



State of New Jersey

PHILIP D. MURPHY
Governor

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
PO BOX 716
TRENTON, NJ 08625-0716

CAROLE JOHNSON
Commissioner

SHEILA Y. OLIVER
Lt. Governor

NATASHA JOHNSON
Assistant Commissioner

Registered Home Base Providers Cleaning & Sanitizing Grant APPLICATION

Completion of this grant application and submission of the required information will allow the Child Care Resource and Referral (CCR&R) Agencies to assess and determine reimbursement eligibility. Child care providers who have received funding for these same services from any other source, such as school districts or private grants, are not eligible for this grant. Child care providers must comply with Child Care Development Block Grant requirements, including staff completion of pre-service health and safety trainings: [CCDBG Trainings for Child Care Providers](#).

DATE OF APPLICATION:

COUNTY:

FCC PROVIDER

NAME OF CHILD CARE PROVIDER:	
PROGRAM ADDRESS:	
PHONE:	EMAIL:
NJCCIS # :	EPPIC #:
NUMBER OF CHILREN IN ENROLLED:	NUMBER OF CHILDREN RECEIVING A SUBSIDY:
<input type="checkbox"/> <i>By checking this box - I certify that I am provider participating in the Child Care Subsidy Program</i>	
<input type="checkbox"/> <i>By checking this box - I certify that my program has completed the required CCDBG Health & Safety Trainings</i>	

**Registered Home Base Providers
Cleaning & Sanitizing Grant
APPLICATION**

Provider Name		CCR&R Agency	
Address		Amount Requested	
Email Address		Amount Approved by CCR&R	
Phone		Date Approved	

Provider (receipts must be included with submission of this application in order to be considered for this grant)					To Be Completed by CCR&R Staff	
Date of Service or Purchase made	Description of Professional Services or supplies ordered :	Cost Of Professional Services	Cost Of Supplies	Shipping Cost (for ordered supplies)	Reimbursement Amount Requested	Total Amount Approved by CCR&R
					Total Costs	

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I know that submitting false information about my situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me to prosecution. I also understand that I will be requested to return all funding.

Child Care Program/Provider Authorized Signature:

Authorized Child Care Program/Provider Representative

Name _____
Please print