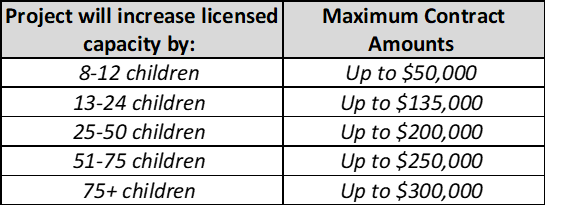
**Child Care Capacity Building Opportunity**

**Proposal Summary Form**

|  |  |
| --- | --- |
| Applicant Information | Individual  Organization/Entity |
| Applicant Name | Click or tap here to enter text. |
| Geographic Area  (ie. Community Name or County Name) | Click or tap here to enter text. |
| How many capacity expansion projects would be supported through these funds | Click or tap here to enter text. |
| Proposed Project | Renovation  New Construction  Other: Click or tap here to enter text. |

**Please indicate which of the funding specifications this proposal fulfills: (may select more than one if there is more than one project)**

|  |
| --- |
| New/not yet licensed program  Family Child Care Home I  Family Child Care Home II  Child Care Center  Current license expanding from (enter number)       to  Expanding license from a Family Child Care Home I to a Family Child Care Home II  Expanding license from a Family Child Care Home I to a Child Care Center  Expanding license from a Family Child Care Home II to a Child Care Center |

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**Total ARPA Funds Requested (to be spent by June 30, 2023): $** Click or tap here to enter text.

**Total overall cost of expansion project(s):**

**$** Click or tap here to enter text.

**\*This is the overall cost of the development or expansion project(s).**