



*making America better  
by improving early care and education*

## **The Terri Lynne Lokoff Child Care Foundation Lois B. Cohan Museums to Go Program Application**

The Terri Lynne Lokoff Child Care Foundation (TLLCCF) is now accepting applications for the Lois B. Cohan Museums to Go program. Grants are given each year to provide inner-city child care centers in Philadelphia with the opportunity to bring an age-appropriate, cultural program from outstanding local museums to the classroom. Nonprofit, nonsectarian child care centers in Philadelphia are invited to apply for the grant. The TLLCCF will provide up to \$500 in funding for a cultural program from its list of pre approved participating museums and institutions.

### **Eligibility Requirements**

- ❖ Must be a nonprofit, nonsectarian child care program in operation and licensed for a minimum of 5 years.
- ❖ Centers must provide a current Child Care License from PA Department of Public Welfare for operating child care programs. (Note: if you have a provisional license please submit and explain).
- ❖ Centers must serve preschool age children (age infant-5 years of age).
- ❖ Child care center must be open for a minimum of 10 hours a day, to accommodate working families.
- ❖ Child care center must be open 12 months a year.
- ❖ If your center is located in a religious facility, please confirm that your program is a separate operation with a nonsectarian evident policy. A child care center that includes religious teachings and/or is operated by a religious institution is not eligible.

### **Ineligible**

- ❖ Kindergarten and school age programs (i.e. before/after school)
- ❖ For profit and religious based centers

**Participating Museums and Institutions are listed on the Terri Lynne Lokoff Child Care Foundation's website at [www.tllccf.org](http://www.tllccf.org).**

**Completed applications must be postmarked no later than January 13, 2011**

**Terri Lynne Lokoff Child Care Foundation • 100 Ross Road • Suite 160  
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## The Terri Lynne Lokoff Child Care Foundation

### Lois B. Cohan Museums to Go Program Application

Date \_\_\_\_\_ (PLEASE PRINT)

Name of Child Care Center \_\_\_\_\_

Name of Director \_\_\_\_\_

Name & Title of Person Applying \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Web Address \_\_\_\_\_

Number of years in operation \_\_\_\_\_ Licensed Capacity (DPW) \_\_\_\_\_

Is the center accredited?  Yes  No If yes, by whom \_\_\_\_\_ when \_\_\_\_\_

Are you in Keystone Stars?  Yes  No If yes, what star level \_\_\_\_\_

	Infants	Toddlers	Preschoolers	School-age	Total
Age Range					
Current Capacity					
Current Enrollment					
Number of Groups					
Teacher-Child Ratio					
Current Number of Subsidized Children					

***Please verify that all necessary information is enclosed before signing and sending in application. Application will not be reviewed by the selection committee unless all necessary information is included.***

Yes, I have included all of the required information. I have confirmed our Center meets the eligibility requirements as stated on page one. I understand that my application will not be accepted if anything has been omitted or I have not followed all of the directions.

Applicant's Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Center \_\_\_\_\_



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## The Terri Lynne Lokoff Child Care Foundation Lois B. Cohan Museums to Go Program Application

### Data Sheet

The Terri Lynne Lokoff Child Care Foundation gathers data on populations served by the centers we support. Our intent is to be in a position to report certain metrics to the people and businesses that help to support our foundation. The data is used internally and may be reported in aggregate with that from other centers, providers and institutions. It **will not** be a determinant in grant-making decisions.

Form must be returned with your completed application form.

Facility Name						
Number of children served:						
Age range of children served						
Ethnicity; number of children served in each category	African-American	Hispanic	Asian/Pacific Islander	Caucasian	Native American	Other
Number of children served from economically disadvantaged circumstances (family income less than 200% of poverty level)						
Number of children served (not included in previous response) that are otherwise at-risk*						

\*Includes but not limited to any of the following: non-English speakers, not living with both parents, parents recently immigrated, special needs, abusive circumstance, etc.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print name \_\_\_\_\_ Date \_\_\_\_\_