

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:

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

Maryland State Department of Education
Division of Early Childhood – Credentialing Branch
credentialocc.msde@maryland.gov

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
