

Quality Improvement Grant Application Cover Sheet

OFFICE OF CHILD CARE Department of Workforce Services

Name of Center (as listed on your license) _____

Name of Director _____ Center Address: Street _____

City: _____ Zip Code: _____ County _____

Mailing Address: _____

Name of Owner _____ Owner's Birthdate _____

Owner's home address: _____

Center phone _____ 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. If you are requesting on-site technical assistance subtract \$1,000.00 from your grant amount when requesting materials, equipment or remodeling funds.

	Funding Eligibility - UP TO:
The center is NOT requesting on-site technical assistance :	\$30,000.00
The center IS requesting on-site technical assistance :	\$29,000.00
Total Amount Center is actually requesting:	

Licensed Capacity: _____ Hours of Operation: _____

Have you applied for any Care About Childcare Quality Indicators in the past? _____ How many do you currently have credit for? _____

How long have you been licensed at this site? _____

Classroom Information: Complete for every classroom.

	Classroom Name	Ages of Children	Room Capacity	No. children enrolled	Caregiver Names	In room in Baby Steps, Next Steps, Two Year Old or ASPIRE Grants?
1.						Yes No
2.						Yes No
3.						Yes No
4.						Yes No
5.						Yes No
6.						Yes No
7.						Yes No
8.						Yes No
9.						Yes No
10.						Yes No

Please provide a description of any special circumstances you wish to share with the Grant Review Committee.

