

Child Care Provider Training Support Grant Application



All information is required in order for the application to be complete.

Training support is available for CPR/First Aid training requirements and Child Development Associate (CDA) fees.

I. Applicant General Information				
Applicant Name:	Date of Application:			
Physical Address:		City:		Zip:
Mailing Address:		City:		Zip:
Phone: E-mail:				
Applicant Race* (select one):	L	Applica	nt Ethnicity*	Gender* (please self-
	Native Hawaiian/Pacific Islar			identify):
🗖 Asian	J White	🗖 Hisp	anić/Latino	
Black/African American	J Multiracial	🗖 Not	Hispanic/Latino	
*These items are required for federal reporting purposes.				
How many years have you worked in the child care field?				
II. Applicant's Current Workplace Information				
Business Name (if applicable):				
Physical Address:	or D Licoppod Family	City:		Zip:
Type of Program: Iccensed Center Iccensed Family Child Care Iccensed Group Family Child Care Family, Friend & Neighbor (FFN) Provider Iccensed Group Family Child Care				
How many years have you worked for this business?				
III. CPR and First Aid Reimbursement Request				
Select the box(es) below for the training(s) for which you are requesting reimbursement. Applicants MUST provide: 1.) a copy				
of their receipt, and 2.) the certificate of completion. Certificate must be issued by the American Heart Association, American Red Cross, Medic				
First Aid International, EMS Safety Services, American Safety and Health Institute or HIS. Training must be within the last 90 days from application submission date.				
CPR ONLY Course				iount:
First Aid ONLY Course	Date Taken:		Amount:	
CPR & First Aid Course	Date Taken: Amount:			ount:
IV Child Development Accession (CDA) Support Persuant				
IV. Child Development Associate (CDA) Support Request				
Please indicate which type of CDA support you are requesting, your CDA number and the amount. Applicants MUST have a CDA account established. All CDA Fees requests will be applied directly to the applicant's CDA account.				
□ Child Development Associate (CDA) Renewal* CDA Number: Amount:				
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	
Submission Instructions				
Mail Applications to:	Email Applications in PDF	format to:	-	Questions?
The Children's Cabinet	ecegrants@childrenscat	pinet.org		Anthony Kharrat
Attn: Grants Team			70)2-825-8978
5905 S. Decatur Blvd. Suite 13				
Las Vegas, NV 89118				