



Operational Relief Grants for Child Care, Summer Day Camps & Afterschool Programs

Program and Contact Information

Program Information

Program Name (from your license certificate if you have one) *

License Certificate Number (if you have one)

Federal Business Name (from your license certificate or business income tax)

Mailing Address (PO Box or Street Address) *

City / Town *

State *

Vermont

Zip Code *

City / Town where program is located *

Program Contact Information

First Name *

Last Name *

Phone *

000-000-0000

Email *

Program Opening *

- Did not close
- Open now
- Opened for summer day camp, closed now
- Opening on specific date (fill in date on next page)

THIS IS AN EXAMPLE ONLY.

< PREVIOUS

SAVE AND CONTINUE >

THIS IS AN EXAMPLE ONLY.