



## Child Care Provider Start Up Grant Application



The Start-Up Grant Program aims to provide support to individuals in covering the initial startup expenses associated with their pursuit of becoming a licensed child care provider. This grant assists in offsetting costs such as application fees, background checks, inspection fees, and other related expenditures tied to the licensing process.

Eligibility for this grant is determined based on various factors, which may include, but are not limited to, the duration of residence, prior experience in childcare, employment history, and progress made towards obtaining the necessary licenses.

Once your application is approved, and all the requisite documents are submitted, a funding determination will be promptly made. You will receive notification of this determination via email.

To be eligible for grant consideration, applicants must be 18 years of age and meet the following criteria:

### **Mandatory Submissions with Application (in PDF format or Word Document):**

- ☐ 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 required for Washoe County

### **Additional Documents: May be submitted later 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 been 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).

**Email all mandatory documentation and any additional documentation you have acquired at this point to:**  
[eeegrants@childrenscabinet.org](mailto:eeegrants@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 Start Up Grant Application



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

I. Applicant General Information			
Applicant Name:		Date of Application:	
Mailing Address:		City:	Zip:
Phone:	E-mail:		
<b>Applicant Race* (select one):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial		<b>Applicant Ethnicity* (select one):</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Applicant Gender* (please self-identify):</b>
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages do you speak?			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter date and type of crime:			
Have you completed a background check in the past one year? <input type="checkbox"/> Yes <input type="checkbox"/> No Result:			
How many years have you worked in the child care field?			
*These items are required for federal reporting purposes.			

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			
Status: <input type="checkbox"/> New provider: first-time license <input type="checkbox"/> Licensed provider: in a new location <input type="checkbox"/> Licensed provider: with a change in license type			
Child Care Name:			
Physical Address:	City:	County:	Zip:
Applying for how many kids? Total Capacity # _____ Ages 0-12mo. _____ Ages 12-24mo. _____ Ages 24-36mo. _____ Ages 36-60mo. _____			
Have you submitted an application to Child Care Licensing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you own or lease a property to run your child care? <input type="checkbox"/> Own <input type="checkbox"/> Lease			

III. Applicant Background Information			
Education:			
Name of School/Program	Course Name	Degree/Certification	Date
1.			
2.			
Work History in Child Care:			
Name of Employer	Position	City/State	Number of Years
1.			
2.			

IV. Grant Request	
Requested Amount: \$ _____	
<input type="checkbox"/> Insurance Premiums <input type="checkbox"/> Background Check/Fingerprinting <input type="checkbox"/> Business License <input type="checkbox"/> Licensing & Inspection Fees	
<input type="checkbox"/> Furniture <input type="checkbox"/> Classroom Materials/Toys <input type="checkbox"/> Initial Training Requirement Classes <input type="checkbox"/> Curriculum <input type="checkbox"/> Outdoor Equipment	

<b>IMPORTANT:</b> 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 & Documents in PDF Format or Word Document to: [ecegrants@childrencabinet.org](mailto:ecegrants@childrencabinet.org)



## Child Care Provider Start Up Grant Application



### Helpful Information & Links:

#### Child Care Licensing – Not for Washoe County

For additional information on the requirements and process of opening a licensed childcare Statewide

**Phone:** (702) 486-3822

**Email:** [ChildCareLicensing@health.nv.gov](mailto:ChildCareLicensing@health.nv.gov)

**Website:** [Child Care Licensing \(licensing.gov\)](http://ChildCareLicensing(licensing.gov))

#### Child Care Licensing – Washoe County

For additional information on the requirements and process of opening a licensed childcare in Washoe County

