



Early Learning/Child Care Provider – ARPA Stabilization Subgrant Application

Section 1. General Applicant Information

Legal Name of Provider and d/b/a as listed in the Provider Portal (if applicable):		
Provider Type		
<input type="checkbox"/> Licensed Family Home <input type="checkbox"/> Licensed Center <input type="checkbox"/> License-Exempt Family Home <input type="checkbox"/> License-Exempt Center		
License or Exemption #	EFSM Provider ID	DUNS or FEIN Number <input type="checkbox"/> Check if SSN
Physical Address		
City	County	Zip Code
Mailing Address (if different from Physical Address)		
City	County	Zip Code
Operator/Director Name	Operator/Director Contact Email	Operator/Director Phone Number
Operator/Director Race	Operator/Director Ethnicity:	Operator/Director Gender:
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Latino <input type="checkbox"/> Non-Latino <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer
Gold Seal Accreditation Status:	CLASS Composite Score:	Days/Hours of Operation:
<input type="checkbox"/> Gold Seal <input type="checkbox"/> Non-Gold Seal	<input type="checkbox"/> Exempt <input type="checkbox"/> 3.99 or below <input type="checkbox"/> 4.00 to 4.99 <input type="checkbox"/> 5.00 or higher <input type="checkbox"/> None	<input type="checkbox"/> Monday _____ am/pm - _____ am/pm <input type="checkbox"/> Tuesday _____ am/pm - _____ am/pm <input type="checkbox"/> Wednesday _____ am/pm - _____ am/pm <input type="checkbox"/> Thursday _____ am/pm - _____ am/pm <input type="checkbox"/> Friday _____ am/pm - _____ am/pm <input type="checkbox"/> Saturday _____ am/pm - _____ am/pm <input type="checkbox"/> Sunday _____ am/pm - _____ am/pm

Section 2. Operational Status

What type of program(s) do you operate? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> School-Age Site (before or after school, summer camp) |
| <input type="checkbox"/> Voluntary Prekindergarten (VPK) | <input type="checkbox"/> Summer Camp ONLY |
| <input type="checkbox"/> School Readiness | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Family Child Care Home (includes Large FCCH) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Family Child Care Group Home |
| <input type="checkbox"/> Migrant Head Start | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Title I | |
| <input type="checkbox"/> IDEA | |
| <input type="checkbox"/> CCAMPIS | |

Was your program licensed/registered/certified/regulated with your current license number/exemption approval on or before March 11, 2021?

- Yes No

OR

Does your program meet Child Care and Development Fund (CCDF) health and safety requirements including the completion of comprehensive background checks?

- Yes No

What is the current status of your program?

- Open
- Temporarily closed due to public health, financial hardship, or other reasons relating to the Coronavirus Disease 2019 (COVID-19) public health emergency. Please provide details about the temporary closure and planned reopening date: _____
- Permanently closed

Have you completed a current fiscal year Child Care Resource and Referral (CCR&R) profile in the Florida Early Learning Provider Services Portal?

- Yes No

Have you had a contract with an early learning coalition terminated for cause within the past five years?

- Yes
- No

Are you under investigation or been convicted of child care fraud?

- Yes
- No

Have you submitted W-9 and direct deposit forms for payment to the ELC?

- Yes; Date previously submitted: _____
- No

Section 3. Child Count Information

What is the licensed or identified capacity of your program by age group?			
Infant (up to 12 months):		_____	
Toddler (12 months to 2 years Old):		_____	
Two Year Old:		_____	
Preschool (3 years old to Kindergarten Entry):		_____	
School-Age (Kindergarten and above):		_____	
Total:		_____	
What is your enrollment by age group?	Total Current Children	Of the total, how many children are in -	
		Early Head Start /Early Head Start -Child Care Partnership/Head Start ONLY	School Readiness
Infants and Toddlers (up to 24 months)			
Children 2 – Kindergarten Entry			
School-Age (Kindergarten and older)			
Do you offer child care services during hours outside of a typical full-time workday (during non-traditional hours, i.e. evenings, nights, weekends, etc.)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 4. Current Average Monthly Operating Expenses

Allowable Operating Expenses	Average Monthly Cost
Payroll	
Benefits	
Other Personnel Costs	
Rent or Mortgage	
Facility Expenses (Utilities, Insurance, Maintenance)	
Personal Protective Equipment (PPE), Including Cleaning and Sanitation Supplies and Services	
Training Expenses for Staff on Health and Safety Practices	
Equipment and Supplies in Response to COVID-19	
Subtotal	
Allowable Additional Expenses (Due to COVID-19)	Average Monthly Cost
Goods and Services to Maintain or to Resume Services Child Care Services Describe:	
Mental Health Supports for Children or Staff Describe:	
Total	
This is NOT the amount you will receive. The purpose is to calculate average monthly expenses.	

