



Martha's Vineyard Childcare Subsidy Program

Thanks for your interest in participating in the Childcare Subsidy Program for residents of Oak Bluffs, Tisbury, Edgartown, West Tisbury & Gosnold through the Massachusetts Department of Housing and Community Development's CDBG grant program.

Through this program, eligible low-moderate income families may receive up to \$5,000 per child this year toward care at a licensed program.

To participate as a childcare provider, please complete the enclosed application and return it to the address listed. Childcare providers that have not participated in this program previously must schedule a time to speak with Carol Bergen to go over the details of the program and the responsibilities of the provider. We will be holding an info session for applying parents, should they have questions, want to meet in person or simply prefer to hand in their application. You are more than welcome to attend as well. The date is below.

All parents who completed a pre-application will receive a full application in the mail.

For additional parent applications please visit:

<http://www.baileyboyd.com/childcare-programs/>

Childcare Provider and Parent Information Session:

Date: Thursday December 1st at 5:00pm – 6:00pm.

The meeting will be held at Martha's Vineyard Community Services, 111 Edgartown Road, Vineyard Haven in the Childcare Building.

If you have any questions please don't hesitate to get in touch.

We look forward to working with you to assist local families.

Carol Bergen

Bailey Boyd Associates, Inc.

P.O. Box 636

N. Eastham, MA 02651

cbergen@baileyboyd.com

508-430-4499x5

508-430-4498 (fax)

Bailey Boyd Associates, Inc.

CHILDCARE PROVIDER APPLICATION

For more information on this program, please visit our website at www.baileyboyd.com and download the Provider Information Sheet. If you have any questions, please don't hesitate to get in touch.

Applications can be returned via fax, email or mail to:

Carol Bergen
P.O. Box 636
North Eastham, MA 02651
Phone: 508-430-4499x5
Fax: 508-430-4498
cbergen@baileyboyd.com

PROGRAM INFORMATION

Program Name: _____

Program Address: _____

Contact Person: _____

Contact Phone: _____ Contact Email: _____

- Is your program a licensed childcare provider? Yes No

If yes, please provide the source of the license and license number:

- Does your program have insurance to cover it's activities: Yes No

- What is the cost per week at your program:

I, on behalf of the program named above, certify that the information given for the purpose of participating in the Childcare Subsidy Program is accurate. In addition, I attest that the program does not discriminate against participants based on race, ethnicity, religion or sexual preference.

Authorized Official Signature

Date

ADDITIONAL ATTACHMENTS

____ **A copy of your liability insurance covering your business for it's activities**

Thank you for applying. Once your application is received we will be in touch regarding approval and the next steps for the program.