

Child care providers are eligible to apply for funds to support social and/or emotional development and well-being of the children in their care. These funds should be used to help the provider reach one specific coaching goal and applications should be filled out by the provider and coach together. Social and Emotional Enhancement Grant funds can be used for anything that will enhance the children's social and/or emotional experiences while in care. There are funds set aside for each Rooted in Relationships community. As coaching goals change, a provider can apply for additional funds. Applications are generally reviewed the 1st Monday of each month.

#### Allowable items are:

Training: Including, but not limited to, specialized staff training (i.e. infant brain development, social-emotional early learning guidelines training, etc.), workshops, conferences, consultant fees, or a substitute to cover the classroom while the provider attends training. Does not cover transportation or lodging to attend.

**Curriculum materials:** Including, but not limited to books, educational software, instructional videos, etc.

**Materials and/or equipment:** Including, but not limited to children's indoor play equipment, children's art supplies, multi-cultural dolls, dramatic play items, shelves, chairs, cots, social-emotional books, etc.

For more information on specifics, to find grant instructions, and sample grants, please visit the **Rooted in Relationships Website**.

\*Providers in Year 3 are not able to apply after March 1st, as there is limited time for providers to receive and implement coaching around the materials.

#### **Provider Information**

All fields on this page are required.
Date of request:
Provider Name:
Provider Phone Number:
Provider Email Address:
Program Name (if applicable):
Program Mailing Address:
Tax ID:
Make Check Payable to:
In what type of child care program do you work?  ☐ Family child care ☐ Center-Based child care
Do you accept childcare subsidy? ☐ Yes ☐ No
Coach's Name:
Coach's Phone Number:
Coach's Email Address:
Name of Person Submitting Request:
Name and Email of Person Responsible for Ordering:
What are requesting on this application:
☐ Training ☐ Curriculum Materials ☐ Program Materials or Equipment
What year of Implementation are you in?
☐ Year 1 ☐ Year 2 ☐ Year 3

#### **Request for Training**

# **Examples of Allowable Items:**Training (i.e. infant brain development, social-emotional early learning guidelines training) Workshops

Conferences

Consultant fees

Substitute to cover the classroom while the provider attends training DOES NOT COVER TRANSPORTATION OR LODGING TO ATTEND TRAINING

For what will the funds be used? Be specific, include the name, date and location of training.

Name:	
Date:	Approved: (for staff only)
Location:	□Yes
Cost:	□ No □ Partially approved
Additional Cost:	
Additional Cost:	
Why are you requesting this training?	

How will participating in this training help you reach this goal?

What is the coaching goal you are working on that relates to this request?

## **Request for Curriculum Materials & Equipment**

Examples of Allowable Curriculum Items:	
Resource Books	
Educational software	
Instructional videos	
Social Emotional teaching tools	
Examples of Allowable Materials & Equipment:	
Developmentally appropriate toys/equipment including, but not limited to;	
Children's indoor play equipment	
Children's art supplies	
Children's books	
Multi-cultural dolls	
Dramatic play items	
Shelving and material organization systems	
Chairs	
Cots	
Where will funds be used?	
☐ Program wide	
☐ In a specific classroom	
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For what will the funds be used? Provide a description of each material being requested and the individual cost. Include web-links to items that will be ordered online. Also, please specify shippers and the individual cost.	
costs for these materials in this section. If you have additional items, please include those on a	Jilig
separate sheet.	
	Approved:
Item:	(for staff only)
Link:	☐ Yes
Cost:Shipping:	□ No
ltom:	
Item:	□ Yes
Link: Shipping:	□ No
Cost:Shipping:	— · · · •
Item:	

Cost: \_\_\_\_\_\_Shipping: \_\_\_\_\_

☐ Yes

	Approved: (for staff only)
Item:	☐ Yes
Link:	□ No
Cost:Shipping:	
Item:	□ V <sub>2-2</sub>
Link:	☐ Yes ☐ No
Cost:Shipping:	
Total amount requested:	
TOTAL AMOUNT APPROVED (for staff only):	
What is the one pyramid related coaching goal you are working on that relates to this request	?
Why are you requesting these materials/equipment? What strategies have you already tried to support your goal?	)
How will the materials or equipment you are requesting help you reach this goal?	
Describe how the materials being requested will help improve the quality of social and/or emotional experiences of young children in your care?	

In the space below provide your timeline for implementing these materials, including at least three action steps that you will take to use the curriculum materials being requested. What are the steps you will take and the timeline for doing so?

**For example:** After I order materials I will talk to the children about the changes that are going to happen. When the items arrive, I will spend time going over how to properly use the materials to meet my goal with my coach. When I begin implementing we will continue to touch base to make sure that it is helping me meet my goal and we will strategize if something is not going correctly.

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Assurances
By checking the box below, I acknowledge that I will submit receipts of my purchase(s) to ootedgrants@nebraskachildren.org within 30 days from approval of this grant request.
By checking the box below, I acknowledge that I will submit the required implementation reports, pictures, and delivery confirmation no more than 90 days (3 months) following approval of this grant request.
By checking the box below, I acknowledge that I have discussed this request with my coach and my brogram director (if in a center-based program) and have their full support in this request. $\Box$ I agree

**This section to be filled out by Rooted in Relationships Staff only**						
☐ Approved	☐ Partially approved	☐ Denied				
Total amount approve	ed:					
Name: Date:						
Receipts due:						
Implementation repo	rt due:					
Comments:						