Name of Applicant Address		Organization		
		Phone Number	Email Address	
Tell Us Abo	out Your Non-Traditional Hour	Child Care Solut	tion	
			ck the box and fill in the hours.	
[	□ Regular evening shift	Ho	ours:	
I	□ Regular night shift	Ho	ours:	
I	☐ Rotating shift (days, evening,	nights) Ho	ours:	
	☐ Split shift (two distinct periods	s each day) Ho	ours:	
I	☐ Irregular schedule (changes	daily) Ho	ours:	
[	$\square$ Daytime hours that include w	veekends Ho	ours:	
]	☐ Other? Please describe		_	
Which wor employer, I you)	noting the degree to which the	parents and the	eir level of interest is already known	to ——
employer, i you) List partne		ssociated with th	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	erships and/or collaborations a lude a letter of support as note	ssociated with the	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	rships and/or collaborations a	ssociated with the	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	erships and/or collaborations a lude a letter of support as note	ssociated with the	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	erships and/or collaborations a lude a letter of support as note	ssociated with the	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	erships and/or collaborations a lude a letter of support as note	ssociated with the	his effort. (note: each entity listed h	
employer, lyou)  List partne should incl	erships and/or collaborations a lude a letter of support as note	ssociated with the	his effort. (note: each entity listed h	

Who will prov	vide the child care?	
Child Care Prov	vider Name	HHS License #
Address		Phone Number
Tell us how t	he hours of operation will change at this pro	ovider location.
_	children will be served during non-tradition ber of children by age?	al hours? What is the proposed
	Infants (0-17 months)	How many:
	Toddlers (18 – 35 months)	How many:
	Preschool Age Children (3 to 5 years old)	How many:
	School Age (6 to 12 years old)	How many:
Child Care Provi	vide the child care?	HHS License #
Address		Phone Number
Tell us how t	he hours of operation will change at this pro	ovider location.
_	children will be served during non-tradition per of children by age?	al hours? What is the proposed
	Infants (0-17 months)	How many:
	Toddlers (18 – 35 months)	How many:
	Preschool Age Children (3 to 5 years old)	How many:
	School Age (6 to 12 years old)	How many:

Tell us how Non-Traditional Hour Child Care grant funds will support your solution and proposed

timeline.							
Requested Grant Amounts							
Initial request may not exceed \$500,000. You may be eligible, upon verification of success, for additional awards not to exceed a max award of \$1,000,000.							
Budget Category	Requested Amount	Brief Description of Anticipated Types of Expenditures					
Operating							
Supplies and Equipment							
Capital Improvements							
Other, please describe.							
TOTAL INITIAL REQUEST							
What makes you believe parents who are your target audience are interested in the care you will be offering? What are your plans to market the availability of non-traditional hour care?							
Describe your sustainability grant funds expire?	plan. How will the mode	el you are developing be financially viable when					

Return completed form to <a href="mailto:dhsec@nd.gov">dhsec@nd.gov</a> along with at least three letters of support from potential business partners, working parents or community groups you intend to serve, and if the applicant is not the child care provider, letters of support from those providers.