

# FORM 1: 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

Centers may request \$2,000 for every group of 8 children, center wide. Not to exceed \$25,000. In addition, a \$200 bonus can be requested for each child paid for with subsidized funds. Not to exceed \$5,000. Write out your calculations in the appropriate box below. All entries will be verified.

1. License capacity _____ divided by eight (no remainder)	
2. Multiply line 1 by \$2,000 (not to exceed \$25,000)	
3. Number of subsidized children currently enrolled	
4. Multiply line 3 by \$200 (not to exceed \$5000)	
5. Add lines 2 and 4 - Total amount center is requesting:	\$

Licensed Capacity: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

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.**

