

City of San Mateo Child Care Loan Annual Report

January 20__ through December 20__

This form is due not later than March 1 of each calendar year for the term of the loan.



Borrower Name: _____

Date of Report _____

This is the number of spaces required as part of the project's loan agreement.

Number of Spaces: ____

Number of Affordable to households not exceeding 80% AMI: ____

Report the total number spaces available each month, both the total number available and the number of affordable spaces provided.

Month	# Total	# Afford.	Month	# Total	# Afford.
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

Please describe any circumstances that prevented the ability to meet the number of spaces required.

Please list data for households receiving tuition assistance. Use confidential coding, not household names.

The market rates and tuition charged may vary depending on when the child was accepted or if rates change.

Household (HH) Identifier	Annual HH Income	Tuition Charged	Market Rate

Contact Information

If you need to provide any changes for the contacts that follow, do that here. If not, you can select this placeholder (arrow to the left of the section title) and press Delete to remove it.

Borrower Primary Contact

Office: Office Phone

Mobile: Cell Phone

Email: Email

Child Care Facility Operator Contact

Office: Office Phone

Mobile: Cell Phone

Email: Email

Required Documentation

Please attach the following documents:

1. Third-party confirmation of current facility licensing.
2. Annual financial documents for the facility operation, either organizational audits or tax records.

Program Narrative

Please provide a brief narrative summarizing the annual efforts, highlights, and challenges in achievement of goals that assure a high-quality program and includes a description of professional development and/or continuing education for staff that support quality and continuous improvement.