



**Contra Costa County Quality Matters Program  
QIS Programs  
2019-2020 Quality Improvement Grant Request Form**

Program/Site Name: \_\_\_\_\_

List sites (if multiple): \_\_\_\_\_

Address (mail check to): \_\_\_\_\_  
street city zip code

Phone number: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Check appropriate category based on Program Type and current Rating Tier Level.  
Total amount awarded is based on classroom numbers at the time of disbursement and availability of funds**

Program Type	Base Amount	Total Amount
<input type="checkbox"/> Center/School District	<b>\$1000 per site (# sites x \$1000)</b>	_____
<input type="checkbox"/> Small/Large Family Child Care	<b>\$1000</b>	_____
<b>TOTAL GRANT AMOUNT</b>		

**Signature required for completion. Please sign and date this form.**

**Director/Owner signature authorizing request:** \_\_\_\_\_ **Printed Name of Director/Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For CCCOE Use ONLY:** VENDOR #: \_\_\_\_\_ SACS CODE: \_\_\_\_\_

Total Amount Approved: \$ \_\_\_\_\_ Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

Grant Disbursed (June 30, 2020): \$ \_\_\_\_\_ Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

Denied (explanation): \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_