

**CHILD CARE RESOURCE AND REFERRAL
PROVIDER EDUCATION INCENTIVE
FY 2016-17
DIRECTOR'S STATEMENT**

Grant Criteria

On this DATE OF APPLICATION _____.

As Director of _____.

Name of licensed child care program

I, _____

Name of Director

Verify that _____

Name of Teacher

- *Teacher has been working at licensed child care program listed below for at least 6 months prior to application. _____ hire date _____ (director's initials)..*
- *Employed at least 30 hours a week _____ (director's initials).*
- *Providing child care to children aged 0-5 _____ (director's initials).*

