*5

City of Milpitas
Family Child Care Assistance Fund
Grant Application

Name of Applicant: Francisca A. Diaz
Address: 255 Krismer St.
City: Milpitas State: CA Zip: 95035
Home Telephone: 408.586.8550 Email:
Department of Social Services Community Care Licensing Facility #: 434406584
⇨ Please attach a copy of your license to this application
Date License first issued: 02-11-03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Computer - to upgrade old computer in used & to introduce children to the use of computer / adapt themselves advancy techology

2. Amount you are requesting $ 500.00 per phone w/ Francisca 8/31/10

3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

⇨ Please Note: Privacy protections in various federal and state laws apply to children in child care. You should receive permission from parents prior to releasing any information regarding a child in child care.

Continued on reverse ⇨

received 7/28/10

5. In order to understand your client population, please indicate **number of families** served per category:

   4 Parent(s) live and work in Milpitas
   4 Parent(s) live in Milpitas but work in another City
   _____ Parent(s) live in another City but work in Milpitas
   _____ Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

   4'C's / Milpitas Family Childcare

7. What hours are you open to provide child care services?
   8:00 AM to 6:00 PM Days of the week: (5 M-F)

8. Is your program accredited? Yes
   If yes, by what organization? /
   If no, do you have plans to become accredited? _____

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

   Teaching experience / 20 years

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

    Purchase on own

11. Please list the previous years you have received grant funding from the City of Milpitas.

    2007 / 2008 / 2009 /

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

    Yes

⇨ **Please attach a copy of your current license issued by the DSS Community Care Licensing.**

Please return completed application to:

Toby Librande, City of Milpitas Child Care Coordinator
455 E. Calaveras Blvd., Milpitas, CA 95035
(408) 586-3077, tlibrande@ci.milpitas.ca.gov