

# Quality Environment Center Grant Application Form

## OFFICE OF CHILD CARE

### Department of Workforce Services

Name of Center (as listed on your license) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Owner's home address: \_\_\_\_\_

Name of Director \_\_\_\_\_

Center Address: Street Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Center Telephone \_\_\_\_\_ Owner cell phone \_\_\_\_\_ Director cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Center Tax ID #: \_\_\_\_\_

Business type (check one):  Individual/Sole Proprietor  Non-profit  Corporation  Other

#### Calculate Funding Level

Indicate how many Quality Environment Grants the center has received. \_\_\_\_\_

Licensed Capacity \_\_\_\_\_

Amount Requested: \_\_\_\_\_

\$

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_

Have you applied for any Care About Childcare Quality Indicators? \_\_\_\_\_

**Classroom Information:** Complete for every classroom.

	Classroom Name	Ages of Children	Room Capacity	No. children enrolled	Caregiver Names
1.					
2.					
3.					
4.					
5.					
6.					
7.					

