



Smart Start Early Care and Education

2020 Healthy Smiles: Oral Health Grant
Application
Child Care Centers and Family Child Care Homes

Please print clearly.

Full Name of Facility: _____

Facility Address: _____
street city st zip

Facility Phone: (_____) _____ Email: _____

Administrator's Name: _____

Current Star Rating: _____ Ages of Children Served: _____

#of 2 yr olds enrolled _____ #of 3 yr olds enrolled _____ #of 4 &5 yr olds enrolled _____

Does your facility actively participate in Smart Start's PAN program? _____

Does your facility accept Child Care Subsidy*? _____

Does your facility participate in Child & Adult Care Food Program*? _____

If so, name Sponsoring Organization _____

*This will be verified by Smart Start staff

Participation Requirements

- Licensed facilities in New Hanover County serving children ages birth to five.
Participation in 3 workshops, technical assistance, and Go NAPSACC assessments
Complete entire program prior to receiving materials and resources.
Priority will be given to sites that participate in the SSNHC's PAN program, NC Child Care Subsidy Program and/or otherwise serve low income families.
Each applicant will be notified of acceptance status by October 10, 2020.
Applications must be submitted to Smart Start of NHC by September 30, 2020 at 5pm.

I have read the application carefully. To the best of my knowledge, everything on the application is complete and correct. I also understand that in order to be eligible for this grant, a child care facility must be in good standing with DCDEE and Smart Start of New Hanover County (ex. no outstanding fees or resources).

Signature: _____ Date: _____

Applications are due by: Monday, August 31st at 5:00pm
Mail or hand delivery: Smart Start of NHC Attn: LaKeasha Glaspie 3534 S. College Rd., Suite F Wilmington, NC 28412
Fax: 910.815.3733
Email: lakeasha.glaspie@newhanoverkids.org