



SOUTHERN MINNESOTA
INITIATIVE FOUNDATION

Collaborating for Regional Vitality

Families First
OF MINNESOTA

Date of application _____

Family Provider Name _____ Can apply for up to \$1000

Center Name _____ Can apply for up to \$2000

Address _____ City _____ Zip Code _____

County _____ Phone _____

E-mail _____

1. Has your licenser visited? _____ Yes _____ No

Licenser's Name _____

(To apply for this grant you need to have had your first visit with your licenser)

2. What date do you plan to open for business? _____

3. Has the Fire Marshall visited your location? _____ Yes _____ No

(Include copy of his/her report if yes.)

4. What will your child care license capacity be?

Infant _____ Toddler _____ Preschool _____ School Age _____

5. Hours you plan to be open. *Example: 8am – 5pm*

Weekdays _____ Saturdays _____ Sundays _____

6. On the following page, list the items you are requesting for your grant.

Submit a copy of the first page of your child care license application with this grant application.

All items requiring building or repair must be completed by a licensed and bonded contractor.

Bids must be on their invoice or letterhead, with the name and license number of the contractor clearly displayed.

Internal use only: Approval signatures _____

Submission Instructions

Fill out your application form completely in ink (*No pencil*). Your application should be neat and easy to read, stapled together in order. Do not submit grant applications in folders or binders, professionally bound or store-bought.

1. Send in one complete packet including the full application and all attachments
Attachments to include:
 - Copy of the first page of your child care license application
 - Letter of inspection from Fire Marshal (if applicable)
 - Bids or estimates for requested items (if applicable)
2. **Keep 1** (one) copy of the completed application form and all required attachments for your records. You will need to refer back to your application form if you are awarded a grant.
3. When you are ready for reimbursement – please turn in the invoice form with proper receipts attached. If you have your child care license please send in a copy of it with your forms for reimbursement. If you don't have your license yet, you can still turn documents in for reimbursement but I will need a copy of your license within 4 months time.
4. **Mail or email** the original completed application form with all required attachments stapled to it to the address below, **OR** Email completed application and required items as attachments to **Dawn Eckhoff at dawne@familiesfirstmn.org**

**Families First of MN – Attention
Dawn Eckhoff
126 Wood lake Drive SE
Rochester MN 55904**