



Non-Traditional Hours (NTH) Quality Improvement Grant Application

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

Support for Quality Environments for Children in Child Care During Non-Traditional Hours			
Please indicate what items you need to expand your Non-Traditional Hours slots and/or meet the requirements of the 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 maintain and/or increase your capacity with this population.			
Item Name	Quantity	Justification	Estimated Cost
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 Non-Traditional Hours (NTH) slot(s) must be filled by a subsidy-eligible child. By signing the application, you confirm that the information provided is true, accurate, and was completed to the best of your knowledge.		
Signature of Authorized Signer	Printed Name and Title of Authorized Signer	Date