Section 5. Options for Fund Use

Subgrant funds may only be used for the following categories. Please check the box to select categories where funds are estimated to be spent. Funds may be transferred between categories without prior approval. You may choose to use funds for one or more of the following.

Category
<input type="checkbox"/> Personnel costs, benefits, premium pay, and recruitment and retention
<input type="checkbox"/> Rent or mortgage payments, utilities, facilities maintenance and minor improvements, or insurance
<input type="checkbox"/> PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices
<input type="checkbox"/> Purchases of or updates to equipment and supplies to respond to COVID-19
<input type="checkbox"/> Goods and services necessary to maintain or to resume child care services Describe: _____
<input type="checkbox"/> Mental health supports for children and employees Describe: _____

Please indicate if you plan to use funds to reimburse the business for expenditures prior to **March 11, 2021**.

Yes No

Section 6. Subgrant Amounts

Base Subgrant: The base subgrant will be calculated using current enrollment reported in Section 3 of this application, with a minimum of \$12,000 per provider.

- **Infants and Toddlers (up to 24 months):** \$867 per child
- **Children 2 - Kindergarten Entry:** \$702 per child
- **School-Age:** \$540 per child
- **School Readiness Enrollment:** Additional \$70.20 per SR enrolled child

Supplemental Bonuses: The supplemental bonuses are calculated as percentages of a provider's base grant and are provided in addition to the base grant. Providers can be eligible for multiple bonuses which are intended to reward child care programs that support children's development and working families.

Bonus Category	Criteria	Bonus Percentage
Quality Services	Gold Seal or CLASS Score of 5.00 and higher in an area with a child care infrastructure deficit (desert)	10%
	CLASS Score of 4.00 – 4.99 – SR Contracted ONLY	5%
	CLASS Score of 5.00 and higher – SR Contracted ONLY	15%
	Gold Seal	20%
Non-Traditional Hours	Includes Nights and/or Weekend Care	5%
Workforce Investment	Provider agrees to use at least 25% of total grant amount on staff (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement)	10%

Quality Services and Non-Traditional Hours

Provider eligibility for bonus categories will be determined based upon verification of the information provided within Section 1 - General Applicant Information. Non-traditional hours encompass evening, night or weekend care. Evening or night care means child care provided during the evening hours and may encompass the hours of 6:00 p.m. to 7:00 a.m. to accommodate parents who work evenings and late-night shifts. Weekend care means child care provided anytime on Saturday or Sunday.

Workforce Investment

Do you agree to use at least 25% of **total grant** amount on staff above and beyond regular payroll and benefits provided (bonuses, wage increases, health care, retirement, educational advancements, or tuition reimbursement) from the receipt of funds through September 30, 2023? By selecting Yes, you are eligible to receive the 10% Workforce Investment supplemental bonus.

Yes No

Provider Certification

To receive a stabilization subgrant:

I agree to use the funds only for the categories and purposes check marked on this application.

I understand I can move funds between categories without prior approval.

I understand that it is my responsibility to maintain records supporting the use of funds I receive and to document my compliance with A, B, and C below.

From the date of application submission through the duration of the subgrant period, I certify I will meet requirements, including:

A. I will implement policies in line with guidance and orders from state and local authorities and, to the greatest extent possible, with guidance from the U.S. Centers for Disease Control and Prevention (CDC) when open and providing services.

CDC has posted several fact sheets and guides to help child care providers understand and meet the guidelines, including:

- Quick Guide: Help Protect Your Child Care Center From COVID-19, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Quick-Guide-Child-Care-Guidance-Center.pdf>.
- Quick Guide: Help Protect Your Family Child Care Home from COVID- 19, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Quick-Guide-Child-Care-Guidance-HOME.pdf>.
- Child Care Providers Quick Guide to Symptoms of COVID-19 at Child Care, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/childcare-providers-quick-guide-print.pdf>.

B. I must continue paying at least the same amount of weekly wages and maintain the same benefits (such as health insurance and retirement) for each employee (including lead teachers, aides, and any staff employed by the child care provider to work in transportation, food preparation, or other service). Also, I will not furlough employees or reduce their work hours.

C. I will provide relief from copayments and tuition payments for enrolled families and prioritize this relief for families struggling to make either payment, to the extent possible. NOTE: For School Readiness, providers may not waive copayments, however, discounts equivalent to the copayment amount are allowable and must be properly tracked and documented. In addition, the monthly statement provided to families indicating all payments received and any remaining balance, must include the amount, date and type of financial relief provided (e.g., discounts, differential, enrollment fees, etc.).

Terms & Conditions

Subgrant funds CANNOT be used to support general building renovations or remodeling, or any other enhancement to a facility or grounds not specific to the operation of a child care agency. Refer to the ARPA Grant Spending and Documentation Guide for allowable costs and examples of documentation.

These terms and conditions shall remain in force from such time as the provider first accepts funding through full expenditure of funds.

Provider understands all grant funds need to be used on approved items and spent by no later than September 30, 2023.

Provider accepting funds shall ensure proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer awards.

Additional terms and/or conditions may be applied to this award if outstanding financial or programmatic compliance issues are identified.

Provider should consult with a tax advisor or attorney regarding potential tax consequences of accepting grant funding.

Provider understands it may be selected for monitoring by the Division of Early Learning (DEL), or its designee. Provider shall maintain documentation of how subgrants were used and to show they met certifications in A, B, and C above, according to instructions provided by DEL, or its designee.

At the request of the DEL, or its designee, the Provider shall repay any portion of subgrant funds determined not spent on an allowable expense as determined by DEL at its discretion.

By signing this application, I am further certifying I understand subgrant awards and amounts are subject to funds availability.

Provider Affirmation

The following signature affirms that I will adhere to the items in A, B, and C. It also affirms I will only use the funds in the categories in section 5 of this application. I attest to the fact that the information I provide in this application is true and accurate and understand if my application is incomplete or incorrect it be returned to me.

Signature of Authorized Provider Representative

Signature _____ Date _____

Printed Name _____ Title _____

I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.

Sections below – for ELC/RCMA use only

Provider Subgrant Funding Amounts

Base Stabilization Subgrant		Amount
Infants and Toddlers (up to 24 months): \$867 per child Number of Infant and Toddlers Enrolled: _____		<calculated field: \$867 *(Total Current Enrolled – EHS/EHS-CC/HS Only)>
Children 2 - Kindergarten Entry: \$702 per child Number of Children Age 2 through Kindergarten Entry Enrolled: _____		<calculated field: \$702 *(Total Current Enrolled – EHS/EHS-CC/HS Only)>
School-Age: \$540 per child Number of Children School-Age Enrolled: _____		<calculated field: \$540 *Number Enrolled>
FL School Readiness Enrollment: \$70.20 per child Number of Children Currently Enrolled in the SR Program: _____		<calculated field: \$70.20 *SR Enrolled>
Base Stabilization Subgrant Subtotal (based on current enrollment, with a funding floor of \$12,000)		<calculated field: Greater of the subtotal based on enrollments by age or \$12,000>
Supplemental Stabilization Subgrant		Amount
	% Increase Above Base	
<input type="checkbox"/> Yes <input type="checkbox"/> No Quality Services with Infrastructure deficit (Includes providers with either Gold Seal or CLASS score of 5.00 or higher)	10%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
<input type="checkbox"/> Yes <input type="checkbox"/> No Quality Services: CLASS score of 4.00 or higher – SR Contracted ONLY	5%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
<input type="checkbox"/> Yes <input type="checkbox"/> No Quality Services: CLASS score 5.00 or higher – SR Contracted ONLY	15%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
<input type="checkbox"/> Yes <input type="checkbox"/> No Quality Services: Gold Seal	20%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
<input type="checkbox"/> Yes <input type="checkbox"/> No Non-Traditional Hours (Includes Nights and/or Weekend Care)	5%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
<input type="checkbox"/> Yes <input type="checkbox"/> No Workforce Investment Bonus Provider agrees to use at least 25% of total grant amount on staff (bonuses, wage increases, health care costs, retirement, educational advancement, or tuition reimbursement)	10%	<calculated field: Base Stabilization Subgrant Subtotal * % Increase above Base>
Supplemental Stabilization Subgrant Subtotal		<calculated field>
Total Stabilization Subgrant Award Amount (Base + Supplemental)		<calculated field: Base + Supplemental totals>

Provider Subgrant Eligibility Determination

Is this application form complete?

Yes No

Does the provider meet the eligibility criteria?

Yes No Why? _____

Have you verified that the provider is not under investigation or been convicted of child care fraud?

Yes No

Have you verified that the provider is not on the Florida Child Care Food Program (CCFP) USDA Disqualified List?

Yes No

Did the provider submit, or do you have a completed, up to date IRS Form W-9 on file?

Yes No

Have you verified your entity is the “home” coalition for this provider?

Yes No

If all above responses are “yes,” this application form can be accepted.

ARPA Stabilization Subgrant Awarded:

Grant Amount: _____

None

ELC / RCMA Certification

The following signature affirms that I have reviewed and processed this application in accordance with the DEL Program Guidance 240.21 – COVID-19, Appendix C, American Rescue Plan (ARP) Act Stabilization Subgrants for Early Learning/Child Care Providers.

ELC / RCMA Signature	Date
Printed Name	Title
Phone	Email
Contact Entity <input type="checkbox"/> Early Learning Coalition <input type="checkbox"/> RCMA <input type="checkbox"/> Other _____	