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|--|---|--|---|--|
| <b>YoungStar Micro-Grant Purchase Plan</b>   |   |  | YoungStar<br>Service Year   |  |
| <b>Complete this form and return it to your YoungStar Technical Consultant.</b><br><i>This form is not required for portal use.</i>  |   |  |   |  |
| <input type="checkbox"/> <b>STOP Program</b><br><b>\$200.00</b>  | <input type="checkbox"/> <b>Certified Family</b><br><b>Program \$250.00</b> | <input type="checkbox"/> <b>Licensed Family</b><br><b>Program \$500.00</b>   | <input type="checkbox"/> <b>Group or School-Age</b><br><b>Program \$1000.00</b>             |  |
| Program Name   |   |  |   |  |
| Provider & Location Number   |   | <b>Preferred Method of Contacting Program:</b><br><br><input type="checkbox"/> Email _____<br><br><input type="checkbox"/> Phone number _____<br><br>Best time of day: _____ |   |  |
| Program Contact Name   |   |  |   |  |
| Language Preference  |   |  |   |  |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong<br>Other: _____   |   |  |   |  |
| Technical Consultant   |   |  |   |  |
| <b>Alternate Shipping Address:</b>   |   |  | <b>Dates to Use Alternate Shipping Address:</b><br>(example: closed for summer June-August) |  |
| <b>CHOOSE <u>ONE</u> OF THE FOLLOWING PLANS:</b>   |   |  |   |  |
| <b>PLAN 1: Materials only—Micro-grant staff purchases. Pages 2-3 required for this section.</b>  |   |  |   |  |
| <input type="checkbox"/> I plan to use my micro-grant for the <b>child materials</b> or <b>provider/professional resources</b> listed on the following pages. I would like the micro-grant staff to order the items for me.<br><br>Note: Exceptions for ordering from non-designated vendors must meet the requirements outlined in the micro-grant handbook.  |   |  |   |  |
| <b>PLAN 2: Reimbursement only—Program purchases and submits for reimbursement. Pages 2-3 not required.</b>   |   |  |   |  |
| <input type="checkbox"/> I would like to use the <u>full</u> amount of my micro-grant funds for <b>reimbursement(s)</b> . Please describe:<br><br><br><br><i>(Check Request form with supporting documents should be submitted to the Micro-Grant Program once purchase is made.)</i>  |   |  |   |  |
| <b>PLAN 3: Split Plan—Pages 2-3 required for this section.</b>   |   |  |   |  |
| <input type="checkbox"/> I would like to <u>split</u> my micro-grant funds between <b>materials and reimbursement(s)</b> . Briefly describe reimbursement:<br><br><br><br><br>Amount to reserve for reimbursement: _____ <b>OR</b> <input type="checkbox"/> Use remaining funds after materials are ordered.<br>(Note: If no reserve amount is given, all materials will be purchased first.)<br><br><i>(Check Request form with supporting documents should be submitted to the Micro-Grant Program once purchase for reimbursement is made.)</i> |   |  |   |  |
| <b>By signing this, I am committing to active participation in the full minimum hours of onsite technical assistance available to me (exception available for accredited programs).</b>  |   |  |   |  |
| Program Contact Signature _____  |   |  | Date _____  |  |
| Technical Consultant Signature _____   |   |  | Date _____  |  |
| <input type="checkbox"/> I would like to receive reimbursement via ACH. Email address: _____   |   |  |   |  |
| *Please retain a copy of this and all other documents for your records.  |   |  |   |  |

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|   |  |  |                                   |  |  |  |  |
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|   |  |  |                                   |  |  |  |  |
| <b>Please note: If \$50 or less remains in your grant after this order, microgrant staff will select items to add to complete your grant.</b> |  |  | <b>Shipping</b>                   |  |  |  |  |
|   |  |  | <b>TOTAL (including shipping)</b> |  |  |  |  |

|  |                |                    |               |          |       |   |       |
|--|----------------|--------------------|---------------|----------|-------|---|-------|
| <b>List extra items here in case we have funds remaining or need a substitute for smaller out of stock or discontinued items. List a range of items from \$1 to \$50. (For quantity, REM=remainder of funds)</b>   |                |                    |               |          |       |   |       |
| Vendor   | Product Number | Description        | Size or Color | Quantity | Price |    | Total |
| Example: DSS   | 9CPAS          | Construction Paper | Assorted      |          | .83   |   | REM   |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
| <b>Optional: In case priority items over \$50 are not available, provide alternate choices here.</b>   |                |                    |               |          |       |   |       |
| Vendor   | Product Number | Description        | Size or Color | Quantity | Price |  | Total |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
|  |                |                    |               |          |       |   |       |
| <p>I authorize micro-grant staff to order items from the above list on my behalf. I agree to minor substitutions where necessary (e.g., color, brand) at the point of purchase. I have been informed that items may be dropped or added where needed.</p> <p>Program Contact Initials _____</p> <p><b>Note: It is the program’s responsibility to know and understand the regulatory statutes governing their type of care and location. Neither Technical Consultants nor micro-grant staff are regulatory specialists. Any question about whether an item meets regulatory standards should be directed to the program’s licensor or certifier.</b></p> <p>*Please retain a copy of this and all other documents for your records.</p> |                |                    |               |          |       |   |       |

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