



Best Beginnings MINI Grant Application

CCR&R: Family Connections



Name: _____ PS#: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If Different From Physical Address)

E-Mail Address: _____ Phone Number: _____

Facility Name: _____ Facility Type: _____ PV#: _____

Social Security # _____ or EIN #: _____

Are you on the Practitioner Registry? Yes Date _____ Level _____ NO

In order to receive this grant you must be a registered member of the Early Childhood Career Development Practitioner Registry. A copy of your Practitioner Registry certificate or Professional Development Record with a current date must be

- Submitted with this application

OR

- Submitted with the contract/summary form when requesting payment.

Have you received a MINI Grant in the past? Yes Date _____ NO

Are you participating in the Best Beginnings STARS to Quality Program? Yes NO

Are you requesting funds to support your infant/toddler program? Yes NO ***If Yes, please state the amount***

Infant Toddler uses \$ _____ (Group, Family) Up to \$1000, (Center) Up to \$1500

Other Child Care uses \$ _____ (Group, Family) Up to \$1000, (Center) Up to \$1500

Total Request \$ _____ (Group, Family) Total not to exceed \$2000, (Center) Total not to exceed \$3000

WHY ARE YOU REQUESTING FUNDS?

- Indicate the need for your project and how you will use the funds. *(use additional paper if necessary)*

- I agree that this application is for a **one-time payment**, and that proposed purchases and activities for this grant application will take place during the 12 months **AFTER** the grant is awarded.
- I certify that neither this facility nor any of its principals is on the CACFP National Disqualified List, and have not misused Federal Funds.
- I understand that Mini Grants are funded from the American Recovery And Reinvestment Act of 2009, Public Law 111-5 (ARRA) and are subject to available funding.

Provider's Signature: _____ Date: _____

OFFICIAL USE ONLY	GRANT IS: <input type="checkbox"/> Approved, for \$ _____ <input type="checkbox"/> Denied
	REASON: _____
	CCR&R Signature: _____ DATE: _____

Family Connections Mini Grant Attachment

A complete application MUST include the following:

- A copy of the Practitioner Registry Certificate or the Professional Development Record as proof that you are a registered member. **OR** I am requesting grant funds to pay for the Registry membership.
- This form submitted with your mini grant application.
- Sign and date the application.

The written request: (Why are you requesting Funds?)

Since mini grant funds are limited we ask that you be as thorough as possible in your explanation of how you will use the grant. The applications are scored on your intended use and your explanation. Several providers may ask for the same items but because one request was more detailed, itemized and thorough, that one will score higher.

Helpful information:

- Days and hours that you provide care: _____
- The date/year you started in the business: _____
- If you are requesting funds because of a deficiency or technical issue with your provider license, please explain the issue in detail. _____

At this time, the review team has set a limit of \$450 for the purchase of a computer. You may request additional items up to the maximum in your grant request but please keep in mind that the review team may award smaller amounts than requested.

When submitting a request for several items please categorize/itemize the request.

Business items	\$	Play equipment	\$
Computer	\$	Curriculum items	\$
Furnishings	\$	Building modifications (egress window, etc)	\$
Other:	\$	Other:	\$

We are here to help you!

Contact Lisa or Deb at 761-6010 or stop by for help in completing your mini grant application. We would be happy to meet with you to go over your application and supporting documentation before you submit it.

Please attach this to your application when you submit it.