

# THE NURTURING CENTER

## MINI-GRANT APPLICATION PROCESS

As of October 1, 2009, the Nurturing Center is authorized to convene a mini-grant review committee to review and award or deny mini-grants and infant/toddler mini-grants for Flathead, Lake, Lincoln and Sanders Counties. Applications will be considered on a quarterly basis. The allocation for this region is \$11,048/ quarter. The mini-grant review committee will be comprised of at least 3 individuals, including a licensing representative, someone from the R&R agency, and another 3<sup>rd</sup> party.

Mini-grants are reimbursement grants and are of two types – regular and infant/toddler. The maximum award for a family/group home facility is \$1,000 and for a center \$1,500, although smaller amounts may be applied for and/or awarded. The committee may award less than the amount requested in an application in order to share the funding among other programs. **Programs can be awarded one regular and one infant toddler grant per year.**

### Priorities for mini-grants may include:

- New providers who have recently become registered/licensed.
- Facilities that need to meet licensing compliance issues such as the balance of funds needed for a full year of insurance, egress windows, play equipment, etc. Further prioritizing includes any facility that has been referred for Technical Assistance by QAD for licensing violations.
- Professional Development, particularly courses necessary to meet STAR One requirements and to assist with year one professional development plans.
- Business equipment such as a computer to manage CACFP claims and customer billing.
- Practitioner registry fees for caregivers not formally in STARS.
- Materials and equipment for continual quality improvement or to meet additional requirements to move up in STARS or to achieve national accreditation.
- Applicants who do not meet any of the levels of priority can still apply and may receive grant funds if funding allows.

### Provider Information:

- Applications will be due quarterly on the 1st working day and **if funds remain available** at the midpoint of each quarter\* (**see dates below**). Applications received after the midpoint, or when no funds are available will automatically be rolled into the following quarter.
- Grantees have one year from the award date to spend their award and reimbursement will only be for expenditures after the date of the mini grant award.
- You must be a current or provisionally registered/licensed child care provider to apply.
- You must be a registered member of the Early Childhood Career Development Practitioner Registry. You can start your application at <http://www.mtecp.org/practitioner.html> . New providers not yet eligible for the Registry can request funding for Registry application fee and initial professional development as part of their mini grant application and if awarded a mini grant can submit proof of registry membership with their request for reimbursement.
- You must remain in business as a licensed/registered child care provider for a period of 12 months from the award date or agree to return all grant funds received.
- If you are awarded a mini-grant, you will be required to submit receipts to the state in order to be **reimbursed** for the items you purchase.
- Programs can be awarded one regular and one infant toddler grant per year.
- Providers on the National Disqualified List for the CACFP program are not eligible for Montana quality funds including mini-grants.
- Appeal rights are not available for mini-grant decisions.

**Due Dates: Applications are always due into the Nurturing Center by 5:00 pm on the date due.**

	<u>DUE DATE</u>	<u>IF FUNDS REMAIN</u>
3 <sup>rd</sup> Quarter	April 1, 2010	May 14, 2010
4 <sup>th</sup> Quarter	July 1, 2010	August 13, 2010

**Directions for applying:**

1. All applications must be on the application form available from the Nurturing Center and on the website. Applications submitted on outdated state forms will be returned.
2. Proof of active participation on the Practitioner Registry must be submitted **with** your application in the form of a copy of either your Practitioner Registry Certificate or Professional Development Record. New providers not yet eligible for the Registry can request funding for Registry application fee and initial professional development as part of their mini grant application, and if awarded a mini grant can submit proof of registry membership with their request for reimbursement.
3. Fill out all requested information on page 1. Use section 4 WHY ARE YOU REQUESTING FUNDS as an opportunity to give an **OVERVIEW** of your program need. Write a paragraph indicating why you need a mini grant and for what purpose. **Sign the bottom of application page.**
4. On the proposed budget page: Write what you are requesting by budget area, explain any safety issues and tell how this will improve your program quality. Attach supporting documentation i.e. licensing deficiency letter, pictures, and bids. **Sign the bottom of the budget page.**

For questions related to applying for mini-grants please contact Sherrie at the Nurturing Center by phone at 406-756-1414 or email [sherrie@nurturingcenter.org](mailto:sherrie@nurturingcenter.org)



# Application for The Nurturing Center Mini Grants



Name: \_\_\_\_\_ PS#: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If Different From Physical Address)*

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Type: \_\_\_\_\_ PV#: \_\_\_\_\_

Social Security # or EIN #: \_\_\_\_\_

**Are you on the Practitioner Registry?** Yes  Date \_\_\_\_\_ Level \_\_\_\_\_ NO

In order to apply for this grant you must be a registered member of the Early Childhood Career Development Practitioner Registry. Submit proof of active participation with either the Practitioner Registry certificate or Professional Development Record with this application.

**OR**

If using grant funds to pay for your practitioner registry membership, a copy of your Practitioner Registry certificate or Professional Development Record may be submitted with the contract/summary form when requesting payments.

Have you received a mini grant in the past? Yes  Date \_\_\_\_\_ NO

Are you participating in the Best Beginnings STARS to Quality Program? Yes  NO

Are you requesting funds to support your infant/toddler program? Yes  NO  If Yes, please state the amount

Infant Toddler uses \$ \_\_\_\_\_ (Group, Family) Up to \$1000, (Center) Up to \$1500

Other Child Care uses \$ \_\_\_\_\_ (Group, Family) Up to \$1000, (Center) Up to \$1500

**Total Request** \$ \_\_\_\_\_ (Group, Family) Total not to exceed \$2000, (Center) Total not to exceed \$3000

## WHY ARE YOU REQUESTING FUNDS?

- Indicate the need for your project and how you will use the funds. (use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I agree that this application is for a **one-time payment**, and that proposed purchases and activities for this grant application will take place during the 12 months **AFTER** the grant is awarded.
- I certify that neither this facility nor any of its principals is on the CACFP National Disqualified List, and have not misused Federal Funds.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	GRANT IS: <input type="checkbox"/> Approved, for \$ _____ <input type="checkbox"/> Denied
	REASON: _____
	CCR&R Signature: _____ DATE: _____

# Nurturing Center Mini-Grants

## Proposed Budget w/ Explanation

Name of Applicant: \_\_\_\_\_

Write what you are requesting by budget area, explain any safety issues and tell how this will improve your program quality. Attach supporting documentation i.e. licensing deficiency letter, pictures, and bids.

OPERATING COSTS (I.E. INSURANCE, PHYSICAL MODIFICATIONS, FENCING): \$\_\_\_\_\_Amount

CHILD RELATED EQUIPMENT AND MATERIALS: \$\_\_\_\_\_Amount

OFFICE EQUIPMENT: \$\_\_\_\_\_Amount

PROFESSIONAL DEVELOPMENT: \$\_\_\_\_\_Amount

OTHER (PLEASE DESCRIBE): \$\_\_\_\_\_Amount

TOTAL AMOUNT REQUESTED \$\_\_\_\_\_Amount

I understand that should I be awarded a Mini grant I agree to remain in business as a licensed/registered child care provider for a period of 12 months from the award date or agree to return all grant funds received.

Signature \_\_\_\_\_