

**CHILD CARE RESOURCE AND REFERRAL
PROVIDER EDUCATION INCENTIVE
FY 2008-09
DIRECTOR'S STATEMENT**

Grant Criteria

On this DATE OF APPLICATION _____.

As Director of _____,

Name of licensed child care program

I, _____

Name of Director

Can verify that _____

Name of Teacher

- *Teacher has been working for 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).*
-

On this DATE OF INCENTIVE PAYMENT _____.

As Director of _____,

Name of licensed child care program

I, _____

Name of Director

Can verify that _____

Name of Teacher

- *Employed at least 30 hours a week _____(director's initials).*
- *Providing child care to children aged 0-5 _____(director's initials).*