Maryland State Department of Education
Division of Early Childhood – Credentialing Branch
200 West Baltimore Street Baltimore, MD 21201

APPLICATION FOR THE CHILD CARE QUALITY INCENTIVE GRANT PROGRAM

CHILD CARE CENTER

INSTRUCTIONS: Complete all information on this application. **Incomplete** applications will be returned.

SECTION 1. APPLICANT INFORMATION

License #:	
Child Care Center Name:	FEIN:
Contact Name:	
Street Address (No P.O. Box#; Apt# if required):	
Daytime Phone Number:	Alternate Phone Number:
Email:	

SECTION 2. ELIGIBILITY

Check either Yes, No or NA for each one of the statements as follows:

Statement	Yes	No	NA
Previously awarded the Child Care Quality Incentive Grant within the past three (3) State fiscal years.	☐ Yes	☐ No	☐ NA
Subject of any sanction imposed by the Office of Child Care.	☐ Yes	☐ No	☐ NA
Currently operate a child care center located in a Title I community. Name of Title I School: _____	☐ Yes	☐ No	☐ NA
Serve 25% or more children who receive child care scholarships.	☐ Yes	☐ No	☐ NA
Participates in the Maryland Child Care Credential Program at a Level 2 or higher.	☐ Yes	☐ No	☐ NA
Published in Maryland EXCELS at Level 1 or higher.	☐ Yes	☐ No	☐ NA

SECTION 3. ENROLLMENT

Description	Number
Total number of infants/toddlers in care	
Total number of preschool children in care	
Total number of children with child care scholarships in care	
Total number of children in care (include all age groups)	
Total number of school-age children in care	

SECTION 4. AFFIRMATION/AGREEMENT

Initial each item to indicate that you understand and agree with each statement.

- I do affirm and agree that all information on this application and all attached documentation are true and correct to the best of my knowledge. (_____)
- I understand that any false reporting will result in the denial of this application and recoupment of any funds disbursed as a result of this application. (_____)
- I understand that if my license has been suspended or revoked I may not be eligible to receive an award through this fund. (_____)
- I understand that if I am awarded funding through this program, I am required to:
    - Provide child care for at least one child from one of the priority groups for at least two years after the effective grant award date. (_____)
    - Have not previously received funds from the Child Care Quality Incentive Grant Program within the past three years. (_____)
- I have attached all required documentation. (_____)

Signature:_____   Date: _____

Keep a copy of the completed application and documentation for your files.

SECTION 5. PLEASE COMPLETE THE SECTION BELOW

Refer to the Program Guide for a list of **_Eligible Items_** to assist with your selections. Copy this page and attach additional sheets as required.

1) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

2) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

3) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

4) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

5) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

6) Item Description:_____(brand, model/serial#)_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:
_____
_____

7) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

8) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

9) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

10) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

11) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

12) Item Description:_____**(brand, model/serial#)**_____**Cost:** _____

Describe how the item will be used to enhance the quality of your program:

_____

_____

Total Amount Requested: _____
Sum of all Costs