

## Family, Friends and Neighbor Informal Child Care Provider BUDGET AND VENDOR FORM

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

List below, in priority order, the items you are requesting, followed by the cost, quantity, vendor, and reason for request.  
Allowable online vendors are as follows: Lakeshore, Kaplan, Discount School Supply, Amazon, Walmart and Target.

Please note there is a maximum estimated amount of **\$200** per individual item within an overall total of **\$1,200**. We encourage your items to represent a balance between all ages of children in your care and support their learning environment.

If the grant is approved, the FFN Coordinator will contact the vendor to purchase these items. Funds will be paid directly to the vendor on your behalf.  
**PLEASE ALLOW FOR SALES TAX AND ANY SHIPPING CHARGES ASSOCIATED WITH YOUR GRANT REQUEST.**

If you have any questions, please contact Taylor Finn, FFN Coordinator at 218.760.9383 or [taylor@indigenouvisioning.com](mailto:taylor@indigenouvisioning.com).

### Health, Safety and Nutrition

Item Requested	Cost Per Item	Qty	Total Cost	Online Vendor Name	Reason for Request	(Office only) Approved	(Office only) Approved Price
<i>Example: Fire Extinguisher</i>	<i>23.97</i>	<i>2</i>	<i>\$47.94</i>	<i>Walmart</i>	<i>Household fire protection</i>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
TOTAL – Health and Well Being			\$				

### Educational Learning and Technology

Item Requested	Cost Per Item	Qty	Total Cost	Online Vendor Name	Reason for Request	(Office only) Approved	(Office only) Approved Price
<i>Example: Literacy Kits</i>	<i>38.99</i>	<i>6</i>	<i>233.94</i>	<i>Lakeshore</i>	<i>Enhance literacy skills</i>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
TOTAL – Education and Learning			\$				

**Physical and Mental Health**

Item Requested	Cost Per Item	Qty	Total Cost	Online Vendor Name	Reason for Request	(Office only) Approved	(Office only) Approved Price
<i>Example: Weighted Blanket</i>	<i>25.99</i>	<i>2</i>	<i>51.98</i>	<i>Amazon</i>	<i>Help with nap time for child with sensory needs</i>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
TOTAL – Relationship with Families			\$				

**Professional Development and Training**

Item Requested	Cost Per Item	Qty	Total Cost	Online Vendor Name	Reason for Request	(Office only) Approved	(Office only) Approved Price
<i>Example: Subscription</i>	<i>10.00</i>	<i>1</i>	<i>10.00</i>	<i>MN NAEYC</i>	<i>To keep current with early childhood best practices</i>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
TOTAL – Professional Development			\$				

**Total Cost of Grant Request**

Health, Safety and Nutrition	\$
Educational Learning and Technology	\$
Physical and Mental Health	\$
Professional Development and Training	\$
<b>OVERALL TOTAL</b>	\$