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 #:

<table>
<thead>
<tr>
<th>Child Care Center Name:</th>
<th>FEIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact Name:

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

Daytime Phone Number: Alternate Phone Number:

Email:

SECTION 2. ELIGIBILITY

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

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