



Child Care Services Grant Application

Grant ID _____

For office use only

Grant Contact Name _____ Business Name _____

Address _____ City _____ Zip Code _____

County _____ Phone _____

E-mail _____ Develop ID _____

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

2. If you are not yet licensed – has your licensor visited? ____Yes ____No
Licensor's Name _____

3. How many hours of training, approved by the Minnesota Center for Professional Development (MNCPD), did you (Family Child Care Provider) or your lead teachers (Child Care Center) have between September 1, 2015 and August 31, 2016?

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

Please send copies of your Develop Learning Record showing training going back to Sept. 1, 2015 only.

4. Did you receive a grant last year? ____Yes ____No

5. Check all that Apply (for centers, indicate the # of staff where appropriate)

Completed	In process	Program
		Child Development Associate Credential
		Minnesota Child Care Credential
Star Level _____		Parent Aware
		Step 9 or higher on MNCPD Career Lattice

If checked, please send documentation.

Are you interested in pursuing any of the above? If yes, which one(s) _____

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

Infant _____ Toddler _____ Preschool _____ School-age _____

Total children in care _____

7. Hours that you are licensed to be open. Weekdays Saturday Sunday
Example: 8 a.m. – 6 p.m. _____ _____ _____

8. 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 _____



Child Care Services Grant Participation Agreement

Grant ID _____

For office use only

Please read carefully and initial on the line beside each of the statements below. Sign and date the form at the bottom. 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 for grant awards up to \$500, or 16 hours of training for grant awards of more than \$500. I also understand that I must complete the training requirements prior to receiving any grant reimbursement.

_____ 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).

Print Name

Signature

Date



Grant Narrative

Grant ID _____

For office use only

9. Give a brief summary of the purpose of your grant request (approximately 50 words). This will help our committee understand the purpose and rationale for your request.

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



Local and State Grant Priorities

Grant ID _____

For office use only

10. 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 –Describe how your requests support school readiness, infant through school age in areas such as literacy, social & emotional growth, science, technology, engineering and math (STEM) Ex.- including curriculum support pieces

Priority #2 –describe how arts & music materials you purchase will enhance or increase culturally responsive creativity outcomes

Priority #3 –Describe how equipment and materials will promote health, safety & emergency preparedness, nutrition or fitness.

State Priority – Grant requests will promote school readiness



Grant Budget

Grant ID _____

For office use only

List below, in priority order, the items you are requesting in your proposal.
Duplicate this form as necessary to list all your requested items.

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

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

Item(s) Requested	Cost	What age group will benefit?				Is this purchase Culturally Responsive?	25% Match (Centers only)*
		I/T	PRE	SA**	CR		
Assessment of Child Progress							
Subtotal	_____						

Item(s) Requested	Cost	What age group will benefit?				Is this purchase Culturally Responsive?	25% Match (Centers only)*
		I/T	PRE	SA**	CR		
Teacher Training and Education							
Subtotal	_____						

* According to MN Statute 119B.21, a child care center that receives a grant must provide a 25% local match. See page 6 of the application guide for more information.

**In order to request items that are exclusively for school-age children, you must be caring for at least 2 school-aged youth who are not your own.