



Child Care Provider Training Support Grant Application



All information is required in order for the application to be complete.
Training support is ONLY available for Child Development Associate (CDA) fees at this time.

I. Applicant General Information			
Applicant Name:		Date of Application:	
Physical Address:		City:	Zip:
Mailing Address:		City:	Zip:
Phone:	E-mail:		
Applicant Race* (select one):		Applicant Ethnicity* (select one):	Gender* (please self-identify):
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic/Latino	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multiracial		
<i>*These items are required for federal reporting purposes.</i>			
How many years have you worked in the child care field?			

II. Applicant's Current Workplace Information		
Business Name (if applicable):		
Physical Address:	City:	Zip:
Type of Program: <input type="checkbox"/> Licensed Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> Licensed Group Family Child Care		
<input type="checkbox"/> Family, Friend & Neighbor (FFN) Provider <input type="checkbox"/> Out-of-School Time Provider		
How many years have you worked for this business?		

IV. Child Development Associate (CDA) Support Request		
Please indicate which type of CDA support you are requesting, your CDA number and the amount. Applicants MUST have a CDA account established. All CDA Fees requests MUST be applied directly to the applicant's CDA account.		
<input type="checkbox"/> Child Development Associate (CDA) Initial Application*	CDA Number:	Amount:
<input type="checkbox"/> Child Development Associate (CDA) Renewal*	CDA Number:	Amount:

IMPORTANT: By signing below, I understand that funding support is dependent on funds available. I also understand that information contained on this form is subject to verification by The Children's Cabinet.		
_____	_____	_____
Signature of Applicant	Printed Name	Date

Submission Instructions		
Mail Applications to:	Email Applications in PDF format to:	Questions?
The Children's Cabinet Attn: Grants Team 5905 S. Decatur Blvd. Suite 13 Las Vegas, NV 89118	ecgrants@childrenscabinet.org	Attn: Anthony Kharrat 702-825-8978