

**Alliance for Children’s Early Success (ACES)**

**Quality Improvement Grant Application**

**and**

**Access to Quality Child Care Grant Application**

**Applicant Information: (for both grants)**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address (including city and zip code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What motivated you to participate in this process?**

**How did you learn about this grant opportunity?**

**General Information about Your Program**

**Your Program is Currently** **(Check all that apply):**

\_\_\_DES Certified Child Care Home (Provide Copy of Certification with Application)

\_\_\_DHS Certified Child Care Group Home (Provide Copy of License with Application)

\_\_\_DHS Child Care Center (Provide Copy of License with Application)

\_\_\_DES Child Care Subsidy Contracted

\_\_\_Supports Families with limited resources

If yes, please describe what support you provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Currently participating in a quality improvement grant through (check all that apply):

* 1. \_\_\_ Arizona Self Study b.\_\_\_Quality First
  2. If no, have you applied for Quality First? \_\_\_\_\_ Are you interested in learning more?

\_\_\_\_Accredited by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provide copy of Accreditation Certificate with Application)

**Information About the Children You Serve**

1. What is the capacity of your child care program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Average Daily Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What age groups do you serve? \_\_\_\_\_\_\_\_\_\_
4. Number of children with special needs you serve: \_\_\_\_\_\_\_

Describe the special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quality Improvement Grants**

* Grant requests up to $700.00 will be considered
* Grants must help to maintain or obtain child care certification or licensure
* Grants must identify the certification/licensing requirement and/or AZ Learning Standard or Infant Toddler Guideline the grant will impact

**How do you plan to use the Grant Funds**

*The following questions may be answered on a separate sheet of paper if additional space is needed.*

**How do you plan to use the grant funds?**

*Please provide a breakdown of how the funds requested will be spent. For your convenience there is a blank chart below. You may also submit an invoice of projected expenses.*

**Which certification/licensing requirement or AZ Early Learning Standard or Infant and Toddler Guideline will this grant impact?**

**How will these purchases improve the quality of your program?**

**Breakdown of Grant Funds Requested**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Improvement** | **Specific Materials/Resources/Trainings Requested** | **Vendor** | **Total Cost** |
|  |  |  |  |
|  |  | **Subtotal:** |  |
|  |  | **Tax if applicable:** |  |
|  |  | **Shipping if applicable:** |  |
|  |  | **Total amount requested:** |  |

**I agree to submit receipts for quality improvement purchases and provide a summary of how the grant helped to increase quality and a photo by 4/30/15 if I receive a grant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

***Only applicants within FUSD geographic boundaries are eligible***

***Applications are due by January 31, 2015***

**We are here to help! If you need assistance with this application or have any questions, please contact Paula Stefani** [**pstefani@asccaz.org**](mailto:pstefani@asccaz.org) **OR 928-714-1716**

**Access to Quality Child Care Grants**

* Grant requests up to $300.00 for an identified family in need will be considered
* Grants are intended to help a family who will have the ongoing means to pay for child care to initially access regulated child care (parent who is just starting a new position, helping a family eligible for the DES subsidy to cover initial registration/co-pay/first week pre-payment of services)
* Ideally, if the family can eventually re-pay the funds to the child care program, that program would apply those funds to a future family. If the family is unable to pay the funds back, the child care program is not out the cost.

**Describe the family situation you are applying for a grant up to $300.00 to assist a family to access regulated child care services.**

**How much of the funds will be used for registration fees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How much of the funds will be used for pre-payment of child care services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I am chosen to receive an Access to Quality Child Care Grant, I agree to submit receipts and documentation by 4/30/15 of:**

1. **How funds were used**
2. **Follow up story how this assistance helped the family access child care**
3. **Document if the family was eventually able to pay the funds back to assist another family**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

***Only applicants within FUSD geographic boundaries are eligible***

***Applications are due by January 31, 2015***

**We are here to help! If you need assistance with this application or have any questions, please contact Paula Stefani** [**pstefani@asccaz.org**](mailto:pstefani@asccaz.org) **OR 928-714-1716**