



United Way of North Idaho

Child Care Provider Grant Application

The Early Care and Education Task Force has secured grant funding for child care providers in North Idaho, with the intent of investing in early care and education infrastructure and increasing access to quality providers. Priority will be given to family and group child care providers.

Completed applications are accepted on a rolling basis, and may be emailed or hard copies sent to:

United Way of North Idaho
Attn: Keri Cederquist
501 E. Lakeside Ave, Ste. 3
Coeur d'Alene, ID 83814

Email to: Keri@UWNorthIdaho.org

Please reach out with any questions or if you need assistance completing the application:
Shelby Walsh, United Way of North Idaho: Shelby@UWNorthIdaho.org, 208-667-8112 ext. 103
Keri Cederquist, United Way of North Idaho: Keri@UWNorthIdaho.org, 208-667-8112 ext. 108

Funding Guidelines:

- Grants are available for the following:
 - Personnel: wages, stipend, bonuses, benefits
 - Health/ safety: fire extinguishers, safety locks, background checks, CPR/ First Aid, etc.
 - Operations: rent, utilities, maintenance
 - Programs: meals, toys, books, art/ craft supplies, cots/ cribs, furniture
 - Administration: office supplies, technology (computers, software programs, etc.)
 - Professional development: staff training, conferences, quality coaching, travel
 - COVID related needs
- Grant amounts are available up to \$5,000 per application, although funding is not guaranteed. Grants may be funded in whole, in part, or not at all.
- Recipients must be a licensed provider in the state of Idaho and accept, or be willing to accept, Idaho Child Care Assistance (ICCP)
- Funding is distributed from United Way of North Idaho (UWNI) and counts as income to the provider or business
- Funding will be reported on Form 1099-MISC
- Recipients cannot profit off any purchases made with UWNI funding
- Funding may occur as a direct payment to the provider/business, or as a reimbursement to the recipient following the submission of receipts
- If approved, recipients agree to complete a report on use of funds prior to being eligible for any future grants

Applicant Information

Business Name: _____ Date: _____

Professional's Name: _____
Last First M.I.

Business Address: _____
Street Address Unit #

City State ZIP Code

Phone: _____ Email _____

Date _____ Steps to Quality
Established: _____ level (if
Does your business accept ICCP? applicable):
If not, please explain: _____

Total number of children in facility: _____ Number of children receiving ICCP: _____

Number of children receiving CCFP: _____ Number of employees: _____

Type of grant being requested (start up, licensing compliance, quality improvement): _____

Average monthly income: \$ _____

Average monthly expense \$ _____

Total grant amount being requested (incl. tax and shipping): \$ _____

Narrative

Please describe how funds will be used:

Budget			
Item	Cost of Item/Training	Supplier	Reimbursement? (yes/no)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____