Grant Application

Holdrege Area Early Childhood Partnership, Inc.
EST. 2024

Instructions: Please complete all sections of this application. Incomplete applications may not be considered. Attach all required documentation as outlined. Submit to HAECP via **Holdregeareaecp@gmail.com.**

Section 1: Provider Information

- Provider/Business Name: _____
- Director/Owner Name: _____
- Phone Number: _____
- Email Address: _____
- Facility Address: _____
- Mailing Address (if different): _____
- Step Up to Quality Level: ☐ Level 1 ☐ Higher (specify): _____
- Licensed Capacity: _____ children

Section 2: Eligibility Checklist

(All boxes must be checked to be eligible.)

☐ Licensed childcare provider in the State of Nebraska

☐ Located within Holdrege city limits

☐ Holds a current Step Up to Quality Level 1 rating or higher

☐ Funds will be used for charitable or educational purposes only

☐ Willing to sign a Grant Agreement and provide required reporting

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Section 3: Statement of Need

Describe your program's current needs and how this grant will support improvements in quality and accessibility of care (200–300 words):

Section 4: Grant Request Details

- Total Amount Requested: $_____
  (Amount of funds given is determined after the August 1st Keys for Kids Event.)
- Describe specifically how you intend to use grant funds. Include goals and expected outcomes. (Attach vendor estimates/quotes as needed.)

Section 5: Budget Breakdown (if more space is needed attach to the back of application.)

- Item/service: _____ Estimated cost:_____
- Item/service: _____ Estimated cost:_____
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- Item/service: _____ Estimated cost:_____
- Item/service: _____ Estimated cost:_____
- Item/service: _____ Estimated cost:_____

Total: _____

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Section 6: Impact & Public Benefit

- How will these funds benefit children, families, or staff at your facility?
- How will you measure the success or impact of this grant?

_____

_____

_____

Section 7: Required Attachments

Please include copies of the following:

- ☐ Childcare license
- ☐ Step Up to Quality Level 1 documentation
- ☐ Proof of location (utility bill or lease)
- ☐ Quotes or documentation of proposed purchases

Section 8: Agreement and Signature

I affirm that the information provided in this application is true and complete. I understand that if selected, I will be required to sign a Grant Agreement, use funds only as approved, provide documentation, and complete a final report within 90 days of receiving funds.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

For Office Use Only:

- Date Received: _____
- Reviewed by: _____
- Application Status: ☐ Approved ☐ Denied
- Grant Amount Awarded: $_____
- Date of Notification: _____