

**MADELIA CHILD CARE START-UP / EXPANSION GRANT
APPLICATION**

Managed by Madelia City Hall

Note: Please read the program policy carefully before completing the application.

Child Care Name:

Business Owner(s):

Property Address:

Mailing Address:

Phone Number:

Email

How many new slots or additional slots will be created with the support of these grant funds;

Infant - Toddler _____

Preschool ages 3 - 5 yrs _____

School age _____

Amount of funds requested: _____

*When completed please return to the County Child Care Licensur for approval and they will turn in for funding dispersal. Funds will be dispersed when the provided is fully licensed. Receipts must accompany this application for all requested expenses.

EXPENSE DESCRIPTION

Please provide an accurate and thorough list of your expenses.

[illegible]

Approved by County Licenser: _____ Date: _____



All forms are attached, completed and ready for payment