

Application for Child Care Start-up Grants

Applicant Information

Name: _____ Date: _____
Last First

Phone: _____ Email _____

Program Name: _____

Program Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Anticipated Program Start Date: _____ Number of Potential Child Care Slots: _____

What regulation status are you pursuing?
(Please circle) Certified Family Licensed Family Licensed Group

Will your program accept WI Shares payments? YES NO

Will your program accept children under the age of 2 years old? YES NO

Scope of Work

Please list below what your program needs to become regulated that you are requesting assistance with?

Construction YES NO

If answered yes, please list work that is needed along with anticipated costs:

Materials needed to meet regulation YES NO

If answered yes, please list materials needed along with anticipated costs:

Trainings for staff YES NO

If answered yes, please list trainings along with anticipated costs:

Fees and costs associated with regulation YES NO

If answered yes, please explain and include anticipated costs:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

