

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

**Quality Improvement Grant Application**

**Grant Specifications:**

* Grant requests up to $1,000.00 will be considered
* **MUST** be in FUSD geographic boundaries to qualify
* Grants **MUST** help to maintain or obtain child care certification or licensure and STEAM emphasis.

(STEAM: Science, Technology, Engineering, Arts, & Math)

* Grants **MUST** identify the certification/licensing requirement and/or Az ADE Early Learning Standard or Infant Toddler Guideline the grant will impact
* Applicants who did not receive funding last year and non-Quality First funded will have priority
* Applications due by **DECEMBER 31, 2016**
* Assistance if needed. Please contact Paula Stefani [pstefani@azccaz.org](mailto:pstefani@azccaz.org) OR 928-714-1716

**Applicant Information:**

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

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

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

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

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

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

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

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

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

**How will you plan to use the Grant Funds? (Use a separate sheet of paper if needed)**

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

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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Current participation in a quality improvement grant through: (check all that apply)

* 1. \_\_\_\_\_ Arizona Self Study b.\_\_\_\_\_ Quality First c. \_\_\_\_ EMPOWER
  2. If no, have you applied for 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 4/30/17 if I receive a grant.**

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

**Signature Date**