Rooted in Relationships
nebraskachildren

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 specificc oaching goal and applications should be filledoutb y 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 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.

*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.

Social and Emotional Enhancement Grant Application

Provider Information

Description (optional)

Date of request: _____

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 requesting on this application:

☐ Training
☐ Curriculum Materials
☐ Program Materials or Equipment

What year of Implementation are you in?

☐ Year 1
☐ Year 2
☐ Year 3

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: _____

Why are you requesting this training?

Approved:
(for staff only)

☐ Yes
☐ No

☐ Yes
☐ No

☐ Yes
☐ No

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

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?

Social and Emotional Enhancement Grant Application

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.*

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

☐ Approved ☐ Partially approved ☐ Denied

Total amount approved:_____

Name: _____ Date: _____

Funding source:

☐ BECF
☐ NHB
☐ CCDF

Receipts due: _____

Implementation report due: _____

Comments: