



## **Cape Cod Childcare Subsidy Program**

Thanks for your interest in participating in the Childcare Subsidy Program for residents of Dennis, Truro, Provincetown, Eastham, and Harwich 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. If you have not participated in this program before you will need to schedule a time to speak with Carol Bergen to go through the role of the provider in this program. 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/>

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 65**  
**N. Truro, MA 02652**  
[\*\*cbergen@baileyboyd.com\*\*](mailto: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](http://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 65  
North Truro, MA 02652  
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.