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 budget and marketing plan. For information on registering for the Strengthening Business Practices Training please visit:

**Southern Nevada:** [www.traininglv.eventbrite.com](http://www.traininglv.eventbrite.com) or call 702-825-8978  
**Northern Nevada:** [www.nvprovidertraining.eventbrite.com](http://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.firstchildrensfinance.org](http://www.firstchildrensfinance.org)  
- [www.buildingchildcare.org](http://www.buildingchildcare.org)  
- [www.sba.gov](http://www.sba.gov)

Please take the time to read this information. Should you have any questions or if you would like more information, please feel free to call Danielle Holmes 702-825-8978 in southern Nevada, or Brianna Cambra 775-856-0121 in northern Nevada. Good luck and may you receive endless enjoyment from the children in your care.

Best regards,

**Danielle Holmes**  
Program Director  
dholmes@childrenscabinet.org

**Brianna Cambra**  
Program Manager  
b cambra@childrenscabinet.org
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 the applicable office:

**All of Nevada, Except Clark & Nye**

- The Children’s Cabinet
- Attn: Brianna Cambra
- 1090 South Rock Boulevard
- Reno, NV 89502

**In Clark & Nye County**

- The Children’s Cabinet
- Attn: Danielle Holmes
- 5905 South Decatur Boulevard, Ste. 13
- Las Vegas, NV 89118

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

- Copy of Nevada Driver’s License or Identification Card,
- Copy of W-9
- Proof of homeownership (title, etc.) or permission from landlord to provide child care and a copy of rental agreement,
- Copy of completed Licensing Application,
- Copy of Licensing Pre-inspection Report
- Certificate of Completion from the Strengthening Business Practices Training
- Copy of Budget
- Copy of Marketing Plan
- Copy of Parent Handbook
- Copies of any documents that have obtained toward the licensing process (application, health inspection, etc.),
- Completed Provider Grant Application with original signature, and
- 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 mail or email.
## Child Care Center Start Up Grant Application

**Date of Application:** ________________

### Applicant Information:

- **Name:** _____________________  
  **Date of Birth:** ___________  
  **Phone:** ________________  
- **Address:** __________________________________  
  **City/State/Zip:** ____________________

**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

### Child Development Education: (attach additional education to application)

<table>
<thead>
<tr>
<th>Name of School/Program</th>
<th>Course Name</th>
<th>Date(s) Attended</th>
<th># of Hours</th>
<th>Certification (Type)</th>
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### Child Care Work History:

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Attach all additional child care experience to application

**What is the desired capacity of children in your center?**  
#Infants (ages 0-1): _____  
#Toddlers (ages 0-2): _____  
#PreK & Up:_____

**Have you ever been convicted of a crime in any state or country?** ☐ Yes  ☐ No

**Have you submitted your application to your local licensing agency?** ☐ Yes  ☐ No

If no, when will you anticipate that you will submit your application? ____________________

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**TOTAL AMOUNT REQUESTED:** $__________

### Funds Needed for (attach written estimates for the following to this application):

- ☐ insurance premium $________
- ☐ fingerprinting of provider $________
- ☐ start-up materials/toys $________
- ☐ furniture $________
- ☐ safety equipment $________
- ☐ health/fire inspections $________
- ☐ outdoor equipment $________
- ☐ special use permit $________
- ☐ initial training requirement classes $________
- ☐ other: (List item(s) and amount) __________________

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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.

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**Applicant Signature**  
________________________  
**Date** ________________

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**Return form to:**

- **All of Nevada Except Clark & Nye**  
  The Children’s Cabinet  
  Attn: Brianna Cambra  
  1090 South Rock Boulevard  
  Reno, NV 89502

- **Clark & Nye County**  
  The Children’s Cabinet  
  Attn: Danielle Holmes  
  5905 S. Decatur Blvd., Ste.13  
  Las Vegas, NV 89118

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**OPTIONAL*:  
Are you Bilingual? ☐ Yes  ☐ No

If yes, what other languages do you speak?

________________________  
________________________