



**Child Care Mini-Grant Application
FY 2010-11**

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
<input type="checkbox"/>	1. Exempt (Family, Friend, Neighbor) Care	\$100
<input type="checkbox"/>	2. Licensed Family Child Care	\$500
<input type="checkbox"/>	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*

Due Date: April 16, 2010

**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