



NON-TRADITIONAL HOUR CHILD CARE PILOT
 NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 EARLY CHILDHOOD SECTION

Who will provide the child care?

Child Care Provider Name	HHS License #
Address	Phone Number

Tell us how the hours of operation will change at this provider location.

What ages of children will be served during non-traditional hours? What is the proposed plan for number of children by age?

- 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: _____

If there will be more than one child care program offering non-traditional hour care, please complete this information for each, if more than two please attach information.

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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 plan. How will the model you are developing be financially viable when grant funds expire?

Return completed form to dhsec@nd.gov 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.