



Child Care Mini-Grant Application

Name: _____ Business Name: _____
 Phone: _____ License # _____ *Attach copy*
 Mailing Address: _____
 Physical Location: _____
 E-Mail: _____ FAX #: _____

Yes No (Circle one) I have been in the child care business in Trinity County for a minimum of nine months, and provide care for at least one child other than my own that is birth to age five (not yet in kindergarten) for a minimum of 15 hours per week.

| Check one <input checked="" type="checkbox"/> | Application Category | Amount |
|---|---|--------|
| | 1. Exempt (Family, Friend, Neighbor) Care | \$100 |
| | 2. Licensed Family Child Care | \$500 |
| | 3. Licensed Family Child Care with current NAEYC (National Association for the Education of Young Children) or NAFCC (National Association for Family Child Care) accreditation. <i>Attach proof of accreditation.</i> | \$750 |

This application addresses the curriculum content area(s) checked below: *(Check at least one)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Literacy/Language Arts | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Science |
| <input type="checkbox"/> History-Social Science | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Dramatic Play | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Music & Movement |

Spending Plan: I plan to spend the First Five grant on the following:

| Item: | Educational Purpose/Content Area: | Cost |
|---|-----------------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| <i>Attach additional sheet if more space is needed.</i> | | Total \$ |

I understand that I must submit my application for approval before purchasing the above listed items and that funds must be spent **before January 30 each year**. I further understand that I will be reimbursed for these items after I have purchased them and have submitted receipts for payment, and that I will not be reimbursed for items for which I do not have receipts. I also agree to comply with any evaluation requirements. Failure to complete the evaluation may jeopardize future funding.

Signed: _____
Signature *Date*

Send to: Debra Chapman, First 5 Trinity County, P.O. Box 1362, 111 Mountain View Rd,
 Weaverville, CA 96093

Phone: (530)739-3159; FAX: (530) 623-6343; Email: First5@tcoek12.org

Due Date: March 26, 2009

Grant Application Deadline April 9, 2009, 4:00 P.M.

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