



# Application for Child Care Connections Mini Grants

Name: \_\_\_\_\_ PS#: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If Different From Physical Address)*

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Type: \_\_\_\_\_ PV#: \_\_\_\_\_

Social Security # or EIN #: \_\_\_\_\_

**Are you on the Practitioner Registry?** Yes  Date \_\_\_\_\_ Level \_\_\_\_\_ NO

In order to apply for this grant you must be a registered member of the Early Childhood Career Development Practitioner Registry. Submit proof of active participation with either the **Practitioner Registry certificate or Professional Development Record** with this application. **OR**

If using grant funds to pay for your practitioner registry membership, a copy of your **Practitioner Registry certificate or Professional Development Record** may be submitted with the contract/summary form when requesting payments.

Have you received a mini grant in the past? Yes  Date \_\_\_\_\_ NO

Are you participating in the Best Beginnings STARS to Quality Program? Yes  NO

Are you requesting funds to support your infant/toddler program? Yes  NO  If Yes, please state the amount

Infant Toddler uses \$ \_\_\_\_\_ (Group, Family) Up to \$1000, (Center) Up to \$1500 **OR**

Other Child Care uses \$ \_\_\_\_\_ (Group, Family) Up to \$1000, (Center) Up to \$1500

### WHY ARE YOU REQUESTING FUNDS?

- Indicate the need for your project and how you will use the funds. (use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I agree that this application is for a **one-time payment**, and that proposed purchases and activities for this grant application will take place during the 12 months **AFTER** the grant is awarded.
- I certify that neither this facility nor any of its principals is on the CACFP National Disqualified List, and have not misused Federal Funds.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	GRANT IS: <input type="checkbox"/> Approved, for \$ _____ <input type="checkbox"/> Denied
	REASON: _____
	CCR&R Signature: _____ DATE: _____