



# Quality and Capacity Grant Application

## Provider Information

Date of Request: \_\_\_\_\_  
(M/D/Y)

Provider Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Provider Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Our facility is enrolled in/using:      \_\_\_\_\_ Step up to Quality      \_\_\_\_\_ Pyramid Model  
   \_\_\_\_\_ Second Step      \_\_\_\_\_ Other \_\_\_\_\_

What year of Implementation or Step Up to Quality are you in?    \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

The type of childcare program I work/own is a?

\_\_\_\_\_ Private In Home Child Care      \_\_\_\_\_ Center-based Child Care

Do you accept subsidy or are you willing to accept subsidy?    \_\_\_ Yes \_\_\_ No

Amount Requesting \$ \_\_\_\_\_

**Funds will be used for (A description of Quality/Capacity items to be purchased): May use attachment if necessary.**