



Child Care Provider Quality Enhancement Project Support Application



The Quality Enhancement Project Support opportunity aims to help providers improve the quality of their program. This funding request assists providers in offsetting the cost of replacing or acquiring items or minor renovations to improve a quality component of their program (examples include: replacing worn furniture, replacing curriculum, acquiring or replacing software, installing a garden (to be used in curriculum), installing a room divider, updating to a commercial kitchen to meet CACFP requirements).

Maximum project awards are based on the licensed capacity of the program (\$1,000/child). Out-of-School Time (OST) programs will use their average daily attendance over the last three months and must provide documentation from their records. These funds can only be used for OST spaces utilized by children ages 12-years-old and younger. Special considerations may be requested and are dependent on the quality improvement desired. Additional documentation may be required to approve any special consideration requests.

This opportunity is dependent upon available funds.

REQUIRED DOCUMENTS:

- Completed application (next page).
- Copy of your current child care license (OST Providers must submit their average daily attendance for children ages 12 and younger over the last three months).
- Detailed description of your project and HOW your project will improve the quality of your program.
- Itemized budget to complete the project. This includes a list of items with pricing. If the project requires work/construction to be completed, you must provide three written estimates with the timeline and financial requirements to complete the job. The quotations must include a detailed list of the work that needs to be completed. The contractor must be licensed & bonded.
- FOR TRANSPORTATION SUPPORT: Confirmation of your licensure/letter to transport children as per child care licensing regulations.
- FOR FOOD PREPARATION SUPPORT: Provide statement from the Child and Adult Care Food Program (CACFP) that the improvement is necessary to participate in the food program.

Once your application is approved, and all documents are submitted, a funding determination will be made. You will receive notification of this determination via email. The Children's Cabinet reserves the right to request additional documentation in order to make a fully-informed decision on funding any proposed project.

To apply, email all required documents above to: ecegrants@childrenscabinet.org

You may also submit all documentation in person or by regular mail to:

NORTHERN NEVADA

The Children's Cabinet
Attn: Grants Department
961 Matley Lane, Suite 110
Reno, NV. 89502
(775) 391-5727

SOUTHERN NEVADA

The Children's Cabinet
Attn: Grants Department
5905 S. Decatur Blvd., Suite 13
Las Vegas, NV. 89118
(702) 825-8957

SOUTHERN NEVADA

The Children's Cabinet
Attn: Grants Department
1771 E. Flamingo Road, Suite 200B
Las Vegas, NV. 89119
(702) 605-9509



Child Care Provider Quality Enhancement Project Support Application



All information is required for the application to be considered complete.

I. Applicant General Information			
Applicant Name:		Date of Application:	
Mailing Address:		City:	Zip:
Phone:	E-mail:		
Applicant Race* (select one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial		Applicant Ethnicity* (select one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Applicant Gender* (please self-identify):
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages do you speak?			
<i>*These items are required for federal reporting purposes.</i>			

II. Provider Child Care Information			
Provider Type: <input type="checkbox"/> Family Child Care <input type="checkbox"/> Group Family Child Care <input type="checkbox"/> Center <input type="checkbox"/> Out of School Time			
Child Care Name:			
Physical Address:		City:	County:
Total Capacity # _____		Capacity by Age: Ages 0-12months _____	Ages 12-24months _____
		Ages 24-36months _____	Ages 36+months _____

III. Grant Request
Requested Amount: \$ _____ How much of the total project amount have you secured? \$ _____
What does the project aim to achieve in terms of enhancing the quality of services you offer (SELECT ONE)?
<input type="checkbox"/> Replace or Enhance Curriculum <i>Examples include but are not limited to adding a new curriculum, a garden, art studios, assessment tools, etc.</i>
<input type="checkbox"/> Upgrade Classroom Furniture or Equipment (including adaptive equipment for children with special needs)
<input type="checkbox"/> Improve Administrative Tools <i>Examples include adding or improving child care management system, upgrading financial software, update computers, etc.</i>
<input type="checkbox"/> Establishment of a Breast-Feeding Friendly Environment <i>Examples include rockers, privacy screens, breast milk refrigerator, etc.</i>
<input type="checkbox"/> Safe Transportation for Children <i>Provide official confirmation of your licensure/letter to transport children as per child care licensing regulations.</i>
<input type="checkbox"/> Update Food Preparation area <i>Provide a statement from the Child and Adult Care Food Program (CACFP) that the improvement is necessary to participate in the food program.</i>
<input type="checkbox"/> Other initiative to enhance the quality of child care services: _____ <i>Brief description here. Full description of project is required as an attachment.</i>

The following documentation must be provided with this support request (attach the following requirements to this application):

- Copy of your current child care license (OST Providers must submit their average daily attendance over the last three months).
- Description of your project and HOW your project will improve the quality of your program.
- Itemized budget to complete the project. This includes a list of items with pricing. If the project requires work/construction to be completed, you must provide three written estimates with the timeline and financial requirements to complete the job. The quotations must include a detailed list of the work that needs to be completed. The contractor must be licensed & bonded.

IMPORTANT: By signing below, I understand that funding support is dependent on funds available. I also understand that information contained on this form is subject to verification by The Children's Cabinet.

Signature of Applicant _____

Printed Name _____

Date _____

Email Application & Supporting Documents in PDF Format or Word Document to: ecgrants@childrenscabinet.org