

**Alliance for Children’s Early Success (ACES)**

**Quality Improvement Grant Application**

**Applicant Information:**

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

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address (including city and zip code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What motivated you to participate in this process?**

**How did you learn about this grant opportunity?**

**General Information about Your Program**

**Your Program is Currently** **(Check all that apply):**

\_\_\_DES Certified Child Care Home (Provide Copy of Certification with Application)

\_\_\_DHS Certified Child Care Group Home (Provide Copy of License with Application)

\_\_\_DHS Child Care Center (Provide Copy of License with Application)

\_\_\_DES Child Care Subsidy Contracted

\_\_\_Supports Families with limited resources

If yes, please describe what support you provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Currently participating in a quality improvement grant through (check all that apply):

* 1. \_\_\_ Arizona Self Study b.\_\_\_Quality First
  2. If no, have you applied for Quality First? \_\_\_\_\_ Are you interested in learning more?

\_\_\_\_Accredited by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provide copy of Accreditation Certificate with Application)

**Information About the Children You Serve**

1. What is the capacity of your child care program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Average Daily Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What age groups do you serve? \_\_\_\_\_\_\_\_\_\_
4. Number of children with special needs you serve: \_\_\_\_\_\_\_

Describe the special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quality Improvement Grants**

* Grant requests up to $625.00 will be considered
* Grants must help to maintain or obtain child care certification or licensure
* Grants must identify the certification/licensing requirement and/or AZ Learning Standard or Infant Toddler Guideline the grant will impact
* Applicants who did not receive funding last year will have priority

**How do you plan to use the Grant Funds**

*The following questions may be answered on a separate sheet of paper if additional space is needed.*

**How do you plan to use the grant funds?**

*Please provide a breakdown of how the funds requested will be spent. For your convenience there is a blank chart below. You may also submit an invoice of projected expenses.*

**Which certification/licensing requirement or AZ Early Learning Standard or Infant and Toddler Guideline will this grant impact?**

**How will these purchases improve the quality of your program?**

**Breakdown of Grant Funds Requested**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Improvement** | **Specific Materials/Resources/Trainings Requested** | **Vendor** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Subtotal:** |  |
|  |  | **Tax if applicable:** |  |
|  |  | **Shipping if applicable:** |  |
|  |  | **Total amount requested:** |  |

**I agree to submit receipts for quality improvement purchases and provide a summary of how the grant helped to increase quality and a photo by 4/30/16 if I receive a grant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

***Only applicants within FUSD geographic boundaries are eligible***

***Applications are due by January 31, 2016***

**We are here to help! If you need assistance with this application or have any questions, please contact Paula Stefani** [**pstefani@asccaz.org**](mailto:pstefani@asccaz.org) **OR 928-714-1716**