

Family Child Care Home Start-Up / Fire, Health and Safety Grant Application

Family Child Care Home Provider Name		
Street/Box Number	City/Town	
Postal Code	Phone Number	Fax Number

- Fire Health and Safety Grant (FHS)** - Maximum **\$1,200.00** (attach written estimates)
- Start-Up Grant (SU)** for:
- Family Child Care Home - Maximum **\$1,800**
 - Teen Student Support Home - Maximum **\$1,800**
 - Group Family Child Care Home - Maximum **\$2,000**
 - Conversion to Group Family Child Care Home - Maximum **\$400**
 - Northern Family Child Care Home - Maximum **\$2,250**
 - Northern Teen Student Support Home - Maximum **\$2,250**
 - Northern Group Family Child Care Home – Max. **\$2,500**

I hereby make application for the following items:

Item Description	Estimated Cost (including taxes)	Item Description	Estimated Cost (including taxes)
Total Request (including taxes):			

Signature of Family Child Care Home Provider Date

For Office Use Only:

Entity ID: _____ Grant Type (Circle one): FHS or SU Grant Amount: \$ _____

Funding Request ID: _____ Eligibility: Start Date ____/____/____ Expiry Date ____/____/____
Year / Month / Day Year / Month / Day

Recommended by ELCC Program Consultant Date

Approved by ELCC Program Manager Date