



## Coach Mini-Grant Application

Name of coach: \_\_\_\_\_

Coach Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Credential Level: \_\_\_\_\_

Current Coaching Credential: \_\_\_\_\_ Yes \_\_\_\_\_ No

When does it expire: \_\_\_\_\_

*Please indicate the age of children or tool you are qualified to coach:*

Infant \_\_\_\_\_ Toddler \_\_\_\_\_ Preschool \_\_\_\_\_ School-Age \_\_\_\_\_

What tools are you certified to coach to? \_\_\_\_\_ ERS tools \_\_\_\_\_ CLASS \_\_\_\_\_ Creative Curriculum

\_\_\_\_\_ Pyramid Colorado \_\_\_\_\_ Program Administration Scale \_\_\_\_\_ Tippy Toes \_\_\_\_\_ EQIT

\_\_\_\_\_ Other \_\_\_\_\_

How many ratings have you completed in the last 3 years? \_\_\_\_\_ 1-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-10 \_\_\_\_\_ More

How many sites have you coached in the last 3 years? \_\_\_\_\_ 1-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-10 \_\_\_\_\_ More

**Check all that apply**--How could the use of mini-grant funds support your professional development?

\_\_\_\_\_ Recertifying \_\_\_\_\_ Technology \_\_\_\_\_ Training \_\_\_\_\_ Materials \_\_\_\_\_ Coaching Contract tied to licensing

Is there a recommendation from the Partnership Coordinator for the mini-grant request? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please submit a coaching recommendation.

**\*\*\*\* Please attach this form to your request proposal. \*\*\*\***

Clarification of application: It is understood that this application is to request funding that would improve a child care provider's quality of care whether that be an individual classroom or home setting. Requests will be reviewed on a first-come-first-served basis. **Grants will be processed in the order they are received and are dependent on funding available.** All requests must be typed. Requests can be made for up to and contingent on available funding:

- \_\_\_\_\_ New coach \$750.00
- \_\_\_\_\_ Coaching 1-2 sites \$1,000.00
- \_\_\_\_\_ Coaching 3 or more sites \$1,500.00 List coaching sites:  
\_\_\_\_\_  
\_\_\_\_\_

Please select one or more of the categories below:

- \_\_\_\_\_ Category A: Early Childhood Environment Rating Scale-3
- \_\_\_\_\_ Category B: Infant Toddler Environment Rating Scale-3
- \_\_\_\_\_ Category C: Family Childcare Environment Rating Scale-3
- \_\_\_\_\_ Category D: Preschool Classroom Assessment Scoring System
- \_\_\_\_\_ Category E: Infant Classroom Assessment Scoring System
- \_\_\_\_\_ Category F: Toddler Classroom Assessment Scoring System
- \_\_\_\_\_ Category G: Pyramid Colorado
- \_\_\_\_\_ Category H: Other

Attach a **project narrative and detailed budget** to this application addressing the following components for **each** of the categories you wish to request funding for:

1. How will this specific purchase or training improve quality in child care settings?
2. What specific material, training or coaching are you requesting as shown in the detailed budget?
3. How much are you able to assist with the cost of this project?
4. How will this impact quality in childcare settings?
5. How many sites will benefit from this tool?

## Conditions of the Mini-Grant

1. Applicants must be working directly with a center or home.
2. Applicants must complete this form, including the signature page.
3. Funding priorities for this mini-grant are increasing quality based on the appropriate quality building tool or improving health and safety based on childcare licensing rules and regulations.
4. Applicants must agree to coach when deemed appropriate based on a mini-grant request.
5. All mini-grants are contingent upon funding being available.
6. Expenses will not be reimbursed without prior approval.
7. No new funding requests will be accepted without evidence of coaching in EcConnect.

---

**Signature**

---

**Date**

**Return to:**

Morgan County Partnership for Children and Families  
220 State Street, Suite 1  
Fort Morgan, Colorado 80701  
970-467-4957  
general@morgancountypartnership.org

*Office Use Only*

Approved/Denied

Date\_\_\_\_\_

Amount\_\_\_\_\_

Date complete \_\_\_\_\_