

# Application for Child Care Expansion Grant

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

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

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Anticipated Expansion Date: \_\_\_\_\_ Number of Additional Child Care Slots: \_\_\_\_\_

Is your program currently a (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 expand your existing program 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:

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Fees and costs associated with regulation      YES      NO  
        

If answered yes, please explain and include anticipated costs:

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**Disclaimer and Signature**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

