



## 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 Trainings please visit

**Southern Nevada:** [www.traininglv.eventbrite.com](http://www.traininglv.eventbrite.com) or call (702)825-8978

**Northern Nevada:** [www.nvprovidertraining.eventbrite.com](http://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](http://www.childcareaware.org)

[www.firstchildrensfinance.org](http://www.firstchildrensfinance.org)

[www.buildingchildcare.org](http://www.buildingchildcare.org)

[www.sba.gov](http://www.sba.gov)

**Faxed copies of Provider Grant Application are not accepted. We must have an original signature.**

Please take the time to read through this information. Should you have any questions or if you would like more information, please feel free to call **Tiffany Durazo, 702-496-8162, in Southern Nevada**, or **Miranda Chappell, 775-741-2655, in Northern Nevada**.

Good luck and may you receive endless enjoyment from the children in your care.

Best regards,

Anthony Kharrat  
Provider Grants Coordinator  
[akharrat@childrenscabinet.org](mailto:akharrat@childrenscabinet.org)  
702-209-9975



## 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: [ecegrants@childrencabinet.org](mailto:ecegrants@childrencabinet.org)

Or Send to:

**Northern Nevada**

The Children's Cabinet  
Attn: Miranda Chappell  
961 Matley Lane; Suite 110  
Reno, NV 89502

**Southern Nevada**

The Children's Cabinet  
Attn: Tiffany Durazo  
1771 E. Flamingo Road, Suite 200B  
Las Vegas, Nevada 89119

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.



# Child Care Center Start Up Grant Application

<b>For Office Use Only:</b>	
Date received _____	Approved _____ Denied _____
Reason: _____	
Agency Signature: _____ Date: _____	

Date of Application: \_\_\_\_\_

Type of Provider:  New Provider seeking first-time license (Complete all sections)  
 Existing provider opening new location (Complete section A & C)

### I. Childcare Provider Information

Childcare Facility Name: \_\_\_\_\_ Contact Name (Owner/Director): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a lease contract in place for the child care facility you wish to operate?  Yes  No

Do you own the building you wish to use for your child care center?  Yes  No

Have you submitted your application to your local licensing agency?  Yes  No

If not, when will the application be submitted? \_\_\_\_\_

### II. Individual Applicant Information

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

Have you completed your local fingerprinting process?  Yes  No

OPTIONAL\*:  
 Are you Bilingual?  Yes  No  
 If yes, what other languages do you speak? \_\_\_\_\_

**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

### III. Grant Request

**Grant funds needed for:**

insurance premium \$ \_\_\_\_\_  fingerprinting of provider  start up materials/toys  health/fire inspections  safety equipment

outdoor equipment  furniture  initial training requirement classes  Special Use Permit

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

**Email Application & Documents to:** [ecegrants@childrenscabinet.org](mailto:ecegrants@childrenscabinet.org)  
**Or Send to:**

<b>Northern Nevada</b> The Children's Cabinet Attn: Miranda Chappell 961 Matley Lane; Suite 110 Reno, NV 89502	<b>Southern Nevada</b> The Children's Cabinet Attn: Tiffany Durazo 1771 E. Flamingo Road, Suite 200B Las Vegas, Nevada 89119
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