Georgia Department of Early Care & Learning

Quality Rated Restoration Grants

GRANT AGREEMENT

This is a Grant Agreement (hereinafter referred to as "Agreement"), on the part of Quality Rated, Georgia Department of Early Care & Learning (hereinafter referred to as "QR"), to ensure understanding of the eligibility requirements, fulfillment expectations, and consequences of non-compliance with this grant agreement, with

Legal Marrie of Organization (as sno	wn on tax return):		
Business Name (if different than abo	ve):		
License Number:			
Director's Name:			
Email Address:			
(hereinafter referred to as the "Child	Care Provider") with a busine	ess address located	l at:
Street address	City	Zip	County

I understand and agree that I WILL COMPLETE the entire rating process to remain eligible for funding from the QR Restoration Grant. This includes submitting my QR portfolio by the submission deadline for my chosen cohort and undergoing scheduled ERS observations.

I understand that failure to submit my portfolio or refusal of the ERS observations may result in forfeiture, or the return of, any used or dispersed funds received or spent by my program.

I understand that QR Restoration Grant funds in the amount of \$5,000 per classroom up to 10 classrooms, received by my program are to be used for purchasing approved materials, equipment, and professional development to aid in achieving, maintaining, or improving a Quality Rated star rating.

I understand that if QR Restoration Grant funds are used inappropriately that I am subject to disciplinary actions, up to and including the return of misused funds or the entire amount of awarded grant funds.

I understand that if my program's license is revoked during the rating process, I may be required to return any used or dispersed funds received or spent by my program.

I understand that either party may terminate the Agreement by providing reasonable notice of its intent and rationale for doing so to the other party. Unexpended funds must be promptly returned if:

a) QR determines that the Child Care provider has not performed in accordance with the agreement or satisfied the specific contingencies of the approved purpose.

b)	The	Child	Care	Prov	ider	is noi	n-com	pliant	with	Federa	I, State	e and	Local	laws	and	requ	lations

c) The Child Care Provider ceases operations or closes.

I understand that failure to comply with this agreement may result in legal action.

Name (print):	 	
Title/ Position:		
Signature:	 	