

Child Care Home Nutrition Grant Application



Child Care Home Information	
Licensee Name	
Address	
City/Town	Postal Code
Phone Number	Email Address
Hours of child care operation: From _____ to _____	

The purpose of this grant is to support the provision of well-balanced, nutritious meals for children in child care.

Grant Calculation

The monthly grant amount for the current licensing year will be based on enrolment in the previous licensing year. The ELCC Consultant will advise the licensee of the amount the Nutrition Grant licensee is eligible to receive per month. The monthly grant amount for the current licensing year may be adjusted based on enrolment changes (i.e. consistent decrease or increase in enrolment).

I am applying to receive the Nutrition Grant for the above family child care home, and I agree to the following:

- ☐ I will use this grant for its intended purpose to support my licensed program.
- ☐ I have attached a copy of my current menu (include breakfast, lunch, supper and snacks depending on hours of operation).
- ☐ I decline all or a portion of the Nutrition Grant: \$_____.

I hereby make application for the above grant as indicated.

Signature of Licensee

Date

EY 06/2021