

Form B

Application Cover Page – Child Care Development Fund Market Rate Survey (MRS)

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.

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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Applicant Organization

Legal Name of Applicant: _____ Employer ID Number _____

Address: _____ City: _____

Zip Code: _____

PAGE ONE OF THE APPLICANT'S CURRENT IRS FORM 990 IS ATTACHED WITH THIS APPLICATION.
YES NO

Primary Contact Person

Name of Contact Person: _____

Primary Phone _____ Secondary Phone: _____

Address: _____ City: _____

Zip Code: _____ Email Address: _____

County: _____

Secondary Contact Person

Name of Contact Person: _____

Primary Phone _____ Secondary Phone: _____

Address: _____ City: _____

Zip Code: _____ Email Address: _____

County: _____

SIGNATURE OF AUTHORIZED OFFICIAL: _____

TYPED NAME/TITLE: _____

DATE: _____

SUBMITTING INSTRUCTIONS: Completed application forms must be submitted to MiLEAP-CDC-ADMIN@michigan.gov on or before 6/10/2026 by 12:00pm EST.

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.michigan.gov/ADA for a list of state ADA Coordinators.