



Congratulations!

You have just made a very important decision to become a licensed child care provider. As a child care provider, you are fostering children's experiences that are essential for their development. In fact, the newest research on brain development shows that high quality child care and early education boosts children's learning and social skills which prepare children for their formal education years. There are few jobs that have such a tremendous impact on young children. The Children's Cabinet is dedicated to informing our community that providing childcare is not "babysitting" – it is an honorable, essential profession that should be highly regarded in society.

To thank you for choosing to become a licensed provider, The Children's Cabinet would like to offer you a provider start up grant. Enclosed you will find a grant application as well as an informational packet about becoming licensed. Additionally, you will need to complete the Strengthening Business Practices Trainings, which will help you in becoming a successful child care provider and help guide you in creating a budget and marketing plan. For information on registering for the Strengthening Business Practices Training please visit:

Southern Nevada: www.traininglv.eventbrite.com or call 702-825-8978

Northern Nevada: www.nvprovidertraining.eventbrite.com or call 775-856-6200

We hope you find the information valuable and we look forward to receiving your start-up grant application along with the required documentation. For assistance on these forms or other forms to start your business, please check out the following websites:

www.childcareaware.org/providers/opening-running-child-care-center/

www.firstchildrensfinance.org

www.buildingchildcare.org

www.sba.gov

Please take the time to read this information. Should you have any questions or if you would like more information, please feel free to call Danielle Holmes 702-825-8978 in southern Nevada, or Brianna Cambra 775-856-0121 in northern Nevada . Good luck and may you receive endless enjoyment from the children in your care.

Best regards,

Danielle Holmes
Program Director
dholmes@childrencabinet.org

Brianna Cambra
Program Manager
bcambra@childrencabinet.org



Provider Start-Up Grant INFORMATION AND GUIDELINES

The Provider Grant Program assists individuals with the initial startup costs incurred when applying to become a licensed family child care provider. The grant helps to cover the application fee, background checks, inspection fees, and other costs that may be associated with becoming licensed.

Qualification for the grant is based upon a number of factors including, but not limited to, length of time in residence, childcare background, work history, and **what has been accomplished toward the licensing process**. Once the application is approved for funding, we will discuss with you how the money will be allocated.

When licensure is obtained, send a copy of your license to the applicable office:

All of Nevada, Except Clark & Nye

The Children's Cabinet
Attn: Brianna Cambra
1090 South Rock Boulevard
Reno, NV 89502

In Clark & Nye County

The Children's Cabinet
Attn: Danielle Holmes
5905 South Decatur Boulevard, Ste. 13
Las Vegas, NV 89118

To apply for the grant, an individual must be 18 years of age and submit the following:

- Copy of Nevada Driver's License or Identification Card,
- Copy of W-9
- Proof of homeownership (title, etc.) or permission from landlord to provide child care and a copy of rental agreement,
- Copy of completed Licensing Application,
- Copy of Licensing Pre-inspection Report
- Certificate of Completion from the Strengthening Business Practices Training
- Copy of Budget
- Copy of Marketing Plan
- Copy of Parent Handbook
- Copies of any documents that have obtained toward the licensing process (application, health inspection, etc.),
- Completed Provider Grant Application with original signature, and
- Any other documents that The Children's Cabinet may require to make a grant determination (e.g. invoices for reimbursement to address licensing deficiencies).

Once the completed application and required documents are received, a determination of funding is made and you will be notified by mail or email.



Family Child Care Start Up Grant Application

For Office Use Only:	
Date received _____	Approved _____ Denied _____
Reason: _____	
Agency Signature: _____ Date: _____	

Date of Application: _____

Applicant Information:

Name: _____ Date of Birth: _____ Phone: _____
 Address: _____ City/State/Zip: _____
 Do you rent or own the home where you live? _____ Length of time in residence: ____ Years ____ Months

Child Development Education: (attach additional education to application)

Name of School/Program	Course Name	Date(s) Attended	# of Hours	Certification (Type)

Child Care Work History:

Name of Employer: _____ Position: _____ How Long? ____ Yrs. ____ Mos.
 Address: _____ City/State/Zip: _____ Phone: _____
 Name of Employer: _____ Position: _____ How Long? ____ Yrs. ____ Mos.
 Address: _____ City/State/Zip: _____ Phone: _____
 Attach all additional child care experience to application

Other Adults in Household:

Name: _____ Date of Birth: _____
 Name: _____ Date of Birth: _____

What is the desired capacity of children in your program? #Infants (ages 0-1): _____ #Toddlers (ages 0-2): _____ #PreK & Up: _____
 Have you ever been convicted of a crime in any state or country? Yes No
 Have you submitted your application to your local licensing agency? Yes No
 If no, when will you anticipate that you will submit your application? _____

TOTAL AMOUNT REQUESTED: \$ _____

Funds Needed for (attach written estimates for the following to this application):

- insurance premium \$ _____
- fingerprinting of provider \$ _____
- start-up materials/toys \$ _____
- furniture \$ _____
- safety equipment \$ _____
- health/fire inspections \$ _____
- outdoor equipment \$ _____
- special use permit \$ _____
- initial training requirement classes \$ _____
- other: (List item(s) and amount) _____

I certify that all the information provided is true and correct to the best of my knowledge. I understand that falsification or omission of information can result in denial of grant. I hereby authorize representatives of The Children's Cabinet to verify any and all information provided in this application. I further understand that representatives related to the funding sources (Federal, State, local and private entities) may review the information related to eligibility for grant funds.

Applicant Signature _____
Date

Return form to:		OPTIONAL*: Are you Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages do you speak? _____ _____ _____
<u>All of Nevada Except Clark & Nye</u> The Children's Cabinet Attn: Brianna Cambra 1090 South Rock Boulevard Reno, NV 89502	<u>Clark & Nye County</u> The Children's Cabinet Attn: Danielle Holmes 5905 S. Decatur Blvd., Ste.13 Las Vegas, NV 89118	