



# Provider Mini-Grant Application

Name of facility or program/Provider:

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Person completing application:

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Program Address:

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Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Licensed Program?  Yes  No Date of License & License #: \_\_\_\_\_

License Type: \_\_\_\_\_

If not licensed, where are you in the application process?

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*Please indicate the number of children you serve/plan to serve in each age group:*

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ Preschool \_\_\_\_\_ School-Age \_\_\_\_\_

Has your program applied or accessed the CSQI funds available to you?  Yes  No  Not Sure

Do you have a current Colorado Child Care Assistance Program contract?  Yes  No  Not Sure

**Check all that apply**--How could the use of mini grant funds support the growth of your program?

observation  coaching  mentoring  technology  training  materials

Has your program worked with an ERS or CLASS rater? \_\_\_\_\_Yes \_\_\_\_\_ Self \_\_\_\_\_No

Is there a coach recommendation for the mini grant request? \_\_\_\_\_Yes \_\_\_\_\_No *If yes, please submit a coaching recommendation.*

**\*\*\*\* Please attach this form to your request proposal. \*\*\*\***

Clarification of application: It is understood that this application is to request funding for materials/training that would improve a child care provider's quality of care whether that be an individual classroom or home setting OR materials that would allow a currently licensed program to maintain minimum licensing standards or assist an individual to become a licensed childcare provider. Requests will be reviewed on a first come first served basis. **Grants will be processed in the order they are received and are dependent on funding available.** The improvements may be discussed with you in person or over the phone if clarification is needed. All requests must be typed. Requests can be made for up to and contingent on available funding:

\_\_\_\_\_ New provider \$750.00

\_\_\_\_\_ Level 1-2 \$1,000.00

\_\_\_\_\_ Level 3-5 \$1,500.00

**Please select one of the categories below:**

\_\_\_\_\_ Category A: Child Health

\_\_\_\_\_ Category B: Learning Environment

\_\_\_\_\_ Category C: Leadership, Management and Administration

\_\_\_\_\_ Category D: Family Partnerships

\_\_\_\_\_ Category E: Workforce Qualifications and Professional Development

\_\_\_\_\_ Category F: Optional

Attach a **project narrative including a detailed budget and vendor (s)** to this application addressing the following components for **each** of the categories you wish to request funding for:

1. How will this specific purchase improve quality in my child care setting?
2. What specific material, training or coaching are you requesting as shown in the detailed budget?
3. How much are you able to assist with the cost of this project?
4. If funds are available what additional funds are needed?
5. What ratings has your program participated in?
6. How many hours of professional development has the program accessed through PDIS?
7. What coaching has your program participated in?

## Conditions of the Mini-Grant

1. Applicants must be working directly with children in a licensed center or home or in the application process of becoming a licensed provider.
2. Applicants must complete this form, including the signature page.
3. Applicant has or is currently utilizing Colorado Shines Quality Improvement funds.
4. No used equipment will be purchased with this funding.
5. No consumable materials will be purchased with grant funds.
6. If the provider leaves the field within one years' time, usable materials should be returned to the Partnership.
7. Funding priorities for this mini-grant are increasing quality based on the appropriate quality building tool or improving health and safety based on childcare licensing rules and regulations.
8. Applicants must agree to work with a QI coach when deemed appropriate based on a mini grant request.
9. All mini-grants are contingent upon funding being available.
10. Provider Quality Improvement funds in EcConnect must be depleted or designated before mini-grant funds can be requested.
11. Purchases made prior to a mini grant being submitted will not be considered.

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**Signature**

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**Date**

**Return to:**

**Morgan County Partnership for Children and Families**  
**220 State Street, Suite 1**  
**Fort Morgan, Colorado 80701**  
**970-467-4957**  
**general@morgancountypartnership.org**

*Office Use Only*

Approved/Denied

Date \_\_\_\_\_

Amount \_\_\_\_\_

Date complete \_\_\_\_\_