APPLICATION FOR THE CHILD CARE QUALITY INCENTIVE GRANT PROGRAM

FAMILY CHILD CARE HOME

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

SECTION 1. APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Registration/License #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Family Child Care Home Name:</th>
<th>SSN or FEIN:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address (No P.O. Box#; Apt# if required):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone #:</th>
<th>Alternate Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
</tr>
</thead>
</table>

SECTION 2. ELIGIBILITY

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

<table>
<thead>
<tr>
<th>Previously awarded the Child Care Quality Incentive Grant within the past three (3) State fiscal years.</th>
<th>□ Yes</th>
<th>□ No</th>
<th>□ NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject of any sanction imposed by the Office of Child Care.</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ NA</td>
</tr>
<tr>
<td>Currently operate a family child care home in Title I community.</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ NA</td>
</tr>
<tr>
<td>Name of Title I School:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serve one (1) or more children who receive child care scholarships.</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ NA</td>
</tr>
<tr>
<td>Participates in the Maryland Child Care Credential Program at a Level 2 or higher.</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ NA</td>
</tr>
<tr>
<td>Published in Maryland EXCELS at Level 1 or higher.</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ NA</td>
</tr>
</tbody>
</table>
SECTION 3. ENROLLMENT

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of infants/toddlers in care</td>
<td></td>
</tr>
<tr>
<td>Total number of preschool children in care</td>
<td></td>
</tr>
<tr>
<td>Total number of children with child care scholarships in care</td>
<td></td>
</tr>
<tr>
<td>Total number of children in care (include all age groups)</td>
<td></td>
</tr>
<tr>
<td>Total number of school-age children in care</td>
<td></td>
</tr>
</tbody>
</table>

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 registration 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 for at least two years after the effective grant award date. (_____)
- I do affirm and agree that I 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