

**Livingston Business and Professional Women
Application for Child Care Grant**

Applicant Name: _____

Applicant Day Phone: _____ **Evenings:** _____

Address: _____

City/State/Zip: _____

Employer: _____

Name of Child for whom application is made: _____

Name & Address of State Regulated Child Care Program (licensed center or registered child care home):

Name: _____

Address: _____

Are you receiving state assistance at present time?: _____

Please write a short paragraph on how you would benefit by receiving this grant:

Qualifications for Child Care Grant:

1. Must be a single working parent
2. Must have resided in Park County for at least 1 year
3. Child must be registered in a state licensed child care center or a state registered child care home for at least 3 months.
4. Grant will be paid directly by Livingston BPW to the child care facility.
5. Selection will be made by a Board of Local BPW members
6. Return completed application no later than March 13th to:
Livingston BPW
Attention: Child Care Grant Committee
P.O. Box 143
Livingston, MT 59047