



**Maryland State Department of Education**  
 Division of Early Childhood Development  
 200 West Baltimore Street, Baltimore, MD 21201

**APPLICATION FOR THE CHILD CARE QUALITY INCENTIVE GRANT PROGRAM (CCQIG)**

**INSTRUCTIONS:** Complete all information requested in this application form in spaces provided then forward it with all required documentation to your Regional Licensing Specialist. An **incomplete** Application will be returned to the sender.

**SECTION 1.**

Child Care License #:		Family Child Care Registration#:	
Child Care Provider or Center Name:			SSN or FEIN:
Street Address (No P.O. Box#; Apt# if required):			
City:		County:	Zip Code:
Contact#s Day:	Evening:	FAX:	eMail:
Address where Service is provided (if different from above):			Zip Code:

**SECTION 2. Check either Yes or No for each one of the statements as follows (\*attachment(s) required) :**

Applicant was "previously" awarded the Child Care Quality Incentive Grant	Yes	No
Applicant has an open/active regulatory action (suspension, revocation, compliance issue) involving the health, safety or welfare of child(ren) receiving care	Yes	No
*Applicant and each staff member has an <u>active</u> (not expired) Child Care Credential at Level 2 or higher	Yes	No
*The Director or Lead Teacher has an Administrative Level Child Care Credential	Yes	No
*Applicant center/program has an active (not expired) Accreditation from an authority recognized by MSDE	Yes	No
*Applicant center/program implements a curriculum recognized/approved by MSDE	Yes	No
Applicant is a Family child care home where 25% or more of enrollees receive a child care subsidy	Yes	No
Applicant is a Child care facility where 25% or more of enrollees receive a child care subsidy	Yes	No
The Child Care home/facility is located in a Title I School District	Yes	No
<b>Name of School:</b>		

**SECTION 3. Give Total Number(s) pertaining to your Center/Program on the date you submit this Application:**

Total number of Infants in care: \_\_\_\_\_ Total Number of Toddlers in care: \_\_\_\_\_

Total Number of Preschool children in care: \_\_\_\_\_ Total Number of children with child care subsidy: \_\_\_\_\_

Total number of All children in care: \_\_\_\_\_

**SECTION 4. Affirmation/Agreement**

I Do Affirm and Agree that all of the information in this application is true and accurate to the best of my knowledge. I understand that any false reporting will result in the application being rejected. I further understand that funding received through the CCQIG Program must be used for purchase of requested/approved items for enhancing the quality of child care services; and, that the child care services from this provider will remain available for two or more (2+) years after receiving this grant award. Also, attached to this application are the required copies of documentation (each Child Care Credential OR Accreditation Certificate and a verification of curriculum).

\_\_\_\_\_  
**Applicant's Signature (Must be endorsed in BLUE INK ONLY)**

\_\_\_\_\_  
**Date**



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**Instructions:** In the spaces provided below, list the items for which you are requesting grant funds. Use the **Eligible Items** list (pgs. 3-4 of the **Program Guide**) to assist with your selections. For each item, give the Cost and Description (include brand, model and/or serial number if available). Also, identify which of the 9 categories (also from the **Eligible Items** list) the item(s) falls and describe how the item will be used to enhance the quality of Childcare. Finally, give the Total Cost of all the items on line at the bottom of page where indicated. Copy this page and attach additional sheets as required. **Do not attach** Blank/unauthorized pages.

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1) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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2) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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3) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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4) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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5) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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6) Item Description: \_\_\_\_\_ (brand, model/serial#) \_\_\_\_\_ Cost: \_\_\_\_\_

Identify category and describe use of item to enhance the quality of childcare \_\_\_\_\_  
\_\_\_\_\_

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**MSDE GRANT ID#** \_\_\_\_\_  
(DECD Office Use Only)

**Total Cost:** \_\_\_\_\_  
(Applicant put the Sum of all Cost(s) on this line)

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**VERIFICATION FORM**

A licensing specialist or other representative from the Regional Office of Child Care must complete this form.

I certify that: \_\_\_\_\_  
(Name of Applicant)

Registration, License, or Compliance Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

This licensed Child Care Provider is in good standing, and is currently operating. There are no regulatory actions on-going against this provider and none are pending. The facility has been in operation for more than two years since (date) \_\_\_\_\_.

**Child Care staff is actively participating in the Child Care Credentialing Program at Level 2+**  
Yes \_\_\_ No\_\_\_

**Child Care Facility Is Accredited?** Yes\_\_ No\_\_  
If yes, by what authority? \_\_\_\_\_

**Copy of Credential Certificate for Staff members or Accreditation Document attached?**  
Yes\_\_\_ No\_\_\_

Authorized Licensing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Region: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Notes:**

**Central Office Use Only**

Date of previous grant: \_\_\_\_\_ Grant#/Amount: \_\_\_\_\_

Application: Approved ( )

Denied: ( )

**Child Care Subsidy Verification:** Yes ( ) No ( )

**Title I Verification:** Yes ( ) No ( ) N/A ( )

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Grant Administrator**