



SNOQUALMIE INDIAN TRIBE

CHILD CARE AND DEVELOPMENT FUND AMERICAN RESCUE CHILD CARE STABILIZATION GRANT APPLICATION-FALL 2021

Please attach a copy of your State license and a W-9 (this is where funding will be mailed to unless otherwise specified)

Childcare/Center name/ License # <i>And business name if different</i>	
Director or Owner <i>First, last name</i>	
Physical address <i>Street, state, zip</i>	
Mailing/Shipping address <i>Street, state, zip</i>	
Phone number/Email <i>Of director or owner</i>	
Is your facility currently open? <i>If no, date you plan to reopen</i>	
Number of children currently attending:	
Are you actively providing care to Native American/Alaskan Native children?	
Funding amount per month being requested? (up to \$4,000 per month for six months is the program limit)	
What do you see future needs/ or accrued expenses being?	Please mark the expenses that you will likely utilize your monthly funding towards?
PPE/Testing/Vaccination benefits	
Sanitation equipment/supplies	
Payroll/bonuses/Loss Wages/Lost Revenue	
Overhead costs (utilities, rent/mortgage, etc.)	
Minor renovations	
Technology/internet needs	
Classroom supplies/furniture	
Other:	



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AMERICAN RESCUE CHILD CARE STABILIZATION
GRANT APPLICATION-FALL 2021

Amount being requested per month \$ _____
(maximum request amount \$4,000, will be distributed for a six month period October 2021-March 2022)

Director or Owner Signature: _____ Date: _____

CCDF Staff Signature: _____ Date: _____