



**Early Childhood Fund**

The purpose of this fund is to provide funds for educational, developmental, and supportive services for children ages 0-8 including, but not limited to, childcare, preschool, caregiver education and other developmental enhancement opportunities. The fund will not pay for medical expenses and will not reimburse events or activities that have already occurred. Funding varies as it is dependent upon the amount of funds available at the time of application - we are not always able to fund large requests. All applications will remain confidential between the parties named herein. The Foundation will notify you with a decision or follow up questions within 72 hours of receipt of this completed form.

**Application for Funding-One Topic Per Application; One application per person**

Name of Child (if applicable): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is the family household income below the income guidelines below? <input type="radio"/> Yes <input type="radio"/> No	Family going through change or crisis (divorce, death, health issues, job loss) <input type="radio"/> Yes <input type="radio"/> No	Does the child have medical or special needs expenses? <input type="radio"/> Yes <input type="radio"/> No
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Persons In Family/household	Household Income
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

Age of Child: \_\_\_\_\_

Amount to participate:  
\$ \_\_\_\_\_

Amount Requested from Fund:  
\$ \_\_\_\_\_

Duration of the activity: \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_

How many days/week? \_\_\_\_\_

For more information, or to return completed application to: [info@rlacf.org](mailto:info@rlacf.org), or P.O. Box 1871, Red Lodge, MT 59068 or at the Foundation offices located at 122 Hauser Avenue South, in grey drop box located in the entryway (slot on top). Call 446-2820

Describe the activity and how it will benefit your child and/or family:

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Are scholarships available from the activity (e.g. Best Beginnings, provider based)? **Yes or No.**

If yes, have you applied and what was the outcome? (Please list co-pay after scholarship is applied)

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What is your plan for obtaining the total amount of funding needed to participate?

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List other information pertinent to the application? \_\_\_\_\_

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**Service Provider Information (All grant awards are made payable directly to the provider):**

Name of Service Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Applicant Signature:**

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Foundation Only:**

Date Application Received: \_\_\_\_\_

Amount funded: \_\_\_\_\_

Notes or conditions: \_\_\_\_\_

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