



**United Way Fund for Quality Early Childhood Education
Application for Program Enrichment**

Name: _____	Email: _____
Social Security # (required to issue a 1099 for grant awards of \$600 or more): _____	
Home Mailing Address: _____ (Street or PO Box #, Town, State, Zip)	Home Tel #: _____
____ Registered Family Child Care Provider; VT Child Care Registration Certificate #: _____	
____ Licensed Center Staff Member at: _____ (Center Name)	
Your Job Title at the Center: _____	
Work Mailing Address: _____ (Street or PO Box #, Town, State, Zip)	Work Tel #: _____
AMOUNT OF FUNDS REQUESTED \$ _____	

In order for application to be complete, you must submit the following:

1. Budget for enrichment program
2. A brief description of the enrichment program you plan to offer. Include the following:
 - Reasons why you chose the program and how it will impact the quality of care in your child care setting
 - Number of children in your program who will participate in enrichment program;
 - You will learn new skills from this enrichment program. Please list ways in which you can bring this learning to your community of early educators.
 - Include the name(s) of outside consultants you plan to hire and dates program will occur
 - If you have sought other funds to help support this project please list them along with the outcome of your request

APPLICATION PROCESS

Please remember to include the required supporting documents. The application will not be considered unless paperwork is submitted in full. Applications are accepted on a rolling basis and are viewed soon after the quarterly deadline:

August 15 – First Quarter
November 15 – Second Quarter
February 15 - Third Quarter
May 15 - Fourth Quarter

Unless we are told otherwise, applications received after each deadline will be held to be considered in the next quarter. We will strive to notify applicants of the committee's decisions within 30 days of the quarterly deadlines.

Email your application and supporting documentation to: margaret@winstonprouty.org, OR submit five (5) copies of the application and supporting documentation by mail to:

Quality Fund for Early Education Grant Committee
c/o The Winston Prouty Center for Child and Family Development
209 Austine Drive
Brattleboro, VT 05301

I certify that the information contained in this application is true and correct, and that I will comply with applicable eligibility criteria of the United Way Fund for Quality Early Education. I understand if I do not complete the project and submit documentation proving completion, I must return these funds to the Winston Prouty Center, to be returned to the Fund.

Name

Date