



Family, Friend and Neighbor Informal Child Care

Please read carefully and fill out the information below.

Prior to applying, the seven FFN Training Modules (located on the Indigenous Visioning website) must be completed.

You are able to apply for a maximum amount of **\$1,200** in the following categories to enhance the provider's environment and quality of care. Within the \$1,200 total, there is a maximum estimated amount of **\$200** per individual item.

Grant applications will be accepted until 4:30 pm between the dates of April 17th - May 5th, 2023

Areas for funding may include, but would not be limited to requests for:

- Health, Safety and Nutrition
- Educational Learning & Technology
- Physical and Mental Health
- Professional Development & Training

Grants may also be used for FFN Caregivers who wish to become a legally unlicensed child care provider (registered with the county or tribe) or to become a licensed child care and use grant funds to meet licensing requirements.

****Foster care is not eligible - Parents of the children that you provide care for must have legal custody of the children. Foster Care is not considered "child care" for the purposes of this project.***

APPLICATION FORM

Name: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone: _____ Tribal Affiliation: _____

Applicant's relationship to the children they are caring for:

Grandparent Aunt/Uncle Sibling
 Friend Neighbor Other: _____

Number of Children Caring For: _____ Ages of Children: _____

Are there any children with special needs in your care? Yes No

If yes, how many? _____
If yes, what ages? _____
If yes, what is the special need? _____

What days/nights of the week do you provide child care? _____

Do you provide overnight childcare? Yes No

What hours of the day do you provide child care? _____

Amount Requested: \$ _____

Brief description of items requested:

SUBMITTING YOUR APPLICATION

Fill out all forms completely and submit by **4:30 p.m. on May 5, 2023.**

Your application packet must include:

1. Application Form
2. Budget & Vendor Form
3. Training Certificate of Completion

PARTICIPATION AGREEMENT (please initial)

_____ I understand that to be eligible to apply for and receive a Family, Friend and Neighbor Child Care Grant, I must be actively providing child care to children ranging in age from birth to school-age.

_____ I understand that I will receive only items as they are described in my application.

_____ I understand that I will be receiving a grant made available through Federal and State funding. If I knowingly submit false or fraudulent information during any part of the grant process, I will no longer be eligible for funds and will be obligated to reimburse for ineligible purchases.

_____ I understand if I discontinue child care within the year of receiving grant funds, I must notify the FFN Coordinator and may be required to pay a prorated amount of this grant.

_____ I agree to participate in any requested surveys and report forms related to this funding.

_____ I understand that prior to receiving any funds, I must complete the seven (7) FFN Training Modules accessed through the Indigenous Visioning website.

_____ I agree to allow Indigenous Visioning to share limited information with the Minnesota Department of Human Services. (Non-identifiable information)

_____ I understand that by signing this participation agreement, I am agreeing to all of the above conditions.

Print Name of Applicant

Date

Signature of Applicant

By signing this application, the parent/legal guardian is confirming the applicant is their FFN caregiver.

Print Name of Parent

Date

Signature of Parent