

Form B

Application Cover Page – Family Child Care Network Lead Grant

On the cover page, the organization submitting the application must be fully identified, as well as the contact person for this grant. All boxes must be appropriately completed, including signatures, addresses, telephone numbers, e-mail addresses, and the federal employer identification number (EIN) of the applicant organization.

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| COMPLETION: Voluntary, (consideration for funding will not be possible if form is not filed). | Michigan Department of Lifelong Education, Advancement, and Potential Office of Child Development and Care 105 W. Allegan Street Lansing, Michigan 48933 | <i>Direct questions regarding these forms to (517) 241-7267.</i> |
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Early Childhood Systems Building – Family Child Care Network Lead Grant

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|---|--|------------------------------------|--|
| APPLICANT ORGANIZATION | Legal Name of Applicant | | Employer ID Number |
| | Address <small>Address</small> | City <small>City</small> | Zip Code <small>Zip Code</small> |
| PAGE ONE OF THE APPLICANT'S CURRENT IRS FORM 990 IS ATTACHED WITH THIS APPLCIATION. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| | | | | |
|-------------------------------|---|--|------------------------------------|--|
| PRIMARY CONTACT PERSON | Name of Contact Person <small>Name of Contact</small> | | Primary Phone | Secondary Phone |
| | Address <small>Address</small> | | City <small>City</small> | Zip Code <small>Zip Code</small> |
| | E-Mail Address <small>Email Address</small> | | | County |

| | | | | |
|---------------------------------|---|--|------------------------------------|--|
| SECONDARY CONTACT PERSON | Name of Contact Person <small>Name of Contact</small> | | Primary Phone | Secondary Phone |
| | Address <small>Address</small> | | City <small>City</small> | Zip Code <small>Zip Code</small> |
| | E-Mail Address <small>Email Address</small> | | | County <small>County</small> |

SIGNATURE OF AUTHORIZED OFFICIAL _____

TYPED NAME/TITLE: _____

DATE: MM/DD/YY _____

SUBMITTING INSTRUCTIONS: Completed application forms must be submitted to MiLEAP-CDC-ADMIN@michigan.gov on or before 12:00pm, August 8, 2024.