

EARLY CHILDHOOD EDUCATION GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE
 WORKFORCE DEVELOPMENT DIVISION
 SFN 60888 (revised 4/2020)

Name of School District or Early Childhood Education Program			
First Name	Last Name	County	
Address	City	State	ZIP Code
Telephone Number		Email Address	
Type of Early Learning Facility (Check Only One)			
<input type="checkbox"/> Profit Early Learning Program <input type="checkbox"/> Non-Profit Early Learning Program <input type="checkbox"/> Public Early Childhood Program			

Current/Projected Number of 4 Year Old Enrolled for 2020-2021 Program Year

Current/Projected 4 Year Old Enrollment Type	Number	Grand Total	
Free Lunch		x \$2000 =	\$
Reduced Lunch		x \$1000 =	\$
All Other 4 Year Olds		x \$0 =	\$
Total of Enrolled 4 Year Olds		Total Amount of Proposed Funds	\$

Program schedule to meet at least 400 hours over 32 weeks required: (attach additional page if necessary)

Of the 400 hours, please describe the 10 hours of parental involvement: (attach additional page if necessary)

Describe in detail what you will be using the funds for: (attach additional page if necessary):

Please check and include the following required supporting documents to this application:

If in the process of DPI approval, a letter from the Department of Public Instruction verifying that the applicant will be eligible for approval upon completion.

DPI Approved Early Childhood Education Program.

If new applicant, a Letter of Acknowledgment of Membership to Coalition to include local school board participation in governing board.

If previously awarded applicant, please mark this box.

Certification:

I, certify that to the best of my knowledge the information in the application is true and correct. I shall maintain accurate accounting records. I further certify that I represent an Early Childhood Education Program within the state of North Dakota and I am in compliance with all local, state and federal laws and regulations. I certify that the program is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans. Furthermore, I agree I will abide by the guidelines of the Early Childhood Education Grant Program.

Name	Title
Authorized Signature	Date

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount of Grant
Authorized Signature	Date