

**MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD – CREDENTIALING BRANCH
credentialocc.msde@maryland.gov**

FAMILY CHILD CARE PROVIDER DIRECT GRANT FUND PROGRAM APPLICATION

INSTRUCTIONS: Complete all information requested on this application. [Incomplete](#) applications will be returned.

SECTION 1. APPLICANT INFORMATION

Applicant's Name: _____					
(Please type or print)	Last	First	Middle	Maiden	
Social Security/FEIN # (required) _____			County: _____		
Mailing Address: _____					
	Number	Street	Apt. # (if applicable)	City	State Zip Code
Daytime Phone #: (_____) _____		Alternate Phone #: (_____) _____			
E-mail: _____					
Number of Persons Residing in Your Home: # of Adults: _____ # of Children: _____					
Family Child Care Provider Registration #: _____ (attach copy of current registration)					

SECTION 2. DOCUMENTATION

REQUIREMENT	CLARIFICATION
Receipts for all items	<ul style="list-style-type: none"> Receipts must include: vendor name, date of purchase, item description and amount paid. Original receipts for all items. Items for reimbursement must be listed on page 2 of this application.
Current Family Registration	<ul style="list-style-type: none"> A copy of current Maryland Child Care Registration.
Most recent tax form	<ul style="list-style-type: none"> A copy of your most recent tax form(s) to verify income eligibility or 60% of SMI. (Tax return transcripts are not accepted.)
IRS Form W-9	<ul style="list-style-type: none"> A copy of current IRS Form W-9, Request for Taxpayer Identification Number and Certification.
Attendance Sheet	<ul style="list-style-type: none"> A copy of one (1) child care attendance sheet.

SECTION 3. STATEMENTS AND ASSURANCES

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 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 or 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 family 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 Family Child Care Provider Grant Fund. (_____)
- I have attached all required documentation. (_____)

Signature: _____ Date: _____

SECTION 4. ITEM(S) FOR REIMBURSEMENT

Family Child Care Provider Direct Grant Fund – Receipts/items to be considered for a one-time award of up to \$1000					
SAMPLE				Office Use Only	
RECEIPT #	STORE/VENDOR	ITEM	PRICE	ALLOWED	DISALLOWED
Example #1	Kmart	Outlet Plugs	4.96		
Example #2		Sales tax	0.30		
Family Child Care Provider Grant – Receipts/items to be considered for award					
This section to be filled out by provider (please print)				Office Use Only	
RECEIPT #	STORE/VENDOR	ITEM	PRICE	ALLOWED	DISALLOWED