



Best Beginnings MINI Grant Application CCR&R: _____



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 receive this grant you must be a registered member of the Early Childhood Career Development Practitioner Registry. A copy of your Practitioner Registry certificate or Professional Development Record with a current date must be

- Submitted with this application

OR

- Submitted with the contract/summary form when requesting payment.

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.
- I understand that Mini Grants are funded from the American Recovery And Reinvestment Act of 2009, Public Law 111-5 (ARRA) and are subject to available funding.

Provider's Signature: _____ Date: _____

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