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 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

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@childrenscabinet.org

Or Send to:

Northern Nevada
The Children's Cabinet
Attn: Grants Department
961 Matley Lane; Suite 110
Reno, NV 89502

Southern Nevada
The Children's Cabinet
Attn: Grants Department
5905 S. Decatur Blvd. Suite 13
Las Vegas, Nevada 89118

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

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

Must Submit with Application: Submit all documents in PDF format
- ❒ Copy of Nevada Driver's License or Identification Card,
- ❒ Copy of W-9
- ❒ Proof of homeownership (Deed), **or** permission from landlord to provide child care and a copy of rental agreement,
- ❒ Copy of Budget
- ❒ Copy of Marketing Plan
- ❒ Copy of Parent Handbook
- ❒ Copy of Certificate Licensing Application Process (LAP Class completed)-Not needed for Washoe County

Additional Documents: May be submitted at a later date if not available at the time of application
- ❒ Copy of State of Nevada Business License
- ❒ Copy of Application submitted to Child Care Licensing
- ❒ Copy of Licensing any Pre-Inspection Reports - Child Care/SNHD/Fire Marshall/Zoning
- ❒ Certificate of Completion from the Strengthening Business Practices Training
- ❒ Copies of any documents that have obtained toward the licensing process (application, health inspection, etc.)
- ❒ 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 email.

The Children's Cabinet

Family Child Care Start Up Grant Application

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

Date of Application: _____

Type of Provider: ❒ New Provider seeking first-time license ❒ Existing provider opening new location

I. Childcare Provider Information

Child Care Name: _____ Contact Name (Owner/Director): _____
Address: _____ Cell Phone: _____
City/State/Zip: _____ 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

Applying for how many kids? **Total Capacity** _____ **Ages 0-12** _____ **Ages 12-24** _____ **Ages 24-36** _____ **Ages 36-60** _____

II. Background Information

Date of Birth: _____
Have you ever been convicted of a crime? ❒ Yes ❒ No
If yes, when and please explain: _____
Have you completed the background/fingerprinting process? ❒ Yes ❒ No

OPTIONAL:
Are you Bilingual? ❒ Yes ❒ No
If yes, what other languages do you speak?
_____

Child Development Education: Attach additional education/training to application

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

Applicant Child Care Work History: Attach all additional child care experience

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: _____

III. Grant Request

Requested Amount: $_____

❒ 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 in PDF Format to: ecegrants@childrenscabinet.org

Or Send to:

Northern Nevada
The Children's Cabinet
Attn: Grants Department
961 Matley Lane; Suite 110
Reno, NV 89502

Southern Nevada
The Children's Cabinet
Attn: Grants Department
5905 S. Decatur Blvd. Suite 13
Las Vegas, Nevada 89118

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