2017

CSEA is pleased to offer you this $500 Child Care Quality Grant Application

ALL SECTIONS MUST BE COMPLETED IN ORDER TO PROCESS THIS APPLICATION

Today's Date: ____/____/____ (mm dd yyyy)

___-__-____ Social Security Number (REQUIRED FOR REIMBURSEMENT)

1 2 3 _ _ _ _ _ _ _ 10 digits CSEA ID Number

Daycare Reg./Lic./Enroll #: _____ **County where you provide daycare** _____
Must match your OCFS documents

On-site Provider's Name Last: _____ **First:** _____ **MI:** _____

Daycare Mailing Address: _____
Street address or PO Box

City _____ **State** _____ **Zip** _____

Business Phone # ( ) _____ **Cell # (If available)** ( ) _____

Email Address: _____
email address (If available)

In the past 6 months has your business received subsidies for children in your care? ..... Yes ☐ No ☐

Are you willing to provide childcare for families receiving subsidies? ..... Yes ☐ No ☐

Language other than English _____
(Please specify)

Non-traditional hours (such as weekends or late nights) _____

YOU MUST CHOOSE OPTION 1 or 2 BELOW

1. To apply for $500 Kaplan or Becker CREDIT (no money out-of-pocket), please check the box for only ONE of the vendors below:

Kaplan Early Learning Company CREDIT ☐ **OR** **Becker's School Supplies CREDIT** ☐
(If purchasing a computer with Credit option you must select Kaplan)

skip number 2 and sign and date at the bottom.

2. If you are applying for REIMBURSEMENT, please check any and all categories for which you are seeking reimbursement. You will only be permitted to submit a maximum of five (5) receipts when requested (DO NOT send your receipts now). Sign and date at the bottom of the page.

- ☐ Books/curriculum materials for day care
- ☐ Toys/Games
- ☐ Computer
- ☐ CPR/First Aid Training Expense
- ☐ Health and Safety
- ☐ Arts/Craft Supplies
- ☐ General Supplies – diapers, wipes, latex gloves, batteries for toys, bibs, napkins, disposable plates, cups, etc.
- ☐ Children's furnishings – cribs, high chairs, mats, changing tables, cubbies, chairs, tables, etc. **NO ADULT FURNITURE**.
- ☐ Licensor mandated repairs

My signature below indicates that I understand I must utilize the grant within the guidelines and for the purpose of operating a family childcare, group family childcare or enrolled legally-exempt childcare home. I understand that I must repay the grant if I, in any way, provide false information or utilize the grant for purposes other than to help meet the small business needs of my family childcare, group family childcare or enrolled legally-exempt childcare home.

X _____ ____/____/____
On-Site Childcare Provider Signature (full name) **Date**

CSEA WORK Institute, 1 Lear Jet Lane, Suite 5, Latham, NY 12110

OVER

Child Care Quality Grant Attestation

On-site Provider Name **(not Day Care name)** _____

Day Care Mailing Address _____
Street or P.O. Box

Day Care Site Address _____
Street number only

City _____ Zip _____

I, X _____
Print On-site provider name

☐ a registered family day care provider, **OR** ☐ a licensed group family day care provider,

OR ☐ eligible enrolled legally-exempt child care provider

understand that **by placing my INITIALS next to the following statements** that I attest that such statements are true and accurate.

_____ (**Please Initial**) I certify that I have a current, valid NYS Family Day Care Registration, NYS Group Family Day Care License or eligible enrolled legally-exempt child care number and currently have children in care.

- **My registration/license/enrolled number is** _____

_____ (**Please Initial *if you currently serve infants and toddlers***) I currently care for infants and/or toddlers as defined by New York State regulations:

- Title 18 of the New York State Code of Rules and Regulations (NYCRR) § 413.2 (s) Infant means a child up to 18 months of age.
- Title 18 of the New York State Code of Rules and Regulations (NYCRR) § 413.2 (t) Toddler means a child 18 months to 36 months of age.

_____ (**Please Initial *if you are a legally-exempt child care provider*)** I certify that I am an enrolled legally-exempt child care provider that has been enrolled for the last 12 months and has completed at least 10 hours of CSEA Child Care Training.

_____ (**Please Initial**) I understand and agree as a registered family day care provider or licensed group family day care provider or eligible enrolled legally-exempt child care provider that I will be provided with a $500 quality child care grant by CSEA and I agree that I will only use the quality child care grant for my day care business related purposes. Further, I understand that a complete application is required to approve either the $500 Kaplan or Becker Credit or reimbursement request. Further, I understand that for items that I purchase directly and seek reimbursement, I must submit original receipts in order to be reimbursed by CSEA.

_____ (**Please Initial, *even if you do not intend to purchase a computer***) I understand and agree that if I accept this grant money toward the purchase of a computer that I will use such computer to participate in the Child Care Time and Attendance System (CCTAS) for child care subsidy reimbursement purposes for any subsidized child enrolled in their program. Further, I agree that I will only use a computer purchased with CCQG funds for day care related purposes.

_____ (**Please Initial**) I understand and agree that if I do not use the child care grant funds for the intended child care business purposes, I am liable for repayment to CSEA for the value of the grant item(s) that were not used for the intended day care business purposes within 60 days of notification.

X _____	_____	___/___/___
On-Site Provider's Signature (full name required)	**Print full name**	**Date**