



SUBLETTE COUNTY CHILDCARE COALITION
Application for Sublette County Infant Stipend Program
Requirements & Guidelines

Infant funds will be granted as an incentive to childcare providers to provide services to children age 2 and under (0-24moths). These funds are based on statewide information that indicates parents currently can (and do) pay an average of \$6,000 per year per child for full-time care in this age range. The cost of providing that quality care is estimated at \$9,000 per year per child. Therefore, grants will be awarded on a sliding scale based on the hours of operation, current rates and the # of children in your childcare. Information provided will be kept confidential by the elected Board of Directors reviewing the applications.

To be considered for funding, either pre- or post-activity, applications must be submitted to the board secretary by the 15th of the month.

Grants will be awarded monthly, depending on fund availability and the SCCC Board Meeting schedule.

Applications not funded due to lack of fund availability will have the ability to either withdraw or roll their application over to the next funding period.

Reimbursement will only occur after the 12 month period has occurred and has been documented using the attached verification form.

The applicant is financially responsible for all bills incurred by them, and the SCCC makes no guarantee of reimbursement by a specified date.

Please Note:

- Applicant must be attending the board meeting to present a submitted application.
- All incomplete applications will be declined. It is the responsibility of the applicant to re-submit any applications that have been previously decline.



SUBLETTE COUNTY CHILDCARE COALITION
Application for Sublette County Infant Stipend Program

Application Date:

Name of business/program:

Contact Name and Address:

Contact Phone and e-mail address:

Are you a licensed, childcare provider? Are you for-profit or non-profit?

How many children, age 0-24 months, will be provided care for a 12-month period?

Define the 12 month period for which this application covers?

How many children are in your care (including infants, & your own children?)

Define your current hours of operation (circle one):

40 hrs/week or greater 30-39 hrs/week 20-29 hrs/week 20 hrs/week

Indicate the current rate for a full-time infant/toddler slot (daily, monthly, or yearly):

Have you requested/received funding from any other entity for the infant spots you are requesting in this application?

Certification: I certify that I will provide (or have provided) care for no less than a 12 month period for the number of children, age 2 and under, specified above.

Signature

Date

Note: Stipend program funds will be awarded for a maximum of 2 children per business in the infant/toddler (2 and under) age range and pending fund availability for additional stipends. In no case will stipends be granted above the legal staff:child ratio established as per Wyoming state law.



Sublette County Childcare Coalition
Verification of Childcare Services
Stipend Program Contract

Childcare Facility name: _____

Provider's name: _____

Name of child: _____ D.O.B. _____

Dates when child was in providers care from: _____ to _____

Parent name: _____

Contact information: _____

Parent Signature: _____

Name of child: _____ D.O.B. _____

Dates when child was in providers care from: _____ to _____

Parent name: _____

Contact information: _____

Parent Signature: _____

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Dates when child was in providers care from: _____ to _____

Parent name: _____

Contact information: _____

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