



Application for Early Achievers Needs-Based Grant 2015-16

Grants support child care providers participating in Early Achievers overcome barriers of achieving a Level 3 quality rating. To qualify for a grant, minimum eligibility requirements must be met as outlined in the Early Start Act.

In order to request a Needs-Based Grant, please complete the application package entirely and submit along with you may work in partnership with your regional Child Care Aware of Washington representative to assess your program needs and then use that information to complete this form. Please mail completed forms (including the Washington Statewide Vendor Payee form and W-9 form) to: Department of Early Learning QRIS, Attn: Needs Based Grant, PO Box 40970, Olympia, WA 98504-0970 or you may fax forms to: (360) 725-4417. **All three forms must be completed in their entirety to be accepted.**

1. Please provide the following information:

Early Achievers Participation Status: **Participating in Level 2 activities** **Rated Level 2**
Program Type: Child Care Center Family Child Care ECEAP on Licensed Pathway

Facility/Site Name: _____

Provider License Number (if applicable): _____

Statewide Vendor Payee Number (if known): _____

Application Point of Contact: _____

Email address: _____ Phone Number: _____

2. **Eligibility:** Facilities must meet either item #1 or #2 to be eligible for a Needs Based Grant.

1) School District where your facility/site is located: _____

2) Tier 1 USDA Food program reimbursement rate: Yes No

3. **Prioritization:** Grant approvals may be prioritized by the following:

80% of children in care of facility are receiving WCCC: Yes No

Does your facility offer services to children and families who identify as any of the following national origin (check all that apply):

African American American Indian or Alaska Native Middle Eastern
 Hispanic/Latino Asian Native Hawaiian or Pacific Islander Other: _____

Please describe how your facility provides culturally responsive services: _____

In what languages do you provide services? _____

4. Please assess your facility for areas of improvement (you may work in partnership with your Child Care Aware of Washington representative). Using your assessment, what areas do you plan to use Needs-Based Grant funds to improve quality?

<input type="checkbox"/> Material Storage	<input type="checkbox"/> Music/Movement	<input type="checkbox"/> Math/number	<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Soft toys/pillows	<input type="checkbox"/> Blocks	<input type="checkbox"/> Nature/science	<input type="checkbox"/> Teacher-child interaction
<input type="checkbox"/> Books	<input type="checkbox"/> Dramatic Play	<input type="checkbox"/> Promoting acceptance and diversity	<input type="checkbox"/> Developmental screening tools
<input type="checkbox"/> Fine motor	<input type="checkbox"/> Sand and water play		
<input type="checkbox"/> Art	<input type="checkbox"/> Active physical play	<input type="checkbox"/> Other (describe):	

5. Family Child Care may request a grant up to \$500. Child Care Centers and ECEAP on licensed pathway may request a grant up to \$1,000.

Requested Grant Amount: \$ _____

By signing below, I acknowledge I have assessed my facility for areas of improvement (and/or I have worked with my TA Specialist and/or Coach to determine these areas) and commit to purchasing items that align with this plan. I will keep all receipts documenting purchases related to the grant funds for 7 years.

Print Name (Application Point of Contact)

Facility/Site Name

Signature (Application Point of Contact)

Date

To be filled out by Child Care Aware of Washington representative, if applicable.

As the regional Child Care Aware of Washington representative, I acknowledge:

- This plan aligns with my recommendations
- This plan does not align with my recommendations

Signature

Date