

Please briefly describe your project and how you intend to use the grant funds:

Submit completed application with **ALL** supporting documents listed below to:

New Rockford Area Betterment Corporation
PO Box 775
117 1st St S
New Rockford, ND 58356

Contact with questions:
Jessica Dillon
(701) 947-2205
nrabcexec@gmail.com

Required supporting documentation for application:

1. Copy of daycare license or written plan for licensure within one year
2. For EXPANSION grant - letter from licensing agency confirming that the facility does not have a history of violations and/or corrective actions. If violations or corrective actions have occurred, please include written explanation or letter from agency detailing actions taken for compliance.
3. For STARTUP grant - please include a separate page listing your education and experience related to child care and/or operating a business. You may also include letters of support.

Certification:

I, the undersigned applicant or authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accurate accounting and reporting records. I further certify that the applicant represents a child care provider within the state of North Dakota and is in compliance with all local, state and federal laws and regulations. I also further certify that the applicant is in good financial standing and has no delinquencies on existing government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the New Rockford Area Betterment Corporation Child Care Grant. Due to the nature of the organization, if the project is not completed and capacity is not increased by twelve months from the date of NRABC approval, the grant amount paid to recipient organization must be repaid to the New Rockford Area Betterment Corporation.

Name (Please Print):	Title:
Signature:	Date:

For NRABC Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Board Decision Date:	Amount of Grant:
Authorized Signature:	Title:	Date: