



KODIAK AREA NATIVE ASSOCIATION

# KANA Child Care Assistance Program

## Quality Improvement Grant Request Application

*Helping Families Afford Safe and Quality Care*

### **PROVIDER INFORMATION:**

\_\_\_\_\_  
Provider/Facility Name

\_\_\_\_\_  
Contact Number

### **GRANT SELECTION:**

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Health & Safety             | (Amount requesting \$ _____) |
| <input type="checkbox"/> Educational & Developmental | (Amount requesting \$ _____) |
| <input type="checkbox"/> Cleaning & Sanitation       | (Amount requesting \$ _____) |
| <input type="checkbox"/> Other                       | (Amount requesting \$ _____) |

**PURPOSE OF REQUEST:** *Please describe in detail why you are requesting a grant and how you/your facility plan to use the funds.*

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### **CERTIFICATION STATEMENT:**

By signing this form, I certify that I have not received reimbursement or payment for these expenses from any other agency. I understand that qualified expenses must be used only for the child care facility/home and no personal expenses are permitted. I understand that grants are awarded based on demonstrated need and availability of Quality Improvement funds.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date