



Gwen Deming, Director
Clinton/Jackson Early Childhood
Iowa
226 11th Street
DeWitt, Iowa 52742
(563) 659-3651

June 14, 2020

Dear Preschool Directors of Clinton and Jackson Counties,

The Clinton/Jackson Early Childhood Iowa Board is currently taking mini grant applications for FY19 Preschool Scholarships. Please fill out this three-page document if you have students who qualify for scholarships. You may submit your completed grant via email to gdeming@clintoncounty-ia.gov, mail or drop it off to 226 11th Street in DeWitt, or fax it to me at **(563) 659-2616**. We hope to partner with you to provide every 3, 4 and 5 year old, who meets the set criteria, an opportunity to attend preschool this year. Together, through our commitment to young children, we believe we can meet our goal. Currently, we are funding **\$100** a month for children who qualify.

Please remember, you may not approve a child for a scholarship until you receive a scholarship approval document from the Clinton/Jackson ECI Director. Along with that document, you will receive the Letter of Agreement, which you must sign and return, prior to receiving any reimbursement payments.

All centers that receive funding from Clinton/Jackson Early Childhood Iowa will receive a yearly visit from our Child Care Nurse Consultant, Chris McClimon.

Please be aware that you are not approved for reimbursement until you submit this mini grant application AND receive a scholarship approval document from the Clinton/Jackson ECI Director.

The Clinton/Jackson Early Childhood Iowa Board looks forward to continuing our partnership to enhance the lives of young children and parents in our area. Thank you!

Mini Grant Request date:

Start date of Preschool:

Legal program name:

Address:

City:

State:

Zip:

Phone:

e-mail:

DUNS#

EIN#

Executive/Program Director (Individual who will be responsible for oversight of funded program):

How many years have you received preschool scholarship funding through Clinton/Jackson ECI?

Do you have a local Head Start Program in your town/city? Yes No

Check which applies to your preschool program: (place an X before those that apply)

NAEYC Accredited

NAFCC Accredited

Head Start

IQPPS Verified – Date verified:

QRS level 3

QRS level 4

QRS level 5

Education Level of Lead Teacher (Total # of each)

GED

HS Diploma

CDA

AA in EC or CD

AA, in related field

BA/BS in EC or CD

Holds Teaching License w/EC endorsement, 100, 103 or 106

Post Graduate Degree

Preschool Children Screened for: (list screenings)

Check which tool(s) you use to measure age appropriate skills development:

GOLD

Creative Curriculum

Brigance

ASQ

IGDIs

High Scope

Ireton Development Checklist

Saxon Math

Locally Developed Tool

I certify that all requests have been verified and meet the criteria set forth by the ECI Board.

Name:

Date:

Full Name of Preschool:

of 3 year old ECI Scholarships requested:

of 4 year old ECI Scholarships requested:

of 5 year old ECI Scholarships requested:

Total Number of scholarships requested:

3 year old preschool scholarship information: (all information is required)

Total number of days per week in preschool:

Total numbers of hours per week in preschool:

Total cost per day to attend preschool: \$

Total cost per year to attend preschool: \$

Total Amount Requested from ECI for 3 year olds: \$

4 year old preschool scholarship information: (all information is required)

Total number of days per week in preschool:

Total numbers of hours per week in preschool:

Total cost per day to attend preschool: \$

Total cost per year to attend preschool: \$

Total Amount Requested from ECI for 4 year olds: \$

5 year old preschool scholarship information: (all information is required)

Total number of days per week in preschool:

Total numbers of hours per week in preschool:

Total cost per day to attend preschool: \$

Total cost per year to attend preschool: \$

Total Amount Requested from ECI for 5 year olds: \$

Total amount requested for the FY2017 Preschool Year from Clinton/Jackson ECI:

\$\$

***This section must be filled out: Please list funder's names and amount of funding:**

**Amount of funding received from other co-pays, grants, government, non-profit,
Volunteer 4-year-old Preschool, United Way, Federal Funding, PCA, DHS, etc.)**

Funder Name	Amount of Funding
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____