



Partner Up! Grant Program

2023 Application Worksheet - Applying to Renew Existing Contract

This is a worksheet to assist you in gathering information required for the Partner Up! Cohort 3 application. You must submit the online application through projectgrowth.wi.gov between April 12-May 12, 2023 to be considered for a PartnerUp! Cohort 3 grant.

If you are a child care provider only intending to provide care with the Partner Up! grant program and not contract for child care payments for your employees and their children, you do not need to complete the application.

If you need assistance understanding the program Terms and Conditions, scoring criteria, or application questions, please visit projectgrowth.wi.gov or [contact your local Business Child Care Advocate](#).

1. Business Name
2. Business Sector
3. Primary Contact Last Name

4. Primary Contact First Name
5. Primary Contact Email
6. Primary Contact Phone Number
7. If awarded a Partner Up! grant, will this primary contact also be the signatory for any contracts?

If no, you will be asked to also provide contact information for the signatory.

8. Please indicate if you would like to opt-in to receive text message reminders on Partner Up! contracts at the phone number listed.
9. Are you a Child Care Provider
 - i. If yes – DCF Provider-Location Number
 - ii. If yes - Choose One of the following:

We are a child care program that wants to offer Partner Up as a benefit to our employees.

We are a child care program that is willing to enroll children that are supported by Partner Up funding via their parent's employer.

*As you are only intending to provide care with the Partner Up! grant program and not contract for child care payments for your employees and their children, you do not need to complete this application.

10. Are you currently contracting or have you ever had a contract with the Partner Up! grant program?

11.If yes - Are you applying for the same amount of child care slots?

Yes, I would like to apply for the same amount of child care slots.

No, I would like to apply for less child care slots.

Location Information

1. Street Address
2. City
3. State
4. Zip Code
5. County
6. Are you applying for multiple locations of the same business?

If yes:

- a. 2nd Location Contact Last Name
- b. 2nd Location Contact First Name
- c. 2nd Location Contact Email Address
- d. 2nd Location Contact Phone Number
- e. 2nd Location Street Address
- f. 2nd Location City
- g. 2nd Location State
- h. 2nd Location Zip Code

i. 2nd Location County

There is an option to “Add another location” for businesses with more than two locations. You will need to provide information for all locations to be covered by this application.

Demographic Information

1. Total Number of Employees

2. Number of Low Income Employees

Note for employers applying for low to middle income employees:

a. Low to middle income is not defined by DCF; for guidance, consider the following:

-Federal poverty level (FPL) for a family of 4 is \$30,000

-200% of the FPL for a family of 4 is \$60,000

-The Wisconsin median household income is \$67,080, with the average of 2.4 people per household.

b. Wisconsin Shares and Inclusive Birth to 3 Child Care Pilot: If your employee currently receives Wisconsin Shares funding or is participating in the Inclusive Birth to 3 Child Care Pilot, the employee is required to unenroll in those programs to receive Partner Up! funds. Partner Up! funds are limited and could impact employee total income; we recommend you discuss with your employees if the Partner Up! program is right for their families.

3. Years in Business
4. Total Annual Business Revenue
5. Please select the length(s) of contract(s) your organization will wish to contract for:

12 Months

At this point we are planning on offering only 12 month contracts for those reapplying for participation in the Partner Up! Grant Program.

Employee Information

Please add all employees and the ages of the children that you think will be participating in the Partner Up! program. You will not be able to increase the number of child care slots after submission of the application.

1. Employee 1 Last Name
2. Employee 1 First Name
3. Employee 1 Email
4. Age of Child 1

On the application, there are options to add both another child age per employee, and to add additional employees. List additional employee information here for your reference.

5. Percentage of the True Cost of Care you are willing to contribute (*You may contribute more than 50% if you wish*):

If you were previously awarded a Partner Up! Grant, you will not be able to contribute less than you previously contributed.

Monthly True Cost of Care					
Full-time (21+ hours weekly)					
Age Group	Monthly Total	35%	40%	45%	50%
0-1 year, 11 mos.	\$1,800.00	\$630.00	\$720.00	\$810.00	\$900.00
2-year old	\$1,400.00	\$490.00	\$560.00	\$630.00	\$700.00
3-year old	\$1,100.00	\$385.00	\$440.00	\$495.00	\$550.00
4 & 5 year old	\$1,000.00	\$350.00	\$400.00	\$450.00	\$500.00
6+year old	\$900.00	\$315.00	\$360.00	\$405.00	\$450.00
Part Time (1-20 hours weekly)					
Age Group	Monthly Total	35%	40%	45%	50%
0-1 year, 11 mos.	\$1,200.00	\$420.00	\$480.00	\$540.00	\$600.00
2-year old	\$925.00	\$323.75	\$370.00	\$416.25	\$462.50
3-year old	\$725.00	\$253.75	\$290.00	\$326.25	\$362.50
4 & 5 year old	\$675.00	\$236.25	\$270.00	\$303.75	\$337.50
6+year old	\$600.00	\$210.00	\$240.00	\$270.00	\$300.00

35%

40%

45%

50%

More than 50%
(please provide the amount)

6. In the event your application is not chosen, do you wish to be placed on a waitlist in the event more funding is available for the program in the future?

7. I certify that the business applying for a Partner Up! grant in this application is a qualified employer in the State of Wisconsin and meets the requirements set forth in the Partner Up!

Program Terms and Conditions.

The following space is not included on the application, but is a convenience field for you to note any questions to ask your BCCA before applying to Partner Up!:

