

**Quality Environment Grant Application Form**  
**For Family Child Care Providers**  
**OFFICE OF CHILD CARE**  
**Department of Workforce Services**

Provider's Name (as listed on the Family Child Care License) \_\_\_\_\_

Provider Address: Street Address \_\_\_\_\_

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

Provider Mailing Address: Street or PO Box \_\_\_\_\_

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

Program Telephone # \_\_\_\_\_ Provider cell phone # \_\_\_\_\_

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

Business name associated with this Tax ID# \_\_\_\_\_

State Vendor Number (if you have already been assigned one): \_\_\_\_\_

What is your licensed capacity? \_\_\_\_\_ How many years have you been a licensed child care provider? \_\_\_\_\_

Hours and days of operation: \_\_\_\_\_

Are you on the Career Ladder? \_\_\_\_\_ If yes, what level. \_\_\_\_\_

Amount of Funds Requested for Equipment/Material: \_\_\_\_\_

**Staff Information: List all current assistant caregivers:**

Name	Length of Employment	Career Ladder Level	Hours worked per week

**The following documents must be attached before this application can be processed:**

Incomplete applications will not be reviewed or funded. The original application packet and four complete copies must be submitted by the deadline. A complete application includes the following:

- Application Form
- A copy of your child care license from the Department of Health
- Form A-1 or A-2 (Materials and Equipment Inventory List)
- Form B (Request for Materials and Equipment Forms)
- Form C (Goals and Plan of Action Form)
- Form D (Training Form)

- Mail completed application to: Office of Child Care  
140 East 300 South  
Salt Lake City, Utah 84111

I certify that the information in this application is true and accurate. I understand that providing false information in this application will disqualify me from receiving this grant and may result in my suspension from eligibility for grants in the future. I understand that staff from the Office of Child Care (OCC) may visit my facility as part of the grant evaluation process.

If funded, I agree to comply with the requirements listed in this Request For Grants (RFG) and to provide the Office of Child Care with accurate information upon request. I understand that staff from the Office of Child Care may visit my facility to verify that purchases have been made, materials are available to the children and other grant requirements are completed.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date