**Quality Improvement 2019 Grant Application**

Ready to Grow St. Joe would like to help strengthen the quality of childcare by supporting programs in their effort to move forward on Paths to Quality (PTQ). These grants are for childcare programs who work with children ages 0-5 to pursue, advance, or maintain a level on Paths to Quality. It is strongly suggested that you work with a Coach from Early Childhood Alliance or Indiana AEYC to complete your application and choose your needed materials.

If you are not currently on PTQ, but are beginning the process, you may still apply. Please attach a Voluntary Certification Program checklist to your application signed by your Early Childhood Alliance (ECA) Coach or center/ home licensing checklist by your ECA Coach.

Please complete and send the grant application and budget application to Ready to Grow St. Joe at emily@readytogrowstjoe.com. The Scoring Rubric is how volunteers judge answers, so please make sure to review this while answering your questions. If you have questions regarding the Quality Improvement Grants, please contact Ready to Grow St. Joe at emily@readytogrowstjoe.com or call 574.797.0319.

Funding for this project is provided in partnership with the City of South Bend and the Family & Children’s Center Foundation.

Grant Guidelines:

* Applicant must be an existing childcare program, not an individual person.
* All program types recognized by Paths to Quality™ are invited to apply. Priority will be given to licensed or registered programs and programs at Levels 1 & 2.
* Programs must be located in St. Joseph County, Indiana.
* Approved expenses:
	+ Classroom or program materials
	+ Technology (i.e.: computer, printer)
	+ Minor physical space modifications related to health & safety concerns
* Grant Opening Date: April 2, 2019
* Grant Deadline: May 15, 2019 by 5:00 p.m. EST submitted to emily@readytogrowstjoe.com
* Award Announcements: June 2019
* Grant Request Range: $500-$15,000

Contact Information

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

Name of Childcare Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childcare Facility

Number of Children Currently Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_ Total Capacity of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give us the number of children currently enrolled in the following ages:

0-12 Months \_\_\_\_\_\_\_\_\_\_ 1-2 Years \_\_\_\_\_\_\_\_\_\_ 3-5 Years \_\_\_\_\_\_\_\_\_\_

What is your current Paths to Quality Level?

Level 1 \_\_\_\_\_\_\_\_\_\_ Level 2\_\_\_\_\_\_\_\_\_\_ Level 3 \_\_\_\_\_\_\_\_\_\_ Level 4\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_

What date did you achieve this level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your type of childcare facility? Please check all that apply**

Ministry \_\_\_\_ Preschool/Pre-K\_\_\_\_ Family Provider \_\_\_\_Exempt \_\_\_\_Certified \_\_\_\_Licensed \_\_\_\_

**If you are a home program operating within a home built before 1978, has your home been tested for lead?**

Yes \_\_\_\_ No \_\_\_\_

**Are you interested in receiving more information and a free health resource packet?** \_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

**How long has your program been in operation? (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the total amount that you are requesting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there anything else preventing you from advancing levels?**

**Please list any grants that you have received since January 2018. Please include dollar amount:**

**What are your goals for this grant? You should include how you intend to pursue, advance, or maintain your PTQ level. Please refer to Grant Scoring Rubric Question 1 when answering this question. (500 Word Limit)**

**Describe your plans to use these funds. Please include a timeline and describe the materials necessary to achieve your goal of advancing or maintaining your PTQ level. Please refer to Grant Scoring Rubric Question 2 when answering this question. (500 Word Limit)**