



PATCH EARLY LEARNING PROGRAM ENHANCEMENT PROJECT

Ca\$h for Caring Programs!

PATCH is pleased to offer the *Ca\$h for Caring Program* here in Maui County! 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 first 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

- Currently licensed by the State of Hawaii Department of Human Services; AND
- Have completed at least 6 hours of ongoing professional development at time of application (between July 1, 2017 and May 31, 2018); AND
- Submit a 250-word statement of how the funds were used to increase the quality of the child care program.

Home Child Care Provider Pursuing Licensing

- Currently an active participant in the PATCH Family Child Care Recruitment Program (i.e. working in cooperation with the PATCH Family Child Care Recruiter and/or actively participating in the Basic Series); AND
- Has submitted a licensing application to PATCH FCC Recruiter for review (or to DHS Licensing Unit); AND
- Have completed at least 6 hours of ongoing professional development at time of application (between July 1, 2017 and May 31, 2018); AND
- 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-Maui
1063 Lower Main Street Suite C217
Wailuku, HI 96793
808-242-9232

PLEASE NOTE: Receipts must be included with the application form and dated between July 1, 2017 and May 31, 2018

The PATCH Cash for Caring Program is made possible for Maui County through the generosity of Maui United Way.



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Application Form

MAUI COUNTY



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.

I am currently licensed by the State of Hawaii DHS.

AND

I have taken 6 hours of professional development. (between July 1, 2017 and May 31, 2018)

PLEASE CHECK IF:

I am a participant in the USDA Food Program (_____).

OR

I am currently participating in the PATCH Family Child Care Recruitment Program or actively participating in the Basic Series.

AND

I have taken 6 hours of professional development. (between July 1, 2017 and May 31, 2018)

AND

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.

Signature _____

Date _____



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Applicant Demographics Information

MAUI COUNTY

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 - \$29,799
- ~\$29,800 - \$43,365
- ~\$43,366 - \$50,025
- ~\$50,026 - \$60,030
- ~\$60,031 - \$66,700
- ~\$66,701 - \$83,375
- ~ABOVE