



# 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):

a.  Arizona Self Study b.  Quality First

b. 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: \_\_\_\_\_

# **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 acceptable until all grants are filled.***

**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**