



Grant ID \_\_\_\_\_

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## Regional Child Care Services Grant Application

Grant Contact Name \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Develop Individual ID \_\_\_\_\_ Organization ID \_\_\_\_\_

1. License # \_\_\_\_\_ Year first licensed in Minnesota \_\_\_\_\_  
We are exempt from licensing \_\_\_\_\_

2. If you are not yet licensed – has your licenser visited? \_\_\_\_ Yes \_\_\_\_ No  
Licensor's Name \_\_\_\_\_

3. How many hours of training, approved on Develop, did you (Family Child Care Provider) or your lead teachers (Child Care Center) have between September 1, 2017 and August 31, 2018?

FCC provider \_\_\_\_\_ Center - # of classrooms \_\_\_\_\_  
Avg. hours of training per teacher \_\_\_\_\_

Please send copies of your Achieve Knowledge and Competency Framework Learning Record(s) showing training going back to Sept 1, 2017 only.

4. Did you receive a grant last year? \_\_\_\_ Yes \_\_\_\_ No

5. Is your program Parent Aware rated? \_\_\_\_ Yes (Star level \_\_\_\_ ) \_\_\_\_ No  
If no, would you like more information about Parent Aware? \_\_\_\_ Yes

6. Child Care Aware has many resources for providers and families. Please check the box behind anything that you would be interested in hearing more about.

Parent Aware \_\_\_\_\_

CDA or other Credentials \_\_\_\_\_

None at this time \_\_\_\_\_

**7. Enrollment – Please indicate the number of children currently in your care that are not your own.**

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ Preschool \_\_\_\_\_ School-age \_\_\_\_\_

Total children in care \_\_\_\_\_

**8. Hours that you are licensed to be open.**

Example: 8 am – 6 pm

Weekdays \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**9. Indicate the number of children in your care who meet one or more of the following criteria. Do not count a child more than once – even if they meet more than one criteria. (you may include your own children)**

- Speaks English as a second language
- Has an Individual Education Plan or Individual and Family Services Plan through a special education program
- Is enrolled in the Child Care Assistance Program
- Is enrolled in Minnesota Family Investment Plan
- Is eligible for or enrolled in the free and reduced lunch program
- Is enrolled in Head Start
- Lives in an out-of-home placement (foster care)

Number of children who meet criteria \_\_\_\_\_



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## Child Care Services Grant Participation Agreement

Please read carefully and initial on the line beside each of the statements below. Sign and date the form at the bottom. All applicable items must be initialed and the form signed in order to be eligible for a grant. By signing, I agree that:

\_\_\_\_\_ I will provide licensed child care in Minnesota for a minimum of two years from the date of the award letter if I receive this grant.

\_\_\_\_\_ My program agrees to participate in Minnesota's Child Care Assistance Program (CCAP) and will enroll interested families participating in CCAP without discrimination as the enrollment in my program allows.

\_\_\_\_\_ My child care services must be available to families regardless of race, color, creed, religion, national origin, sex, marital status, disability, public assistance, age, sexual orientation and familial status.

\_\_\_\_\_ My county licensor has my permission to release information to the Child Care Aware district agency listed on the front of this application packet regarding the status of my license application or current license. County Licensor's Name: \_\_\_\_\_

\_\_\_\_\_ If I receive grant funding for my requests, I will be required to complete 12 hours of training. I also understand that I must complete the training requirements prior to receiving any grant reimbursement. (not applicable for Emergency grants)

\_\_\_\_\_ Grants are paid on a reimbursement basis. If I receive an award, I will only be reimbursed for purchases made after the date of the award letter, and after all grant and training requirements have been met.

\_\_\_\_\_ All grant funds must be **used for the purpose stated** in the grant award. Failure to use funds for the intended grant purpose will result in repayment of the grant award to the Child Care Aware district agency listed on the front of this application packet.

\_\_\_\_\_ I must complete all requested surveys and report forms related to this grant, as requested by your local Child Care Aware district agency.

\_\_\_\_\_ If I receive this grant funding, I am (or my lead teachers are) required to maintain a current Individual membership in Develop ([www.developtoolmn.org](http://www.developtoolmn.org)).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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Local and State Grant Priorities

11. Please indicate how your grant proposal meets the following priorities:

Please print clearly or attach a typed version. Do not place your name or the name of your program on this document.

Program Type

\_\_\_ Family Child Care \_\_\_ Child Care Center \_\_\_ Head Start \_\_\_ School –Based  
Other \_\_\_\_\_

Priority #1 Requests directly related to at least one of the following: 1. Expansion/Startup: 2. Extended hours outside of 6 am to 6 pm Monday through Friday: 3. Increased care for children under 33 months.

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Priority #2 Requests directly related to equipment or training which promotes health, safety, nutrition and or physical activity.

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Priority #3 Requests directly related to improving the quality of the learning environment.

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State Priority – Grant requests will promote school readiness

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### GRANT BUDGET

List below, in priority order, the items you are requesting in your proposal, followed by the rationale for the purchase. Please note, the items you list on this document are the items that will be considered for your grant. If the grant is approved, you will be expected to purchase these items. Changes will be allowed only in rare circumstances, and only with prior approval. Duplicate this form as necessary to list all your requested items.

Item(s) Requested	What age group will benefit?					Is this purchase Culturally Responsive?	
	Cost	I/T	PRE	SA**	CR	25% Match (Centers only)*	
<b>Health and Wellbeing</b>							
Example: fire extinguisher	\$60	x	x	x	no		
Rationale: Kitchen safety							
Subtotal	_____						

Item(s) Requested	What age group will benefit?					Is this purchase Culturally Responsive?	
	Cost	I/T	PRE	SA**	CR	25% Match (Centers only)*	
<b>Teaching and Relationships with Children</b>							
Subtotal	_____						

