



KODIAK AREA NATIVE ASSOCIATION

## KANA Child Care Assistance Program

### Quality Improvement Grant Request Form

*Helping Families Afford Safe and Quality Care*

#### **PROVIDER INFORMATION:**

Provider/Facility Name

Contact Number

#### **GRANT SELECTION:**

- Health & Safety (Amount requesting \$ \_\_\_\_\_)
- Educational & Developmental (Amount requesting \$ \_\_\_\_\_)
- Cleaning & Sanitation (Amount requesting \$ \_\_\_\_\_)
- 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