



BIG STONE COUNTY MINNESOTA

FAMILY SERVICES

2025 Child Care Provider Grant Application

Provider Name		
Address		
Phone		
Email		
Status	Licensing Applicant <input type="checkbox"/>	License Type
	Estimated date for opening:	
Please describe why you are applying for the grant funds:		
Please include a detailed list of improvements or items you wish to purchase.	Cost estimate for each item.	

I certify that the information provided in this application is true and correct and I agree to be bound by the provisions set forth in the Big Stone County Family Services 2025 Child Care Provider Grant Guidelines attached hereto as Appendix A:

Signature

Date

An Affirmative Action/Equal Opportunity Employer
24 HOUR EMERGENCY MENTAL HEALTH NUMBER 1-800-992-1716

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