**Child Care Provider Expansion Initiative**

**Infant Capacity Increase Attestation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an applicant for the Child Care Provider Expansion Initiative, affirm and attest that I will make every effort to increase my licensed capacity to provide infant care by expanding or opening my child care business in the state of Texas.

I certify that the business plan for my Child Care Provider Expansion Initiative application will be crafted with the goal of providing new infant care slots by **1) increasing overall licensed capacity to add new infant care slots, 2) converting existing child care slots to infant care slots, or 3) both**.

The section below describes how many of the proposed infant care slots will be created through each of the previously listed methods (please select all that apply):

[ ]  I am adding \_\_\_\_\_\_\_ (number) of **new** slots for \_\_\_\_\_\_\_\_\_\_(age/class) by increasing my overall licensed capacity

[ ] I am adding \_\_\_\_\_\_\_ (number) of **converted** slots for \_\_\_\_\_\_\_\_\_(age/class) by reallocating a portion of my existing licensed capacity

[ ] The increase of infant care slots will begin/began on \_\_\_\_\_\_\_ (MM/DD/YYYY)

**The total number of proposed infant care slots created as part of my Child Care Provider Expansion Initiative business plan is \_\_\_\_\_\_\_\_ (number).**

I will make every effort to maintain this level of infant capacity at least one year or April 30, 2024 whichever comes first. I acknowledge and agree that all information and representations made in this attestation are true and correct to the best of my knowledge.

**Providing false or inaccurate information could result in the determination that you are ineligible for this Initiative, the return of funds, and/or ineligibility for future funding opportunities.**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_