

PATCH is pleased to once again offer the Early Learning Enhancement Project - *Ca\$h for Caring Program*! The goal is to offer licensed family child care providers, or home child care providers pursuing child care licensing, the opportunity to receive support towards increasing the quality of their child care program.

Reimbursement grants of up to \$250 are available to eligible family child care providers or prospective providers. Grants in excess of \$250 may be considered at year's end contingent upon available funds and applicant volume. Eligible grant purchases are those that relate to child care program improvements and/or professional development costs, including workshop/training fees, equipment or curriculum purchases, program supplies, etc.

Ca\$h for Caring purchases must be made between July 1, 2017 – May 31, 2018. Priority will be given to fist time applicants and those who have joined the USDA Food Program in the last six months. All grant awards are contingent upon available funding. Awards will be distributed on a first come first serve basis. The PATCH Ca\$h for Caring Committee reserves the right to award or deny any application.

Eligibility & Criteria Licensed Family Child Care Provider Home Child Care Provider Pursuing Licensing Currently licensed by the State of Hawaii Department of Currently an active participant in the PATCH Family Child Human Services; AND Care Recruitment Program (i.e. working in cooperation with the PATCH Family Child Care Recruiter and/or actively Currently a USDA Food Program participant in good participating in the Basic Series); AND standing; AND Has submitted a licensing application to PATCH FCC Recruiter for review (or to DHS Licensing Unit); AND Complete 6 (unique) hours of ongoing professional development (between July 1, 2017 and May 31, 2018); Complete 6 (unique) hours of ongoing professional AND development (between July 1, 2017 and May 31, 2018); AND Submit a 250-word statement of how the funds were Submit a 250-word statement of how the funds were used used to increase the quality of the child care program.

• Submit a 250-word statement of how the funds were used to increase the quality of their child care program.

Submit completed application to PATCH. Eligible applications must be postmarked by December 31, 2017, or May 31, 2018 (depending on round 1 or 2).

PATCH-West Hawaii 79-7393 Mamalahoa Hwy. 4A Kealakekua, HI 96750 808-322-3500

PLEASE NOTE: Receipts must be included with the application form and dated within the first or second round.



Application Form

HAWAII ISLAND



Please complete this form and submit with receipt(s) and any supporting documentation (training certificates). Receipts should be itemized and/or highlighted to show relevant purchase(s). Supply is limited and based on the availability of funds. We will attempt to contact you regarding an incomplete application. However, we will not be responsible for, nor will we accept, incomplete applications.

Name			
Address			
City	State	Zip Code	
Phone		Email Address	
DHS License Number (if applicable)		Years in Operation	

In the space below, please provide a 250-word statement of how the funds were used to increase the quality of your child care program. Please use additional paper if necessary.

You must meet the following criteria to be eligible for this program.

\Box I am currently licensed by the State of Hawaii DHS.		I am currently participating in the PATCH Family Child Care Recruitment Program or actively participating in the Basic Series.	
AND		AND	
 I have taken 6 (unique) hours of professional development. (between July 1, 2017 and May 31, 2018) 	OR	 I have taken 6 (unique) hours of professional development. (between July 1, 2017 and May 31, 2018) 	
AND		AND	
□ I am a participant in the USDA Food Program ().			
State Date		I have submitted a licensing application to PATCH FCC Recruiter for review (or to DHS Licensing Unit).	

I hereby attest that all information furnished in this application is true and accurate to the best of my knowledge. If there is a need for more information in order to determine my eligibility, I understand that it is my responsibility to obtain and supply the additional documentation. I also authorize PATCH to use my name on any printed or electronic material disseminated by PATCH to promote its programs to the public.



Applicant Demographics Information

HAWAII ISLAND

Please support PATCH in our pursuit to bring you resources such as program enhancement grants by completing this brief demographic survey. This information will be used for statistical purposes only.

Gender: _____

□ Age Range: (please circle one)

~10 - 19 Years ~20 - 34 Years ~35 - 55 Years ~56 - 70 Years ~71 +

□ Race or Ethnic Background(s) with which you identify: ____

Number of household members: _____

□ Household Income Range: (please circle one)

~\$0 - \$43,365 ~\$43,366 - \$50,025 ~\$50,026 - \$60,030 ~\$60,031 - \$66,700 ~\$66,701 - \$83,375 ~ABOVE