



## Loan Fund Program Application

Please complete the following application to apply for the loan. All questions must answered in order for the application to be reviewed. Please feel free to use the back of this form or to attach another sheet if you need more space for any of your responses.

### Who You Are

Applicant Name:		Date:
Address:		
Phone #:	Date you received your family child care license:	
How many full-time children do you have enrolled?		
Are you currently working towards earning your Child Development Associate (CDA) or a degree in early childhood education? Yes No		
Tell us a little bit about your history with All Our Kin. What programs have you taken part in? Also, if you have worked closely with an All Our Kin staff member in the past, please note this person here.		

### What is Your Project

Tell us more about the project for which you would like the loan. How will this project help to improve your child care program?
Approximately how long will it take to complete the project?

### What Do You Need

Below, please list each item that you need for your project. Please list the items needed in the order of priority for your project.			
Item Name	Product Number	Vendor	Cost
1.			
2.			
3.			
4.			
5.			

**With your application, please send printed copies with pictures of the items that you would like to purchase that include prices from the preferred vendors. Additional quotes may be requested.**

Please return your application to the All Our Kin office using one of the following methods:

Postal Mail or In Person	Fax	E-mail
414A Chapel Street Suite 100 New Haven, CT 06511	203 – 772 – 2386	katie@allourkin.org

For any questions or concerns, please contact Katie Stenclik at 203-491-6727 or at [katie@allourkin.org](mailto:katie@allourkin.org). Please allow 4 to 6 weeks for your application to be processed.