



SCHOOL-AGE CARE MINI-GRANT APPLICATION

**Must be received by February 26, 2010
no later than 5pm!**

Please be sure to fill out the information below **COMPLETELY!**

Please print clearly. Missing information will result in disqualification!

DO NOT LEAVE ANY BOXES BLANK! WRITE N/A IF INFORMATION IS NOT APPLICABLE.

Program Name			
Program Director or Contact Person		Email	
Program Mailing Address			
City	Zip Code	County	
Phone Number		Fax Number	
Number of children ages 5-13 currently served by your program_____			

PROJECT DESCRIPTION: Attach a separate TYPED paper, **no more than 2 pages**, with the answer to the following questions.

1. Describe what the grant will be used for and what licensing component or components you will focus on.
2. Describe the time line for completion of this project and anticipated results. The project should be completed no later than June 4, 2010. Final site visits will be conducted through June 4, 2010.
3. Please be sure to fill out the enclosed budget sheet with the breakdown of items purchased and their total cost. You must expend the full amount of \$2,500.00.