



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 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

www.firstchildrensfinance.org

www.buildingchildcare.org

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
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

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.



Family Child Care Start Up Grant Application

Child Care Resource & Referral Department

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

 Agency Signature: _____ Date: _____

Date of Application: _____

Applicant Information:

Contact Name (Director/Owner): _____ Child Care Name: _____
 Date of Birth: _____ Phone: _____ Email: _____
 Address: _____ City/State/Zip: _____

Do you rent or own the home where you live? _____ Length of time in residence: _____ Years _____ Months
 If less than 6 months, previous address: _____ How Long? _____ Yrs. _____ Mos.

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: _____

Have you ever been convicted of a crime? Yes No
 Have you completed your local fingerprinting process? Yes No
 Have you submitted your application to your local licensing agency? Yes No
 If not, when will the application be submitted? _____

Grant funds needed for:

- insurance premium \$ _____
- fingerprinting of provider
- start up materials/toys
- health/fire inspections
- safety equipment
- outdoor equipment
- furniture
- Special Use Permit
- initial training requirements

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 Form & Documents: cegrants@childrenscabinet.org

OR send to:

Northern Nevada
 The Children's Cabinet
 Attn: Miranda Chappell
 961 Matley Lane Ste. 110
 Reno, NV 89502

Southern Nevada
 The Children's Cabinet
 Attn: Tiffany Durazo
 1771 E. Flamingo Rd., Ste.200B
 Las Vegas, NV 89119

OPTIONAL*:

Are you Bilingual? Yes No
 If yes, what other languages do you speak? _____
 *Increasing bi-lingual child care providers is a goal of The Children's Cabinet. Information is asked to report how many new providers speak a second language.