



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 a specific coaching goal and applications should be filled out by the provider and coach together. Social & 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 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/outdoor play equipment, children's art supplies, multi-cultural dolls, dramatic play items, shelves, chairs, cots, etc.

# Social and Emotional Enhancement Grant Application

## Provider Information

Description (optional)

Date of Request: \_\_\_\_\_

(Month/Day/year)

Provider Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Provider Email Address: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Program Address: \_\_\_\_\_

Tax ID or SSN: \_\_\_\_\_

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: \_\_\_\_\_

What are you requesting on \_\_\_\_\_

- Training
- Curriculum Materials
- Program Materials or Equipment

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# Social and Emotional Enhancement Grant Application

## 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

How much money is being requested?

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

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

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

Location: \_\_\_\_\_

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

Additional Cost: \_\_\_\_\_

Additional Cost: \_\_\_\_\_

Approved?  
(for staff only)

Yes  
No

Yes  
No

Yes  
No

Why are you requesting this training?

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

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

# Social and Emotional Enhancement Grant Application

## 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/outdoor 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

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 shipping costs for these materials in this section. If you have additional items, please include those on a separate sheet.

Item: \_\_\_\_\_

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

Shipping: \_\_\_\_\_

Item: \_\_\_\_\_

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

Shipping: \_\_\_\_\_

Item: \_\_\_\_\_

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

Shipping: \_\_\_\_\_

Approved?  
(for staff only)

Yes  
No

Yes  
No

Yes  
No

## Social and Emotional Enhancement Grant Application

Item: \_\_\_\_\_

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

Shipping: \_\_\_\_\_

Item: \_\_\_\_\_

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

Shipping: \_\_\_\_\_

Approved?  
(for staff only)

Yes  
No

Yes  
No

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What is the 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

## Social and Emotional Enhancement Grant Application

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.

### Assurances

By checking the box below, I acknowledge that I will submit receipts of my purchase(s) to Sami Bradley within 60 days from approval of this grant request.

I agree

By checking the box below, I acknowledge that I will submit the required implementation report no more than 120 days (4 months) following approval of this grant request.

I agree

By checking the box below, I acknowledge that I have discussed this request with my coach and my program director (if in a center-based program) and have their full support in this request.

I agree

# Social and Emotional Enhancement Grant Application

**\*\*This section to be filled out by Rooted in Relationships Staff only\*\***

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Total amount approved:

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Name:

Date:

Funding Source:

BECF

NHB

CCDF

Receipts Due:

Implementation Report Due:

Comments: