COOK INLET TRIBAL COUNCIL
People. Partnership. Potential.

CITC Child Care Assistance Program
Quality Improvement Grant Request Form

Type of Grant requested

☐ Health & Safety (Amount requesting $_____)

☐ Educational (Amount requesting $_____)

☐ Staff Development (Amount requesting $_____)

Provider Info

Contact Name:_____ Date:_____

Provider/Facility Name: _____

Phone Number: _____ Email Address: _____

Provider Type: ☐ Licensed Center ☐ Licensed Home ☐ Approved ☐ In-Home

Describe in detail why you are requesting a grant and how it will be used:

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By signing this form, I certify that I have not received reimbursement or payment for these expenses from any other agency and I agree to a site visit. I understand that qualified expenses must be used only for the child care facility and no personal expenses are permitted. I understand that grants are awarded based on demonstrated need and availability of Quality Improvement funds. I also understand that I will be required to submit the original receipts with-in 30 days from receipt of Quality Improvement Grant.

_____

Signature Date