

## CHILD CARE GRANT PROGRAM APPLICATION

*Please complete and submit this form with all required supporting documents.*

Name of Business		Daycare License #, if available	
First Name		Last Name	
Address		City	State
Telephone Number		Zip	
Telephone Number		Email Address	

Type of Business (Check Only One) <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Early Childhood Facility	
Type of License (Check Only One)  <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> Licensed Group Child Care <input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Multiple License <input type="checkbox"/> Licensed School-Age Program <input type="checkbox"/> Licensed Preschool

Current/Projected Number of Employees			
<b>Current Number</b>		<b>Projected Number After Project Completion</b>	
	Number of Full-Time Employees		Number of Full-Time Employees
	Number of Part-Time Employees		Number of Part-Time Employees

No. of children currently licensed for: _____	No. of children currently enrolled: _____
No. of spots adding: _____	No. of spots intending to fill: _____

Will the number of positions for children with disabilities or with low-income status be increased due to the grant?

Yes                       No

If yes, please estimate the increased number of children to be enrolled with disabilities or with low-income status \_\_\_\_\_

Grant Request

Equipment   
 New building/building acquisition   
 Building renovation   
 Licensing fees

**Amount requested:** \_\_\_\_\_

(\$500 per increased enrollment spot; maximum of \$10,000 per facility or location)

Provide a brief description of the project and use of the funds (attach additional page if necessary)

Mail/email and submit the completed application with **ALL** supporting documents listed below by **June 15, 2022** to:

**Traill County EDC**  
**PO Box 856**  
**Hillsboro, ND 58045**  
[director@traillcountyedc.com](mailto:director@traillcountyedc.com)

Please check and include the following required supporting documents to this application:

- Letter from either a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor confirming that the facility does not have a history of violations and/or corrective actions.
- Bids, estimates or quotes
- Letters of support from the community, if applicable

If a history of violations and /or corrective actions exist, facilities will need to provide:

- A three year "Early Childhood Service History" from either a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor.
- An explanation of changes that have been made to correct the violations and a letter from a County Child Care Licensor or from the DHS Early Childhood Service Regional Supervisor confirming that corrective action has taken place.

**Certification:**

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accurate accounting records. I further certify that the applicant represents a child care provider within the state of North Dakota and is in compliance with all local, state and federal laws and regulations. I also further certify that the applicant is in good financial standing and has no delinquencies on existing government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the Traill County Economic Development Child Care Grant and faith-based provider federal guidelines, if appropriate.

Due to the nature of the organization, if the project is not completed by December 1, 2022, the grant amount paid to recipient organization must be repaid to Traill County Economic Development. Loan terms include a 1-year repayment with 5.25% interest. Scheduling variances will be heard on a case-by-case basis.

Name (Please Print)	Title
Authorized Signature (Child Care Provider)	Date

**For Traill County EDC Use Only**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount Requested	Amount of Grant
Authorized Signature	Title	Date