

**Family Enrichment Network
Child Care Resource and Referral**

**24 Cherry Street * Johnson City, NY 13790 * 607-723-8313
1277 Taylor Road * Owego, NY 13827 * 607-687-6721
21 S Broad Street * Norwich, NY 13815 * 607-373-3555**



ONSITE TRAINING APPLICATION

The Family Enrichment Network has funds available from the New York State Office of Children and Family Services for the purpose of improving child care services in Broome, Chenango, and Tioga Counties. Funds are available to pay for individualized, onsite training at licensed child care centers or registered school age child care programs.

A review committee will evaluate applications and make award decisions. Onsite training can be awarded to each program on a one-time basis and may be renewable each program year.

MINIMUM REQUIREMENTS

Applying individuals must:

1. Be a licensed child care center or school age child care program in Broome, Chenango, or Tioga Counties.

COMPETITIVE PRIORITY AREAS

Grants will be prioritized to potential providers in the following order:

1. Child care centers or school age child care programs with licensing issues;
2. Child care centers or school age child care programs serving low-income children;
3. Child care centers or school age child care programs serving a geographically isolated location;
4. Child care centers or school age child care programs providing care for infants, toddlers, children with behavioral issues or other special needs;
5. Child care centers or school age child care programs operating with a limited professional development budget for staff.

APPLICATION GUIDELINES

Complete the grant procedure according to the following guidelines.
Please keep pages 1 & 2 for your records. Return page 3.

- ❑ You must be a licensed child care center or registered school age child care program.
- ❑ Submit your grant application (page 3) to the Family Enrichment Network's Child Care Resource and Referral Trainer you are working with.
- ❑ Your application will be evaluated by the grant committee. **If your application is approved /accepted**, you will be notified by the trainer to schedule the onsite training.
- ❑ **You are only eligible for the onsite training one time per CCR&R program year (October through September).**
- ❑ Trainings are typically 1 or 2 hours in length and include a maximum of 1 OCFS category per training hour. For other requests, please contact trainer.

1/23/2017

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ONSITE TRAINING APPLICATION

Applicant Name: _____

Program Name: _____

Program Address: _____

Program Phone: _____

Program Type:

- Licensed Child Care Center
- Registered School Age Child Care Program

OCFS License #: _____

Training topic requested:

Training date requested (*requested date not guaranteed -subject to trainer availability): _____

Number of hours desired for training: _____

Trainer requested (*depends on trainer availability): _____

Number of participants expected: _____

Is this training required by OCFS for a corrective action plan?

- Yes
- No

PROVIDER DECLARATION

My signature below indicates that I meet one or more of the requirements to receive a grant under this program. I understand that I must utilize the grant within the guidelines and for the purposes of operating a child care center or school age child care program. I understand that my program is only eligible for the onsite training once per program year of October through September. Additional onsite trainings can be requested at the rate of \$100 per training topic (maximum 2 hour training).

Director's Signature: _____

Date: _____