CHEROKEE NATION 21ST CENTURY CHILD CARE INITIATIVE APPLICATION

Applicant Type:

☐ **Infant & Toddler Quality Improvement**

☐ **Quality Improvement**

☐ **Emergency**

☐ **Start-Up**

☐ **Expansion**

Amount Requested:

APPLICANT INFORMATION

Legal Business Name:

K8 Number (if applicable):

Owner/Director Name:

Physical Address:

City:

State:

Zip:

Mailing Address (if different):

Phone Number:

Email Address:

County:

Federal EIN:

Current Licensed Capacity:

Current Enrollment:

Average Daily Attendance:

Number of Cherokee Nation Subsidized Children Served:

Hours of Operation:

Business Operating Schedule: ☐ Full-Time ☐ Part-Time ☐ Seasonal

Facility Status: ☐ Owned ☐ Leased ☐ Rental Property ☐ Tribal Property ☐ Other

Current Oklahoma STARS/QRIS Level

Have you previously received grant funds through Cherokee Nation Child Care and Development? ☐ Yes ☐ No

If yes, please list the amount and date received.

Current Staffing Levels:

Full-Time Employees: Part-Time Employees:

Substitutes: Volunteers:

Infant & Toddler Quality Improvement, Quality Improvement, & Emergency Grants

Write a brief narrative describing your circumstances and what items you will purchase with these funds. If this is a rental property, proof of written permission from the owner/landlord to make any changes to the property must accompany the application. Attach additional pages if necessary. Attach a copy of the lease or rental agreement.

	Item	Description	Unit Cost	Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Start-Up and Expansion Grants

(Over $5,000)

Applicants requesting more than $5,000 through the Cherokee Nation Start-Up or Expansion Child Care Grant must work with Cherokee Nation Commerce Services to develop a business plan covering, at minimum, the following components:

1. Executive Summary
2. Business Description
3. Market Need
4. Management & Staffing
5. Operations Plan
6. Project Description
7. Financial Projections (3 years)
8. Sustainability Plan
9. Supporting Documents

I certify that the information provided is true and accurate; grant funds will be used solely for approved purposes; required records will be maintained; monitoring visits may be conducted; unsupported expenses may be subject to repayment; submitting this application does not guarantee funding; and the facility substantially complies with all applicable licensing requirements.

Applicant Signature: Printed Name:

Title: Date:

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Application Received Date: _____

Application Complete: Yes / No

Review Score: _____ / 100

Funding Recommendation: Approved / Denied / Pending Additional Information

Approved Amount: $_____

Program Manager Signature: _____

Date: _____