



FY 23 SAFE Child Communities Grant

Date: _____

Name of applicant (*head of household*): _____

Contact mailing address: _____

Residential Address Street: _____

Town/Zip Code (*Required*): _____

Email: _____

Primary contact phone number (*Required*): _____

Total annual household income (*Required*): _____

- Circle the number of persons in your household
- Circle your total household income in the last twelve (12) months that is equal to or less than the amount indicated below.

	Household Size							
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
50% AMI Minimum Income	\$33,850	\$38,650	\$43,500	\$48,300	\$52,200	\$56,050	\$59,900	\$63,800
80% AMI Maximum Income	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500	\$89,700	\$95,900	\$102,050

Number of adults in home: _____

Children in the household: (ages): _____

Head of household information

Name: _____

Age: _____

Gender: _____

Primary language spoken at home: _____

How did you hear about this? _____

Signature: _____ Date: _____

Select ONE of the following options and fill out the information for that section:

1.) Grocery Card for support with food

2.) Gas Card

3.) Early Education and Care Tuition Scholarships for or use at a licensed provider

Name of licensed early education and care program/provider for *direct* payment:

Address & phone of location where early education and care will take place:

(document needed: childcare tuition bill from Provider with contact information)

You are encouraged to provide as much supporting information as possible. Please fill out both pages of the application and submit documents to support your request. No application will be considered unless supporting documents are received.

Please add any additional information that you would like to share.

*This grant is funded by Children's Trust and is administered by Cape Cod Children's Place, Inc.
Awards will be made based on applicants' needs and availability of funds.*