



## ELC Broward “Booster” Mini-Grant

Up to \$2,500 in quality enhancement funds will be made available for each Broward child care facility that has an active FY20 contract with the Early Learning Coalition of Broward that is not currently under probation, or under a corrective action plan for a serious health and safety violation, as determined by Child Care Licensing and Enforcement.

1. Provider certifies that funds will be used to improve the quality of the learning environment. Acceptable reimbursable expenditures include, but are not limited to:

- Purchase of curriculum required by OEL for SR and VPK classrooms;
- Purchase of developmentally appropriate books and other learning materials;
- Purchase of cleaning supplies and personal protective equipment for staff and children;
- Purchase of WiFi/Internet upgrades to enhance educational experiences; and
- Provider expenditures related to recruiting, training or retaining qualified staff.

2. Provider further certifies the following:

- Provider has a current School Readiness (SR) or Voluntary Prekindergarten (VPK) contract with ELC Broward; and
- Provider is not currently under probation, or under a corrective action plan for a serious health and safety violation, as determined by Child Care Licensing and Enforcement.

3. Provider Attestation:

I am submitting this application to qualify for and receive funding for one or more of the above-listed emergency/enhanced quality activities and understand all



monies received must be used for the items/activities noted. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Legal Name of Provider and d/b/a

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

P.O. Box/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

License # \_\_\_\_\_ Provider email address: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Provider Representative

\_\_\_\_\_  
Signature

Date \_\_\_\_\_