

BLOOM Forgivable Loan Program for Start-up Early Childhood Education Businesses

2026

* Required

Your progress will **not** be saved if you exit the application prior to submitting.

To review the questions, guidelines, and additional details, please visit www.bloomny.org/loans. Please reach out to Marlena Schugt with questions mschugt@yceapa.org or (717) 771-4579

1. What is the business owner's email address? *

2. Have you reviewed the program guidelines before submitting your application? *

Yes

No

3. Do you have your business location identified and secured with a lease or building agreement? *

Yes

No

Business Owner Information

Please fill out this application as the business owner. If you are not the business owner, you must receive permission from the business owner to submit an application.

4. Are you the business owner? *

Yes

No

5. If you are not the business owner, what is your relation to the business? Did the business owner give you permission to submit an application?

6. What is the business owner's name? *

7. What email should we use for questions about this application? *

8. What is the business owner's phone number? *

9. What is the business owner's home address? *

10. How would the business owner describe themselves? (you may select more than one) *

- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Native American
- White
- Hispanic or Latino
- Other

11. How does the business owner identify? *

- Woman
- Man
- Non-binary
- Prefer not to answer
- Other

12. Is the business owner a veteran? *

- Yes
- No

13. What is the business owner's personal household income? *

14. How many people reside in the business owner's household? *

15. Is the business owner looking to open and operate a family, group, or center early childhood education program? *

- Family in-home program
- Group in-home program
- Group center-based program
- Center program

Family & Group In-Home Early Childhood Education Program - Business Information

16. What is or will be the business name? *

17. Name of entity if different above, such as DBA (doing business as)

18. What is or will be the business address? (street name and number) *

19. What is or will be the business address? (town) *

20. What is or will be the business address? (zip code) *

21. Do you rent or own your business location? *

Rent

Own

22. If you rent your business location, do you have documented permission from your landlord to complete your proposed project and open an early childhood education program?

Yes

No

23. If you rent your business location, please enter your landlord's name and contact information here

24. Business Legal Structure *

- Sole-proprietorship
- Partnership
- LLC
- S-Corp
- C-Corp
- Other

25. Please explain in detail where you are at in the process of opening your ECE program. *

Early Childhood Education Center - Business Information

26. What is or will be the business name? *

27. Name of entity if different above, such as DBA (doing business as) *

28. What is or will be the business address? (street name and number) *

29. What is or will be the business address? (town) *

30. What is or will be the business address? (zip code) *

31. Do you rent or own your business location? *

Rent

Own

32. If you rent your business location, do you have documented permission from your landlord to complete your proposed project and open an early childhood education program?

Yes

No

33. If you rent your business location, please enter your landlord's name and contact information here

34. Business Legal Structure *

- Sole-proprietorship
- Partnership
- LLC
- S-Corp
- C-Corp
- Other

35. Please explain in detail where you are at in the process of opening your ECE program. *

Family & Group In-Home Early Childhood Education Program - Funding Request

Please answer these questions to describe the project for which you're requesting funding.

36. What is the total project cost? *

37. Amount Requested from this BLOOM Forgivable Loan Program (up to \$20,000 for family & group) *

Please be aware these funds cannot be used for owner compensation, payroll or payroll taxes, mortgage/lease or property tax payments, utilities or other recurring operating expenses, credit card or other debt payment, or vehicle expenses.

38. What is the intended use of the funds? *

39. How much of the funding amount requested above is for Physical Space Improvements? *

40. How much of the funding amount requested above is for Permitting and Zoning? *

41. How much of the funding amount requested above is for Marketing or Advertising? *

42. How much of the funding amount requested above is for Provider Equipment Needs (toys, books, furniture, etc.)? *

43. How much of the funding amount requested above is for Expenses related to securing clearances necessary for DHS Certification? *

44. How much of the funding amount requested above is to support education and certification costs not covered by existing subsidies or scholarships, as required to operate the early childhood education program? *

45. Do you have additional funding to support your start up early childhood education program? *
If yes, please describe the amount, source, and whether it is pending or confirmed.

46. Why do you want to start an early childhood education program? *

47. How will your early childhood education program support our community? *

48. What is your projected timeline to utilize funding and open your business? *

49. How will you measure the success of the project? *

50. How will you sustain your business after you've utilized this funding? *

51. Do you have a coach through Community Connections for Children? *

If yes, please enter your coach's name. If no, please enter N/A.

52. What other support do you need to open your business successfully? *

53. How did you find out about this program? *

Early Childhood Education Center - Funding Request

Please answer these questions to describe the project for which you're requesting funding.

54. What is the total project cost? *

55. Amount Requested from this BLOOM Forgivable Loan Program (up to \$40,000 for center) *

Please be aware these funds cannot be used for owner compensation, payroll or payroll taxes, mortgage/lease or property tax payments, utilities or other recurring operating expenses, credit card or other debt payment, or vehicle expenses.

56. What is the intended use of the funds? *

57. How much of the funding amount requested above is for Physical Space Improvements? *

58. How much of the funding amount requested above is for Permitting and Zoning? *

59. How much of the funding amount requested above is for Marketing or Advertising? *

60. How much of the funding amount requested above is for Provider Equipment Needs (toys, books, furniture, etc.)? *

61. How much of the funding amount requested above is for Expenses related to securing clearances necessary for DHS Certification? *

62. How much of the funding amount requested above is to support education and certification costs not covered by existing subsidies or scholarships, as required to operate the early childhood education program? *

63. Do you have additional funding to support your start up early childhood education program? *
If yes, please describe the amount, source, and whether it is pending or confirmed.

64. Why do you want to start an early childhood education program? *

65. How will your early childhood education program support our community? *

66. What is your projected timeline to utilize funding and open your business? *

67. How will you measure the success of the project? *

68. How will you sustain your business after you've utilized this funding? *

69. Do you have a coach through Community Connections for Children? *

If yes, please enter your coach's name. If no, please enter N/A.

70. What other support do you need to open your business successfully? *

71. How did you find out about this program? *

Estimated Impact

Please use this section to detail the anticipated impact of your project. Please estimate responses to the best of your ability.

72. What are your projected open days and hours? *

73. What is the number of children projected to be served by your business? *

74. Please select the following ages your early childhood education program will serve. *

- Infants (6 weeks to 12 months)
- Toddlers (12 months to 36 months)
- Preschoolers (3 years to kindergarten)
- Young School-age children (kindergarten to 10 years old)
- School-age children (10-15 years old)

75. What is the projected number of full-time employees that will be hired for the business? *

76. What is the projected number of part-time employees that will be hired for the business? *

Required Documents

To complete your application, you must submit this form AND email Marlena Schugt mschugt@yceapa.org with the required documents. **Please note that missing or unclear information or documents may affect the staff's ability to process your application.**

77. Applicants **MUST** submit the following documents via email to Marlena Schugt mschugt@yceapa.org for a complete application.

- **Itemized Budget using the provided template to support funding request**
- **If the business is required to register their business name, proof of business registration is required. This can be a Certificate of Organization, Fictitious Name, or other documentation from the Commonwealth of PA. A copy of the business IRS EIN letter is not acceptable.**
- **Completed and signed W-9**
- **Fully executed lease or building agreement**
- **Provider Certifications**
 - **Online DHS Orientation Certificate**
 - **In-person DHS Orientation Certificate**
 - **Certificate from Community Connections for Children Educational Sessions (*optional, but may include the Connections Classes, All Our Kin Certificate or Directors Bootcamps)**
- **Clearances**
 - **PA Child Abuse**
 - **PA Criminal Record Check**
 - **FBI Fingerprinting**
 - **NSOR**

*

Please type your full name in the box below to confirm you will provide the items to the BLOOM team for a **complete application to this Forgivable Loan Program.**

78. If selected to receive funding from this program, recipients will be required to provide the following items to the BLOOM team, **as they become available throughout the business launch process.**

- Certificate of Occupancy for business location
- EIN
- Complete tax return from most recent year of operations
- Expense report and receipts or documentation of expenses paid with forgivable loan funding

*

Please type your full name in the box below to confirm you will provide the items to the BLOOM team if selected to receive funding.

Affidavit

79. **An affidavit is a sworn statement of fact. By signing this affidavit, you are saying that the information you entered in this form is true. The affidavit is the legal way to swear that your statements are fact. Your signature below validates the information you entered on the form as true, correct, and complete to the best of your ability, knowledge, and belief. You also agree that you understand that your information may be shared with the Office of the State Inspector General or other local, state and federal agencies. Further, you agree that you understand that the penalty for false swearing (affirming false information to mislead a public servant) is a misdemeanor of the third degree pursuant to Title 18, Section 4903(b) of the PA Crimes Code and that you can be penalized by fine, jail, prison, or a mixture of these for making any false statements. ***

To sign the affidavit, please type your full first and last name below.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

