



Child Care Mini Grant Cover Sheet

Please return this form, a request letter (which states the amount you are requesting), the IRS letter declaring your centers 501C3 tax exempt status, a copy of your 990 tax return, and a list of board members (if available) to **IMH, 1055 St. Charles Avenue, Suite 350, New Orleans, LA 70130**. Please feel free to call (504) 566-1852 if you have any questions.

Name: _____

Center Director: _____

Street Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

What is the licensed capacity of your center? _____ License #: _____

What is the total current enrollment? _____

If you are not yet open what is your projected opening date? _____

How many children 0-2 do you serve? _____ What Hours: _____

How many children 2.1-6 do you serve? _____ What Hours: _____

How many of your children are subsidized? _____

How many of your children live within walking distance of your center _____

What is your fiscal year? _____

What is your normal annual center budget? _____

Please identify your center's funding sources. Please list each funding source:

How many of your children are (specific number):

African American _____

Hispanic _____

Asian: _____

Caucasian/white: _____

Mixed Ethnicity: _____

