

Special Accommodations Grant Application Request for Funds

Please review the Request for Applications (RFA) on how to complete and submit the Special Accommodations Grant (SAG) Application. If you have questions, please refer to the State Contact listed on the RFA.

Today's Date (mm/dd/yyyy):

SECTION 1: Program Information

Owner/Director First Name:		Owner/Director Last Name:	
Phone #:	Email Address:		
Child Care Program Name:			
BFIS License #:		Program Type:	
Current STARS Rating:		Head Start Program?	
Child Care Program Physical Address:			
Town/City:	State:	Zip Code:	
Child Care Program Mailing Address:			
Town/City:	State:	Zip Code:	

SECTION 2: Plan for Grant Funds

Describe the plan for ensuring all staff in the child care program have a shared understanding of their role in implementing the strategies funded with the grant?

Please describe in detail how the addition of these grant funds would support the child(ren) who is/are included within this funding request and enhance quality for all children in the child care program setting.

How would you sustain the changes to your program once the funding ended?

Who would be directly responsible for supervising the individual(s) hired with these funds?

First Name:

Last Name:

Who would be directly responsible for training the individual(s) hired with these funds?

First Name:

Last Name:

SECTION 3: Funding Request Details

Special Accommodation Grant (SAG) funding is limited to a six (6) month (26 weeks) period maximum and no more than \$10,000 per child request. The proposed start date for services supported by the SAG funding must be at least 15 to 30 days after the Request for Applications (RFA) deadline.

Proposed Start Date (*mm,dd,yyyy*):

Proposed End Date (*mm,dd,yyyy*):

Number of individual assistants you plan to hire:

Hourly rate for personnel:

Number of hours per week:

Fringe benefits (not to exceed the State cap of 10%):

Total SAG funding amount requested from CDD:

SECTION 4: Certification & Signature

By signing this application, you certify that the information provided is true and accurate and that the child's team was involved with the completion of this application.

Child Care Program Owner/Director Signature:	Date:
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