



**Renville**  
COUNTY  
Service · Stewardship · Shared Responsibility

## Renville County HRA/EDA Special Family Child Care Unit Application

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Legal name of the child care, including assumed name, if any:

\_\_\_\_\_

Length of Time in Operation: \_\_\_\_\_ OR Targeted Licensure Date: \_\_\_\_\_

\_\_\_\_\_

Federal Tax ID # or SS #: \_\_\_\_\_ MN State ID #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe the projected number of children in each age group for the child care license you hold or are applying for:

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_ School Age: \_\_\_\_\_

Tell us about your experience and education and why you chose family child care/early childhood education as a career:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us why a leased space would be a great option for your child care business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What are your plans for hours of operation?

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It is a requirement for providers leasing a special family child care unit to accept children on the Child Care Assistance Program (CCAP) or other similar County programs. Please acknowledge that you agree to accept children in these program(s):

\_\_\_\_\_ Yes, I will accept children on the Child Care Assistance Program and other similar County programs in my child care business.

**Eligible Applicants:**

- All eligible applicants must serve the communities of Renville County.
- All eligible applicants must be licensed with DHS or in process of licensure. If the applicant is a new provider this must be in full place within 30 days of unit occupancy.
- The provider awarded a physical location must agree to the lease terms in their entirety. Please see attached.
- Provider must agree to occupancy of two (2) years, with renewal in subsequent two-year increments, unless they meet the qualifiers for early release.
- If you accept funds from the County, you are certifying that you will accept children on County assistance (CCAP or other similar programs).

**Application Requirements:**

- Other items as requested by the review committee.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. Renville County HRA/EDA has the right to verify any information contained in this application and may contact any individuals and institution involved with this proposed project.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The Renville County Housing and Redevelopment Authority and Economic Development Authority (HRA/EDA) Board retains the final authority to determine if applicant is eligible and gives final authority to execute a lease. Applications will be accepted on a rolling basis until the project is ready to commence. If the number of applications exceeds the available units, the Renville County HRA/EDA will conduct interviews with applicants to select providers using a Child Care Provider Rental Unit Scoring Rubric.*