



Application for Family Connections Mini Grants



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 apply for this grant you must be a registered member of the Early Childhood Career Development Practitioner Registry. A copy of your practitioner registry certificate must be attached to this application.

OR

If using grant funds to pay for your practitioner registry membership, a copy of your registry certificate may be submitted with the contract/summary form when requesting payments.

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 \$ _____

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.

Provider's Signature: _____ Date: _____

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