**Phone:** (775) 337-4470

**Email:** [ChildCare@washoecounty.gov](mailto:ChildCare@washoecounty.gov)

**Website:** [Child Care Licensing \(washoecounty.gov\)](http://ChildCareLicensing(washoecounty.gov))

#### Nevada Registry

For information training, career ladder placement, and work force support

**Phone:** 800-259-1906

**Email:** [Contact The Nevada Registry](mailto:ContactTheNevadaRegistry)

**Website:** [nevadaregistry.org](http://nevadaregistry.org)

#### Silver Flume – State Business License

To obtain a state business license register on Silver Flume and select the type of business license

Note: Family Child Care with 6 children do not need a business license for Washoe County

**Phone:** (775) 684-5708

**Email:** [support@nvsilverflume.gov](mailto:support@nvsilverflume.gov)

**Website:** <https://nvsilverflume.gov>

#### Child Care Subsidy – After you become child care licensed

**Northern Nevada: The Children's Cabinet**

**Phone:** 775-856-6200

**Email:** [mail@childrenscabinet.org](mailto:mail@childrenscabinet.org)

**Website:** [Help Paying for Child Care - Child Subsidy \(childrenscabinet.org\)](http://HelpPayingforChildCare-ChildSubsidy(childrenscabinet.org))

**Southern Nevada: Las Vegas Urban League**

**Phone:** (702) 473-9400

**Email:** [childcareinfo@lvul.org](mailto:childcareinfo@lvul.org)

**Website:** [Apply for a Child Care Subsidy - Las Vegas Urban League \(ChildCareLV.org\)](http://ApplyforaChildCareSubsidy-LasVegasUrbanLeague(ChildCareLV.org))

#### Child Care Services Center – CCSC

A one stop shop center for child care providers.

**Phone:** [South- \(702\) 915-6906](tel:7029156906) [North- \(775\) 391-5727](tel:7753915727)

**Email:** [Contact Child Care & Development Program - Contact Us](mailto:ContactChildCare&DevelopmentProgram-ContactUs)

**Website:** [Nevada Strong Start Child Care Services Center - Nevada Child Care Resource & Referral](http://NevadaStrongStartChildCareServicesCenter-NevadaChildCareResource&Referral)

## Helpful Information & Links:

### Access Capital & Mission Driven Finance

Provides valuable technical assistance to child care providers to aid in planning and preparing for different aspects of your business. Their services help child care businesses grow and maintain high standards of quality. They may also qualify you for child care loans.

**Phone:** (855) 758-2334 Extension 2

**Email:** [childcare@accesscdfi.org](mailto:childcare@accesscdfi.org)

**Website:** [www.accesscdfi.org](http://www.accesscdfi.org)

### Wonderschool

The help providers develop parent handbooks, Budget report, marketing plan, and business plan that are required documents when applying for the start up grant

**Phone:** (725) 226-3759

**Email:** [darcy.heath@wonderschool.com](mailto:darcy.heath@wonderschool.com)

**Website:** [Child care near me](#) | [Start child care](#) | [Wonderschool](#)

### Inspection Authorities

#### ***Southern Nevada Health District – SNHD***

**Phone:** (702) 759-0677

**Email:** [specialprograms@snhd.org](mailto:specialprograms@snhd.org)

**Website:** [Child Care Facilities – Southern Nevada Health District](#)

#### ***Northern Nevada Health District – Including Washoe County***

**Phone:** (775) 328-2003

**Email:** NA

**Website:** [Northern Nevada Public Health \(nnph.org\)](http://nnph.org)

#### ***Fire Marshall – Clark County***

**Phone:** (702) 455-0000

**Email:** [Contact Clark County](#)

**Website:** [Fire Department \(clarkcountynv.gov\)](http://clarkcountynv.gov)

#### ***Fire Marshall – State (including North NV)***

**Phone:** (775) 684-7500

**Email:** [sfm@dps.state.nv.us](mailto:sfm@dps.state.nv.us)

**Website:** [State Fire Marshal \(nv.gov\)](http://nv.gov)

#### ***City of Reno***

**Phone:** (775) 334-4636

**Email:** NA

**Website:** [City of Reno](#) | [Home \(Reno.gov\)](#)