

## **Child Care Wellness Mini-grant Disbursement for Planned Purchases**

Participating early childhood education programs will receive a total of \$500 in mini-grant funding to support services and purchases related to their respective PA NAP SACC Action Plan goals. Funds must be used to make improvements to the nutrition and/or physical activity practices, environment and policy. TIU will disburse funding at two points during the duration of the Child Care Wellness Mini-grant project. The initial disbursement of \$250 will occur by **January 4, 2019**. TIU will disburse the final \$250 to childcare providers who have completed the PA NAP SACC Intervention and all requirements of the mini-grant project by **June 14, 2019**. If you have questions, please contact Cindy Wilson at 717 248 4942 x 143, or [cjwilson@tiu11.org](mailto:cjwilson@tiu11.org).

Early Childhood Education programs must complete the **Child Care Wellness Planned Purchases** form found below and submit to it TIU by **December 5, 2018**. Please refer to the **Spending Guidelines** section of your Participant Agreement for allowable purchases. Please complete the charts based on your best estimate and knowledge. We understand that forms may vary slightly due to changing costs and availability.

**Please note:** Although TIU will not request receipts, we strongly encourage you to keep receipts and invoices for your records.

### **To email your form:**

Save the document as PlannedPurchases\_ChildCareCenterName.

Email the document to [cjwilson@tiu11.org](mailto:cjwilson@tiu11.org)

### **To fax your form:**

Complete and print the document.

Fax to 717-248-8610

Attn: Cindy Wilson

**Child Care Wellness Mini-Grant Planned Purchases**

|  |  |
|--|--|
| <b>Early Childhood Education Center/Group/<br/>Family Child Care Home Name</b> |  |
| <b>Mailing Address</b> (where check will be mailed)                            |  |
|  |  |
|  |  |
|  |  |
| <b>Contact Person Name</b>   |  |
| <b>Contact Person Phone Number</b>   |  |
| <b>Contact Person Email Address</b>  |  |

**For TIU use ONLY**

|                      |  |                   |  |             |  |
|----------------------|--|-------------------|--|-------------|--|
| Approved by          |  | Date              |  | Budget Code |  |
| Initial Disbursement |  | Balance Remaining |  |             |  |

# Child Care Wellness Mini-grant Planned Purchases

Center/Group/Family Child Care Home Name:

Brief Summary of Nutrition and Physical Activity goals (from Action Plan)

*Professional Development could include face-to-face or online training on or off site, book/article review and discussion, etc. If you do not have professional development as part of your costs, you may skip the first table. However, if you are participating in professional development that is offered at no cost, we appreciate you listing it here for our knowledge.*

| Professional Development   |                  |                                     |              |                                   |            |              |
|--|------------------|-------------------------------------|--------------|-----------------------------------|------------|--------------|
| Name of course, article/book, event, or person providing knowledge and training to staff | Cost per session | Number of individuals participating | Travel costs | Costs to pay substitute during PD | Total cost | TIU approval |
|  |                  |                                     |              |                                   |            |              |
|  |                  |                                     |              |                                   |            |              |
|  |                  |                                     |              |                                   |            |              |
|  |                  |                                     |              |                                   |            |              |
|  |                  |                                     |              |                                   |            |              |

Materials and equipment includes any item that you will purchase to implement your Action Plan.

| <b>Materials and Equipment</b> |                 |                       |            |                 |                   |                     |
|--------------------------------|-----------------|-----------------------|------------|-----------------|-------------------|---------------------|
| <b>Name of Item</b>            | <b>Quantity</b> | <b>Price per unit</b> | <b>Tax</b> | <b>Shipping</b> | <b>Total Cost</b> | <b>TIU approval</b> |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |
|                                |                 |                       |            |                 |                   |                     |

Please attach additional copies, if needed.

| <b>Grand Total</b>                    |                       |                   |
|---------------------------------------|-----------------------|-------------------|
| <b>Professional Development Costs</b> | <b>Materials Cost</b> | <b>Total Cost</b> |
|                                       |                       |                   |

Total cost should reflect FULL \$500 mini-grant amount.

Funding is provided by the Pennsylvania Department of Health through the "State Physical Activity and Nutrition" federal grant and "Preventive Health and Health Services Block Grant" from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.