



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 Staff Handbook (Centers & Group Family Child Care)
- Copy of Certificate Licensing Application Process (LAP Class completed)

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 Child Care Licensing Pre-Inspection Report
- Certificate of Completion from the Strengthening Business Practices Training Series (Must be completed within 8 months of grant approval)
- Any other documents that The Children's Cabinet may request to make an expense determination (e.g., invoices, receipts, copies of applications or inspections to be reimbursed for eligible expenses).

Email all mandatory documentation and any additional documentation you have acquired at this point to:

ecegrants@childrenscabinet.org

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

NORTHERN NEVADA

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

SOUTHERN NEVADA

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



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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:		
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?			
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?			
<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			
Status: <input type="checkbox"/> New provider: first-time license <input type="checkbox"/> Licensed provider: new location <input type="checkbox"/> Licensed provider: new license with increased capacity			
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 Phone
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

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 & Documents in PDF Format or Word Document to: ecegrants@childrenscabinet.org



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Helpful Information & Links:

Strengthening Business Practice Training Series

The Children's Cabinet

The Strengthening Business Practice Training Series is offered statewide at no cost.

Registration: <https://www.eventbrite.com/cc/strengthening-business-practices-sbp-4796489>

Pathways to Program Success

The Children's Cabinet

Pathways to Business Success equips early childhood owners and directors with the tools, guidance, and confidence they need to build strong, sustainable programs. Join Us!

Email: akharrat@childrenscabinet.org

Website: <https://www.childrenscabinet.org/who-we-serve/i-am-a-child-care-provider/pathways-to-program-success/>

Child Care Licensing

For additional information on the requirements and process of opening a licensed childcare Statewide **Phone:** (702) 486-3822

Email: ChildCareLicensing@health.nv.gov

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

The Nevada Registry

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

Phone: 800-259-1906

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

Website: 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

Website: <https://nvsilverflume.gov>

Child Care Subsidy Enrollment– After you become child care licensed

The Children's Cabinet

Phone: 775-856-6200

Email: providersupport@childrenscabinet.org

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



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Helpful Information & Links:

Access Community Capital

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.

Email: childcare@accesscdfi.org

Website: www.accesscdfi.org

Inspection Authorities

Southern Nevada Health District – SNHD

Phone: (702) 759-0677

Email: 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://Northern Nevada Public Health (nnph.org))

Fire Marshall – Clark County

Phone: (702) 455-0000

Email: [Contact Clark County](#)

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

Fire Marshall – State (including North NV)

Phone: (775) 684-7500

Email: sfm@dps.state.nv.us

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

City of Reno

Phone: (775) 334-4636

Email: NA

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