



# SCHOOL-AGE CARE MINI-GRANT APPLICATION

**Must be received by February 8, 2008  
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	
<b>Number of Children ages 5-13 currently served by your program</b> _____		

Please print and review the NAA Standards and become familiar with the 36 Keys to Quality. Our recommendation is that you focus on the four areas below. Then specify in your narrative by citing the standards how the funding for this project will be applied to improve your program. Funds will be applied toward: (Please enter all the standards that apply) For example: Indoor Environment 9a-d, Activities 13a-d

**Identify NAA Standards By Number and Letter In the Space Provided Below**

Indoor Environment \_\_\_\_\_

Outdoor Environment \_\_\_\_\_

Activities \_\_\_\_\_

Safety, Health & Nutrition \_\_\_\_\_

**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 how it will improve the quality of the afterschool program. Associate the improvements to the individual Keys to Quality.
2. Describe the time line for completion of this project and anticipated results. The project should be completed no later than May 2008. Final site visits will be conducted in April and May of 2008.
3. Please be sure to fill out the enclosed budget sheet with the breakdown of items purchased and their cost.