



Infant & Toddler Slot Grant Request

Child Care Provider General Information			
Name of Person Completing Form:		Title:	
Name of Child Care Business on License:			
Physical Address:		City:	Zip:
Phone:	Alt Phone:	E-mail:	
Has your program been approved to participate in the Infant/Toddler Slots Pilot Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Support for Quality Infant Toddler Environments			
Please indicate what items you need to expand your infant/toddler slots and/or meet the requirements of the Infant/Toddler Slots Pilot Program. We do not need item numbers and vendor names at this time. This is a preliminary request of the items you will need to increase the capacity of your infant/toddler classroom(s).			
<input checked="" type="checkbox"/>	Item	Specify Item and Quantity Needed of Each	Estimated Cost
	Infant/Toddler Child Development Associates (CDA) Tuition (reimbursement upon completion of CDA program)		
	Quality Infant/Toddler Curriculum (Specify)		
	Infant/Toddler Furniture (cribs, cots, changing table, tables, high chairs, play kitchen, etc.) (Specify)		
	Classroom Materials (books, puzzles, soft spaces, blocks, dolls, cups, bowls, bottle warmers, etc.) (Specify)		
	Playground Equipment (trikes, climbers, bucket swings, playhouse, etc.) (Specify)		
	Developmental Screening Materials (e.g., ASQ3, ASQ-SE, Brigance) (Specify)		
	Breastfeeding Chair/Rocker		
	Breastfeeding Privacy Screen		
	Breast Milk Refrigeration/Storage		



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Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
TOTAL		

Certification & Signature

By signing this application, you certify that the signatory below is authorized to complete this application on behalf of the child care program. Additionally, the signatory understands that if approved, the infant/toddler slot(s) must be filled by a subsidy-eligible child, within six months, or risk repayment of infant/toddler improvement grant. By signing this application, you confirm that the information provided is true and accurate and was completed to the best of your knowledge.

Signature of Authorized Signer	Printed Name and Title of Authorized Signer	Date