



**White River Planning & Development District and  
Child Care Aware of Northcentral Arkansas**

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**Request for Business Management Consulting/Technical Assistance Services**

Program Name: \_\_\_\_\_ License # \_\_\_\_\_

Program Director: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

**Print** physical address of facility

**Print** mailing address of facility

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Street or PO Box  
\_\_\_\_\_  
City State Zip

County  
Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Program Type: \_\_\_\_\_ Center Based \_\_\_\_\_ Family Child Care \_\_\_\_\_ School-age

**Type of Consulting/Technical Assistance Needed**

- |   |   |
|---|---|
| _____ Child Care Center Start-Up                      | _____ Child Care Family Home Start-Up         |
| _____ Developing Policies/Procedures                  | _____ Better Beginnings Incentive Grants      |
| _____ Researching Grant Options                       | _____ Child Care Facilities Grant Preparation |
| _____ Other Grant Writing & Critique                  | _____ Procurement of Architectural Firms      |
| _____ Guaranteed Loans                                | _____ WRPDD Revolving Loan Fund               |
| _____ Budgeting                                       | _____ Community Collaboration/Partnership     |
| _____ Recordkeeping & Financial Reporting             | _____ Pre-Licensing Assistance                |
| _____ For-Profit vs. Non-Profit                       | _____ Profit and Loss Statements              |
| _____ Professionalism                                 | _____ Steps to Becoming a Non-Profit          |
| _____ Staffing Issues                                 | _____ Programs in Jeopardy of Closing         |
| _____ USDA Special Nutrition Programs                 | _____ TAPP Registry Referral                  |
| _____ Location, Building & Zoning Codes               | _____ Better Beginnings Referral              |
| _____ Other training as needed in above topics listed |   |

Additional Information:

Person Making Request: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CHILD CARE AWARE OF NORTHCENTRAL ARKANSAS**

Date Received \_\_\_\_\_ Consultant \_\_\_\_\_ Date of Initial Contact \_\_\_\_\_

07/12