



Department of Human Services • Division of Family Development

**Office of Child Care
Grant Determination Notice**

To: _____ Date: _____

This letter is to inform you that your application for a _____ grant is:

APPROVED

DENIED

The application is denied for the following reason(s):

INCOMPLETE

The application is missing information needed to make a determination. The following items must be submitted by _____.

If you are not in agreement with the information provided in this notice, you may request a review of your case within 45 calendar days of the date on this notice. Requests for review must be emailed to DFD-ChildCareGrants@dhs.nj.gov or mailed to the following address:

Office of Child Care
Department of Human Services
Division of Family Development
6 Quakerbridge Plaza
Trenton, NJ 08625

If you have questions or need help, contact your Child Care Resource and Referral (CCR&R) agency: