

Do you currently have diverse delivery or microcenter seats through the EBR Ready Start Network?

YES _____ **NO** _____

If yes, how many do you currently have at your site? _____

Required Supplemental Documentation

Please submit the following with your proposal packet. Financial information is required for participation.

- A Letter of Intent detailing the following:
 - Why your site a good choice for the partnership.
 - A Comprehensive **Marketing Plan** (including proof of demand for the chosen location)
 - Describe your site's current curriculum and financial resources used to support learning.
 - Describe the space you have to support the number of anticipated open seats.
- **Last 2 Years** of Tax Returns (If 501(c)(3), please provide your most recent IRS 990 Form).
- **Profit & Loss Statement and balance sheet from January 2025 to current date**
- **Last 6 Months** of Bank Statements
- Current **Child Care License** (must accept public funding)
- **Last 2 Years** of Early Childhood Performance Profiles (LDOE) showing Proficient or higher center average
- **Last 2 Years** of Fall, Winter, and Spring checkpoint data (GOLD/Smart Teach), showing growth in literacy, math, and social-emotional objectives across all ages

Partnership Assurances

By signing below, the Provider agrees to:

1. Participate in **monthly check-ins** with LAFORCE throughout the Community Diverse Delivery/Microcenter partnership program.
 2. Adhere to the policies and procedures for the Community Diverse Delivery/Microcenter Partnership Program.
 3. Report data accurately and timely as requested.
 4. Pay an annual **participation cost of \$500** which includes:
 - Technical assistance, training, and support
 - Family engagement collaboration
 - Annual program evaluation
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Compliance Requirements

Indemnification

To the extent allowed by law, each party agrees to indemnify, defend, and hold the other (and its officers, directors, agents, and employees) harmless from any claims, liabilities, or losses arising from negligence, willful acts, or omissions in fulfilling obligations under this partnership. Neither party shall be liable for consequential damages.

Insurance

Providers must maintain **full liability coverage** and any additional insurance required by Child Care Licensing and state/federal laws to operate a childcare facility.

Certification of Accuracy

By signing below, the Provider certifies that all information provided in this application is truthful and accurate and commits to implementing the Microcenter as described in the proposal.

Signatures

Program Administrator

_____ Date _____

LAFORCE Administrator Acceptance

Dr. Leigh Jefferson, Executive Director _____ Date _____