

2024 UFCW Women's Network Region 1 Child Care Grant

In order to be considered for a UFCW Women's Network Region 1 childcare grant, an applicant must meet all of the following criteria:

- Applicant must be a member of the UFCW or RWDSU in good standing for one (1) year;
- Have a dependent child (or children) in need of childcare; qualifying childcare programs include: daycare, before or aftercare, summer camp;
- Parents must work outside of the home;
- Use a qualified child care provider either licensed by the state, or on file with the IRS;
- Grant winners from the prior year are not eligible for the following consecutive year, but may apply in future years.

Instructions:

Complete all sections of the attached application and include the following documentation with your completed application:

- Previous year's Income Tax form (1040 Form);
- Documentation showing previous payments to childcare program;
- Proof of child care expenses (Must include caregiver's signature on invoice, bill or receipts)
- Feel free to attach a note for any additional information that you believe would be helpful to the selection committee

Please be aware that applications will not be processed until all necessary documentation is provided. Incomplete applications will not be considered. If you have any questions. Contact your union representative or Flormaria Toulson at 973-250-4691.

Completed applications must be mailed by September 5, 2024 to:

Flormaria Toulson
475 Market Street
Elmwood Park, NJ 07407

**This grant award is considered a taxable benefit by the IRS and as such must be reported as income on your 1040 (Income Tax form).*

***Grant awards will be made payable directly to the childcare provider(s). In the event that you change childcare providers after submitting your grant application, you must notify us immediately and provide the required written documentation for the new provider(s). Failure to notify could result in your application being disqualified.*



2024 UFCW Women's Network Region 1 Child Care Grant Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email: _____

Social Security Number: _____ Local Union: _____

Employment/Income Information

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Phone Number: _____ Date of Hire: _____

Number of Wage Earners in Family: _____ Yearly Gross Family Income: _____

Child Support Received: (Circle) YES NO

Yearly Amount of Support Received: _____

Number of Dependent Children: _____

Ages: _____

Are you receiving any additional child care subsidies/grants? (Circle) YES NO

Day Care Provider(s) Information

Day Care Provider: _____

Phone: _____

Provider's Address: _____

City: _____ State: _____ Zip: _____

Number of Children cared for: _____

Ages of Children in Day Care: _____

Cost of childcare paid to provider (per year): _____