



**LOOK FOR THE STARS
2008-2009 MINI-GRANT
APPLICATION**



for 3 Star Center Providers

The Early Learning Coalition of Sarasota County is pleased to offer providers participating in the Look for the Stars Quality Improvement System the opportunity to apply for a Mini-Grant.

- ❖ Mini-Grant requests must address specific areas identified as needing improvement in the Look for the Stars QIS assessment and must be one component of a comprehensive quality improvement plan.
- ❖ A suggested quality improvement plan template is posted on the Coalition website as a resource for providers (www.earlylearningcoalitionsarasota.org, Providers Exchange page). Use of this format is not a requirement; development of a quality improvement plan is a requirement.

Please review the application and instructions carefully. Return this completed form postmarked no later than January 19, 2009.

Contact Information:

Organization: _____ Contact: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Information About Your Child Care Site:

Number of classrooms? _____ Number of teachers? _____ Number of children enrolled? _____

Number of school readiness scholarship children? _____

Age group(s) served? Check all that apply:

Infants? _____ Toddlers? _____ 3 year olds? _____ 4 year olds? _____ VPK? _____

Hours of operation? _____ Accredited (if yes please list)? _____

Curriculum currently used, including supplemental curriculum? _____

Character development curriculum or program used? _____ (over)

Mini-Grant awards will be a maximum of \$1000.

State regulations require that all approved purchases be billed directly to the Coalition. Ordering information and choice of vendors will be given in the approval letter.

Please note that if your center or home closes within three years of this grant, all items purchased must be returned to the Coalition.

Funds may NOT be used for activities unrelated to childcare issues, toward purchase of land or vehicles, or for payments to child care staff or directors for personal use.

Eligibility/Priority:

- ❖ Preference will be given to:
 - ✓ providers that **accept and serve school readiness scholarship children** in Sarasota County
 - ✓ providers that have demonstrated a **commitment to developing and implementing a quality improvement plan.**
- ❖ If your site has had a **Class 1 licensing violation after July 1, 2007**, please contact the Coalition to determine if this will disqualify your site from receiving funds.
- ❖ If you have not completed, signed and returned the **ELC Provider Contract Agreement** and the **Look for the Stars QIS Agreement**, you will not be eligible to receive a mini-grant.

Final Report: If approved, you will need to complete a report describing how the materials received helped you implement the improvements specified in your Mini-Grant request. The format for the final report will be sent to those who have received a Mini-Grant.

If you have any questions or need help completing the Mini-Grant application please contact your mentor or the Look for the Stars Coordinator at 954-4830 ext. 7.

Indicate below the person responsible for implementing and reporting the use of any funds received:

"I will be responsible:"	
Name _____	Title _____
Signature _____	Date _____

Submission options:

Mailing address: 1750 17th Street, Unit K-1 ~ Sarasota, FL 34234.

Fax: 954-4831 Please call 954-4830 ext. 4 to confirm receipt.

Contact the Coalition at 954-4830 with any further questions.

Please remember to make a copy of your completed application for your files before sending it in!



List all items requested, in order of priority.

This list must be based on a comprehensive quality improvement plan that must be submitted if requested.

Make copies of this page if needed.

Areas needing improvement as identified by QIS assessments (be specific: list classrooms including ERS subscales, or other domains – curriculum, administrative, etc.)	Strategies for improvement:	Describe how materials requested will assist in implementing improvements:	Materials requested:	Approximate Cost:
Total				\$

Provider Signature: _____

