

Infant/Toddler Program Development Grant

1. Background Information:

Provider's Name _____ Phone _____

Street Address _____ Mailing Address _____

City _____ County _____ Zip _____ Region _____

Email Address: _____

Social Security Number or Employer ID Number _____

2. Program Information:

Facility Name _____

Type of Facility: Please check one

Registered Family Day Care _____

Group Family Day Care Home _____

Day Care Center _____

License/Registration Number _____

In-the-process of becoming licensed or registered – list date application was submitted _____

Who is your Licensing Worker? _____

How long has your program been in operation? _____

How many children do you serve? What are their ages?

0-1 year olds Full-time _____ Part-time _____ Own children _____

1 year olds Full-time _____ Part-time _____ Own children _____

2 year olds Full-time _____ Part-time _____ Own children _____

3 year olds Full-time _____ Part-time _____ Own children _____

4 year olds Full-time _____ Part-time _____ Own children _____

5 year olds Full-time _____ Part-time _____ Own children _____

6-12 year olds Full-time _____ Part-time _____ Own children _____

List the days of the week and hours you provide child care _____

Do you have a waiting list for infants and toddlers? _____

Is there a high need in your area for this type of care? Please explain

Do you presently care for children from families on child care subsidy? _____
If so, how many? _____

State your intent to continue offering child care services _____

If this proposal creates new child care spaces, list the number of new spaces by age.
Indicate how the number was derived. _____

3. Summary of grant request:

The maximum amount per year to be requested:

- \$200 for FDC,
- \$600 for GFDC (3 staff each attend 20 hours of infant/toddler training)
- \$1000 for Child Care Center (5 staff each attend 20 hours of infant/toddler training)

Please list the names of the infant/toddler staff persons who have attended WestEd training:

Name	Pathway #	Age Group Individual works with	# of Infant/Toddler Training Hours Completed

Total dollar amount requested \$ _____.

How will the WestEd Infant/toddler training impact the care you provide to infants
and toddlers in your program? Use an additional page if necessary.

4. **Itemized Budget:** Please list item(s) being purchased and their cost or, include the names of staff who will receive salary and the amount of salary they will receive. Also, describe the item or provide pictures from catalogs, etc. Attach additional page if necessary.

Requested expenditure	Amount	Ages	Brief Description

Describe how the requested item(s) will benefit the child care program and the infants and toddlers in your program?

5. **Other:** List below any information you believe would facilitate this grant application.

This application is issued by Early Childhood Connections in coordination with the South Dakota Department of Social Services' Division of Child Care Services. The contact person for this application is: Misty Barber, Family Life Educator
 CHILD Services
 1115 West 41st Street
 Sioux Falls, SD 57105

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT

 Provider Name

 Date